Health Insurance Exchange

Final 2025 Call Letter for the Quality Rating System (QRS) and Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey)

Finalized QRS and QHP Enrollee Survey Program Refinements

July 2025

Contents

List of Exhibits

1.0 Purpose of the 2025 QRS and QHP Enrollee Survey Call Letter

The Centers for Medicare & Medicaid Services (CMS) appreciates all the individuals and organizations who submitted comments on the *Draft 2025 Call Letter for the Quality Rating System (QRS) and Qualified Health Plan (QHP) Enrollee Experience Survey* (referred to hereafter as the Draft 2025 Call Letter) during the public comment period, held March 31, 2025, through April 30, 2025.

This document, the *Final 2025 Call Letter for the Quality Rating System (QRS) and Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey)* (referred to hereafter as the Final 2025 Call Letter), serves to communicate CMS' finalized refinements to the QRS and QHP Enrollee Survey programs. This document summarizes comments received on the Draft 2025 Call Letter during the public comment period within each relevant section. No changes are being made at this time to CMS regulations; instead, the refinements apply to QRS and QHP Enrollee Survey program operations and to the QRS measure set, and the revisions to the QHP Enrollee Survey protocol.

This document does not include all potential refinements to the QHP Enrollee Survey program (e.g., other types of survey revisions will be addressed through the information collection request process per the Paperwork Reduction Act [PRA] requirements, as appropriate). CMS intends to publish the *Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2026* (2026 QRS and QHP Enrollee Survey Technical Guidance) in the fall of 2025, reflecting the applicable finalized changes announced in this document.

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

1.1 Key Terms

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

Exhibit 1. Key Terms for the Call Letter

Term	Description
Measurement Year	The measurement year refers to the year reflected in the data submission. All measure data are retrospective. The exact period of time represented by a measure is dependent on the technical specifications of the measure. ▪ QRS clinical measure data submitted for the 2026 ratings year (the 2026 QRS) generally represent calendar year 2025 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 2025. ▪ For QRS survey measure data in the 2026 QRS, the QHP Enrollee Survey is fielded based on enrollees who are currently enrolled as of January 6, 2026, but the survey requests that enrollees report on their experience "from July through December 2025."

Term	Description
Ratings Year	The ratings year refers to the year the data are collected (including fielding of the QHP Enrollee Survey), validated, and submitted, and ratings are calculated. For example, "2026 QRS" refers to the 2026 ratings year. ▪ As part of the 2026 Plan Year QHP certification process, which will occur during the spring and summer of 2025, QHP issuers will attest that they will adhere to 2026 quality reporting requirements, which include requirements to report data for the 2026 QRS and QHP Enrollee Survey. ▪ Requirements for the 2026 QRS, and details as to the data collection, validation, and submission processes, are documented in the 2026 QRS and QHP Enrollee Survey Technical Guidance, which will be published in October 2025. ▪ Ratings calculated for the 2026 QRS are displayed for QHPs offered during the 2027 Plan Year, in time for open enrollment, to assist consumers in selecting QHPs.

1.2 Timeline for Call Letter Publication

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

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

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

The *2026 Quality Rating System (QRS) Measure Technical Specifications,* published in March 2025, includes the specifications for measures and/or measure rates proposed for addition and

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

removal in the Draft 2025 Call Letter.[2] This Final 2025 Call Letter includes finalized changes proposed to the QRS measure set for 2026. In the fall of 2025, CMS intends to publish the 2026 QRS and QHP Enrollee Survey Technical Guidance, reflecting applicable finalized changes announced in the Final 2025 Call Letter.

2.0 CMS Quality Priorities for the 2025 Ratings Year and Beyond

In the Draft 2025 Call Letter, CMS announced it will exercise enforcement discretion and no longer require the collection or submission of race and ethnicity stratified (RES) data for select QRS measures for the 2025 ratings year in alignment with agency priorities. Consistent with this approach, for the 2025 ratings year, QHP issuers will not be required to collect and report RES measure data.

In addition, CMS proposed to discontinue the collection and submission of RES data for QRS measures for the 2026 ratings year and beyond. CMS noted in the Draft 2025 Call Letter that as part of these proposed policies, CMS would not receive any RES data submitted by QHP issuers via the National Committee for Quality Assurance (NCQA) Interactive Data Submission System (IDSS). In addition, CMS would not share confidential QRS RES Proof Sheets with QHP issuers and State Exchange administrators for the 2025 ratings year and beyond.

CMS appreciates commenters' feedback on its announcement to exercise enforcement discretion to no longer require collection or submission of RES data for select QRS measures for the 2025 ratings year, and on the proposed discontinuance of the collection and submission of RES data for QRS measures for the 2026 ratings year and beyond. Some commenters recommended that CMS allow QHP issuers to optionally submit this RES data for the 2025 ratings year and beyond. Other commenters recommended that CMS retain the RES reporting requirement to align with federal and state initiatives or consider expanded stratified reporting for QRS measures to include other demographic information (e.g., disability status, spoken language).

At this time, CMS does not anticipate the measure steward (i.e., NCQA) will modify the Healthcare Effectiveness Data and Information Set (HEDIS®) measure specifications to remove race and ethnicity stratifications. As such, CMS anticipates QHP issuers will maintain the ability to submit RES data via NCQA's IDSS at this time for applicable measures; however, in alignment with agency priorities, CMS will not require QHP issuers to submit RES data. Additionally, CMS will not receive any RES data submitted by QHP issuers via NCQA's IDSS for the 2025 ratings year and beyond. In alignment with the CMS Framework for Healthy Communities and Meaningful Measures 2.0 Initiative,[3,4] CMS is committed to identifying and closing gaps in care for the Exchange population and will continue to prioritize outcome and patient-reported measures when considering future QRS refinements. CMS encourages

[2] Please see the 2026 QRS Measure Technical Specifications available on the CMS Marketplace Quality Initiatives website: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/ACA-MQI/ACA-MQI-Landing-Page.

[3] For more information about the CMS Framework for Health Communities, see: https://www.cms.gov/priorities/health-equity/minority-health/equity-programs/framework

[4] For more information about the Meaningful Measures 2.0 Initiative, see: https://www.cms.gov/medicare/quality/cms-national-quality-strategy/meaningful-measures-20-moving-measure-reduction-modernization.

commenters to share additional feedback regarding the submission of RES data via the IDSS for QRS measures and suggestions for expanding stratified measure reporting. While CMS is finalizing these changes in stratified reporting of certain data for select QRS measures, the agency remains committed to aligning federal QRS reporting requirements with federal and state quality reporting initiatives where possible and will continue to investigate opportunities to refine the QRS measure set to promote alignment based on interested party feedback.

Some commenters supported the discontinuation of RES reporting for the 2025 and 2026 ratings years due to challenges with interoperability, data availability, and accuracy of stratified results; however, these commenters recommended that CMS reintroduce RES reporting in the future when standardized data collection processes and more robust data are available to report, citing usefulness of RES data in improving health plan efficiencies and overall health outcomes. CMS appreciates commenters' insights regarding the existing challenges associated with RES reporting, and may consider reintroducing the RES reporting requirements for QRS measures in the future. CMS will continue to seek additional information on the challenges of stratified reporting , and anticipates that this information will help inform future policy development. CMS will continue to investigate opportunities for standardized data collection processes, should this reporting requirement be reintroduced for QRS measures.

Beginning with the 2026 ratings year, CMS is finalizing the discontinuation of the RES reporting requirement for QRS measures. CMS is also exercising enforcement discretion for the 2025 ratings year and will not require the collection or submission of RES data for QRS measures. Consistent with this approach, CMS will not receive any RES data submitted by QHP issuers via the IDSS for the 2025 ratings year and beyond. In addition, CMS will not share confidential QRS RES Proof Sheets with QHP issuers and State Exchange administrators for the 2025 ratings year and beyond.

In the Draft 2025 Call Letter, CMS additionally indicated it is considering opportunities to address the agency-wide priorities of nutrition, physical activity, wellness and well-being in the QRS, and solicited comments on the potential inclusion of measures, tools, and/or methodology refinements in the QRS to support the promotion of nutrition, physical activity, wellness and well-being among QHP enrollees.

CMS appreciates commenters suggestions of measures, measure concepts, and other considerations regarding the approach and timeline for incorporating nutrition, physical activity, wellness and well-being related measures, tools, and refinements in the QRS to align the program with these goals. Several commenters suggested clinical and patient-reported measures for consideration (e.g., *Adult Access to Preventative/Ambulatory Health Services*, *Patient Activation Measure*®). Some commenters, however, cautioned against patient-reported measures given potential barriers to capturing patient-reported data. Additionally, some commenters provided feedback about the concept of measuring improvements in overall health, happiness, and satisfaction in life, and recommended that CMS identify measures that assess outcomes directly tied to plan activities and interventions, rather than general well-being indicators. Commenters emphasized that potential new measures should leverage existing data collection methods and systems, including the QHP Enrollee Survey, and should be feasible to implement, scientifically acceptable, and within a QHP issuer's reasonable locus of control. CMS will continue to explore opportunities to address the agency's priorities related to nutrition, physical

activity, wellness and wellbeing in the QRS, and will further investigate measures suggested by commenters.

Additionally, CMS appreciates commenters' suggestions about its approach to QRS measure set refinement in considering additional ways to measure wellness and well-being in the QRS. Several commenters expressed general support for CMS' efforts to reduce burden and align quality measures across quality programs. Commenters suggested an overall reduction in the number of measures in the QRS measure set, focusing on high impact metrics (e.g., morbidity, well-being indicators, primary care access). CMS will continue to pursue alignment with other federal quality reporting programs as well as agency priorities. CMS will also consider feedback regarding data collection methods, burden, feasibility, and attributability when evaluating the inclusion of measure set and methodology refinements for the QRS.

3.0 Announcements and Reminders for the 2026 Ratings Year and Beyond

In the Final 2024 Call Letter, CMS finalized its proposal to remove the *Antidepressant Medication Management* (AMM) measure beginning with the 2026 ratings year. In the Draft 2025 Call Letter, CMS provided a reminder of this upcoming measure removal. CMS appreciates commenters on the Draft 2025 Call Letter reaffirming support for the removal of the AMM measure in alignment with the measure steward's (i.e., NCQA) retirement of the measure beginning with the 2026 ratings year. CMS will remove the measure beginning with the 2026 ratings year. CMS will continue to collect the AMM measure and use the measure in scoring for the 2025 ratings year.

4.0 QRS and QHP Enrollee Survey Revisions for the 2026 Ratings Year and Beyond

In the Draft 2025 Call Letter, CMS proposed a series of refinements to the QRS and QHP Enrollee Survey that would apply beginning with the 2026 ratings year. These proposed refinements are summarized in Exhibit 3 below:

Exhibit 3. Summary of Proposed Refinements for the 2026 Ratings Year and Beyond

Topic	Summary of Proposed Refinement
Measure Removal(s)	• *Annual Monitoring for Persons on Long-Term Opioid Therapy* (AMO) • *International Normalized Ratio Monitoring for Individuals on Warfarin* (INR) • *Social Need Screening and Intervention* (SNS-E)
Measure Addition	• *Enrollee Experience with Cost* measure
Measure Transition	• *Controlling High Blood Pressure* to *Blood Pressure Control for Patients with Hypertension* (BPC-E)
Measure Refinement(s)	• *Breast Cancer Screening* (BCS-E) • *Adult Immunization Status* (AIS-E)
Expansion of the Electronic Clinical Data Systems (ECDS) reporting method	• *Cervical Cancer Screening* (CCS-E) • *Immunizations for Adolescents* (IMA-E) • *Childhood Immunization Status* (CIS-E)
Proposed Revisions to the QHP Enrollee Survey Sample Frame	• Addition of optionally reported variables to the QHP Enrollee Survey Sample Frame.

4.1 Proposed Removal of Select Measures

CMS proposed the removal of three measures beginning with the 2026 QRS measure set: *International Normalized Ratio Monitoring for Individuals on Warfarin* (INR), *Annual Monitoring for Persons on Long-Term Opioid Therapy* (AMO), and *Social Need Screening and Intervention* (SNS-E).

4.1.1 Removing *the International Normalized Ratio Monitoring for Individuals on Warfarin* (INR) and *Annual Monitoring for Persons on Long-Term Opioid Therapy* (AMO) Measures

In the Draft 2025 Call Letter, CMS proposed the removal of the *International Normalized Ratio Monitoring for Individuals on Warfarin* (INR) and *Annual Monitoring for Persons on Long-Term Opioid Therapy* (AMO) measures from the QRS measure set beginning with the 2026 ratings year. This proposal was due in part to high missingness for both measures, signaling a lack of importance to the Exchange population due to low eligible population (i.e., members dispensed warfarin or prescribed long-term opioid therapy, respectively, during the measurement year).

CMS appreciates commenters' feedback on the proposed removal of the INR and AMO measures beginning with the 2026 ratings year. All commenters supported the removal of the measures as proposed. After consideration of comments, CMS is finalizing as proposed the removal of the INR and AMO measures from the QRS measure set beginning with the 2026 ratings year. CMS will continue to collect and score the INR and AMO measures for the 2025 ratings year.

In the Draft 2025 Call Letter, CMS also noted that if the removal of the INR and AMO measures were finalized as proposed, the QRS measure set would include one patient safety-related measure, the *Plan All-Cause Readmission* (PCR) measure, and solicited comments on additional patient safety-related measures to the QRS measure set that better align with the needs of the Exchange population. CMS noted that it was particularly interested in measures that are specified at the health plan level, leverage digital data sources, and that are in alignment with other CMS quality reporting programs. CMS thanks commenters that responded to the request for comment on additional patient safety-related measures that more closely align with the needs of the Exchange population. Several commenters suggested measures related to care coordination and opioid-use disorder, including *Pharmacotherapy for Opioid Use Disorder* (POD), *Follow-Up After Emergency Department Visit for Individuals with Multiple High-Risk Chronic Conditions*, and the *Transitions of Care* composite. CMS will continue investigating the appropriateness of adding the patient safety-related measures suggested by commenters as well as other patient-safety related measures to the QRS measure set in the future. CMS would propose the addition of any additional patient safety-related measures via the Call Letter process.

4.1.2 Removing the *Social Need Screening and Intervention* (SNS-E) Measure

In the Draft 2025 Call Letter, CMS proposed the removal of the *Social Need Screening and Intervention* (SNS-E) measure from the QRS measure set beginning with the 2026 ratings year in alignment with agency priorities. CMS also noted that for the 2025 ratings year, CMS will

collect the SNS-E measure but will not include the measure in scoring per the QRS and QHP Enrollee Survey: Technical Guidance for 2025.[5]

CMS appreciates commenters' feedback on the proposed removal of the SNS-E measure beginning with the 2026 ratings year. Some commenters supported the removal as proposed or with refinements. Several commenters noted that while the SNS-E measure captures important information regarding social needs that impact health, there are data collection challenges with SNS-E as currently specified. Commenters recommended CMS coordinate with the measure steward to investigate alternative methods for measuring non-clinical factors impacting overall health and wellness. Other commenters provided recommendations for modifications to the current measure specifications to address feasibility concerns with the measure. CMS appreciates this feedback on potential refinements to the measure specifications, and encourages commenters to share this feedback with the measure steward (i.e., NCQA). Other commenters expressed concerns with the removal of the SNS-E measure, noting that removal of the measure would create misalignment between the QRS and other federal and state initiatives. As the SNS-E measure is not currently actively implemented across federal quality reporting programs, CMS does not believe the removal of this measure will create significant misalignment with other federal initiatives. However, CMS acknowledges the importance of these initiatives and is continuing to monitor state and other federal quality reporting programs to identify potential opportunities to refine the QRS measure set to promote alignment across federal and state quality reporting programs.

After consideration of these comments, and in alignment with other federal quality reporting programs and agency-wide priorities, CMS is finalizing as proposed the removal of the SNS-E measure beginning with the 2026 ratings year. CMS will continue to collect SNS-E measure data for the 2025 ratings year but will not include the measure in 2025 QRS Proof Sheets or Public Use Files (PUFs).

4.2 Proposed Addition of Select Measure

CMS proposed the addition of one measure beginning with the 2026 QRS measure set: *Enrollee Experience with Cost*.

4.2.1 Adding the Enrollee Experience with Cost Measure

In the Draft 2025 Call Letter, CMS proposed the addition of the *Enrollee Experience with Cost* measure to the QRS measure set beginning with the 2026 ratings year to incorporate this important aspect of the patient experience in the QRS, to align with CMS' mission to ensure enrollees have access to quality, affordable healthcare, and to align with CMS' Meaningful Measures 2.0 priority area of affordability and efficiency. CMS proposed including the *Enrollee Experience with Cost* measure in scoring in its first year of data reporting as CMS has collected associated measure data through the QHP Enrollee Experience Survey since 2016.

CMS appreciates commenters' feedback on the proposed addition of the *Enrollee Experience with Cost* measure beginning with the 2026 ratings year. Most commenters supported the

[5] See the *QRS and QHP Enrollee Survey: Technical Guidance for 2025*, available at: https://www.cms.gov/files/document/qrs-and-qhp-enrollee-experience-survey-technical-guidance-2025.pdf.

proposed addition of this measure to the QRS measure set beginning with the 2026 ratings year; however, many commenters recommended delaying the inclusion of the *Enrollee Experience with Cost* measure in scoring until the 2027 ratings year or completion of a "dry run" (i.e., testing the inclusion of the *Enrollee Experience with Cost* measure in the QRS measure set prior to inclusion in scoring). Some commenters recommended CMS consider opportunities for alignment across federal quality reporting programs (e.g., incorporating the *Enrollee Experience with Cost* measure in other quality reporting programs). Further, several commenters recommended CMS consider additional metrics regarding affordability of coverage and prescriptions and out-of-pocket cost for inclusion in the QRS. CMS will continue to assess the appropriateness of additional cost and affordability measures for potential inclusion in the QRS measure set.

Several commenters also suggested CMS conduct testing on the reliability, acceptability, and validity of creating a composite from the underlying questions in the *Enrollee Experience with Cost* measure and publish these results. CMS acknowledges commenters' suggestions regarding the benefits of additional testing related to the *Enrollee Experience with Cost* measure. As proposed, the *Enrollee Experience with Cost* measure aligns with the current *Enrollee Experience with Cost* composite from the QHP Enrollee Survey. CMS conducted psychometric testing on the *Enrollee Experience with Cost* items and composite in 2016. These items and the composite were strongly associated with outcomes and the QHP Enrollee Survey Technical Expert Panel (TEP) supported including the cost items in the QHP Enrollee Survey based on the results. Additionally, CMS annually calculates and provides QHP issuers and Exchange administrators with the national reliability (i.e., inter-unit reliability) for items and composites in the QHP Enrollee Survey. From 2022 to 2024, the *Enrollee Experience with Cost* composite had a national reliability higher than 0.7. Additionally, CMS conducted testing of the *Enrollee Experience with Cost* measure in QRS scoring for two years of data (i.e., 2023 and 2024). CMS found that reporting unit performance for the *Enrollee Experience with Cost* measure is similar to that of other QHP survey measures. Testing with 2023 and 2024 data, the *Enrollee Experience with Cost* measure benchmarks were 81.26 and 81.85, respectively.

Some commenters did not support inclusion of the *Enrollee Experience with Cost* measure in the QRS measure set due to state-level requirements related to QHP benefit design, and the influence of external factors on enrollee experience with cost. CMS acknowledges commenters' concerns related to the actionability of the *Enrollee Experience with Cost* measure information to improve quality and performance. However, CMS believes that the measure will provide useful information for consumers, QHP issuers, Exchange administrators, and providers about enrollee experience with QHPs offered through the Exchanges. CMS will monitor rates for the *Enrollee Experience with Cost* measure for the first year of inclusion in the QRS measure set, including to assess for potential differences in performance by reporting unit state and Exchange type of operation.

Some commenters recommended CMS incorporate the *Enrollee Experience with Cost* measure into the Plan Efficiency, Affordability, and Management summary indicator due to its association with other measures included in the hierarchy component (e.g., Rating of Health Plan). CMS appreciates commenters' feedback and intends to include the *Enrollee Experience with Cost* measure in the Enrollee Experience summary indicator as proposed. However, CMS

will continue to consider the approach for incorporating the measure into the QRS hierarchy for future ratings years. Additionally, CMS clarifies that the *Enrollee Experience with Cost* measure is not a replacement for any existing QRS measure. The revised 2026 QRS hierarchy is provided in Appendix A.

After consideration of comments, CMS is finalizing the addition of the *Enrollee Experience with Cost* measure beginning with the 2026 ratings year; however, CMS will not include the measure in scoring in its first year of collection (i.e., for the 2026 ratings year) as proposed. In response to commenter feedback, CMS anticipates including this measure in scoring beginning with the 2027 ratings year, at the earliest. CMS will provide measure benchmark and performance information for the *Enrollee Experience with Cost* measure in the 2026 QRS Proof Sheets prior to including the measure in scoring.

4.3 Transitioning the *Controlling High Blood Pressure* (CBP) Measure to the *Blood Pressure Control for Patients with Hypertension* (BPC-E) Measure

In the Draft 2025 Call Letter, CMS proposed to incrementally transition from the *Controlling High Blood Pressure* (CBP) measure to the *Blood Pressure Control for Patients with Hypertension* (BPC-E) measure beginning with the 2026 ratings year to align with the measure steward (i.e., NCQA), improve upon the existing CBP measure, and continue to expand the number of measures collected through the ECDS method in alignment with CMS priorities. In recognition of feedback received regarding the transition from traditional reporting to ECDS only reporting for select measures during the Call Letter process in previous years (e.g., Final 2024 Call Letter), as well as from the QRS/QIS TEP, CMS proposed requiring concurrent collection of the CBP and BPC-E measures for the 2026 ratings year to allow sufficient time for QHP issuers to gain experience with the BCP-E measure, while avoiding a gap in scoring for a hypertension management-related measure. Given the similarities between the CBP and BPC-E measures, CMS noted in the Draft 2025 Call Letter that it does not intend to simultaneously include both measures in QRS scoring. For example, CMS noted that if it were to include the BPC-E measure in scoring for the 2027 ratings year, it would propose the removal of the CBP measure from the QRS measure set for the 2027 ratings year. CMS also noted that it was interested in receiving feedback on the timeline for removing the CBP measure from the QRS measure set, in consideration of NCQA's intent to retire the measure beginning with the 2029 ratings year and that CMS intends to propose the removal of the CBP measure and inclusion of the BPC-E measure in scoring in a future Draft Call Letter.

CMS appreciates commenters' feedback on the proposed incremental transition of the CBP measure to the BPC-E measure beginning with the 2026 ratings year. Commenters generally supported the transition to the BCP-E measure on the proposed timeline or recommended a more extended timeline.

Commenters recommending an extended timeline raised concerns with data availability and interoperability barriers as QHP issuers are currently able to submit and collect data using the hybrid method for the CBP measure. In addition to feedback about barriers to implementing ECDS measures (e.g., infrastructure challenges, data availability), commenters suggested CMS work with the measure steward (i.e., NCQA) to ensure a reasonable pace of transition to ECDS measures. CMS appreciates commenters' feedback regarding the ECDS transition timeline,

particularly for existing QRS measures with hybrid-optional reporting. CMS coordinates with NCQA as it proposes changes to existing measures and measure retirements. NCQA also seeks public comment prior to finalizing changes to measures and assesses individual measures for burden and barriers of ECDS reporting in determining the appropriateness and timeline for transition. CMS intends to continue coordination with NCQA, and will continue monitoring reported rates for all ECDS measures in the QRS measure set, including monitoring the first year of data collection for the additional ECDS measures finalized for inclusion in the QRS measure set beginning with the 2026 ratings year to assess measure performance and ability to report using the ECDS reporting method. Several commenters also recommended CMS publish benchmark and national performance data for the BPC-E measure prior to fully transitioning the CBP measure to the BPC-E measure. CMS will consider the feedback received as it considers the timeline for removing the CBP measure and introducing the BPC-E measure into scoring. Additionally, based on commenter feedback on the Draft 2024 Call Letter, to increase transparency and to support QHP issuers and Exchange administrators' quality improvement activities, beginning with the 2025 ratings year, CMS will include measure benchmark and performance information for measures that are not used in scoring for the given ratings year in the QRS Proof Sheets.[6]

Some commenters expressed concerns with the inability to report the BPC-E measure using the hybrid reporting method, as well as concerns with the expansion of the denominator of the BPC-E measure to include pharmacy data noting potential interoperability challenges. Additionally, one commenter recommended CMS consider including an indicator measuring and rewarding sustained, longitudinal control of hypertension to the BPC-E measure to better align with clinical guidelines. CMS appreciates this feedback on potential refinements to the BPC-E measure specifications, and encourages commenters to share this feedback with the measure steward (i.e., NCQA). Consistent with the established process, CMS aligns with the measure steward's specifications for the measures included in the QRS measure set.

After consideration of comments, CMS is finalizing as proposed its proposal to begin transitioning from the CBP measure to the BPC-E measure beginning with the 2026 ratings year. For the 2026 ratings year, CMS will provide the measure benchmark and performance information for the BPC-E measure in the CSV version of the QRS Proof Sheets. CMS will not include the BPC-E measure in scoring until the 2027 ratings year, at the earliest.

4.4 Proposed Refinements to Select Measures

CMS proposed to align with the measure steward (i.e., NCQA) and update the measure specifications for the *Breast Cancer Screening* (BCS-E) and *Adult Immunization Status* (AIS-E) measures beginning with the 2026 ratings year. To avoid gaps in measurement for both measures, CMS proposed retain the measure rates collected for the 2025 measurement year for both measures in scoring for the 2026 ratings year and to include the updated total measure rates for both measures in scoring beginning with the 2027 ratings year, at the earliest.

[6] For more information, please refer to the *Final 2024 Call Letter for the QRS and QHP Enrollee Survey,* available at: https://www.cms.gov/files/document/final-2024-call-letter-june-2024.pdf.

4.4.1 Refining the *Breast Cancer Screening* (BCS-E) Measure

In the Draft 2025 Call Letter, CMS proposed to update the specifications for the *Breast Cancer Screening* (BCS-E) measure beginning with the 2026 ratings year to add members ages 40-49 in alignment with updated guidelines released by the U.S. Preventive Services Task Force (USPSTF). CMS noted that it does not anticipate including the new initial population (i.e., 42-51 years of age) in scoring for this measure for the 2026 ratings year but intends to continue to include the BCS-E measure in scoring for the 2026 ratings year using only the initial population of 52-74. If finalized as proposed, CMS noted that it anticipates introducing the refined measure including the revised age range of 40-74 in QRS scoring beginning with the 2027 ratings year.

CMS appreciates commenters' feedback on the proposed update to the specifications for the BCS-E measure beginning with the 2026 ratings year. All commenters supported the refinement as proposed or with modifications to the timeline for introducing the additional age band in scoring. Some commenters expressed concerns with the timeline for implementing the updated specifications, noting that providers may need additional time to conduct outreach to those newly recommended for screening under the updated USPSTF guidelines. These commenters suggested CMS delay the implementation of the new specifications for an additional year (i.e., until the 2027 ratings year) or that CMS maintain separate reporting for both the current age band (i.e., 52-74) and the new age band (i.e., 42-51) for at least three years.[7]

After consideration of comments, CMS is finalizing as proposed refinements to the BCS-E measure beginning with the 2026 ratings year, in alignment with the measure steward's timeline. In accordance with the measure steward's specifications for this measure, QHP issuers will be required to collect and report data for both the 42-51 and 52-74 age bands beginning with the 2026 ratings year. CMS will monitor reported rates in the first year of data collection for the new age band for the BCS-E measure in response to commenter concerns that providers may require additional time to conduct outreach to members newly recommended for screening. As noted in the Draft 2025 Call Letter, CMS will not include the new eligible population (i.e., 42-51) in scoring for this measure for the 2026 ratings year but will continue to include the BCS-E measure in scoring for the 2026 ratings year using only the eligible population of 52-74. CMS anticipates introducing the refined measure including the revised eligible population from 40-74 in QRS scoring beginning with the 2027 ratings year, at the earliest.

While CMS will not score the new age band for the 2026 ratings year, CMS intends to provide the measure benchmark and performance information for the BCS-E total rate (42-74) in the 2026 QRS Proof Sheets for the first year of collection of the new age band. This information will supplement the measure benchmark and performance information for the BCS-E rate used in 2026 scoring to support QHP issuer performance improvement efforts prior to introducing the total rate in scoring.

4.4.2 Refining the *Adult Immunization Status* (AIS-E) Measure

In the Draft 2025 Call Letter, CMS proposed to align with the measure steward (i.e., NCQA) and update beginning with the 2026 ratings year the specifications for the *Adult Immunization Status*

[7] The BCS-E measure assesses screening for members 40-74. However, the initial population of the measure is 42-74 due to the two-year lookback period that assesses mammograms received in the previous two years.

(AIS-E) measure to add an additional indicator to assess hepatitis B vaccination for adults 19-59 in an effort to drive improvement in vaccination rates. CMS noted that it does not anticipate including the new indicator (i.e., hepatitis B) in scoring for this measure for the 2026 ratings year but intends to continue to include the AIS-E measure in scoring for the 2026 ratings year using only the measure indicator rates for influenza, Td/Tdap, zoster, and pneumococcal. If finalized as proposed, CMS noted it anticipates introducing the refined measure including the hepatitis B measure indicator in QRS scoring beginning with the 2027 ratings year.

CMS appreciates commenters' feedback to the proposed update to the specifications for the AIS-E measure beginning with the 2026 ratings year in alignment with the measure steward (i.e., NCQA). Commenters generally supported the refinement as proposed or with refinements to the measure technical specifications. Several commenters suggested CMS collaborate with NCQA to develop an exclusion criterion for the AIS-E measure to account for patient choice (e.g., vaccine refusal for religious or cultural reasons). CMS appreciates this feedback on potential refinements to the measure specifications, and encourages commenters to share this feedback with the measure steward (i.e., NCQA). Consistent with the established process, CMS aligns with the measure steward's specifications for the measures included in the QRS measure set.

Additionally, some commenters expressed concerns with the availability of vaccination data, and noted that QHP issuers may have limited access to immunization data in claims and other clinical data sources. Commenters who did not support the addition of the hepatitis B indicator to the AIS-E measure cited concerns with potential gaps in reliable data, as the hepatitis B vaccination is recommended for administration once in an enrollee's lifetime.

After consideration of comments, CMS is finalizing as proposed refinements to the AIS-E measure beginning with the 2026 ratings year in alignment with the measure steward's timeline. In accordance with the measure steward's specifications for this measure, QHP issuers will be required to collect and report data for all vaccination types (i.e., influenza, Td/Tdap, zoster, pneumococcal, and hepatitis B). CMS intends to monitor reported rates in the first year of collection for the hepatitis B measure indicator to assess measure performance and ability to report. Based on these findings, CMS may propose delaying the introduction of the hepatitis B indicator rate in scoring within the existing aggregate AIS-E measure to provide additional time for QHP issuers to adjust to data collection for the new rate. As noted in the Draft 2025 Call Letter, CMS will not include the new rate (i.e., hepatitis B) in scoring for the 2026 ratings year, but will include the AIS-E measure in scoring for the 2026 ratings year using the existing vaccination types (i.e., influenza, Td/Tdap, zoster, and pneumococcal). Performance rates will be stratified by vaccination type, as well as an aggregate rate; however, performance data for hepatitis B vaccination will not be included in the aggregate rate until the 2027 ratings year, at the earliest.

Additionally, CMS intends to provide the measure benchmark and performance information for the total AIS-E measure rate (i.e., influenza, Td/Tdap, zoster, pneumococcal, and hepatitis B) as supplemental information in the 2026 QRS Proof Sheet to support QHP issuer quality improvement efforts prior to introducing the revised measure in scoring. In response to commenters' feedback, CMS will continue to investigate potential barriers to collecting the hepatitis B indicator.

4.5 Expanding Electronic Clinical Data System Reporting

CMS proposed to transition the *Cervical Cancer Screening* (CCS), *Immunizations for Adolescents* (IMA), and *Childhood Immunization Status* (CIS) measures to ECDS-only reporting beginning with the 2026 ratings year.[8]

Exhibit 4 contains the measures for which CMS previously finalized either optional or required ECDS reporting in the Final 2022 Call Letter, Final 2023 Call Letter, and Final 2024 Call Letter, as well as the measures proposed for required ECDS reporting via the Draft 2025 Call Letter. Measures denoted with an asterisk (*) have been finalized to transition to ECDS-only reporting beginning with the 2026 ratings year.

Exhibit 4. Measures Finalized for ECDS Reporting

Measure	Implementation of Optional ECDS Reporting	Implementation of Required ECDS-only Reporting
***Breast Cancer Screening* (BCS-E)**	2023 Ratings Year	2024 Ratings Year
***Colorectal Cancer Screening* (COL-E)**	2023 Ratings Year	2025 Ratings Year
Immunizations for Adolescents* (IMA-E)	2023 Ratings Year	2026 Ratings Year
Childhood Immunization Status (*CIS-E) *(Combination 10)*	2023 Ratings Year	2026 Ratings Year
***Adult Immunization Status* (AIS-E)**	N/A	2024 Ratings Year
Cervical Cancer Screening* (CCS-E)	2024 Ratings Year	2026 Ratings Year
***Social Need Screening and Intervention* (SNS-E)[9]**	N/A	2025 Ratings Year
***Depression Screening and Follow-Up for Adolescents and Adults* (DSF-E)**	N/A	2025 Ratings Year
Blood Pressure Control for Patients with Hypertension (BPC-E)*	N/A	2026 Ratings Year

4.5.1 Transitioning the *Cervical Cancer Screening* (CCS), *Immunizations for Adolescents* (IMA), and *Childhood Immunization Status* (CIS) Measures to ECDS-Only Reporting

In the Draft 2025 Call Letter, CMS proposed to transition reporting for the CCS, IMA, and CIS measures to the CCS-E, IMA-E, and CIS-E measures beginning with the 2026 ratings year in alignment with the measure steward's (i.e., NCQA) retirement of the measures reported via the traditional method. CMS noted that if this transition were finalized as proposed, QHP issuers would be required to submit the CCS-E, IMA-E, and CIS-E measures as part of data submission for the 2026 ratings year. CMS also noted that it will not include the CCS-E, IMA-E, and CIS-E measures in scoring in the 2026 ratings year and anticipates including the measures in scoring beginning with the 2027 ratings year, at the earliest. CMS noted in the Draft 2025 Call Letter that it will continue to collect the CCS, IMA, and CIS measures and use them for scoring in the

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

[9] As noted in Section 4.1.2, CMS is removing the SNS-E measure from the QRS measure set beginning in the 2026 ratings year.

2025 ratings year. For the 2025 ratings year, CMS noted it will continue to offer optional ECDS reporting alongside hybrid or administrative reporting for the CCS-E, IMA-E, and CIS-E measures.

CMS appreciates commenters' feedback on the proposed transition of the CCS, IMA, and CIS measures to ECDS-only reporting beginning with the 2026 ratings year. Most commenters supported the transition as proposed or with refinements and noted support for continued alignment with other federal quality reporting programs.

Some commenters expressed concerns about barriers to implementing ECDS measures (e.g., infrastructure challenges, data availability) and suggested that CMS work with the measure steward (i.e., NCQA) to ensure a reasonable pace of transition for ECDS measures in the QRS measure set. Other commenters recommended CMS delay the transition of the IMA-E and CIS-E measures by two years to allow time for plans to address feasibility challenges with digital data collection, and publish performance data for measures collected through ECDS and traditional methods prior to transitioning additional measures to ECDS-only reporting. CMS appreciates commenters' feedback regarding the timeline for transitioning measures to ECDS-only reporting. As noted in Section 4.3, CMS coordinates with NCQA as it proposes changes to existing measures and measure retirements. CMS intends to continue coordination with NCQA as it considers the timeline for transitioning additional measures to ECDS-only reporting.

As stated in the Final 2024 Call Letter, CMS monitors annual reported rates of optional ECDS reporting for existing QRS measures to inform the approach for expanding of ECDS reporting (e.g., inclusive of ECDS-only reporting) for measures proposed for addition to the QRS measure set and existing QRS measures. For the 2024 ratings year, measures with optional ECDS reporting, a majority (~88%) of data submission-eligible reporting units opted to report using the ECDS reporting method. Additionally, CMS is assessing the differences in measure performance for measures transitioning from traditional reporting to ECDS-only reporting and may share these findings in a future Call Letter.

After consideration of comments, and in acknowledgement of the investigation of ECDS reporting in previous ratings years (i.e., the 2024 ratings year), CMS is finalizing as proposed its proposal to transition the CCS, IMA, and CIS measures to ECDS-only reporting beginning with the 2026 ratings year in alignment with the measure steward's timeline. CMS will continue to monitor performance differences between measures reported via the traditional and ECDS-only methods, and will consider findings and the feedback received as it considers the timeline for introducing the CCS-E, IMA-E, and CIS-E measures into scoring. CMS anticipates reintroducing the measures into scoring beginning with the 2027 ratings year, at the earliest. Additionally, as previously noted, beginning in 2025, CMS will provide QHP issuers and Exchange administrators with measure benchmarks and performance information for optionally reported CCS-E, IMA-E, and CIS-E measures in the 2025 QRS Proof Sheets to support QHP issuer performance improvement efforts prior to introducing these measures into scoring. CMS will continue to coordinate with NCQA as it assesses for burden and barriers of transitioning QRS measures to the ECDS reporting method in the future.

5.0 Revisions to the QHP Enrollee Survey Sample Frame Variables

Beginning with the 2026 ratings year, CMS proposed revisions to the QHP Enrollee Survey sample frame that is populated by QHP issuers. Specifically, CMS proposed the addition of three new variables to the sample frame that could support analyses on response patterns and could potentially be used in case-mix adjustment or measure stratification in future ratings years. These proposed variables included:

- **Claim or Encounter with QHP Issuer** – Enrollee had at least one claim or encounter with the QHP issuer during the measurement year.
- **Primary Care Provider Status** – Enrollee has a primary care provider.
- **Visit with Specialty Care Doctor** – Enrollee had at least one visit with a specialty care doctor during the measurement year.

Additionally, CMS proposed in the Draft 2025 Call Letter to align the sample frame anchor date with the end of the individual market open enrollment period (OEP) for the Exchanges.[10]

CMS appreciates commenters' feedback on the proposal to add three new variables to the QHP Enrollee Survey sample frame. A majority of commenters supported the proposed addition of these variables, stating that the data could provide valuable context to survey results. One commenter who did not support the proposal noted that the addition of new variables would increase the time and effort needed to produce the sample frame files as the data needed to populate these variables may not be easily available. Another commenter that did not support the proposal noted that not all product types require enrollees to have a primary care provider, therefore, the QHP issuer would be unable to provide the data required for the variable. With respect to CMS's proposal to change the sample frame anchor date to coincide with the end of the individual OEP for the Exchanges, one commenter noted that this change could increase the risk of including dis-enrollees in the sample frame.

After consideration of comments, CMS is finalizing as proposed the addition of these three variables beginning with the 2026 ratings year. As noted in the Draft 2025 Call Letter, the new variables will not have completeness thresholds (i.e., not missing), and QHP issuers that do not have the data available may code the variables as missing if data are not available or are difficult to obtain. CMS will provide details on coding the variables with the 2026 QRS and QHP Enrollee Survey Technical Guidance that will be released in Fall 2025. In addition, after consideration of comments, CMS is not finalizing the proposed change to the sample frame anchor date for the 2026 ratings year. Rather, CMS will retain the current protocol in which the sample frame anchor date is the fourth business day of the calendar year in January.

[10] For Plan Year (PY) 2026, the open enrollment period for all Exchanges will begin on November 1, 2025, and end on January 15, 2026. For PY 2027 and beyond, the annual open enrollment period will begin on November 1 and end on December 15; however, Exchanges have flexibility to adopt an end date as late as December 31. For more information, please refer to: https://www.federalregister.gov/documents/2025/06/25/2025-11606/patient-protection-and-affordable-care-act-marketplace-integrity-and-affordability.

6.0 Potential QRS and QHP Enrollee Survey Revisions for Future Years

CMS solicited comments on potential modifications to the QRS and QHP Enrollee Survey for future years (e.g., the 2027 ratings year and beyond). CMS noted topics under consideration and evaluation for potential revision in future years included but were not limited to:

- Changes to the QRS measure set, Addition of new questions to the QHP Enrollee Survey Questionnaire,
- Modification of the QHP Enrollee Internet Survey Protocol, and
- Revision to the QHP Enrollee Survey Instrument Title.

CMS noted that it 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 also noted that it was soliciting general comments to help inform the development of potential future proposals.

6.1 Forthcoming Retirement of the *Medical Assistance with Smoking and Tobacco Use Cessation* Measure

In the Draft 2025 Call Letter, CMS announced its intent to propose in the Draft 2026 Call Letter the removal of the *Medical Assistance with Smoking and Tobacco Use Cessation* measure from the QRS measure set beginning with the 2027 ratings year in alignment with the measure steward's (i.e., NCQA) retirement of the measure beginning with the HEDIS® 2026 measurement year. CMS noted that it will continue to collect and use the *Medical Assistance with Smoking and Tobacco Use Cessation* measure in scoring for the 2026 ratings year and that it anticipates proposing a replacement measure upon its finalization for HEDIS® measurement year 2026 for inclusion in the QRS measure set beginning with the 2027 ratings year, at the earliest, through the 2026 Call Letter process.

CMS appreciates commenter feedback on the future proposed retirement of the *Medical Assistance with Smoking and Tobacco Use Cessation* measure beginning with the 2027 ratings year. All commenters expressed support for this proposal either in alignment with, or in advance of, NCQA's timeline for retiring the measure.

After consideration of comments, CMS will propose the removal of the *Medical Assistance with Smoking and Tobacco Use Cessation* measure in the Draft 2026 Call Letter. As noted in the Draft 2025 Call Letter, CMS will continue to collect and score the *Medical Assistance with Smoking and Tobacco Use Cessation* measure in both the 2025 and 2026 ratings years.

CMS also appreciates commenters' feedback on potential replacements for the *Medical Assistance with Smoking and Tobacco Use Cessation* measure. Most commenters supported replacing the *Medical Assistance with Smoking and Tobacco Use Cessation* measure but recommended CMS delay inclusion of an additional measure until NCQA has completed measure development and revised a potential replacement measure to ensure feasibility, alignment with current guidelines, or until standardized data fields are established. Some commenters supported replacing the *Medical Assistance with Smoking and Tobacco Use Cessation* measure with a more comprehensive measure. Other commenters recommended CMS

not pursue a replacement for the *Medical Assistance with Smoking and Tobacco Use Cessation* measure, and recommended that CMS instead focus on improvements to the existing measure set. CMS will continue to focus on improving the QRS measure set, and will consider newly developed replacement measures for the *Medical Assistance with Smoking and Tobacco Use Cessation* for potential inclusion in the QRS measure set. CMS will also continue to coordinate with NCQA regarding the development and testing timeline of potential replacement measures and may propose a replacement measure in the future, if appropriate, via the Call Letter process.

6.2 Revisions to the QHP Enrollee Survey Questionnaire

CMS invited public comment on potential revisions to the QHP Enrollee Survey Questionnaire. CMS appreciates commenters' feedback on these potential revisions to the QHP Enrollee Survey Questionnaire.

6.2.1 Adding New Questions to the QHP Enrollee Survey

In the Draft 2025 Call Letter, CMS sought feedback on the proposed addition of new questions to the QHP Enrollee Survey beginning with the 2027 ratings year related to perceived unfair treatment and likeliness to recommend the health plan. The proposed perceived unfair treatment question asks if an enrollee received treatment un an unfair or insensitive way because of a health condition, disability, age, income, or type of insurance plan. The likeliness to recommend the health plan question used the Net Promoter Score®[11] and asks how likely the enrollee is to recommend their health plan to a friend or colleague. These questions were intended to advance national priorities, such as person-centered care, and provide insight and awareness into quality of care and coverage as well as experience among members enrolled in each health plan.

CMS thanks commenters for their feedback on the proposal to add new questions to the QHP Enrollee Survey. Commenters generally supported CMS' proposals to add these questions to the QHP Enrollee Survey beginning with the 2027 ratings year; however, several commenters shared concerns with the proposed questions. For the perceived unfair treatment question, commenters noted that QHP issuers may not be able to make actionable improvements based on this question, and that the question may contribute to survey fatigue without providing meaningful information to QHP issuers. For the Net Promoter Score® question, commenters similarly noted that they believe the question is not actionable for quality improvement. Some commenters also expressed concern with the length of the survey and recommended that CMS consider questions that can be removed prior to adding new questions.

CMS will continue to consider the feedback submitted and consider making additional revisions to questions prior to implementation. As noted in the Draft 2025 Call Letter, CMS will continue to 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. CMS will also seek feedback in future Call Letters as needed.

[11] Net Promoter Score® is a registered trademark of Bain & Company, Inc., NICE Systems, Inc., and Fred Reichheld.

6.3 Potential Modification to the Internet Protocol of the QHP Enrollee Survey

In the Draft 2025 Call Letter, CMS stated that it is interested in making a modification to the internet protocol of the QHP Enrollee Survey to add a third email reminder for nonrespondents to provide the nonrespondents the opportunity to complete the survey by internet prior to initiation of the data collection via telephone. Under the current protocol, after the prenotification letter is mailed, nonrespondents receive a notification email, and two reminder emails within the first three weeks of fielding. The third email reminder would occur prior to the initiation of the data collection via telephone.

CMS thanks commenters for their feedback on this potential change to the protocol governing survey administration. Most commenters supported this potential change, with one commenter stating that this change could potentially reduce the administrative costs of administering the survey via telephone while maintaining or improving response rates via the internet. One commenter who did not support this potential change recommended that CMS complete focus groups and field tests prior to proposing and implementing this change.

CMS conducted an analysis of survey completion rates after email reminders were sent and found an increase of 1,500 to 2,500 completes or partial completes after each reminder and thus does not intend to complete field testing or focus groups at this time. In developing the potential modification to add a third email reminder, CMS received support on the from the QHP Enrollee Survey Technical Expert Panel, which includes health plan and consumer representatives.

After consideration of comments, CMS will propose this change as a part of the information collection request process per the PRA requirements, with the intent to finalize the change beginning with the 2027 ratings year.

6.4 Revision to the QHP Enrollee Survey Instrument Title

In the Draft 2025 Call Letter, CMS proposed a revision to the QHP Enrollee Survey Instrument title to include the QHP issuer name and the administration year at the top of the mail survey instructions and the landing page of the internet survey. CMS noted in that Draft 2025 Call Letter that the revised title of the survey would read as, "**YEAR [QHP Issuer Name] Enrollee Experience Survey.**"

CMS received overwhelming support for this proposed revision with all commenters supporting this revision. CMS appreciates the feedback on this revision and will propose this change as a part of the information collection request process per the PRA requirements, with the intent to finalize the change beginning with the 2027 ratings year.

7.0 Acknowledgement of Additional Feedback

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

CMS acknowledges the feedback regarding the QRS measure set, including suggestions related to alignment and burden reduction, transitioning to outcome measures, and focusing on improving existing QRS measures prior to proposing additional measure set refinements. In

alignment with the National Quality Strategy, CMS is aiming to increase the number of outcome measures across its portfolio, including in the QRS measure set, as available and appropriate. Additionally, CMS will continue to pursue alignment with other federal quality reporting programs as well as agency priorities. CMS will also continue to request interested party feedback via public comment on future Draft Call Letters, and through the QRS and QIS Technical Expert Panel (TEP), to solicit input related to the QRS and potential refinements to the quality measures included in the QRS measure set in future years. CMS will consider additional ways to engage interested parties in determining refinements to the QRS and QHP Enrollee Survey to be proposed via future Call Letters (e.g., working groups).

CMS also appreciates commenters' suggestions of additional measures (e.g., HIV-related measures) for potential inclusion in the QRS measure set in future years. CMS conducts annual assessments of the QRS measure set to identify measurement gaps, as well as to assess the continued appropriateness of the current QRS measure set for the Exchange population and alignment with agency priorities. CMS will continue to assess measures for potential future inclusion in the QRS measure set and may consider proposing additional measures via future Draft Call Letters, based on their applicability to the Exchange population, alignment with other programs, and other evaluation criteria.

Additionally, CMS acknowledges commenter requests regarding changes to the QRS and QHP Enrollee Survey Technical Guidance and the overall publication timeline of QRS and QHP Enrollee Survey materials. CMS anticipates publishing further information regarding the changes to the QHP Enrollee Survey oversampling protocol in future iterations of the QRS and QHP Enrollee Survey Technical Guidance. Commenters suggested that CMS consider adjusting the timeline for proposing changes to the QRS measure set (e.g., prior to the start of the measurement year). CMS appreciates this feedback and generally aims to align with the measure steward on changes to measure specifications. Additionally, when possible, CMS aims to provide advanced notice of forthcoming refinements to the QRS measure set and may propose delaying the incorporation of measures in QRS data collection or scoring based on interested party feedback on Draft Call Letters.

Finally, CMS appreciates commenters' feedback noting limited, high performance across reporting units for the Plan Efficiency, Affordability, and Management and Enrollee Experience summary indicator domains. CMS continues to monitor reporting unit performance across summary indicators to ensure QRS ratings are both representative of QHP issuer performance, and provide meaningful information to consumers. CMS will consider this feedback in conducting future performance analyses of QRS measure data.

Appendix A. Revised 2026 QRS Hierarchy

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

Exhibit 5 illustrates the revised QRS hierarchy for the 2026 ratings year. Measures denoted with a strikethrough (–) will not be collected for the 2026 ratings year. Measures denoted with an asterisk (*) and in bold will be collected for the 2026 QRS but not included in 2026 QRS scoring. The measures collected using the ECDS reporting method are noted with a euro sign (€).

Exhibit 5. Revised 2026 QRS Hierarchy

QRS Summary Indicator	Measure Title	CBE ID (¥ indicates endorsement removed)[12]
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
	Blood Pressure Control for Patients with Hypertension*€	0061
	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%[13]	0059
	Kidney Health Evaluation for Patients With Diabetes	N/A [14]
	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 ¥

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

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

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

QRS Summary Indicator	Measure Title	CBE ID (¥ indicates endorsement removed)[12]
	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[15]
	~~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	**Enrollee Experience with Cost***	**N/A**
	Access to Care	0006
	Care Coordination	0006
	Rating of All Health Care	0006
	Rating of Personal Doctor	0006
	Rating of Specialist	0006
Plan Efficiency, Affordability, & Management	Appropriate Treatment for Upper Respiratory Infection	0069
	Avoidance of Antibiotic Treatment for Acute Bronchitis/ Bronchiolitis	0058
	Use of Imaging Studies for Low Back Pain	0052 ¥
	Access to Information	0007 ¥
	Plan Administration	0006
	Rating of Health Plan	0006
Collected but not included for purposes of QRS scores or ratings		
N/A	Enrollment by Product Line	N/A¥

[15] This measure has been adapted by NCQA, with permission, from a measure owned by the American Dental Association (ADA) on behalf of the Dental Quality Alliance (DQA). The ADA (on behalf of the DQA) is the steward for the CBE-endorsed measure ID 2517.