



# Medicaid and Children’s Health Insurance Program (CHIP) Quality Rating System (MAC QRS) Measurement Year (MY) 2026 Initial Technical Resource Manual

**July 31, 2025 (Updated August 27, 2025)**

Center for Medicaid and CHIP Services  
Centers for Medicare & Medicaid Services

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# Contents

- Background ..... 1
  - A. MAC QRS Mandatory Measures ..... 1
  - B. Stratifying MAC QRS Mandatory Measures ..... 2
  - C. MAC QRS Mandatory Measures with Multiple Rates ..... 3

# Tables

- Table 1. MAC QRS Mandatory Measure Set for MY 2026 ..... 2
- Table 2. Required Rates for MAC QRS Mandatory Measures, MY 2026 ..... 3

## Background

Regulations at 42 CFR Part 438 Subpart G and 42 CFR § 457.1240(d), promulgated in the [Medicaid and Children’s Health Insurance Program \(CHIP\) Managed Care Access, Finance, and Quality Final Rule, 89 FR 41002 published on May 10, 2024 \(2024 Final Rule\)](#) require each state that contracts with managed care organizations (MCOs), prepaid inpatient health plans (PIHPs), or prepaid ambulatory health plans (PAHPs) to deliver Medicaid or CHIP services to establish a Medicaid and CHIP Quality Rating System (MAC QRS)—a state-run public website that provides quality information about Medicaid and CHIP managed care plans (MCPs). These regulations implement requirements under sections 1932(c)(1) and 1932(a)(5)(C) of the Social Security Act (the Act).

Per 42 CFR §§ 438.530(a) and 438.530(c) and 457.1240(d), CMS must annually release a Technical Resource Manual to support implementation of the MAC QRS. This Initial Technical Resource Manual (TRM) presents the set of MAC QRS mandatory measures for measurement year (MY) 2026, describes updates to the measure set for MY 2026 compared to the measure set in the 2024 Final Rule, and provides guidance on stratifying mandatory measures (optional for states in MY 2026) and calculating mandatory measures with multiple performance rates. A performance rate refers to the numeric value calculated, and a quality rating refers to the numeric value calculated for a MAC QRS quality measure (i.e., the performance rate) or, if data are unavailable, an assigned indicator reflecting the absence of data. Quality ratings for every mandatory measure applicable to a state’s Medicaid and/or CHIP program must be displayed no later than December 31, 2028.

### A. MAC QRS Mandatory Measures

CMS initially published the set of 16 mandatory measures for the first MAC QRS (MY 2026) in the 2024 Final Rule. Following the review process outlined in 42 CFR §§ 438.510(f) and 457.1240(d), CMS assessed each measure according to the removal criteria under 42 CFR §§ 438.510(f) and 457.1240(d). As a result, CMS removed the Asthma Medication Ratio (AMR) measure for MY 2026, because it was retired by the measure steward, the National Committee for Quality Assurance (NCQA).<sup>1, 2</sup>

Table 1 presents the final set of MAC QRS mandatory measures for MY 2026. As required by 42 CFR §§ 438.510(a)(1) and 457.1240(d), the MAC QRS implemented by the state must include the measures identified in this Technical Resource Manual.

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<sup>1</sup> Additional details regarding NCQA’s rationale for considering AMR for retirement are available at: <https://wpcdn.ncqa.org/www-prod/02.-Asthma.pdf>

<sup>2</sup> NCQA’s official retirement announcement for AMR is available at: <https://www.ncqa.org/blog/hedis-my-2026-whats-new-whats-changed-whats-retired/>

**Table 1. MAC QRS Mandatory Measure Set for MY 2026**

| CMIT <sup>a</sup> | Measure Steward   | Measure Name   |
|-------------------|-------------------|--|
| 743               | NCQA              | Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP) |
| 394               | NCQA              | Initiation and Engagement of Substance Use Disorder Treatment (IET)                      |
| 672               | CMS               | Preventive Care and Screening: Screening for Depression and Follow-Up Plan (CDF)         |
| 268               | NCQA              | Follow-Up After Hospitalization for Mental Illness (FUH)                                 |
| 761               | NCQA              | Well-Child Visits in the First 30 Months of Life (W30)                                   |
| 24                | NCQA              | Child and Adolescent Well-Care Visits (WCV)  |
| 93                | NCQA              | Breast Cancer Screening (BCS-E)  |
| 118               | NCQA              | Cervical Cancer Screening (CCS, CCS-E)   |
| 139               | NCQA              | Colorectal Cancer Screening (COL-E)  |
| 897               | DQA (ADA)         | Oral Evaluation, Dental Services (OEV)   |
| 166               | OPA               | Contraceptive Care - Postpartum Women (CCP)  |
| 581               | NCQA              | Prenatal and Postpartum Care (PPC)   |
| 1820              | NCQA              | Glycemic Status Assessment for Patients with Diabetes (GSD)                              |
| 167               | NCQA              | Controlling High Blood Pressure (CBP)  |
| 151/152           | AHRQ <sup>b</sup> | CAHPS – How people rated their health plan   |
| 151/152           | AHRQ <sup>b</sup> | CAHPS – Getting care quickly   |
| 151/152           | AHRQ <sup>b</sup> | CAHPS – Getting needed care  |
| 151/152           | AHRQ <sup>b</sup> | CAHPS – How well doctors communicate   |
| 151/152           | AHRQ <sup>b</sup> | CAHPS – Health plan customer service   |

<sup>a</sup> The CMS Measures Inventory Tool (CMIT) is the repository record for information about the measures that CMS uses in various quality, reporting, and payment programs. More information is available at <https://www.cms.gov/medicare/quality/measures/cms-measures-inventory>.

<sup>b</sup> AHRQ is the measure steward for the CAHPS health plan survey instrument (CMIT 151/152) and NCQA is the developer of the survey administration protocol.

AHRQ = Agency for Healthcare Research & Quality; CAHPS = Consumer Assessment of Healthcare Providers and Systems; CMIT = CMS Measures Inventory Tool; CMS = Centers for Medicare & Medicaid Services; DQA (ADA) = Dental Quality Alliance (American Dental Association); NCQA = National Committee for Quality Assurance; OPA = U.S. Office of Population Affairs

## **B. Stratifying MAC QRS Mandatory Measures**

Per 42 CFR § 438.530(a)(1)(iii), CMS has discretion to require states to stratify quality ratings for MAC QRS mandatory measures by dual eligibility status, race and ethnicity, and sex. To reduce state burden, CMS will not require states to stratify any MAC QRS mandatory measures for MY 2026. States may voluntarily choose to display stratified quality ratings for MAC QRS mandatory measures by these or other stratification factors as part of their MAC QRS implementation.

## C. MAC QRS Mandatory Measures with Multiple Rates

Per 42 CFR § 438.515(a)(3), for each MAC QRS mandatory measure states must calculate a performance rate for each of their managed care plans whose contract covers a service or action assessed by the measure. Measure specifications for some mandatory measures include multiple rates. Table 2 lists the required rates for MAC QRS mandatory measure reporting for MY 2026. For each measure, states must assign quality ratings for all of the rates that apply to each of their Medicaid and CHIP managed care programs. For example, if a state’s managed care program includes beneficiaries of all ages, the state must calculate and display quality ratings for all listed age group rates in Table 2. Conversely, if a state’s managed care program does not cover children, the state would not assign or display quality ratings for child age groups. States may choose to calculate and display additional rates that are not included in the measure specifications for the MAC QRS mandatory measures. However, when it comes to displaying additional rates, CMS encourages states to balance transparency with usability. Although many beneficiaries value detailed information, displaying too many rates may make the state’s MAC QRS more difficult to navigate.

**Table 2. Required Rates for MAC QRS Mandatory Measures, MY 2026**

| CMIT <sup>a</sup> | Measure Steward | Mandatory Measure  | Required Rate(s)   |
|-------------------|-----------------|--|--|
| 743               | NCQA            | Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP) | 1 rate <ul style="list-style-type: none"> <li>Total (Ages 1–17)</li> </ul>   |
| 394               | NCQA            | Initiation and Engagement of Substance Use Disorder Treatment (IET)                      | 4 rates <ul style="list-style-type: none"> <li>Initiation of SUD Treatment: Ages 13–17</li> <li>Initiation of SUD Treatment: Ages 18–64</li> <li>Engagement of SUD Treatment: Ages 13–17</li> <li>Engagement of SUD Treatment: Ages 18–64</li> </ul> |
| 672               | CMS             | Preventive Care and Screening: Screening for Depression and Follow-Up Plan (CDF)         | 2 rates <ul style="list-style-type: none"> <li>Ages 12–17</li> <li>Ages 18–64</li> </ul>   |
| 268               | NCQA            | Follow-Up After Hospitalization for Mental Illness (FUH)                                 | 4 rates <ul style="list-style-type: none"> <li>7-Day Follow-Up: Ages 6–17</li> <li>7-Day Follow-Up: Ages 18–64</li> <li>30-Day Follow-Up: Ages 6–17</li> <li>30-Day Follow-Up: Ages 18–64</li> </ul>   |
| 761               | NCQA            | Well-Child Visits in the First 30 Months of Life (W30)                                   | 2 rates <ul style="list-style-type: none"> <li>Well-Child Visits in the First 15 Months</li> <li>Well-Child Visits for Age 15 Months–30 Months</li> </ul>  |

| CMIT <sup>a</sup> | Measure Steward   | Mandatory Measure   | Required Rate(s)   |
|-------------------|-------------------|---|--|
| 24                | NCQA              | Child and Adolescent Well-Care Visits (WCV)                 | 1 rate <ul style="list-style-type: none"> <li>Total (Ages 3–21)</li> </ul>   |
| 93                | NCQA              | Breast Cancer Screening (BCS-E)                             | 1 rate <ul style="list-style-type: none"> <li>Ages 50–74</li> </ul>  |
| 118               | NCQA              | Cervical Cancer Screening (CCS, CCS-E)                      | 1 rate <ul style="list-style-type: none"> <li>Ages 21–64</li> </ul>  |
| 139               | NCQA              | Colorectal Cancer Screening (COL-E)                         | 1 rate <ul style="list-style-type: none"> <li>Total (Ages 45–75)</li> </ul>  |
| 897               | DQA (ADA)         | Oral Evaluation, Dental Services (OEV)                      | 1 rate <ul style="list-style-type: none"> <li>Total (&lt; Age 21)</li> </ul>   |
| 166               | OPA               | Contraceptive Care - Postpartum Women (CCP)                 | 4 rates <ul style="list-style-type: none"> <li>Most or Moderately Effective Method of Contraception 90-Days Postpartum: Ages 15–20</li> <li>Most or Moderately Effective Method of Contraception 90-Days Postpartum: Ages 21–44</li> <li>Long-Acting Reversible Method of Contraception (LARC) 90-days Postpartum: Ages 15–20</li> <li>Long-Acting Reversible Method of Contraception (LARC) 90-days Postpartum: Ages 21–44</li> </ul> |
| 581               | NCQA              | Prenatal and Postpartum Care (PPC)                          | 2 rates <ul style="list-style-type: none"> <li>Timeliness of Prenatal Care</li> <li>Postpartum Care</li> </ul>   |
| 1820              | NCQA              | Glycemic Status Assessment for Patients with Diabetes (GSD) | 2 rates <ul style="list-style-type: none"> <li>Glycemic Status &lt; 8.0%: Ages 18–75</li> <li>Glycemic Status &gt; 9.0%: Ages 18–75</li> </ul>   |
| 167               | NCQA              | Controlling High Blood Pressure (CBP)                       | 1 rate <ul style="list-style-type: none"> <li>Ages 18–85</li> </ul>  |
| 151/152           | AHRQ <sup>b</sup> | CAHPS – How people rated their health plan                  | 2 surveys <ul style="list-style-type: none"> <li>CAHPS Health Plan Survey 5.1H: Child Medicaid: Ages 0–17</li> <li>CAHPS Health Plan Survey 5.1H: Adult Medicaid Age 18 and Older</li> </ul>   |
| 151/152           | AHRQ <sup>b</sup> | CAHPS – Getting care quickly                                | 2 surveys <ul style="list-style-type: none"> <li>CAHPS Health Plan Survey 5.1H Child Medicaid: Ages 0–17</li> <li>CAHPS Health Plan Survey 5.1H Adult Medicaid: Age 18 and Older</li> </ul>  |

| CMIT <sup>a</sup> | Measure Steward   | Mandatory Measure                    | Required Rate(s)  |
|-------------------|-------------------|--------------------------------------|---|
| 151/152           | AHRQ <sup>b</sup> | CAHPS – Getting needed care          | 2 surveys <ul style="list-style-type: none"> <li>CAHPS Health Plan Survey 5.1H Child Medicaid: Ages 0–17</li> <li>CAHPS Health Plan Survey 5.1H Adult Medicaid: Age 18 and Older</li> </ul> |
| 151/152           | AHRQ <sup>b</sup> | CAHPS – How well doctors communicate | 2 surveys <ul style="list-style-type: none"> <li>CAHPS Health Plan Survey 5.1H Child Medicaid: Ages 0–17</li> <li>CAHPS Health Plan Survey 5.1H Adult Medicaid: Age 18 and Older</li> </ul> |
| 151/152           | AHRQ <sup>b</sup> | CAHPS – Health plan customer service | 2 surveys <ul style="list-style-type: none"> <li>CAHPS Health Plan Survey 5.1H Child Medicaid: Ages 0–17</li> <li>CAHPS Health Plan Survey 5.1H Adult Medicaid: Age 18 and Older</li> </ul> |

<sup>a</sup> The CMS Measures Inventory Tool (CMIT) is the repository record for information about the measures that CMS uses in various quality, reporting, and payment programs. More information is available at <https://www.cms.gov/medicare/quality/measures/cms-measures-inventory>.

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