Assigning Measures to Managed Care Plans for Display in the Medicaid and CHIP Quality Rating System

States that contract with managed care organizations (MCOs), prepaid inpatient health plans (PIHPs), or prepaid ambulatory health plans (PAHPs) to deliver Medicaid or Children's Health Insurance Program (CHIP) services must establish a Medicaid and CHIP Quality Rating System (MAC QRS). As part of this requirement, states must issue a quality rating[1] to each managed care plan (MCP), for every program in which it participates, for each MAC QRS mandatory measure that assesses services or actions covered under the MCP's contract(s) with the state.[2] This means each MCP will have a unique rating for each program in which it participates.

For each MAC QRS measure, states must determine which MCPs are required to receive a quality rating, based on whether the services assessed by the measure are covered under the MCPs' contracts. This technical assistance resource provides instructions for assigning MAC QRS measures to the appropriate MCP(s)- that is, identifying which MCPs should receive a quality rating for each measure. To complete this process, states will need to (1) identify the programs in which each MCP participates, (2) review each MCPs contracts to identify covered services, and (3) review the MAC QRS mandatory measure technical specifications to determine which measure(s) assess services or actions covered by each plan.

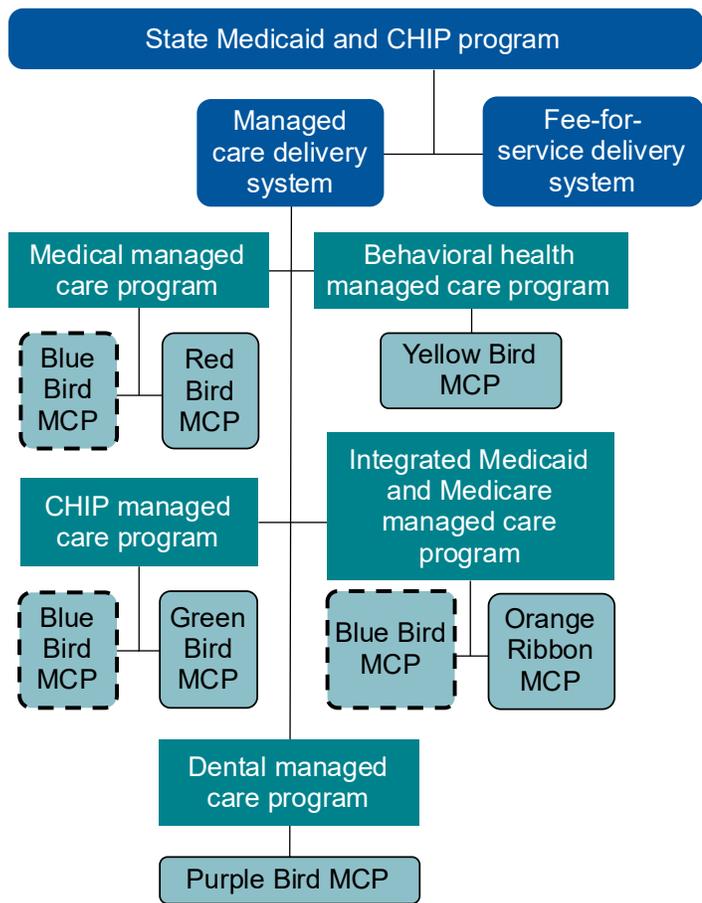### Step 1. Identify Plan-Program Assignments

For states with multiple managed care programs, the first step in MAC QRS reporting is determining which managed care programs must receive a quality rating for each measure. Figure 1 (next page) illustrates CMS's approach to assigning MAC QRS ratings at the plan-program level. In this example, the Blue Bird MCP operates under several managed care programs and must receive a distinct quality rating for each one.

States with only one managed care program, where all plans offer the same benefits and services, can proceed directly to Step 2.

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[1] A quality rating is the numeric or other value calculated for a MAC QRS quality measure, or an assigned indicator when data for the measure are unavailable.

[2] Federal regulations at 42 C.F.R. 438.515(a)(3) and (4).

Figure 1. MAC QRS Plan-Program Reporting

This figure illustrates how an example state might identify plan-program assignments (see Step 1 above. This example state operates five managed care programs . For each program, the state must determine whether the participating MCPs cover services assessed by the MAC QRS mandatory measures. If so, those MCPs must receive a quality rating for the applicable measures.

For example, Blue Bird MCP operates within three of the five managed care programs: the Medical managed care program, the CHIP managed care program, and the integrated Medicaid-Medicare program. The state must review Blue Bird's contracts for each program to determine which services the plan is required to cover. Then, using the MAC QRS mandatory measure technical specifications, the state must identify which mandatory measures assess those services (see Step 2 below). Blue Bird MCP must receive a distinct quality rating for each applicable measure in each program in which it participates.

Step 2. Assign MAC QRS Measures to MCPs

Once a state identifies the managed care program(s) in which each MCP participates, the next step is to determine the MAC QRS mandatory measures to assign to each program. To do this, states should consult the measure technical specifications to understand the services or actions assessed in the numerator of each measure and compare them to the services covered under the MCP's contract for that program. States should only generate a quality rating for measures that assess services or actions the program's MCPs are contractually responsible for delivering.

Table 1 (next page) summarizes the services assessed by each 2026 MAC QRS mandatory measure.[3] States should compare these services with the benefits and services outlined in each MCP's contract for each eligible program. If the MCP covers any of the services assessed in the numerator for a measure under a specific program, the MCP should receive a quality rating for the measure.

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[3] Table 1 offers a high-level summary of the services assessed by each measure's numerator. States may need to refer to the full measure technical specifications to confirm whether a given MCP is accountable for a particular measure.

Table 1. Summary of Numerator Services for 2026 MAC QRS Mandatory Measures, Based on Measurement Year 2024 Measure Specifications[a]

Measure	Services Identified in Measure Numerator Technical Specifications	Examples of Types of Services Included in a Contract
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	• Psychosocial care • Residential behavioral health treatment	• Outpatient psychotherapy services • Residential behavioral health treatment
Initiation and Engagement of Substance Use Disorder Treatment (IET)	• Inpatient substance use disorder (SUD) admission (acute or nonacute) • Outpatient SUD treatment (outpatient visit, community health center visit, telehealth visit, or telephone visit) • Intensive outpatient encounter or partial hospitalization • Non-residential SUD treatment facility visit • Medication assisted treatment (MAT)	• Outpatient SUD treatment • Inpatient SUD treatment • MAT
Preventive Care and Screening: Screening for Depression and Follow-Up Plan (CDF)	• Depression screening • Development of a follow-up plan for those who screened positive (which may include a referral to a provider for additional evaluation and assessment, pharmacological interventions, and/or other interventions for follow-up for the diagnosis or treatment of depression)	• Routine preventive services that include depression screenings • Mental health treatment services • Primary care services that include depression screenings • Early and periodic screening, diagnostic, and treatment (EPSDT) services • Pharmacy benefits
Follow-Up After Hospitalization for Mental Illness (FUH)	• Outpatient visit with a mental health provider (including telehealth and telephone visits) • Intensive outpatient encounter or partial hospitalization • Community mental health center visit • Electroconvulsive therapy (ECT) • Transitional care management services • Psychiatric collaborative care management • Care in a behavioral health care setting	• Outpatient mental health visits • Intensive behavioral health outpatient programs • Partial behavioral health hospitalization programs (PHPs) • Telehealth mental health visits • Medication management visits related to behavioral health conditions • Community-based mental health services from certified Community Mental Health Centers or equivalent providers • ECT • Transitional care management services for members transitioning between levels of care • Psychiatric collaborative care models that integrate behavioral health services into primary care
Well-Child Visits in the First 30 Months of Life (W30)	• Well-child visit with a primary care practitioner (PCP)	• Preventive health services for children • Well-child care • EPSDT services (for Medicaid)

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Child and Adolescent Well-Care Visits (WCV)	• Well-care visit with a PCP • Well-care visit with an obstetrician/gynecologist (OB/GYN)	• Preventive health services for children • Well-child care • EPSDT services (for Medicaid)
Breast Cancer Screening (BCS-E)	• Mammogram to screen for breast cancer	• Preventive care services for women • Women's health services • Preventive health screenings with an "A" or "B" rating from the U.S. Preventive Service Task Force (USPSTF) • Diagnostic imaging
Cervical Cancer Screening (CCS, CCS-E)	• Cervical cytology • Cervical high-risk human papillomavirus (hrHPV) testing	• Preventive care services for women • Women's health services • Preventive health screenings with an "A" or "B" rating from the USPSTF • Diagnostic imaging
Colorectal Cancer Screening (COL-E)	• Screening for colorectal cancer, including: – Fecal occult blood test – Stool DNA (sDNA) with FIT test – Flexible sigmoidoscopy – CT colonography – Colonoscopy	• Preventive services for adults • Preventive health screenings with an "A" or "B" rating from the USPSTF • Laboratory and diagnostic services
Oral Evaluation, Dental Services (OEV)	• Comprehensive or periodic oral evaluation as a dental service	• EPSDT services • Comprehensive dental services for children and adolescents • Preventive and diagnostic dental care for children and adolescents
Contraceptive Care - Postpartum Women (CCP)	• Contraception services, including: – Sterilization – Intrauterine devices or systems (IUD/IUS) – Implants – Injectables – Oral pills – Patch – Ring contraception	• Family planning services and supplies • Postpartum and reproductive care services • Preventive services for women • EPSDT (for adolescents), if contraceptive services are deemed medically necessary by the state
Prenatal and Postpartum Care (PPC)	• Prenatal care visit with an OB/GYN or other prenatal care practitioner or PCP • Postpartum visit with an OB/GYN or other prenatal care practitioner or PCP, including cervical cytology services	• Maternity care services • Postpartum care services • Reproductive health services for women
Glycemic Status Assessment for Patients with Diabetes (GSD)	• Glycemic status assessment (HbA1c or GMI)	• Chronic disease management services • Care coordination and disease management programs for members with complex or high-risk health needs • Diagnostic and laboratory services • Primary care services for adults

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Measure	Services Identified in Measure Numerator Technical Specifications	Examples of Types of Services Included in a Contract
Controlling High Blood Pressure (CBP)	• Blood pressure readings (systolic blood pressure or diastolic blood pressure readings)	• Chronic disease management services • Care coordination and disease management programs for members with complex or high-risk health needs • Diagnostic and laboratory services Primary care services for adults
CAHPS – How people rated their health plan **CAHPS – Getting care quickly** **CAHPS – Getting needed care** **CAHPS – How well doctors communicate** **CAHPS – Health plan customer service**	Not applicable. Eligibility for the CAHPS® Health Plan Survey is not related to coverage of specific clinical services. All eligible beneficiaries enrolled in the health plan, regardless of the specific services received, may be sampled for the survey.	

ᵃ The measures in Table 1 are based on the measurement year 2026 MAC QRS mandatory measure set and the services identified in the measure specifications refer to the measurement year 2024 measure technical specifications. Measure stewards may update technical specifications for measurement year 2026.

• Technical assistance resources for MAC QRS are available on Medicaid.gov at **https://www.medicaid.gov/medicaid/quality-of-care/medicaid-managed-care-quality/quality-rating-system**.

• For technical assistance related to issuing MAC QRS measure ratings, please contact CMS's TA mailbox at **MAC_QualityRatingSystem@cms.hhs.gov**.