Centers for Medicare & Medicaid Services
Medicaid & CHIP
Quality Rating System

# Medicaid and Children's Health Insurance Program Quality Rating System Measurement Year 2027 Measure Update

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

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# Background

Each state that contracts 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 is required to establish a Medicaid and CHIP Quality Rating System (MAC QRS).[1] The MAC QRS is a state-run public website where beneficiaries and those who care for them can find comparative information on the Medicaid and CHIP managed care plans (MCPs) available to them, including a mandatory set of health plan quality measures.

This document describes updates to the measurement year (MY) 2026 mandatory measure set that must be implemented for MY 2027 and reflected in a state's MAC QRS no later than December 31, 2029. Table 1 summarizes these updates to the MY 2027 mandatory measure set.

**Table 1. Summary of Updates to the Mandatory Measures for MY 2027**

| Requirement | Update for MY 2027 |
|---|---|
| Mandatory Measure Set | No change |
| Measure Stratification Factors | No change |
| Measure Performance Rates | Rates for adults age 65 and older are now required for Initiation and Engagement of Substance Use Disorder Treatment (IET), Preventive Care and Screening: Screening for Depression and Follow-Up Plan (CDF), and Follow-Up After Hospitalization for Mental Illness (FUH) |

**Key Terms Used in the MAC QRS**

**Managed care program**. A state's Medicaid or CHIP managed care delivery system. Some states operate multiple managed care programs, each with distinct benefits and eligibility criteria for different Medicaid and CHIP populations.

**MAC QRS mandatory measures.** The set of quality measures identified as mandatory by CMS in the current Measure Update as part of the MAC QRS Technical Resource Manual. These measures must be included in a state's MAC QRS if the measure assesses a service or action covered by a managed care program in the state.

**MAC QRS quality measures**. The MAC QRS mandatory measures and any additional quality measures a state chooses to include in its MAC QRS

**Measure performance rate**. The calculated rate for a MAC QRS quality measure

[1] As specified in 42 CFR Part 438 Subpart G and 42 CFR § 457.1240.

**Quality rating.** The numeric or other value calculated for a MAC QRS quality measure or an assigned indicator noting that data for the measure are not available

**Issuing a quality rating.** The publication of a quality rating for a MAC QRS quality measure by a state.

## A. MAC QRS Mandatory Measures

The Centers for Medicare & Medicaid Services (CMS) assessed the 15 measures in the measure set for MY 2026 using the process established in the MAC QRS regulations[2] and determined that all the measures would remain for MY 2027. Table 2 presents the final MAC QRS mandatory measure set for MY 2027.[3] States may choose to display additional measures.

**Table 2. MAC QRS Mandatory Measure Set for MY 2027**

| CMIT[a] | 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[b] | CAHPS – How people rated their health plan |
| 151/152 | AHRQ[b] | CAHPS – Getting care quickly |
| 151/152 | AHRQ[b] | CAHPS – Getting needed care |

[2] The process for updating the MAC QRS mandatory measure set is specified in 42 CFR §§ 438.510(b)-(e) and 457.1240(d).

[3] As specified in 42 CFR §§ 438.510(a)(1) and 457.1240(d).

| CMIT[a] | Measure Steward | Measure Name |
|---|---|---|
| 151/152 | AHRQ[b] | CAHPS – How well doctors communicate |
| 151/152 | AHRQ[b] | CAHPS – Health plan customer service |

[a] 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.

[b] 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 = United States Office of Population Affairs

## B. Stratifying MAC QRS Mandatory Measures

CMS will not require states to stratify any MAC QRS mandatory measures for MY 2027. States may choose to display stratified quality ratings for mandatory measures, selecting which measures and stratification factors to display.

## C. MAC QRS Mandatory Measures with Multiple Performance Rates

For each MAC QRS mandatory measure, states must issue quality ratings for each MCP whose contract covers a service or action assessed by the measure, as determined by the state.[4] For each measure, states must assign quality ratings for all required rates applicable to their Medicaid and CHIP managed care program(s), as described in Assigning Measures to Managed Care Plans for Display in the MAC QRS.

Table 3 lists the performance rates that states must report for mandatory MAC QRS measures for MY 2027. Some mandatory measure specifications include multiple performance rates. The additional rates required for MY 2027 are shown with **bolded text**.

For Initiation and Engagement of Substance Use Disorder Treatment (IET), Preventive Care and Screening: Screening for Depression and Follow-Up Plan (CDF), and Follow-Up After Hospitalization for Mental Illness (FUH), states may display the adult rates (ages 18-64 and ages 65 and older) as two separate rates or as a single combined rate. CMS encourages states to consider which approach will be most useful to users.

States may choose to calculate and display rates beyond those required. If a state is interested in displaying additional rates for mandatory measures or additional measures that are not included in the mandatory set, CMS encourages states to balance transparency with usability. Although

[4] As specified in 42 CFR § 438.515(a)(3).

many beneficiaries may value access to detailed information, displaying too many measures or rates could make the state's MAC QRS more difficult to navigate.

### Table 3. Required Rates for MAC QRS Mandatory Measures, MY 2027

Rates newly required for MY 2027 are shown with **bolded** text.

| CMIT[a] | Measure Steward | Mandatory Measure | Required Rate(s) |
|---|---|---|---|
| 743 | NCQA | Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP) | 1 rate<br>• Total (Ages 1–17) |
| 394 | NCQA | Initiation and Engagement of Substance Use Disorder Treatment (IET) | 6 rates<br>• Initiation of SUD Treatment: Ages 13–17<br>• Initiation of SUD Treatment: Ages 18–64<br>• **Initiation of SUD Treatment: Ages 65 and older**<br>• Engagement of SUD Treatment: Ages 13–17<br>• Engagement of SUD Treatment: Ages 18–64<br>• **Engagement of SUD Treatment: Ages 65 and older** |
| 672 | CMS | Preventive Care and Screening: Screening for Depression and Follow-Up Plan (CDF) | 3 rates<br>• Ages 12–17<br>• Ages 18–64<br>• **Ages 65 and older** |
| 268 | NCQA | Follow-Up After Hospitalization for Mental Illness (FUH) | 6 rates<br>• 7-Day Follow-Up: Ages 6–17<br>• 7-Day Follow-Up: Ages 18–64<br>• **7-Day Follow-Up: Ages 65 and older**<br>• 30-Day Follow-Up: Ages 6–17<br>• 30-Day Follow-Up: Ages 18–64<br>• **30-Day Follow-Up: Ages 65 and older** |
| 761 | NCQA | Well-Child Visits in the First 30 Months of Life (W30) | 2 rates<br>• Well-Child Visits in the First 15 Months<br>• Well-Child Visits for Age 15 Months–30 Months |
| 24 | NCQA | Child and Adolescent Well-Care Visits (WCV) | 1 rate<br>• Total (Ages 3–21) |
| 93 | NCQA | Breast Cancer Screening (BCS-E) | 1 rate<br>• Total (Ages 40–74) |
| 118 | NCQA | Cervical Cancer Screening (CCS, CCS-E) | 1 rate<br>• Ages 21–64 |
| 139 | NCQA | Colorectal Cancer Screening (COL-E) | 1 rate<br>• Total (Ages 45–75) |

| CMIT[a] | Measure Steward | Mandatory Measure | Required Rate(s) |
|---|---|---|---|
| 897 | DQA (ADA) | Oral Evaluation, Dental Services (OEV) | 1 rate<br>• Total (< Age 21) |
| 166 | OPA | Contraceptive Care - Postpartum Women (CCP) | 4 rates<br>• Most or Moderately Effective Method of Contraception 90-Days Postpartum: Ages 15–20<br>• Most or Moderately Effective Method of Contraception 90-Days Postpartum: Ages 21–44<br>• Long-Acting Reversible Method of Contraception (LARC) 90-days Postpartum: Ages 15–20<br>• Long-Acting Reversible Method of Contraception (LARC) 90-days Postpartum: Ages 21–44 |
| 581 | NCQA | Prenatal and Postpartum Care (PPC) | 2 rates<br>• Timeliness of Prenatal Care<br>• Postpartum Care |
| 1820 | NCQA | Glycemic Status Assessment for Patients with Diabetes (GSD) | 2 rates<br>• Glycemic Status < 8.0%: Ages 18–75<br>• Glycemic Status > 9.0%: Ages 18–75 |
| 167 | NCQA | Controlling High Blood Pressure (CBP) | 1 rate<br>• Ages 18–85 |
| 151/152 | AHRQ[b] | CAHPS – How people rated their health plan | 2 surveys<br>• CAHPS Health Plan Survey 5.1H: Child Medicaid: Ages 0–17<br>• CAHPS Health Plan Survey 5.1H: Adult Medicaid Age 18 and Older |
| 151/152 | AHRQ[b] | CAHPS – Getting care quickly | 2 surveys<br>• CAHPS Health Plan Survey 5.1H Child Medicaid: Ages 0–17<br>• CAHPS Health Plan Survey 5.1H Adult Medicaid: Age 18 and Older |
| 151/152 | AHRQ[b] | CAHPS – Getting needed care | 2 surveys<br>• CAHPS Health Plan Survey 5.1H Child Medicaid: Ages 0–17<br>• CAHPS Health Plan Survey 5.1H Adult Medicaid: Age 18 and Older |
| 151/152 | AHRQ[b] | CAHPS – How well doctors communicate | 2 surveys<br>• CAHPS Health Plan Survey 5.1H Child Medicaid: Ages 0–17<br>• CAHPS Health Plan Survey 5.1H Adult Medicaid: Age 18 and Older |

| CMIT[a] | Measure Steward | Mandatory Measure | Required Rate(s) |
|---|---|---|---|
| 151/152 | AHRQ[b] | CAHPS – Health plan customer service | 2 surveys<br>• CAHPS Health Plan Survey 5.1H Child Medicaid: Ages 0–17<br>• CAHPS Health Plan Survey 5.1H Adult Medicaid: Age 18 and Older |

[a] 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.

[b] 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.

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