Health Insurance Exchange

Final 2026 Call Letter for the Quality Rating System (QRS) and Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey)

Finalized QRS and QHP Enrollee Survey Program Refinements

June 2026

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1.0 Purpose of the 2026 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 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) during the public comment period, held February 12, 2026, through March 20, 2026.

This document, the *Final 2026 Call Letter for the Quality Rating System (QRS) and Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey)* (referred to hereafter as the Final 2026 Call Letter), serves to communicate CMS' finalized refinements to the QRS and QHP Enrollee Survey programs. This document summarizes comments received on the Draft 2026 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 2027* (referred to hereafter as the 2027 QRS and QHP Enrollee Survey Technical Guidance) in the fall of 2026, 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 (MY)	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 2027 ratings year (the 2027 QRS) generally represent 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."

Term	Description
Ratings Year (RY)	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. ▪ As part of the 2027 Plan Year QHP 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 are displayed for QHPs offered during the 2028 Plan Year, in time for open enrollment, to assist consumers in selecting QHPs.
Plan Year (PY)	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)[1] and throughout the following Plan Year. ▪ For the 2027 Plan Year, 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).

1.2 Timeline for Call Letter Publication

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

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

Anticipated Timeframe	Description
February/ 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).[2]

[1] See 45 CFR § 155.410(e).

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

The *2027 Quality Rating System Measure Technical Specifications,* published in March 2026, includes the specifications for measures and/or measure rates proposed for addition and removal in the Draft 2026 Call Letter.[3] This Final 2026 Call Letter includes finalized changes proposed to the QRS measure set for 2027. In the fall of 2026, CMS intends to publish the 2027 QRS and QHP Enrollee Survey Technical Guidance, reflecting applicable finalized changes announced in the Final 2026 Call Letter.

2.0 Announcements and Reminders for the 2026 Ratings Year and Beyond

In the Draft 2026 Call Letter, CMS announced a transition from the SAS to the R version of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®)[4] Analysis Program (henceforth referred to as the CAHPS Macro) for calculating the QRS survey measures.

CMS thanks commenters for their important feedback on the transition of the data analysis approach for calculating QRS survey measures. Commenters suggested approaches for testing and publishing information to ensure the R version of the CAHPS Macro produces equivalent results. Additionally, commenters recommended CMS establish processes to protect enrollee and QHP issuer data.

CMS has undergone rigorous testing of previous years' data to confirm data congruency when using the SAS and R versions of the CAHPS Macro and does not anticipate this change will have any impact on the QHP Enrollee Survey data submission process for HHS-approved vendors or reporting requirements for QHP issuers. CMS outlines required data collection standards, including survey management system and data security infrastructure, in the QHP Enrollee Experience Survey Technical Specifications.[5] In accordance with national standards, CMS will continue to protect all enrollee and QHP issuer data, maintain the same standard of data protection, and maintain the validity of the survey scores and ratings. [6]

3.0 QRS and QHP Enrollee Survey Revisions for the 2027 Ratings Year and Beyond

In the Draft 2026 Call Letter, CMS proposed a series of refinements to the QRS and QHP Enrollee Survey that would apply beginning with the 2027 ratings year. These proposed refinements are summarized in Exhibit 3 below.

[3] Please see the *2027 QRS Measure Technical Specifications* available on the CMS Marketplace Quality Initiatives website: https://www.cms.gov/files/document/2027-qrs-measure-technical-specifications-march-2026.pdf.
[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.
[5] For information on QHP Enrollee Survey Management and Data Security Infrastructure, see section 11.2 of the *2026 QHP Enrollee Experience Survey Technical Specifications* available on the CMS Marketplace Quality Initiatives website: https://www.cms.gov/files/document/qhp-enrollee-survey-technical-specifications-2026.pdf.
[6] See 45 CFR Part 164: https://www.ecfr.gov/current/title-45/part-164.

Exhibit 3. Summary of Proposed Refinements for the 2027 Ratings Year and Beyond

Topic	Summary of Proposed Refinement
Measure Removals	• *Asthma Medication Ratio* (AMR) • *Childhood Immunization Status* (CIS-E) • *Immunization of Adolescents* (IMA-E) • *Medical Assistance with Smoking and Tobacco Use Cessation* (MSC)
Measure Additions	• *Follow-Up After Acute and Urgent Care Visits for Asthma* (AAF-E) • *Tobacco Use Screening and Cessation Intervention* (TSC-E)
QHP Enrollee Survey Revisions	• Potential modifications of the QHP Enrollee Survey telephone protocol • Revisions to the QHP Enrollee Survey Questionnaire and materials

3.1 Proposed Removal of Select Measures

CMS proposed the removal of the following four measures from the QRS measure set beginning with the 2027 ratings year: *Asthma Medication Ration* (AMR), *Childhood Immunization Status* (CIS-E), *Immunization of Adolescents (*IMA-E), and *Medical Assistance with Smoking and Tobacco Use Cessation* (MSC).

3.1.1 Removing the *Asthma Medication Ratio* (AMR) Measure

In the Draft 2026 Call Letter, CMS proposed the removal of the *Asthma Medication Ratio* (AMR) measure from the QRS measure set beginning with the 2027 ratings year in alignment with the measure steward's (i.e., the National Committee for Quality Assurance [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 (i.e., the *Follow-Up After Acute and Urgent Care Visits for Asthma* [AAF-E] measure).

CMS appreciates commenters' feedback on the proposed removal of the AMR measure beginning with the 2027 ratings year. All commenters expressed support for this proposal in alignment with NCQA's timeline for retiring the measure. After consideration of comments, CMS is finalizing as proposed the removal of the AMR measure beginning with the 2027 ratings year.

CMS will continue to collect and score the AMR measure for the 2026 ratings year.

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

In the Draft 2026 Call Letter, CMS proposed the removal of the *Childhood Immunization Status* (CIS-E) and *Immunization for Adolescents* (IMA-E) measures from the QRS measure set beginning with the 2027 ratings year in alignment with Agency priorities.

CMS appreciates commenters' feedback on the proposed removal of the CIS-E and IMA-E measures. Some commenters expressed support for the proposed removal of the CIS-E and IMA-E measures in alignment with Agency priorities, while most commenters opposed the proposed removal. Commenters opposing the removal of the CIS-E and IMA-E measures noted these measures capture important information regarding childhood access to preventive care.

Additionally, commenters noted that the removal of these measures would create misalignment between the QRS and other federal and state initiatives. Commenters also suggested that, should the measures be removed from the QRS measure set, CMS consider continuing to collect voluntarily submitted CIS-E and IMA-E measure data and publish performance information to support QHP issuer quality improvement and Exchange oversight activities.

CMS acknowledges the importance of capturing data on childhood access to preventive care. The QRS measure set includes required measures related to childhood access to primary care (i.e., *Child and Adolescent Well-Care Visits* and *Well-Child Visits in the First 30 Months of Life*). These measures align with clinical guidelines for screenings, assessments, and procedures. We also acknowledge the comments noting that the removal of these measures could create misalignment between the QRS and other federal and state initiatives and recommending that CMS consider continuing to collect voluntarily submitted CIS-E and IMA-E measure data and publish performance information to support QHP issuer quality improvement and Exchange oversight activities. We note that in other federal quality programs, such as the Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set) and the Merit Based Incentive Payment System (MIPS), CMS has removed the CIS-E and IMA-E measures from the relevant measure sets but states may voluntarily report these utilization measures to allow for optional reporting and support data transparency in quality measurement.[7,8] After consideration of comments, and in alignment with the voluntary reporting approach implemented in other federal quality programs for the CIS-E and IMA-E measures (i.e., Medicaid, MIPS), CMS will not finalize the removal of the CIS-E and IMA-E measures from the QRS measure set beginning with the 2027 ratings year, as proposed. Rather, beginning with the 2027 ratings year, CMS will no longer require QHP issuers to submit CIS-E and IMA-E measure data; however, CMS will maintain the CIS-E and IMA-E in the QRS measure set and allow QHP issuers to optionally submit data for these measures. CMS will not include the optionally submitted CIS-E and IMA-E measures in scoring for the 2027 ratings year or beyond. QHP issuers will maintain the ability to submit CIS-E and IMA-E measure data through the NCQA Interactive Data Submission System (IDSS) and CMS will issue further guidance regarding the approach for data collection, validation, and submission for these measures in the *QRS and QHP Enrollee Survey: Technical Guidance for 2027*. CMS will continue to receive CIS-E and IMA-E measure data submitted through IDSS and include the measures, including measure benchmarks and performance information in the CSV versions of the QRS Proof Sheets on the Health Insurance Oversight System Marketplace Quality Module (HIOS-MQM). As noted, CMS will not score optionally submitted CIS-E and IMA-E measure data but will continue to provide performance information for measures not used in scoring in QRS Proof Sheets for purposes of transparency and to support QHP issuers and Exchange administrators' quality improvement activities.

CMS will continue to require QHP issuers to report CIS-E and IMA-E measure data for the 2026 ratings year, and will not include the measures in the calculation of scores and ratings for the

[7] See SHO # 23-005 "Updates to the Child and Adult Core Health Care Quality Measurement Sets and Mandatory Reporting Guidance" for additional information on the CIS-E and IMA-E measures and the Medicaid and Children's Health Insurance Program (CHIP) Child Core Set: https://www.medicaid.gov/federal-policy-guidance/downloads/sho25005.pdf.

[8] For information on measure reporting requirements for the MIPS program, see: https://qpp.cms.gov/reporting-requirements/ways-to-report/traditional-mips/quality.

2026 ratings year, per the QRS and QHP Enrollee Survey: Technical Guidance for 2026. While CMS had initially proposed not to provide benchmark information for the IMA-E and CIS-E measures via the Draft 2026 Call Letter, in response to comments requesting CMS publication of annual performance data to support alignment with state quality initiatives, CMS will provide benchmark information for the IMA-E and CIS-E measures via the 2026 QRS Proof Sheets.

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

In the Draft 2026 Call Letter, CMS proposed the removal of the *Medical Assistance with Smoking and Tobacco Use Cessation* (MSC) 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. 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 (i.e., the *Tobacco Use Screening and Cessation Intervention* [TSC-E] measure). In addition, in alignment with the proposed removal of the MSC measure and proposed addition of the TSC-E measure, CMS proposed removing the following four questions from the QHP Enrollee Survey for the 2027 ratings year and beyond:

- 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.

CMS appreciates commenters' feedback on the proposed removal of the MSC measure beginning with the 2027 ratings year. All commenters expressed support for this proposal in alignment with NCQA's timeline for retiring the measure. After consideration of comments, CMS is finalizing as proposed the removal of the MSC measure beginning with the 2027 ratings year.

CMS will continue to collect and score MSC measure data for the 2026 ratings year.

With respect to the proposed removal of the four questions related to tobacco usage from the QHP Enrollee Survey for the 2027 ratings year and beyond, CMS has proposed removing these questions from the QHP Enrollee Survey via PRA package for the 2027 ratings year and beyond.[9]

[9] See 91 FR 6843: https://www.federalregister.gov/d/2026-02871

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 proposed adding the *Follow-Up After Acute Visits for Asthma* (AAF-E) and *Tobacco Use Screening and Cessation Intervention* (TSC-E) measures to the QRS measure set beginning with the 2027 ratings year.

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

In the Draft 2026 Call Letter, CMS proposed 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 to replace the AMR measure.

CMS appreciates commenters' feedback on the proposed addition of the AAF-E measure. Most commenters supported the addition as proposed or with refinements to the implementation timeline, and noted support for continued measurement of asthma care following the forthcoming retirement of the AMR measure beginning in the 2027 ratings year. Commenters were additionally supportive of CMS's proposal to include the AAF-E measure in scoring beginning with the 2028 ratings year, at the earliest, noting the proposal's alignment with CMS's typical timeline for introducing measures in scoring following the first year of data collection.

Some commenters expressed concern regarding the proposed addition of the AAF-E measure due to data collection challenges for the Exchange population, and churn in enrollment across years, noting that this may lead to high missingness and low performance for the AAF-E measure. These commenters recommended CMS undertake enrollee-level analysis to provide insight into eligible population and data availability prior to implementing the measure in the QRS.

CMS appreciates commenters' feedback on the potential data collection challenges and churn issues for the Exchange population related to the AAF-E measure, and high missingness and low performance for the measure. Commenters expressed specific concerns with the ability of issuers to capture enrollee data over time given the nature of the Exchange population, but also in areas where plans serve low-income and/or underserved populations (e.g., rural communities). Based on the AAF-E measure specifications, CMS does not anticipate data collection challenges due to year-over-year churn in the Exchange population. As specified, AAF-E has a one-year measurement period, with the initial population determined by acute visits for asthma on or between January 1 and December 1 of the measurement period. Therefore, all 30-day follow-up visits for this measure should be completed within the measurement period. Additionally, based on CMS review of enrollee-level claims limited data sets, CMS believes this measure is of high importance to the Exchange population based on the volume of asthma diagnoses within the population.

CMS intends to continue coordination with NCQA as the AAF-E measure is introduced across lines of business as a replacement measure for AMR, and will similarly review opportunities for future analyses to identify gaps in data availability to share with the measure steward (i.e., NCQA). Consistent with the established process, CMS aligns with the measure steward's specifications for the measures included in the QRS measure set and will communicate any

future changes made by NCQA to the measure specifications for the AAF-E in future Call Letters.

After consideration of the comments, CMS is finalizing the addition of the AAF-E measure in the QRS measure set beginning with the 2027 ratings year. CMS will begin collecting AAF-E measure data beginning in the 2027 ratings year; and will not include the measure in scoring until the 2028 ratings year, at the earliest. In response to feedback on data availability concerns, CMS will monitor reported rates and may propose delaying scoring in a future Draft Call Letter to provide additional time for issuers to gain experience with the AAF-E measure before including it in QRS scoring. CMS also intends to provide the QRS measure benchmark and performance information for the measure in its first year of data collection (i.e., 2027 ratings year) via the 2027 QRS Proof Sheets.

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

In the Draft 2026 Call Letter, CMS proposed the addition of the *Tobacco Use Screening and Cessation Intervention* (TSC-E) measure to the QRS measure set beginning with the 2027 ratings year to replace the MSC measure.

CMS appreciates commenters' feedback on the proposed addition of the TSC-E measure. Several commenters who supported the proposed addition noted the measure aligns with clinical guidelines and has strong clinical relevance to the Exchange population. Though commenters generally supported the proposed addition of the TSC-E measure as a replacement for the MSC measure, several commenters provided input on the timeline for collecting or scoring the measure based on the measure specifications and reporting method.

Several commenters noted concerns with data collection and reporting for the TSC-E measure due to infrastructure development and access to resources needed to successfully report structured clinical data in alignment with Electronic Clinical Data Systems (ECDS) reporting standards (e.g., reliance on Electronic Health Record [EHR] data). Commenters provided suggestions regarding measure specifications to facilitate health plan data collection. Some commenters also recommended CMS consider delaying requiring reporting of the measure (e.g., allowing voluntary reporting for the 2027 ratings year) or delaying the measure's inclusion in scoring for additional years.

CMS appreciates this feedback on potential refinements to the TSC-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 the comments, CMS is finalizing the addition of the TSC-E measure in the QRS measure set beginning with the 2027 ratings year. CMS will begin collecting TSC-E measure data beginning in the 2027 ratings year, and will not include the measure in scoring until the 2028 ratings year, at the earliest. In recognition of commenters' feedback on data availability, and in alignment with its current approach, CMS intends to monitor reported rates in the first year of data collection for the TSC-E measure to assess measure performance (e.g., differences in measure indicator denominators and rates, benchmarks) and the ability of QHP issuers to report. Based on these findings, CMS may propose delaying scoring in a future Draft

Call Letter to provide additional time for issuers to gain experience with the measure before including the measure in QRS scoring.

CMS also intends to provide the QRS measure benchmark and performance information for the measure in its first year of data collection (i.e., 2027 ratings year) via the 2027 QRS Proof Sheets.

3.3 Potential Modification to the Telephone Protocol of the QHP Enrollee Survey

In the Draft 2026 Call Letter, CMS noted that it 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. Under the current protocol, the telephone dialing timeframe is ongoing for 19 calendar days and telephone calls to nonrespondents begin on Day 48.

CMS appreciates commenters' feedback on this potential modification to the telephone protocol of the QHP Enrollee Survey. Commenters generally supported this modification, with four commenters requesting additional information on the anticipated impact of the change on call volume and its associated administrative costs. One commenter also recommended that CMS include other opportunities for enrollees to complete the survey that are less administratively intensive, including text messages, QR codes, and emails.

CMS will continue to investigate administrative and financial burdens associated with this anticipated change. CMS is currently investigating the benefits of other modalities for enrollees to complete the survey, and is continuing to seek public comments on both extending the telephone dialing timeframe from 19 to 25 calendar days, and adding a third reminder email through a Federal Register Notice published as part of the PRA clearance process for the 2027 ratings year.[10] The 60-day comment period closed on April 14, 2026, and the 30-day Federal Register Notice will publish soon.

3.4 Potential Revisions to the QHP Enrollee Survey Questionnaire and Materials

In the Draft 2026 Call Letter, CMS sought feedback on the proposed addition of five screener questions to the QHP Enrollee Survey to allow enrollees to skip multiple follow-up questions that may not apply to them, resulting in fewer questions asked of enrollees and reducing survey burden for many participants.

CMS appreciates commenters' feedback on the proposed addition of these five screener questions to the QHP Enrollee Survey. Commenters generally supported CMS' proposal to add the screener questions to reduce survey burden. Some commenters that supported the addition of screener questions requested that CMS conduct additional testing and analysis within the first year of implementation to assess how the screener questions impact minimum response rates and scoring. One commenter did not support the proposed addition of the screener questions and recommended CMS consider a targeted reduction in the total amount of survey questions.

[10] See supra note 9.

CMS will consider the feedback submitted and is continuing to seek public comments on the proposed addition of five screener questions to the QHP Enrollee Survey through a Federal Register Notice published as part of the PRA clearance process in advance of the 2027 QHP Enrollee Survey.[11] The 60-day comment period closed on April 14, 2026, and CMS is preparing to publish the 30-day Federal Register Notice.

3.4.1 Potential Revision to Combine Separate Race and Ethnicity Questions

In the Draft 2026 Call Letter, CMS noted that it was considering combining the currently separate race and ethnicity questions and revising response options to align with the Office of Management and Budget's (OMB's) *Statistical Policy Directive No.15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity*.[12]

CMS appreciates commenters' feedback on this potential revision. Nearly all commenters supported this potential change. CMS will continue to seek public comments on the combined QHP Enrollee Survey race and ethnicity question through a Federal Register Notice published as a part of the PRA clearance process in advance of the 2027 QHP Enrollee Survey.

4.0 Potential QRS and QHP Enrollee Survey Revisions for Future Years

In the Draft 2026 Call Letter, CMS solicited comments on potential modifications to the QRS and QHP Enrollee Survey for future years (e.g., the 2028 ratings year and beyond). CMS noted that the topics under consideration and evaluation for potential revision in future years include, but are not limited to:

- Forthcoming retirement of the hybrid reporting method for select QRS measures,
- Potential revisions to the QRS scoring methodology for survey-based measures, and
- Potential refinements to the QHP Enrollee Survey Questionnaire.

Subsections 4.1, 4.2, and 4.3 outline commenters' feedback received on potential modifications to the QRS and QHP Enrollee Survey for future years. CMS will include these potential refinements in future Draft Call Letters, through the rulemaking process, and/or through the information collection request process per the PRA requirements, as appropriate.

4.1 Forthcoming Retirement of the Hybrid Reporting Method for Select QRS Measures

In the Draft 2026 Call Letter, CMS noted that it intends to propose reporting method refinements for select QRS measures in alignment with NCQA's timeline for discontinuing the hybrid reporting for HEDIS. CMS also noted that 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

[11] See supra note 9.
[12] 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.

measure to administrative-only reporting. As noted in the Draft 2026 Call Letter, 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.

CMS appreciates commenters' feedback regarding CMS' intent to propose reporting method refinements for select QRS measures. Commenters generally supported CMS' intent to align with the measure steward's timeline for refining the reporting method for hybrid measures. Additionally, commenters provided input on CMS' efforts to advance Agency priorities around increasing digital data collection methods (e.g., ECDS). 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 provided input on the timeline for incorporating ECDS measures in QRS scoring and expressed interest in CMS publishing measure performance information prior to including measures in QRS scoring.

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 measures to ECDS-only reporting, and barriers to implementation of ECDS-only measures in the QRS. Additionally, as CMS transitions measures to ECDS-only reporting, CMS intends to provide measure benchmark and performance information in QRS Proof Sheets during the first year of collection to support QHP issuer performance improvement efforts prior to introducing measures in scoring.

CMS acknowledges that since publishing the Draft 2026 Call Letter, NCQA has released an updated timeline for the removal of the hybrid reporting method that impacts the transition timeline for QRS measures.[13] Based on commenters' feedback and support for aligning with NCQA's timeline, CMS intends to propose reporting method refinements for select QRS measures in alignment with the measure steward's revised timeline via future Draft Call Letters. The revised timeline and transition plan for these measures is included in Exhibit 4.

Exhibit 4. Revised Transition Plan for Hybrid Measures in the QRS Measure Set

Measure	NCQA Transition Plan	Anticipated Implementation Timeline
***Prenatal and Postpartum Care* (PPC)**	Retire measure, introduce ECDS risk-based replacement (under development).	2029 Ratings Year
***Controlling High Blood Pressure* (CBP)**	Retire measure, finalize transitions to replacement measure (i.e., *Blood Pressure Control for Patients with Hypertensions* [BPC-E]).	2029 Ratings Year

[13] For additional information on the updated timeline for the removal of the hybrid reporting method for HEDIS measures, refer to the "MY 2027 Notification of Changes for HEDIS": https://wpcdn.ncqa.org/www-prod/wp-content/uploads/09.-Notification-of-Changes-Memo_MY-2027.pdf.

Measure	NCQA Transition Plan	Anticipated Implementation Timeline
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents **(WCC)**	Retire measure, introduce ECDS replacement (under development).	2030 Ratings Year
Glycemic Status Assessment for Patients with Diabetes **(GSD)**	Transition to ECDS-only reporting.	2030 Ratings Year

4.2 Potential Revisions to the QRS Scoring Methodology for Survey-Based Measures

In the Draft 2026 Call Letter, CMS noted that it 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 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. In response to interested party feedback, CMS noted that it 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.[14] While the star ratings reflect the underlying distribution and high performance observed for the QRS survey measures, CMS noted it is exploring refinements to capture meaningful distinctions in performance to support consumer comparison of quality and enrollee experience with QHPs.

CMS appreciates commenters' feedback 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. Commenters generally supported CMS' goal of capturing meaningful distinctions in performance to support consumer comparison of quality and enrollee experience with QHPs. Commenters also expressed interest in reviewing the proposed methodologies and findings from CMS analyses that demonstrate the impact of these potential refinements on the QRS program. CMS will continue to consider different ways to incorporate refinements to the QRS and QHP Enrollee Survey to address the high, unvarying performance of survey measures and intends to solicit feedback on such refinements in future Call Letters. CMS will consider a number of factors when identifying proposals to incorporate refinements to the QRS methodology, including input from the QRS and Quality Improvement Strategy (QIS) Technical Expert Panel (TEP), public comments submitted in response to the Draft Call Letters, testing results, and methodologies of other CMS quality reporting programs. In response to comments, CMS will consider sharing details regarding the testing of the methodology changes in the QRS scoring process.

4.3 Potential Refinements to the QHP Enrollee Survey Questionnaire

In the Draft 2026 Call Letter, CMS requested additional public comments on potential questions for addition to or removal from the QHP Enrollee Survey questionnaire as well as refinements to

[14] 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.

current survey 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. Additionally, CMS requested feedback about refinements that would potentially increase the response rate of the survey.

CMS appreciates commenters' feedback on potential refinements to the QHP Enrollee Survey Questionnaire. One commenter recommended that CMS allow enrollees to receive SMS text message invitations to complete the web-survey to improve survey participation and response rates. Another commenter recommended a comprehensive review and focus group of the QHP Enrollee Survey take place to assess the challenges and barriers associated with the survey.

CMS is examining the use of SMS text messaging as a possible method to invite respondents to take the QHP Enrollee Survey. CMS conducts an annual review of related surveys for harmonization across survey projects and reviews feedback from interested parties through public comment and the QHP Enrollee Survey TEP regarding the value and usability of the QHP Enrollee Survey. CMS has no planned focus groups currently but may consider holding focus groups in the future.

5.0 Acknowledgement of Additional Feedback

CMS appreciates commenters providing additional feedback regarding the QRS measure set, including suggestions related to alignment and burden reduction, use of high-impact measures, and focusing on improving existing QRS measures prior to proposing additional measure set refinements. 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 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 (e.g., working groups) in determining refinements to the QRS and QHP Enrollee Survey to be proposed via future Draft Call Letters.

CMS appreciates commenters' suggestions for 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.

Finally, CMS acknowledges feedback on potential refinements to the QHP Enrollee Survey sample frame anchor date. Commenters suggested that CMS shift the sample frame anchor date from early January to mid-February to improve data collection and reportability and reduce member abrasion. At this time, CMS anticipates maintaining the current anchor date (i.e., early January) to allow ample time for the sample frame audit process to be completed by the January 31st deadline.

Appendix A. Revised 2027 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 2027 ratings year. Measures denoted with a strikethrough (–) will not be collected for the 2027 ratings year. Measures denoted with an asterisk (*) and in bold will be collected for the 2027 QRS but not included in 2027 QRS scoring. The measures collected using the ECDS reporting method are noted with a "-E" designation (e.g., AAF-E).

Exhibit 5. Revised 2027 QRS Hierarchy

QRS Summary Indicator	Measure Title	CBE ID (¥ indicates endorsement removed)[15]
Clinical Quality Management	~~Asthma Medication Ratio~~	~~1800~~
	Follow-Up After Acute Visits for Asthma (AAF-E)*	**N/A**
	Follow-Up After Hospitalization for Mental Illness (7-Day Follow-Up and 30-Day Follow-Up)	0576
	Adult Immunization Status (AIS-E)	3620
	Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)€	0418 ¥[16]
	Initiation and Engagement of Substance Use Disorder Treatment	0004
	Controlling High Blood Pressure	0018
	Blood Pressure Control for Patients with Hypertension (BCP-E)*	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 ¥

[15] For additional information on the Consensus Based Entity (CBE), refer to the Partnership for Quality Measurement (PQM) website: https://p4qm.org/measures.
[16] This measure has been adapted by NCQA, with financial support from CMS. CMS is the steward for CBE measure ID 0418.

QRS Summary Indicator	Measure Title	CBE ID (¥ indicates endorsement removed)[15]
	Breast Cancer Screening (BCS-E)	2372
	Cervical Cancer Screening (CCS-E)*	**0032**
	Colorectal Cancer Screening (COL-E)	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 (TSC-E)*	**N/A**
	~~Medical Assistance with Smoking and Tobacco Use Cessation~~	~~0027~~ ¥
	Oral Evaluation, Dental Services	2517[17]
	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
Required collection—not included for purposes of QRS scores or ratings		
N/A	**Enrollment by Product Line***	**N/A**
Optional collection—not included for purposes of QRS scores or ratings		
N/A	**Childhood Immunization Status (Combination 10) (CIS-E)***	**0038**
	Immunizations for Adolescents (Combination 2) (IMA-E)*	**1407**

[17] 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.