

Health Insurance Exchange

Draft 2026 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 2026

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1. Purpose of the 2026 QRS and QHP Enrollee Survey Call Letter

The *Draft 2026 Call Letter for the Quality Rating System (QRS) and Qualified Health Plan (QHP) Enrollee Experience Survey* (referred to hereafter as the Draft 2026 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 the QRS measure set beginning with the 2027 ratings year,
- Potential modification of the QHP Enrollee Survey telephone protocol beginning with the 2027 ratings year,
- Potential revisions to the QHP Enrollee Survey Questionnaire and materials beginning with the 2027 ratings year, and
- Potential QRS and QHP Enrollee Survey refinements for future years (i.e., the 2028 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 2026 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 2026 Call Letter to Marketplace_Quality@cms.hhs.gov and reference “Marketplace Quality Initiatives (MQI)-Draft 2026 Call Letter” in the subject line by the close of the comment period (March 20, 2026).

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 2026 Call Letter for the Quality Rating System (QRS) and Qualified Health Plan (QHP) Enrollee Experience Survey* (referred to hereafter as the Final 2026 Call Letter), which CMS anticipates publishing in the summer of 2026.

In the spring of 2026, CMS intends to publish the *2027 Quality Rating System Measure Technical Specifications* (referred to hereafter as 2027 QRS Measure Technical Specifications), which will include the measure specifications for all potential measures in the 2027 QRS measure set (i.e., including all measure set refinements as proposed in this Draft 2026 Call Letter).

¹ The QRS and QHP Enrollee Survey requirements for the 2026 ratings year are detailed in the *Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2026 (2026 QRS and QHP Enrollee Survey Technical Guidance)*, which was released in September 2025 and is available on CMS' Marketplace Quality Initiatives (MQI) website: <https://www.cms.gov/marketplace/about/health-insurance-quality-initiatives/quality-rating-system>.

In the fall of 2026, CMS intends to publish the *Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2027* (hereafter referred to as the 2027 QRS and QHP Enrollee Survey Technical Guidance), reflecting applicable finalized changes announced in the Final 2026 Call Letter. The 2027 QRS and QHP Enrollee Survey Technical Guidance will announce which measures eligible QHP issuers are required to collect and submit to CMS for the 2027 ratings year. Additionally, in the fall of 2026, CMS will release an updated version of the 2027 QRS Measure Technical Specifications that includes guidance on the finalized data submission requirements for the 2027 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 2026 Call Letter.

1.2 Timeline for Call Letter Publication

The anticipated annual cycle for the QRS and QHP Enrollee Survey Call Letters follows a winter-to-spring (approximately April through July) 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/March	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.
March	Publication of QRS Measure Technical Specifications: CMS provides measure specifications for all potential measures in the QRS measure set (i.e., including any measures proposed for addition and removal in the Draft Call Letter).
April/ May	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.
June/July	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 indicators (i.e., any measures or measure indicators 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 indicators 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 program year references for the QRS and QHP Enrollee Survey used throughout this document.

Exhibit 2: Description of Key Program Year References for the QRS and QHP Enrollee Survey Call Letter

Term	Description
Measurement Year (MY)	<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 2027 ratings year (the 2027 QRS) generally represents calendar year 2026 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 2026.▪ For QRS survey measure data in the 2027 QRS, the QHP Enrollee Survey is fielded based on enrollees who are currently enrolled as of January 6, 2027, but the survey requests that enrollees report on their experience “from July through December 2026.”
Ratings Year (RY)	<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, “2027 QRS” refers to the 2027 ratings year.</p> <ul style="list-style-type: none">▪ As part of the 2027 Plan Year certification process, which will occur during the spring and summer of 2026, QHP issuers will attest that they will adhere to 2027 quality reporting requirements, which include requirements to report data for the 2027 QRS and QHP Enrollee Survey.▪ Requirements for the 2027 QRS and details as to the data collection, validation, and submission processes are documented in the 2027 QRS and QHP Enrollee Survey Technical Guidance, which will be published in September/October 2026.▪ Ratings calculated for the 2027 QRS will be displayed for QHPs offered during the 2027 Plan Year, in time for open enrollment, to assist consumers in selecting QHPs.
Plan Year (PY)	<p>The Plan Year refers to the year of quality rating information display by the Exchanges. All Exchanges are required to display QRS quality rating information for a given ratings year beginning with the individual market Open Enrollment Period (OEP)³ and throughout the following Plan Year.</p> <ul style="list-style-type: none">▪ For the 2027 Plan Year, and beginning with the OEP for the 2027 Plan Year, Exchanges are required to display quality rating information from the 2026 ratings year (i.e., 2026 QRS).

For example, when referring to refinements for the 2027 ratings year, the refinement will apply to the ratings calculated in the 2027 calendar year, relying on measure data reflective of performance during the 2026 measurement year and displayed beginning with the open enrollment period for the 2028 Plan Year.

2. Announcements and Reminders for the 2026 Ratings Year and Beyond

This section includes announcements and reminders of updates to the QRS and QHP Enrollee Survey that will apply for the 2026 ratings year and beyond.

2.1 Transition of Data Analysis Approach for Calculating QRS Survey Measures

CMS is announcing the transition from the SAS to the R version of the Consumer Assessment of Healthcare Providers and Systems (CAHPS^{®4}) Analysis Program (also known as the CAHPS

³ See 45 CFR § 155.410(e).

⁴ CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality. The CAHPS[®] surveys are available at <https://www.ahrq.gov/data/cahps.html>.

Macro) for calculating the QRS survey measures.⁵ CMS calculates QRS survey measure rates from the QHP Enrollee Survey response data using the CAHPS Macro developed by the Agency for Healthcare Research and Quality (AHRQ) which is commonly used for scoring CAHPS survey measures. A comprehensive description of the calculations performed by the CAHPS Macro, including additional information on weighting and case-mix adjustment, can be found in the Instructions for Analyzing Data from CAHPS Surveys (Document No. 20-M019) which is included in the [CAHPS Survey and Reporting Kit](#). These materials are available at: <https://www.ahrq.gov/cahps/surveys-guidance/helpful-resources/analysis/index.html>. The CAHPS Analysis Program was developed using SAS software and running the program requires Base SAS software and the SAS/STAT module.

As part of a broader agency-wide transition to open-source software, beginning with the 2026 ratings year, CMS will transition to using the R version of the CAHPS Analysis Program available at: <https://www.cms.gov/data-research/research/consumer-assessment-healthcare-providers-systems>. CMS does not anticipate that this change will impact the QHP Enrollee Survey data submission process or reporting requirements for QHP issuers and HHS-approved vendors. CMS tested previous years’ data to confirm data congruency when using the SAS and R versions of the CAHPS Macro. In the 2026 ratings year, CMS will continue to use both software programs to calculate QRS survey measures. After the 2026 ratings year, CMS will score results using only the R version of the CAHPS Macro.

3. Overview of Proposed QRS and QHP Enrollee Survey Refinements for the 2027 Ratings Year and Beyond

CMS is soliciting comments on a series of proposed refinements to the QRS and QHP Enrollee Survey that, if finalized, would apply beginning with the 2027 ratings year. Proposed QRS and QHP Enrollee Survey refinements for the 2027 ratings year and beyond are summarized in Exhibit 3.

Exhibit 3: Summary of Proposed Refinements Beginning with the 2027 Ratings Year

Refinement Type	Summary of Proposed Refinement
Proposed Measure Removals	<ul style="list-style-type: none"> • <i>Asthma Medication Ratio (AMR)</i> • <i>Childhood Immunization Status (CIS-E)</i> • <i>Immunizations for Adolescents (IMA-E)</i> • <i>Medical Assistance with Smoking and Tobacco Use Cessation (MSC)</i>
Proposed Measure Additions	<ul style="list-style-type: none"> • <i>Follow-Up After Acute and Urgent Care Visits for Asthma (AAF-E)</i> • <i>Tobacco Use Screening and Cessation Intervention (TSC-E)</i>
QHP Enrollee Survey Refinements	<ul style="list-style-type: none"> • Potential modification of the QHP Enrollee Survey telephone protocol • Revisions to the QHP Enrollee Survey Questionnaire and materials

3.1 Proposed Removal of Select Measures

CMS proposes the removal of the *Asthma Medication Ratio (AMR)*, *Childhood Immunization Status (CIS-E)*, *Immunizations for Adolescents (IMA-E)*, and *Medical Assistance with Smoking and Tobacco Use Cessation (MSC)* measures from the QRS measure set beginning with the 2027 ratings year. CMS is proposing the removal of the AMR and MSC measures in alignment with

⁵ For more information, see: <https://csqdataanalytics.cms.gov/news-and-events/news/112>.

the measure steward’s (i.e., National Committee for Quality Assurance [NCQA]) retirement of the measures. CMS is proposing removal of the CIS-E and IMA-E measures to align with Agency priorities.

3.1.1 Removing the Asthma Medication Ratio (AMR) Measure

Beginning with the 2027 ratings year, CMS proposes the removal of the *Asthma Medication Ratio* (AMR) measure from the QRS measure set in alignment with the measure steward’s (i.e., NCQA) retirement of the measure. NCQA is retiring the AMR measure in favor of a new measure that more closely aligns with updated clinical guidelines recommending the use of a combined inhaler for asthma treatment that includes controller and reliever medications (i.e., Maintenance and Reliever Therapy [MART]).⁶ As detailed in Section 3.2.1 below, to avoid a gap in measuring asthma treatment management—and to advance Agency priorities around increasing digital data collection methods (e.g., Electronic Clinical Data Systems [ECDS])—CMS proposes to replace the AMR measure with the *Follow-Up After Acute and Urgent Care Visits for Asthma* (AAF-E) measure beginning with the 2027 ratings year.

CMS will continue to collect the AMR measure and use it for scoring in the 2026 ratings year. Incorporating this change beginning with the 2027 ratings year would align the QRS with the measure steward’s timeframe for retiring the measure.

3.1.2 Removing the Childhood Immunization Status (CIS-E) and Immunization for Adolescents (IMA-E) Measures

Beginning with the 2027 ratings year, CMS proposes the removal of the *Childhood Immunization Status* (CIS-E) and *Immunizations for Adolescents* (IMA-E) measures from the QRS measure set. CMS is proposing these measure removals in alignment with Agency priorities.

Beginning with the 2026 ratings year, CMS finalized the transition of both the *Immunizations for Adolescents* (IMA) and *Childhood Immunization Status* (CIS) measures to ECDS-only reporting in alignment with NCQA’s retirement of the traditional (i.e., administrative or hybrid) versions of each measure via the Final 2025 Call Letter.⁷

CMS will continue to collect the IMA-E and CIS-E measures for the 2026 ratings year, but will not include them in scoring per the *QRS and QHP Enrollee Survey: Technical Guidance for 2026*.⁸

If removal of the IMA-E and CIS-E measures is finalized as proposed, CMS would not provide the benchmark information for the IMA-E and CIS-E measures via the 2026 QRS Proof Sheets.

⁶ For more information, see: Global Initiative for Asthma’s (GINA) Global Strategy for Asthma Management and Prevention, available at: https://ginasthma.org/wp-content/uploads/2024/05/GINA-2024-Strategy-Report-24_05_22_WMS.pdf.

⁷ For more information, see the Final 2025 Call Letter, available at: <https://www.cms.gov/files/document/final-2025-call-letter-july-2025.pdf>.

⁸ See the *QRS and QHP Enrollee Survey: Technical Guidance for 2026*, available at: <https://www.cms.gov/files/document/qrs-and-qhp-enrollee-experience-survey-technical-guidance-2026.pdf>.

3.1.3 Removing the *Medical Assistance with Smoking and Tobacco Use Cessation (MSC)* Measure

Beginning with the 2027 ratings year, CMS proposes removing the *Medical Assistance with Smoking and Tobacco Use Cessation (MSC)* from the QRS measure set in alignment with the measure steward's (i.e., NCQA) retirement of the measure. NCQA is retiring the MSC measure in favor of a new measure, which will expand the eligible population to include adolescents and leverage electronic clinical data to incorporate prevention, screening, and delivery of evidence-based cessation interviews.⁹

In the Draft 2025 Call Letter, CMS announced its intention to align with NCQA and propose in the Draft 2026 Call Letter removal of the MSC measure beginning with the 2027 ratings year.¹⁰ Interested party feedback on the Draft 2025 Call Letter was supportive of CMS removing the MSC measure in alignment with the measure steward's retirement, and requested CMS delay inclusion of a replacement measure until NCQA has completed development of a replacement measure that is feasible to report and in alignment with current clinical guidelines.¹¹

CMS will continue to collect the MSC measure and use it for scoring in the 2026 ratings year. Incorporating this change beginning with the 2027 ratings year would align the QRS with the measure steward's timeframe for retiring the measure. As detailed in Section 3.2.2 below, to avoid a gap in measuring tobacco use and cessation interventions, and to expand the number of measures collected through the ECDS method in alignment with Agency priorities, CMS proposes to replace the MSC measure with the *Tobacco Use Screening and Cessation Intervention (TSC-E)* measure beginning with the 2027 ratings year as NCQA has completed development of the replacement measure.

In addition, in alignment with the proposed removal of the MSC measure and proposed addition of the TSC-E measure, CMS proposes removing the following questions from the QHP Enrollee Survey for the 2027 ratings year and beyond:¹²

- Do you now smoke cigarettes or use tobacco every day, some days, or not at all?
- In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?
- In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.
- In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.

⁹ See Retiring and Replacing HEDIS® Measures, 2024-2026: <https://www.ncqa.org/blog/retiring-and-replacing-hedis-measures-2024-2026/>

¹⁰ For more information, see the Draft 2025 Call Letter, available at <https://www.cms.gov/files/document/qrshpsurveydraft2025callltr.pdf>.

¹¹ See supra note 7.

¹² CMS will comply with applicable PRA requirements for implementing changes to the QHP Enrollee Survey. The QHP Enrollee Survey information collection is approved under OMB number 0938-1221.

3.2 Proposed Addition of Select Measures

To limit gaps in quality measurement resulting from proposed measure retirements and to align with the measure steward (i.e., NCQA), CMS is proposing the addition of the following measures to the QRS measure set beginning with the 2027 ratings year: *Follow-Up After Acute and Urgent Care Visits for Asthma* (AAF-E) and *Tobacco Use Screening and Cessation Intervention* (TSC-E).

3.2.1 Adding the *Follow-Up After Acute and Urgent Care Visits for Asthma* (AAF-E) Measure

CMS proposes the addition of the *Follow-Up After Acute and Urgent Care Visits for Asthma* (AAF-E) measure to the QRS measure set beginning with the 2027 ratings year.

The AAF-E measure was developed by NCQA to replace the AMR measure. The AAF-E measure captures the percentage of members 5-64 years of age with a diagnosis of asthma who had an urgent care visit, acute inpatient discharge, observation stay discharge, or emergency department (ED) visit, and a corresponding outpatient follow-up visit within 30 days. Consistent with the measure steward's specifications, CMS will require QHP issuers to submit measure data collected through the ECDS reporting method.

Addition of the AAF-E measure to the QRS measure set addresses CMS' Meaningful Measures 2.0 priority areas of addressing chronic conditions, and focus on digital quality measurement.¹³ Further, studies show that individuals diagnosed with asthma frequently utilize acute care due to asthma exacerbations, which is an indicator of poorly controlled asthma.¹⁴ The AAF-E measure incentivizes QHP issuers to ensure patients follow up with their doctor after an asthma exacerbation, and to encourage members with asthma to utilize primary care to manage symptoms. The addition of the AAF-E to the QRS measure set beginning with the 2027 ratings year would avoid a gap in capturing asthma-related care should the previously included AMR measure be removed as proposed.

The draft 2027 technical specification (for the 2026 measurement year) for the AAF-E measure is included in Appendix B.¹⁵

3.2.2 Adding the *Tobacco Use Screening and Cessation Intervention* (TSC-E) Measure

CMS proposes the addition of the *Tobacco Use Screening and Cessation Intervention* (TSC-E) measure to the QRS measure set beginning with the 2027 ratings year.

The TSC-E measure was developed by NCQA to replace the MSC measure. The TSC-E measure captures the percentage of members 12 years of age and older who were screened for commercial tobacco use, and who received tobacco cessation intervention if identified as a

¹³ For more information, see "Meaningful Measures 2.0: Moving to Measure Prioritization and Modernization," available at: <https://www.cms.gov/medicare/quality/cms-national-quality-strategy/meaningful-measures-20-moving-measure-reduction-modernization>.

¹⁴ See "A Call to Action for Improving Clinical Outcomes in Patients with Asthma," available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC7718279/>.

¹⁵ The *Follow-Up After Acute and Urgent Care Visits for Asthma* (AAF-E) measure technical specifications included in Appendix B are subject to change and may differ from those published in the 2027 QRS Measure Technical Specifications to align with changes made by the measure steward.

tobacco user. Consistent with the measure steward’s specifications, CMS will require QHP issuers to submit measure data collected through the ECDS reporting method.

Addition of the TSC-E measure aligns with CMS’ Meaningful Measures 2.0 priority areas of wellness and prevention, and focus on digital quality measurement.¹⁶ Further, the TSC-E measure builds on the existing MSC measure by expanding the eligible population from 18 years of age and older to 12 years of age and older. Additionally, though conventional cigarette use has declined among children and adolescents since the 1990s, the TSC-E measure captures use of electronic cigarettes (e-cigarettes), in addition to conventional tobacco use, which is quickly rising among youth, according to the United States Preventive Services Task Force (USPSTF).¹⁷ Exposure to nicotine during adolescence can have harmful effects on brain development, affecting brain function and cognition, attention, and mood; therefore, prevention or cessation of tobacco use for members of all ages is important to advance CMS’ goal of optimal health, wellness, and preventive care.

If finalized as proposed, CMS would begin collecting the TSC-E measure for the 2027 ratings year but would not include it in scoring until the 2028 ratings year, at the earliest. Additionally, CMS would provide QHP issuers with performance information for the TSC-E measure and for measure indicators (i.e., stratified by the 12–17 years, 18–64 years, 65 and older age bands) via the QRS Proof Sheets beginning with the first year of data collection (i.e., 2027 ratings year).

The draft 2027 technical specification (for the 2026 measurement year) for the TSC-E measure is included in Appendix C.¹⁸

3.3 Potential Modification to the Telephone Protocol 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 have the opportunity to complete the survey via mail or internet before outbound telephone contact is initiated with nonrespondents on Day 55 of fielding. Nonrespondents receive up to six telephone attempts within 19 calendar days and the fielding protocol concludes on Day 73.

CMS is interested in extending the telephone dialing timeframe from 19 to 25 calendar days and initiating telephone calls to nonrespondents beginning on Day 48 of the protocol rather than Day 55. When analyzing response patterns, CMS identified an increase in the number of completes on the first day of telephone dialing and again towards the end of the telephone protocol. Extending this timeframe would allow vendors to complete additional attempts as needed to reach the allotted six telephone attempts. CMS sought feedback on the potential refinement from the QHP Enrollee Survey Technical Expert Panel (TEP) and received feedback that this refinement may increase the number of complete surveys. CMS welcomes feedback on this change to the QHP Enrollee Survey protocol beginning with the 2027 ratings year. In addition, CMS will seek public comments on finalized changes to the QHP Enrollee Survey protocol

¹⁶ See supra note 13.

¹⁷ See USPSTF’s “Final Recommendation Statement: Tobacco Use in Children and Adolescents: Primary Care Interventions,” available at: <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/tobacco-and-nicotine-use-prevention-in-children-and-adolescents-primary-care-interventions>.

¹⁸ The *Tobacco Use Screening and Cessation Intervention* (TSC-E) measure technical specifications included in Appendix C are subject to change and may differ from those published in the 2027 QRS Measure Technical Specifications to align with changes made by the measure steward.

through a Federal Register Notice published as part of the Paperwork Reduction Act (PRA) clearance process in advance of the 2027 QHP Enrollee Survey.¹⁹

3.4 Potential Revisions to the QHP Enrollee Survey Questionnaire and Materials

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 TEP. CMS also analyzes QHP Enrollee Survey results, including questions, response rates, and reliability. Additionally, CMS conducted an in-depth review of the QHP Enrollee Survey in Spring 2024, which included cognitive testing interviews with consumers and focus groups with several QHP issuers and consumers. Based on the feedback and findings from these activities, CMS intends to modify survey questions to improve consumers' understanding of the survey questions and to increase alignment with other tested surveys, including the CAHPS Health Plan Survey 5.1.²⁰

Beginning with the 2027 ratings year, CMS proposes to introduce five screener questions to the QHP Enrollee Survey. These screener questions would enable enrollees to skip multiple follow-up questions that may not apply to them, resulting in fewer questions asked of enrollees and making the survey less burdensome for many participants. The questions would read as follows:

- In the last 6 months, did you try to get information or help from your health plan's customer service? (skips 3 follow-up questions if answered, no)
- In the last 6 months, did your health plan give you any forms to fill out? (skips 4 follow-up questions if answered, no)
- A personal doctor is the provider you would talk to if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor? (skips 15 follow-up questions if answered, no)
- In the last 6 months, did your personal doctor order a blood test, x-ray, or other test for you? (skips 2 follow-up questions if answered, no)
- Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you try to make any appointments to see a specialist? (skips 4 follow-up questions if answered, no)

Lastly, in response to OMB Revisions to *OMB's Statistical Policy Directive No.15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity*,²¹ CMS is considering combining the currently separate race and ethnicity questions and revising response options to align with the directive, resulting in one fewer question on the QHP Enrollee Survey. The revised question would continue to provide QHP issuers with insight and awareness into the quality of care and satisfaction among members of different demographics enrolled in each health plan and would reduce survey burden. The question and response options would read as follows:

¹⁹ See supra note 12.

²⁰ For more information, see: <https://www.ahrq.gov/cahps/surveys-guidance/hp/index.html>.

²¹ See the OMB's Statistical Policy Directive No.15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity, available at: <https://www.federalregister.gov/documents/2024/03/29/2024-06469/revisions-to-ombs-statistical-policy-directive-no-15-standards-for-maintaining-collecting-and>.

What is your race and/or ethnicity? *Mark one or more.*

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White

CMS seeks feedback on the potential revisions to the QHP Enrollee Survey Questionnaire and Materials. With the potential removal of five questions and the proposed introduction of five screener questions, the length of the QHP Enrollee Survey would not change if these additions and removals are finalized as proposed. In addition, CMS will seek public comments on finalized changes to the QHP Enrollee Survey questions through a Federal Register Notice published as part of the PRA clearance process in advance of the 2027 QHP Enrollee Survey.

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 2028 ratings year and beyond). Topics under consideration and evaluation for potential revisions in future years include, but are not limited to:

- Changes to QRS measure collection and reporting,
- Potential refinements to the QRS methodology, and
- Potential refinements to the QHP Enrollee Survey Questionnaire.

CMS anticipates including these proposed refinements in future Draft Call Letters, through the rulemaking process, and/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 Hybrid Reporting Method for Select QRS Measures

NCQA has announced its intent to phase out the hybrid reporting method for Healthcare Effectiveness Data and Information Set (HEDIS[®]) measures by the 2029 measurement year (MY), and to make HEDIS reporting fully digital by the 2030 MY.²² Following the discontinuation of hybrid reporting for HEDIS measures, all measures will be reported via administrative or ECDS-only methods.

Currently, the QRS measure set contains five hybrid HEDIS measures. Exhibit 4 summarizes these measures and NCQA's transition plan for each, along with CMS' anticipated timeline for proposing reporting method refinements in future Draft Call Letters.

²² For additional information on NCQA's proposed timeline for retiring and replacing HEDIS hybrid measures, see: [NCQA's Proposed Timeline for Retiring and Replacing HEDIS Hybrid Measures - NCQA](#).

Exhibit 4: Summary of Forthcoming Changes to Hybrid HEDIS QRS Measures

Ratings Year	Measure	NCQA Transition Plan	Draft Call Letter Year
2028 (MY 2027)	<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC)</i>	Transition from administrative and hybrid reporting to administrative only reporting.	Draft 2027 Call Letter
2029 (MY 2028)	<i>Prenatal and Postpartum Care (Postpartum Care) (PPC)</i>	Transition from administrative and hybrid reporting to administrative only reporting.	Draft 2028 Call Letter
	<i>Prenatal and Postpartum Care (Timeliness of Prenatal Care)</i>	Transition from administrative and hybrid reporting to administrative only reporting.	
	<i>Blood Pressure Control for Patients with Hypertension (BPC-E)²³</i>	Transition from the <i>Controlling High Blood Pressure (CBP)</i> measure to the ECDS-only BPC-E measure.	
2030 (MY 2029)	<i>Glycemic Status Assessment for Patients with Diabetes (GSD)</i>	Transition from administrative and hybrid reporting to ECDS-only reporting.	Draft 2029 Call Letter

CMS intends to propose reporting method refinements for select QRS measures to align with NCQA’s discontinuation of hybrid reporting for HEDIS. Beginning with the 2028 ratings year, NCQA will formally discontinue the hybrid reporting method for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)* measure and transition the measure to administrative-only reporting. CMS plans to align the QRS with NCQA’s decision to discontinue hybrid reporting for the WCC measure and intends to propose the removal of the hybrid reporting method beginning with the 2028 ratings year in the Draft 2027 Call Letter. CMS will continue to allow issuers to report the WCC measure via the hybrid reporting method for the 2027 ratings year.

4.2 Potential Revisions to Scoring Methodology for Survey-Based Measures

CMS is investigating potential refinements to the QRS methodology for future years. In response to interested party feedback, CMS intends to incorporate refinements to address high, unvarying performance for many QRS survey measures. As a result of this high, unvarying performance, a majority of reporting units received 4- or 5-star ratings for summary indicators containing QRS survey measures (i.e., Enrollee Experience and Plan Efficiency, Affordability, and Management) for the 2025 ratings year.²⁴ While the star ratings reflect the underlying distribution and high performance observed for the QRS survey measures, CMS is exploring refinements to capture meaningful distinctions in performance to support consumer comparison of quality and enrollee experience with QHPs.

CMS is considering potential modifications to the QRS methodology, including the scoring methodology that converts rates to scores (i.e., the Benchmark Ratio Approach), and the ratings

²³ CMS finalized the incremental transition of the *Controlling High Blood Pressure (CBP)* measure to the *Blood Pressure Control for Patients with Hypertension (BPC-E)* measure via the [Final 2025 Call Letter](#). Given the similarities between the CBP and BPC-E measures, CMS does not intend to simultaneously include both measures in QRS scoring. CMS intends to propose the removal of the CBP measure and inclusion of the BPC-E measure in scoring in a future Call Letter.

²⁴ See the Health Insurance Exchanges Quality Rating System (QRS) for Plan Year (PY) 2026: Result-at-a-Glance, available at: <https://www.cms.gov/files/document/py2026qrsresultsataglance.pdf>.

methodology that converts scores to ratings on a 1-5 star scale (i.e., static cut points) for the summary indicators containing QRS survey measures. For example, CMS is considering potential refinements to the scoring for QRS survey measures (i.e., Benchmark Ratio Approach), including the removal of the Benchmark Ratio Approach from the scoring methodology for QRS survey measures, such that weighted, case-mix adjusted raw survey measure rates are treated as measure scores.

CMS is soliciting comments and suggestions regarding potential approaches to adapting the QRS methodology to reflect underlying reporting unit performance while increasing the meaningfulness of summary indicator ratings for both QHP issuers and consumers. CMS will propose any changes to the QRS methodology in a future Draft Call Letter, if appropriate.

4.3 Potential Refinements to the QHP Enrollee Survey Questionnaire

CMS welcomes additional public comments on potential questions for addition to or removal from the QHP Enrollee Survey questionnaire. CMS is also soliciting comments and suggestions regarding potential refinements to current questions that would better provide consumers with comparable and useful information about the quality of health care services and enrollee experience and maximize the actionable information available to issuers (i.e., issuers should be able to use the data to make concrete changes that would show improvement). Additionally, CMS is interested in receiving feedback about refinements that would potentially increase the response rate of the survey.

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.²⁵

Exhibit 5 illustrates the proposed QRS hierarchy for the 2027 ratings year, which is the organization of measures into summary indicators and ultimately, a single global rating. Measures denoted with a strikethrough (–), if removed as proposed, would not be collected for the 2027 ratings year. 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 2027 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 2027 QRS Hierarchy

QRS Summary Indicator	Measure Title	CBE ID (* indicates not currently endorsed)
Clinical Quality Management	Asthma Medication Ratio	4800
	Follow-Up After Acute and Urgent Care Visits for Asthma*€	N/A*
	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
	Blood Pressure Control for Patients with Hypertension€	N/A*
	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%	0059
	Kidney Health Evaluation for Patients with Diabetes	N/A
	Proportion of Days Covered (Diabetes All Class)	0541
	Plan All-Cause Readmissions	1768*
	Breast Cancer Screening€	2372
Cervical Cancer Screening€	0032	

²⁵ 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 37 measures that are collected and used in scoring (rather than 35). The difference of three measures in this count comes from three 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*. Lastly, the *Enrollment by Product Line* measure is collected, but not included for purposes of QRS scores and ratings.

QRS Summary Indicator	Measure Title	CBE ID (* indicates not currently endorsed)
	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
	Tobacco Use Screening and Cessation Intervention*[€]	0028
	Medical Assistance with Smoking and Tobacco Use Cessation	0027*
	Adult Immunization Status [€]	3620
	Oral Evaluation, Dental Services	2517
	Childhood Immunization Status (Combination 10)[€]	0038
	Immunizations for Adolescents (Combination 2)[€]	4407
	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
	Enrollee Experience with Cost	N/A*
	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. Draft Follow-Up After Acute and Urgent Care Visits for Asthma (AAFE) Measure Technical Specification

Follow-Up After Acute and Urgent Care Visits for Asthma (AAF-E)

Measure title	Follow-Up After Acute and Urgent Care Visits for Asthma	Measure ID	AAF-E
Description	The percentage of persons 5-64 years of age with an urgent care visit, acute inpatient discharge, observation stay discharge, or ED visit with a diagnosis of asthma that had a corresponding outpatient follow-up visit with a diagnosis of asthma within 30 days.		
Measurement period	January 1–December 31.		
Copyright and disclaimer notice	<p>Refer to the complete copyright and disclaimer information at the front of this publication.</p> <p>NCQA website: https://www.ncqa.org.</p> <p>Submit policy clarification support questions via My NCQA (https://my.ncqa.org).</p>		
Clinical recommendation statement/ rationale	Non-clinical factors (e.g., socioeconomic status, environmental exposures, access to care) can limit individual efficacy in managing chronic conditions such as asthma, leading to higher use of urgent care, emergency departments, and hospitalizations instead of preventive care. An accountability mechanism that drives individuals towards non-acute care may help to improve poor and disparate asthma outcomes.		
Citations	<p>Mclvor A., Kaplan A. 2020. “A Call to Action for Improving Clinical Outcomes in Patients with Asthma.” Primary Care Respiratory Medicine 30(54).</p> <p>National Asthma Education and Prevention Program (NAEPP) Coordinating Committee Expert Working Group. 2020. 2020 Focused Updates to the Asthma Management Guidelines. https://www.nhlbi.nih.gov/resources/2020-focused-updatesasthma-management-guidelines</p> <p>Global Initiative for Asthma (GINA). 2024. Global Strategy for Asthma Management and Prevention. https://ginasthma.org/wp-content/uploads/2024/05/GINA-2024-Strategy-Report-24_05_22_WMS.pdf</p>		
Characteristics			
Scoring	Proportion.		
Type	Process.		
Product lines	<ul style="list-style-type: none"> • Commercial. • Medicaid. 		

<p>Direct transfer</p>	<p><i>For direct transfers</i>, the episode date is the discharge date from the last transfer admission.</p> <p><i>For ED or urgent care visits</i>, the episode date is the date of service.</p> <p>When the discharge date from the initial stay precedes the admission date to a subsequent stay by one calendar day or less.</p> <p><i>For example:</i></p> <ul style="list-style-type: none"> An inpatient discharge on June 1, followed by an admission to another inpatient setting on June 1, is a direct transfer. An inpatient discharge on June 1, followed by an admission to an inpatient setting on June 2, is a direct transfer. An inpatient discharge on June 1, followed by an admission to another inpatient setting on June 3, is not a direct transfer; these are two distinct inpatient stays. <p>Direct transfers may occur between different facilities and between inpatient and observation stays.</p>
<p>Initial population</p>	<p><i>Measure item count:</i> Episode.</p> <p><i>Attribution basis:</i> Enrollment.</p> <p><i>Benefits:</i> Medical.</p> <p><i>Continuous enrollment:</i> Episode date through 30 days after episode date (31 total days).</p> <p><i>Allowable gap:</i> None.</p> <p><i>Ages:</i> 5–64 years of age as of the episode date.</p> <p>Event: Acute visits for asthma on or between January 1 and December 1 of the measurement period.</p> <p>Step 1. Identify all urgent care visits, ED visits, acute inpatient discharges, and observation stay discharges on or between January 1 and December 1 of the measurement period:</p> <ul style="list-style-type: none"> An urgent care visit (<u>Outpatient and Telehealth Value Set</u> with POS code 20) with a diagnosis of asthma (<u>Asthma Value Set</u>). An ED visit (<u>ED Value Set</u>) with a diagnosis of asthma (<u>Asthma Value Set</u>). Acute inpatient or observation discharges with a diagnosis of asthma (<u>Asthma Value Set</u>) on the discharge claim. To identify an acute inpatient or observation discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays (<u>Inpatient Stay Value Set</u>) and observation stays (<u>Observation Stay Value Set</u>). 2. Exclude nonacute inpatient stays (<u>Nonacute Inpatient Stay Value Set</u>). 3. Identify the discharge date for the stay. <p>Step 2. Exclude ED and urgent care visits followed by admission to an acute inpatient or observation stay care setting on the date of the ED or urgent care visit, or within 30 days after the ED or urgent care visit (31 total days), regardless of diagnosis for the admission.</p>

To identify admissions to an acute inpatient or observation stay care setting:

1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set) and observation stays (Observation Stay Value Set).
2. Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set).
3. Identify the admission date for the stay.

Step 3. Determine all asthma episode dates. Multiple visits/discharges that occur on the same date count as one episode.

Step 4. Test for direct transfers.

For discharges with one or more direct transfers, use the last discharge. Exclude the episode if the direct transfer's discharge date occurs after December 1 of the measurement period.

For episodes with a direct transfer to an acute setting for any diagnosis, the episode date is the discharge date from the last admission.

To identify admissions to and discharges from acute inpatient settings:

1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set) and observation stays (Observation Stay Value Set).
2. Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set).
3. Identify the discharge date for the stay.

Note: For acute inpatient or observation stays where there was a direct transfer, use the original stay and any direct transfer stays to identify eligible episode dates in this step.

Step 5. Calculate continuous enrollment.

Step 6. Multiple episodes within a 31-day period.

Identify ED or urgent care visits chronologically, including only the first episode in each 31-day period.

For example, consider the following events:

ED visit: January 1.

Urgent care visit: January 15.

ED visit: January 20.

Include the ED visit on January 1 as a denominator event. Exclude the urgent care visit on January 15 and the ED visit on January 20.

Identify acute inpatient or observation stay discharges chronologically, including only the last discharge in each 31-day period.

For example, consider the following events:

Acute inpatient discharge: March 5.

Observation stay discharge: March 9.

Acute inpatient discharge: March 22.

Include the acute inpatient discharge on March 22 as a denominator event. Exclude the discharges on March 5 and March 9.

For 31-day periods that include an eligible acute inpatient or observation stay discharge followed by an ED or urgent care visit, include only the acute inpatient or observation stay discharge.

For example, consider the following events:

	<p>Acute inpatient discharge: March 5. ED visit: March 12. Urgent care visit: March 20.</p> <p>Include the acute inpatient discharge on March 5 as a denominator event. Exclude the ED visit on March 12 and urgent care visit on March 20.</p> <p>Note: <i>Removal of multiple episodes in a 31-day period is based on eligible episode dates. Assess each episode for eligibility before removing multiple episodes in a 31-day period.</i></p>
Denominator exclusions	<p>Persons with a date of death. Death in the measurement period, identified using data sources determined by the organization. Method and data sources are subject to review during the HEDIS audit.</p> <p>Persons in hospice or using hospice services. Persons 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 persons must use only the run date of the file.</p> <p>Persons with a diagnosis of cystic fibrosis. Persons with a diagnosis of cystic fibrosis (<u>Cystic Fibrosis Value Set</u>*) at any time in the person’s history through the last day of the measurement period.</p> <p>Coding Guidance *Do not include laboratory claims (claims with POS code 81).</p>
Denominator	The initial population minus denominator exclusions.
Numerator	<p>30-day follow-up. An outpatient visit, telephone visit, e-visit or virtual check-in (<u>Outpatient and Telehealth Value Set</u>) with a diagnosis of asthma (<u>Asthma Value Set</u>) within 30 days after the asthma episode. Do not include visits that occur on the same day as the asthma episode. Do not include services provided in an urgent care setting (POS code 20).</p>
Summary of changes	<ul style="list-style-type: none"> • This is a first-year measure.
Data element tables	Organizations that submit HEDIS data to NCQA must provide the following data elements.

	<p>Table AAF-E-1/2: Data Elements for Follow-Up After Acute and Urgent Care Visits for Asthma</p> <table border="1"> <thead> <tr> <th>Metric</th> <th>Age</th> <th>Diagnosis</th> <th>Data Element</th> <th>Reporting Instructions</th> </tr> </thead> <tbody> <tr> <td rowspan="5">FollowUpVisit</td> <td>5-11</td> <td>COPDDiagnosed</td> <td>InitialPopulation</td> <td>For each Stratification</td> </tr> <tr> <td>12-17</td> <td>COPDNotDiagnosed</td> <td>Exclusions</td> <td>For each Stratification</td> </tr> <tr> <td>18-50</td> <td></td> <td>Denominator</td> <td>For each Stratification</td> </tr> <tr> <td>51-64</td> <td></td> <td>Numerator</td> <td>For each Stratification</td> </tr> <tr> <td>Total</td> <td></td> <td>Rate</td> <td>(Percent)</td> </tr> </tbody> </table>	Metric	Age	Diagnosis	Data Element	Reporting Instructions	FollowUpVisit	5-11	COPDDiagnosed	InitialPopulation	For each Stratification	12-17	COPDNotDiagnosed	Exclusions	For each Stratification	18-50		Denominator	For each Stratification	51-64		Numerator	For each Stratification	Total		Rate	(Percent)
Metric	Age	Diagnosis	Data Element	Reporting Instructions																							
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	51-64		Numerator	For each Stratification																							
	Total		Rate	(Percent)																							
<p>Rules for Allowable Adjustments</p>	<p>Copyright and use: The “Rules for Allowable Adjustments of HEDIS” (the “Rules”) describe how NCQA’s HEDIS measure specifications can be adjusted for other populations, if applicable. The Rules, reviewed and approved by NCQA measure experts, provide for expanded use of HEDIS measures without changing their clinical intent.</p> <p>Adjusted HEDIS measures may not be used for HEDIS health plan reporting.</p> <p>ADJUSTMENTS ALLOWED</p> <ul style="list-style-type: none"> • <i>Product lines.</i> Organizations are not required to use product line criteria; product lines may be combined, and all (or no) product line criteria may be used. • <i>Attribution.</i> Organizations are not required to use enrollment criteria. • <i>Benefits.</i> Organizations are not required to use a benefit. • <i>Ages.</i> The denominator age range may be expanded. The age determination dates may be changed (e.g., select, “age as of June 30”). • <i>Other.</i> Organizations may use additional initial population criteria to focus on a population of interest such as gender, race, ethnicity, socioeconomic or sociodemographic characteristics, geographic region or another characteristic. • <i>Measurement period adjustments.</i> Organizations may adjust the measurement period. • <i>Exclusions.</i> Hospice and deceased persons exclusions are not required. • <i>Telehealth.</i> Services/events that allow the use of synchronous telehealth visits, telephone visits, and asynchronous telehealth (e-visits, virtual check-ins) may be stratified to identify services performed via telehealth. This adjustment is not allowed for events, numerators, and exclusions that do not allow the use of telehealth. <p>ADJUSTMENTS ALLOWED WITH LIMITS</p> <ul style="list-style-type: none"> • <i>Numerator.</i> The timing of the follow-up period can be shortened (e.g., assessing for follow-up visits that occur within 7 days or within 14 days). Value sets and logic may not be changed. 																										

	<p>ADJUSTMENTS NOT ALLOWED</p> <ul style="list-style-type: none">• <i>Exclusions.</i> The cystic fibrosis exclusions must be applied. Value sets and logic may not be changed.• <i>Initial population:</i> Event. Only events or diagnoses that contain (or map to) codes in the value sets may be used to identify visits. Value sets and logic may not be changed.
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Appendix C. Draft Tobacco Use Screening and Cessation Intervention (TSC-E) Measure Technical Specification

Tobacco Use Screening and Cessation Intervention (TSC-E)

Measure title	Tobacco Use Screening and Cessation Intervention	Measure ID	TSC-E
Description	<p>The percentage of persons 12 years of age and older who were screened for commercial tobacco product use at least once during the measurement period, and who received tobacco cessation intervention if identified as a tobacco user. Two rates are reported:</p> <ol style="list-style-type: none"> 1. <i>Tobacco Use Screening</i>. The percentage of persons who were screened for tobacco use. 2. <i>Cessation Intervention</i>. The percentage of persons who were identified as a tobacco user and who received tobacco cessation intervention. 		
Measurement period	January 1–December 31.		
Copyright and disclaimer notice	<p>Refer to the complete copyright and disclaimer information at the front of this publication.</p> <p>NCQA website: https://www.ncqa.org.</p> <p>Submit policy clarification support questions via My NCQA (https://my.ncqa.org).</p>		
Clinical recommendation statement	<p>The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)-approved pharmacotherapy for cessation to nonpregnant adults who use tobacco (Grade A Recommendation) (U.S. Preventive Services Task Force, 2021).</p> <p>The USPSTF recommends that clinicians ask all pregnant persons about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant persons who use tobacco (Grade A Recommendation) (U.S. Preventive Services Task Force, 2021).</p> <p>The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of pharmacotherapy interventions for tobacco cessation in pregnant women (Grade I Statement) (U.S. Preventive Services Task Force, 2021).</p> <p>The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of electronic cigarettes (e-cigarettes) for tobacco cessation in adults, including pregnant persons. The USPSTF recommends that clinicians direct patients who use tobacco to other tobacco cessation interventions with proven effectiveness and established safety (Grade I Statement) (U.S. Preventive Services Task Force, 2021).</p>		

	<p>The USPSTF recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents (Grade B Statement) (U.S. Preventive Services Task Force, 2020).</p> <p>The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of primary care—feasible interventions for the cessation of tobacco use among school-aged children and adolescents (Grade I Statement) (U.S. Preventive Services Task Force, 2020).</p> <p>All patients should be asked if they use tobacco and should have their tobacco use status documented on a regular basis. Evidence has shown that clinic screening systems, such as expanding the vital signs to include tobacco use status or the use of other reminder systems such as chart stickers or computer prompts, significantly increase rates of clinician intervention. (Strength of Evidence = A) (U.S. Department of Health and Human Services. Public Health Service, 2008).</p> <p>All physicians should strongly advise every patient who smokes to quit because evidence shows that physician advice to quit smoking increases abstinence rates. (Strength of Evidence = A) (U.S. Department of Health and Human Services. Public Health Service, 2008).</p> <p>Minimal interventions lasting less than three minutes increase overall tobacco abstinence rates. Every tobacco user should be offered at least a minimal intervention, whether or not he or she is referred to an intensive intervention. (Strength of Evidence = A) (U.S. Department of Health and Human Services. Public Health Service, 2008).</p> <p>The combination of counseling and medication is more effective for smoking cessation than either medication or counseling alone. Therefore, whenever feasible and appropriate, both counseling and medication should be provided to patients trying to quit smoking. (Strength of Evidence = A) (U.S. Department of Health and Human Services. Public Health Service, 2008).</p> <p>For adolescents 11 to 17, the American Academy of Pediatrics recommends the ACT method to assess tobacco product use. Ask: Screen for tobacco use with all youth, during every clinical encounter. Counsel: Advise all youth who use tobacco to quit and have them set a quit date within two weeks. Treat: Link youth to behavioral treatment extenders and prescribe pharmacologic support when indicated. After the visit, follow-up to assess progress and offer support. (American Academy of Pediatrics, 2022).</p>
<p>Citations</p>	<p>US Preventive Services Task Force. 2021. “Interventions for Tobacco Smoking Cessation in Adults, Including Pregnant Persons. US Preventive Services Task Force Recommendation Statement.” <i>JAMA</i> 325(3), 265–79. doi:10.1001/jama.2020.25019.</p> <p>US Preventive Services Task Force. 2020. “Primary Care Interventions for Prevention and Cessation of Tobacco Use in Children and Adolescents. US Preventive Services Task Force Recommendation Statement.” <i>JAMA</i> 323(16):1590–8. doi:10.1001/jama.2020.4679.</p>

	<p>Agency for Healthcare Research and Quality. 2008. <i>Treating Tobacco Use and Dependence: 2008 Update</i>. https://www.ahrq.gov/prevention/guidelines/tobacco/index.html</p> <p>American Academy of Pediatrics. 2022. "Youth Tobacco Use: Considerations for Clinicians." <i>JAMA</i>. https://downloads.aap.org/AAP/PDF/AAP_Youth_Tobacco_Cessation_Considerations_for_Clinicians.pdf</p>
Characteristics	
Scoring	Proportion.
Type	Process.
Product lines	<ul style="list-style-type: none"> • Commercial. • Medicaid. • Medicare.
Stratifications	<p>Age as of the start of the measurement period.</p> <ul style="list-style-type: none"> • 12–17 years (commercial and Medicaid only). • 18–64 years. • 65 and older.
Risk adjustment	None.
Improvement notation	Increased score indicates improvement.
Guidance	<p>Data collection methodology: ECDS. Refer to the <u><i>General Guideline: Data Collection Methods</i></u> for additional information.</p> <p>Date specificity: Dates must be specific enough to determine that the event occurred in the period being measured.</p> <p>Which services count? When using claims, include all paid, suspended, pending and denied claims.</p>
Definitions	
Positive tobacco user	<p>Persons who were screened for tobacco use and had a documented positive result. Any of the following meet criteria:</p> <ul style="list-style-type: none"> • <u>Tobacco Use Screening Value Set</u> with <u>Yes Value Set</u>. • LOINC code 72166-2 with <u>Positive Tobacco Use Status Value Set</u>.
Negative tobacco user	<p>Persons who were screened for tobacco use and had a documented negative result. Any of the following meet criteria:</p> <ul style="list-style-type: none"> • <u>Tobacco Use Screening Value Set</u> with <u>No Value Set</u>. • LOINC code 72166-2 with <u>Negative Tobacco Use Status Value Set</u>.

<p>Initial population</p>	<p><i>Measure item count:</i> Person. <i>Attribution:</i> Enrollment.</p> <ul style="list-style-type: none"> • <i>Benefits:</i> Medical. • <i>Continuous enrollment:</i> 180 days prior to the measurement period through the last day of the measurement period. • <i>Allowable gap:</i> No more than one gap of ≤45 days during the continuous enrollment period. No gaps on the last day of the measurement period. <p><i>Ages:</i> 12 years of age and older at the start of the measurement period. <i>Event:</i> None.</p>
<p>Denominator exclusions</p>	<p>Persons with a date of death. Death in the measurement period, identified using data sources determined by the organization. Method and data sources are subject to review during the HEDIS audit.</p> <p>Persons in hospice or using hospice services. Persons 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 persons must use only the run date of the file.</p> <p>Persons receiving palliative care. Persons receiving palliative care (<u>Palliative Care Assessment Value Set</u>; <u>Palliative Care Encounter</u>; <u>Palliative Care Intervention Value Set</u>) or who had an encounter for palliative care (ICD-10-CM code Z51.5*) any time during the measurement period.</p> <p>Coding Guidance *Do not include laboratory claims (claims with POS code 81).</p>
<p>Denominator</p>	<p>Denominator 1: The initial population minus denominator exclusions. Denominator 2: Persons from numerator 1 who were identified as a positive tobacco user between January 1 and December 1 of the measurement period.</p>
<p>Numerator</p>	<p>Numerator 1—Tobacco use screening. Persons who were screened for tobacco use and identified as either a positive or negative tobacco user (see Definitions above) during the measurement period.</p> <p>Numerator 2—Cessation intervention. Persons who received tobacco cessation intervention during the measurement period or 180 days prior to the measurement period. The following meet criteria:</p> <ul style="list-style-type: none"> • Persons 12–17 years of age who received tobacco cessation counseling (<u>Tobacco Use Cessation Counseling Value Set</u>; ICD-10-CM code Z71.6*) during the measurement period or in the 180 days prior to the measurement period.

	<ul style="list-style-type: none"> Persons 18 years of age and older who received tobacco cessation counseling (Tobacco Use Cessation Counseling Value Set; ICD-10-CM code Z71.6*) or dispensed pharmacotherapy intervention (Tobacco Use Cessation Medications List) during the measurement period or 180 days prior to the measurement period. <p>Coding Guidance *Do not include laboratory claims (claims with POS code 81).</p>																							
<p>Summary of changes</p>	<ul style="list-style-type: none"> This is a first-year measure. 																							
<p>Data element tables</p>	<p>Organizations that submit HEDIS data to NCQA must provide the following data elements.</p> <p>Table TSC-E-1/2: Data Elements for Tobacco Use Screening and Cessation Intervention</p> <table border="1" data-bbox="488 730 1421 1104"> <thead> <tr> <th>Metric</th> <th>Age</th> <th>Data Element</th> <th>Reporting Instructions</th> </tr> </thead> <tbody> <tr> <td>TobaccoUse</td> <td>12-17</td> <td>Benefit</td> <td>Metadata</td> </tr> <tr> <td rowspan="2">Cessation</td> <td>18-64</td> <td>InitialPopulation</td> <td>For each Stratification, repeat per metric</td> </tr> <tr> <td>65+</td> <td>Exclusions</td> <td>For each Stratification, repeat per metric</td> </tr> <tr> <td rowspan="3">Total</td> <td rowspan="3"></td> <td>Denominator</td> <td>For each Metric and Stratification</td> </tr> <tr> <td>Numerator</td> <td>For each Metric and Stratification</td> </tr> <tr> <td>Rate</td> <td>(Percent)</td> </tr> </tbody> </table>	Metric	Age	Data Element	Reporting Instructions	TobaccoUse	12-17	Benefit	Metadata	Cessation	18-64	InitialPopulation	For each Stratification, repeat per metric	65+	Exclusions	For each Stratification, repeat per metric	Total		Denominator	For each Metric and Stratification	Numerator	For each Metric and Stratification	Rate	(Percent)
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<p>Rules for Allowable Adjustments</p>	<p>Copyright and use: The “Rules for Allowable Adjustments of HEDIS” (the “Rules”) describe how NCQA’s HEDIS measure specifications can be adjusted for other populations, if applicable. The Rules, reviewed and approved by NCQA measure experts, provide for expanded use of HEDIS measures without changing their clinical intent.</p> <p>Adjusted HEDIS measures may not be used for HEDIS health plan reporting.</p> <p>ADJUSTMENTS ALLOWED</p> <ul style="list-style-type: none"> Product lines. Organizations are not required to use product line criteria; product lines may be combined, and all (or no) product line criteria may be used. Attribution. Organizations are not required to use enrollment criteria. Benefits. Organizations are not required to use a benefit. Other. Organizations may use additional initial population criteria to focus on an area of interest defined by gender, race, ethnicity, socioeconomic or sociodemographic characteristics, geographic region or another characteristic. Exclusions. The hospice and deceased persons exclusions are not required. 																							

	<ul style="list-style-type: none">• <i>Measurement period adjustments.</i> Organizations may adjust the measurement period.• <i>Telehealth.</i> Services/events that allow the use of synchronous telehealth visits, telephone visits and asynchronous telehealth (e-visits, virtual check-ins) may be stratified to identify services performed via telehealth. <p>ADJUSTMENTS ALLOWED WITH LIMITS</p> <ul style="list-style-type: none">• <i>Ages.</i> The age determination dates may be changed (e.g., select, “age 60 as of June 30 of the measurement period”). The ages may not be expanded. <p>ADJUSTMENTS NOT ALLOWED</p> <ul style="list-style-type: none">• <i>Numerators 1 and 2.</i> Value sets, direct reference codes and logic may not be changed.• <i>Denominator 2.</i> Value sets, direct reference codes and logic may not be changed.
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