Advancing State Implementation of the Medicaid and CHIP Quality Rating System (MAC QRS) January 2025 Webinar

[Hannah Klukoff] Welcome, and thanks for joining us.

Hello everyone, my name is Hannah Klukoff and I'm an analyst at Mathematica. Thank you for viewing today's technical assistance webinar – Advancing State Implementation of the Medicaid and CHIP Quality Rating System, or the MAC QRS.

Here's today's roadmap:

We'll begin with a welcome from CMS, followed by a quick overview of the MAC QRS.

Next, we'll highlight three new MAC QRS implementation resources: the Measurement Year 2026 Technical Resource Manual, the Measure Assignment Resource, and three Design Guide Modules. We'll close with answers to some of the questions CMS received related to MAC QRS implementation.

 Now I'll turn it over to Deirdra Stockmann to kick us off with a welcome.

[Deirdra Stockmann] Thank you. Hello and welcome. We know how busy state Medicaid and CHIP staff and their managed care and quality partners are and we thank you for making time to join us today.

Our goal for this session is to highlight new resources CMS developed to help you, as you begin to design or update your state Medicaid and CHIP Managed Care Quality Rating System in alignment with CMS regulations.

This is the first of many webinars we expect to hold over the next few years as we create more resources and technical assistance to support state implementation of the Medicaid and CHIP Quality Rating System by December 31st, 2028.

The Medicaid and CHIP Quality Rating System, or MAC QRS, is a key pillar of CMS' strategic priority for empowering beneficiaries and their families with information they can use in making health care choices. It marks a huge step forward in increasing transparency into Medicaid and CHIP managed care performance, adding more consistency across states.

And the MAC QRS aligns with CMS' goal of driving value, advancing quality of care and improving health outcomes. We know states share these goals and we look forward to working with you.

On that note, please reach out to our technical assistance team with your questions and ideas about how we can support MAC QRS implementation.

Now, I'm happy to hand the floor to Shaelyn Hawkins, who will start us off with a refresher of the Medicaid and CHIP Quality Rating System requirements.
Shaelyn.

[Shaelyn Hawkins] Thank you, Deirdra. I'm Shaelyn Hawkins from the Division of Quality and Health Outcomes at CMCS. Today, I'll provide an overview of the MAC QRS.

The MAC QRS is a state-run, public-facing website that gives Medicaid and CHIP beneficiaries clear, comparable information about managed care plans.

States that contract with managed care organizations, prepaid inpatient health plans or PIHPS, or prepaid ambulatory health plans or PAHPS must establish a MAC QRS. All plans with 500 or more enrollees must be included.

The MAC QRS has 3 main goals: empower beneficiaries to choose the plan that fits their needs, support states in driving performance improvements and ensure accountability for quality of care.

Before we dive in, let's define a few common terms we'll use today.

A managed care program is a state's Medicaid or CHIP managed care delivery system. States may operate multiple programs for different populations, each with their own benefits.

MAC QRS mandatory measure set is the list of quality measures CMS designates as mandatory each year in the technical resource manual or TRM. Performance rate is the numeric value calculated for a MAC QRS quality measure.

Quality rating is the numeric value calculated for a MAC QRS quality measure, in most cases the performance rate, or, if the data are unavailable, an assigned indicator reflecting the absence of data.

Issuing a quality rating refers to the process of the state displaying the rating for a MAC QRS measure.

The MAC QRS framework refers to the mandatory measure set, the methodology for calculating quality ratings, and the website display requirements.

The MAC QRS framework includes required components that apply to all states.

Every state must adopt the MAC QRS framework, and that involves three core elements.

First, states must include the MAC QRS mandatory measures that are defined by CMS in the MAC QRS Technical Resource Manual.

Second, states must use the CMS-developed MAC QRS methodology to calculate quality ratings, or an alternate methodology that CMS has approved. The MAC QRS quality ratings are issued as individual percentage ratings. Composite or domain ratings are not required for the MAC QRS. Therefore, the MAC QRS methodology does not speak to the calculation of these ratings and CMS will not be releasing

guidance on how to calculate them. While CMS intends to add such ratings to the MAC QRS in the future, this change will occur only after additional rulemaking.

Third, states must meet the MAC QRS website display requirements to include standard plan information identified as meaningful for plan selection among Medicaid and CHIP beneficiaries and display that information in a way that is understandable to viewers.

CMS's website requirements establish the minimum requirements a state must meet for their MAC QRS website.

States have the option to include measures, information, or features not required by CMS.

You can find more details on the MAC QRS requirements on the MAC QRS page on Medicaid.gov.

A core goal of the MAC QRS is to help beneficiaries find a plan that best fits their needs. That means making it easy to see which plans they're eligible for and whether eligibility depends on where they live, their age, or other factors. The snapshot on the left shows one way a state could display plan availability by region, using a map of the service areas and a table that shows which MCP operates in those areas. This way beneficiaries can quickly understand which plans they are eligible to enroll in.

Another key goal of the MAC QRS is driving quality improvement. The snapshot on the next slide shows how a state could display plan performance on quality measures in a side-by-side comparison. This not only encourages plans to improve but also helps beneficiaries make more informed choices about their health care.

This slide shows an example of how a state might display plan performance through the MAC QRS.

This is an example of how a state could display MAC QRS results.

The user selects a domain and population—in this case, Behavioral Health Care and Child and Adolescent. The measure shown looks at whether children prescribed antipsychotics first received psychosocial care. The display lets users compare plans side by side and see performance at a glance.

We will now turn our focus to CMS's newly released resources to support MAC QRS implementation.

The three new technical assistance resources include the measurement year 2026 TRM, the Measure Assignment resource, and a suite of Design Guide Modules.

I'll now hand it over to Amanda Paige Burns to walk us through the technical resource manual.

[Amanda Paige Burns] Thank you, Shaelyn. Good afternoon, everyone, I'm Amanda Paige Burns, I'm the Lead for the Medicaid and CHIP Quality Rating System from the Division of Quality and Health Outcomes at CMCS.

Each year, CMS will release technical resources to support MAC QRS implementation. The Measurement Year 2026 TRM was released on July 31st, 2025. States can use the TRM to confirm the mandatory measure set, required rates, and stratification criteria. Additional technical resources for calculating the Measurement Year 2026 mandatory measures will be released in calendar year 2027.

CMS will not require any mandatory measures for Measurement Year 2026 to be stratified, though states may still choose to stratify.

The Measurement Year 2026 measures must be displayed no later than December 31, 2028.

Beginning in 2027, CMS will release a MAC QRS mandatory measure set update and technical resources for calculating measures on an annual basis.

The next two slides list the 15 MAC QRS mandatory measures for Measurement Year 2026. We won't read each one, but you can find the list on the MAC QRS page of Medicaid.gov or in the TRM, both linked at the bottom of the table on slide 15. Of note, CMS removed the Asthma Medication Ratio measure from the mandatory measure set as it was retired by NCQA.

Next slide.

The technical resource manual explains how to report mandatory measures that include multiple performance rates. For example, by age group or service type. States must issue a quality rating for each required performance rate that applies to each plan. We'll walk through an example next.

As an example, Initiation and Engagement of Substance Use Disorder Treatment , or IET, has 4 required rates, shown here in the box on the right.

One for initiation of Substance Use Disorder treatment for ages 13 through 17, one for the initiation of treatment for ages 18 through 64, one for engagement of treatment for ages 13 through 17, and one for engagement of treatment for ages 18 through 64.

Blue Bird Plan serves all ages so the state reports all four rates. Red Bird Plan serves adults only so the state reports two adult rates, Initiation 18–64 and Engagement 18–64.

States may choose to calculate and display additional rates that are not included in the measure specifications for the MAC QRS mandatory measures.

Next, I'll pass it back to Hannah to cover the Measure Assignment TA Resource.

[Hannah Kluckoff] Thank you, Amanda Paige.

The MAC QRS requires states to issue a quality rating for every mandatory measure that assesses services covered under a plan's contract. Importantly, that rating must be issued separately for each program in which the plan participates.

To meet these requirements, states should follow two steps:

Step 1 is to identify which plans participate in each managed care program; mapping plans to programs like, medical managed care, CHIP, behavioral health, dental, and so on.

Step 2 is to determine which measures apply to each program, based on the services covered.

Over the next few slides, we'll walk through these steps in more detail, and the Measure Assignment resource is available on the MAC QRS page on Medicaid.gov.

Step 1 is foundational. Map each plan to every program it participates in. This means going through your state's Medicaid and CHIP managed care programs. For example, medical and dental managed care, and noting which plans operate in each.

Because some plans participate in more than one program, this step is especially important. Program participation determines which measures apply to each plan and how many ratings must be issued for that plan.

This mapping helps states assign the right measures and produce accurate ratings. Next, we'll walk through a real-world example. This diagram illustrates Step 1 in action.

This diagram illustrates Step 1 in action. As shown in the diagram on the left, the state operates five managed care programs: medical, behavioral health, CHIP, integrated Medicare–Medicaid and a dental program. It also shows which MCPs participate in each program.

Blue Bird MCP participates in three different programs — the medical, CHIP, and the integrated Medicare-Medicaid program. That means that Blue Bird will need to receive a separate quality rating for every measure that applies to each of those programs.

Red Bird MCP, on the other hand, participates in only one program, so it will only receive ratings for measures that apply to that single program.

Once you've mapped plans to the programs they participate in, the next step is to determine which measures apply to each of those programs.

You will review three key resources:
1. The MAC QRS TRM outlines the services, populations, and data elements for each measure.

2. MCP contracts for each program define the scope of services and benefits the plan is required to provide. If a measure assesses a service included in the contract, plans in that program should be issued a rating for the measure.

And 3, the Measure Assignment TA Resource offers a quick-reference summary of the services assessed by each 2026 mandatory measure and examples of terms that may appear in contracts that help signal applicability.

On this slide, we're using the IET measure as an example to show how these resources work together to determine which measures apply.

In the middle column, you'll see the measure's specification language. Start here. Read the numerator to understand which services the measure is designed to assess. If the plan's contract covers any of the services, the plan should report the measure.

The right column shows example plan contract terms that might indicate those services are covered. If any of the services referenced in the numerator are included in the contract, assign the measure to the program using the contract and each MCP participating in it.

This process ensures states only assign measures, and therefore issue ratings, when the services are part of the plan's contracted responsibility.

I'll now hand it over to Jenn to walk through the Design Guide Modules.

[Jenn Gordon] Thanks Hannah. My name is Jenn Gordon and I'm a researcher at Mathematica.

The design guide modules summarize CMS's engagement with beneficiaries, their caregivers, and other key stakeholders about the plan information that is most valuable to them. The three Design Guide Modules can be found on Medicaid.gov

The first module highlights what CMS learned from several rounds of usability testing. Beneficiaries and their caregivers reviewed sample websites and provided feedback on the elements that they cared about and how they prefer to interact with data and other information when choosing a plan.

From this testing, three clear themes emerged.
Clarity and simplicity are key. Users want plan comparison tools that are easy to find, easy to use, and present information in a straightforward way.

2. Control and personalization matter. Users value search features they can tailor. Things like filters, sorting options, and maps, so they can quickly zero in on plans that fit their needs.

And 3, trust is built through transparency. Users want to know what MAC QRS is, how their information is used, and how to interpret quality ratings.

These findings can serve as a guide to states as they design their own sites.

Module two describes how CMS applied a human-centered design approach to develop the MAC QRS prototypes.

CMS began by focusing on the intended users of the site - Medicaid and CHIP beneficiaries and their caregivers who support their plan selection.

CMS engaged beneficiaries and caregivers to understand how they choose managed care plans, including the information they seek, areas of confusion, and what they consider meaningful when comparing plan options.

CMS then used these insights to inform the prototype layouts and content, presenting managed care plan quality information in clear, plain language, and in formats intended to support informed decision-making.

Module three focuses on when and how to integrate usability testing into MAC QRS website development. Usability testing shouldn't just happen at the end, it's most valuable at key milestones. For example; during the early concept stage to confirm your design direction matches user needs, in the prototype stage to refine navigation, layout, and content with real user feedback, and in the pre-launch stage to catch and fix usability issues before going live.

Module three offers practical tips on recruiting a diverse group of participants, focusing on core tasks users need to accomplish, and using feedback to prioritize improvements.

The usability testing we just discussed directly informed the making of two final MAC QRS website prototypes. Both prototypes illustrate how MAC QRS websites can comply with requirements and include best practice features informed by beneficiary feedback. On Medicaid.gov, you'll also find a video walkthrough for each prototype.

Prototype A is a streamlined display that meets the December 2028 MAC QRS website requirements.

Prototype B builds on Prototype A by adding interactive features. It includes a provider search tool to give beneficiaries more powerful ways to explore and compare plans. And while these features are not required for the MAC QRS implemented by December 31, 2028, CMS intends to require them in the future.

That brings us to the end of our walk-through of the new technical assistance resources. We will now begin our question and answer section. If you have questions, please contact the MAC QRS team at MAC_QualityRatingSystem@CMS.HHS.gov. This email address can also be found on the very last slide of this presentation.

Will states be able to request an extension if they are unable to meet the initial deadlines?

[Shaelyn Hawkins] States must display the Measurement Year 2026 mandatory measures applicable to their programs and plans by December 31, 2028. However, states may request an extension for certain requirements. States that are unable to fully comply with certain methodology have the option to request a one-time, one-year implementation extension for these specific requirements. If approved by CMS, this flexibility provides an additional year until December 31, 2029 to integrate the requirements for which the extension is granted into a state's existing MAC QRS, implemented no later than December 31, 2028. CMS plans to release guidance that will provide details on how to apply, what information to include, and the timeline for submitting requests.

[Jenn Gordon] There are two questions related to website display and prototypes. The first question, should we think of the prototypes as illustrating the minimum required information, or all the information we're allowed to include? And are states required to design their sites like the CMS website prototypes, or can they design their own?

[Shaelyn Hawkins] Both prototypes illustrate MAC QRS websites that comply with requirements and include best practice features informed by initial beneficiary feedback. On Medicaid.gov, you can also find a video walkthrough for each prototype that highlights various features and explains whether they are required or recommended as best practices. States do not have to design their sites like the prototypes. They may design their own MAC QRS websites, as long as they meet all CMS requirements.

[Jenn Gordon] Are states expected to conduct their own usability testing with beneficiaries?

[Shaelyn Hawkins] No, usability testing is not required for MAC QRS implementation. However, CMS encourages states to consider usability testing as a best practice. Testing content or features with beneficiaries can help ensure that the state MAC QRS websites are clear, accessible, and meaningful to the people who will use them.

[Jenn Gordon] There are several questions relating to the mandatory measure set and measure calculation.

Do we have to update the MAC QRS quality ratings annually?

[Amanda Paige Burns] Yes, quality ratings must be updated and issued for each measurement year.

[Jenn Gordon] What happens if a Managed Care Plan doesn't have the data for a particular measure?

[Amanda Paige Burns] If a Managed Care Plan does not have the data needed to calculate a mandatory measure performance rate, CMS requires states to assign an indicator that reflects the absence of data so beneficiaries can see that the measure applies but data are not available. This ensures transparency and maintains consistency across states and MCPs.

[Jenn Gordon] How should states report measures with multiple performance rates?

[Amanda Paige Burns] Each required rate must have its own quality rating. The Measurement Year 2026 TRM lists the required rates for each mandatory measure.

[Jenn Gordon] Are states required to issue quality ratings for the mandatory CAHPS Health Plan Survey measures to all managed care plans?

[Amanda Paige Burns] States must issue a quality rating for a mandatory measure to a managed care plan only if the state determines that the measure is applicable to the plan based on the plan's contractual obligations with the state. CMS leaves this determination to states because we believe they are in the best position to decide whether a plan should be held accountable for a specific measure. If a

state determines that the CAHPS health plan survey measures are not applicable to a plan, we will respect that determination, and the state is not required to issue CAHPS ratings to the plan. For example, a state may determine that the CAHPS health plan survey is not applicable to its dental-only plans since there is a separate CAHPS survey that assesses customer experience with dental services. While not required, we strongly encourage states to include any available customer experience ratings for plans that are not issued CAHPS ratings. These measures were identified as highly valuable by beneficiaries and their caregivers during MAC QRS prototype testing.

[Jenn Gordon] There are two questions related to methodology and alternative methodology.

The first question, will requirements be shared for states interested in receiving approval for alternative quality rating systems?

[Amanda Paige Burns] Yes, states have the option to request CMS approval for the implementation of an alternative rating methodology. CMS plans to release guidance and templates for requesting approval for an alternative MAC QRS methodology.

[Jenn Gordon] And last question, will CMS release additional methodology requirements that will apply to the ratings included in the MAC QRS that must be implemented by December 31, 2028, such as a methodology for calculating composite or domain ratings?

[Amanda Paige Burns] No, we will not release additional methodology requirements. The CMS methodology requirements are described in the MAC QRS regulations at 438.515(b) and establish the plan enrollee data that must be used to calculate quality ratings and the level at which quality ratings must be issued to health plans. CMS does not currently require states to calculate composite or domain ratings for their MAC QRS. States are only required to display quality ratings as percentage ratings for each mandatory measure. While CMS intends to require composite or domain ratings for the MAC QRS in the future, such ratings will be required only after additional rulemaking.

CMS will release technical guidance for calculating MAC QRS measures using the CMS methodology in early 2027. CMS will not release guidance for calculating domain or composite ratings as these ratings are not currently required by the MAC QRS regulations.

[Jenn Gordon] All of the materials discussed in this training are available on Medicaid.gov, including the Technical Resource Manual, Design Guide modules, website prototypes, and Measure Assignment technical assistance resource.

Thank you for watching. We hope the examples, resources, and design insights will make your MAC QRS implementation smoother and more effective.

If you have questions about anything covered, or other MAC QRS topics, please reach out using the TA Mailbox shown here on the slide. On behalf of CMS and the MAC QRS Technical Assistance team, thank you for viewing this webinar.