Health Insurance Exchange

Draft 2025 Call Letter for the Quality Rating System (QRS) and Qualified Health Plan (QHP) Enrollee Experience Survey

Proposed QRS and QHP Enrollee Survey Program Refinements

March 2025

Table of Contents

List of Exhibits

1. Purpose of the 2025 QRS and QHP Enrollee Survey Call Letter

The *Draft 2025 Call Letter for the Quality Rating System (QRS) and Qualified Health Plan (QHP) Enrollee Experience Survey* (referred to hereafter as the Draft 2025 Call Letter) serves to communicate changes and request comments on the Centers for Medicare & Medicaid Services' (CMS') proposed refinements to the QRS and QHP Enrollee Survey programs.[1] The topics in this document focus on:

- Proposed refinements to measures in the QRS measure set beginning with the 2026 ratings year,
- Proposed modifications to QRS measure data collection and reporting methods and the QHP Enrollee Survey sample frame beginning with the 2026 ratings year, and
- Potential QRS and QHP Enrollee Survey refinements for the 2027 ratings year and beyond.

This document does not include all potential refinements to the QRS and QHP Enrollee Survey. For example, other types of QHP Enrollee Survey revisions may be addressed through the information collection request process per the Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) requirements, as appropriate.

This Draft 2025 Call Letter does not propose changes to regulation; rather, it offers details on proposed changes to the QRS and QHP Enrollee Survey program operations.

1.1 Instructions for Submitting Comments and Questions

We encourage interested parties to submit comments on the information presented in this Draft 2025 QRS and QHP Enrollee Survey Call Letter to Marketplace_Quality@cms.hhs.gov and reference "Marketplace Quality Initiatives (MQI)-Draft 2025 QRS and QHP Enrollee Survey Call Letter" in the subject line by the close of the comment period (April 30, 2025).

After reviewing interested party feedback, CMS will finalize decisions on these proposed changes and communicate final changes about the QRS and QHP Enrollee Survey programs in the *Final 2025 Call Letter for the Quality Rating System (QRS) and Qualified Health Plan (QHP) Enrollee Experience Survey* (referred to hereafter as the Final 2025 Call Letter), which CMS anticipates publishing in the late spring of 2025.

In the early spring of 2025, CMS intends to publish the *2026 Quality Rating System Measure Technical Specifications* (referred to hereafter as 2026 QRS Measure Technical Specifications), which will include the measure specifications for all potential measures in the 2026 QRS measure set (i.e., any measures proposed for addition or removal in this Draft 2025 Call Letter).

In the fall of 2025, CMS intends to publish the *Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2026* (hereafter referred to as the 2026 QRS and QHP Enrollee Survey Technical Guidance), reflecting applicable finalized changes announced in the Final 2025 Call Letter. The 2026 QRS and QHP Enrollee Survey Technical

[1] The QRS and QHP Enrollee Survey requirements for the 2025 ratings year (the 2025 QRS) are detailed in the *Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2025* (2025 QRS and QHP Enrollee Survey Technical Guidance), which was released in October 2024 and is available on CMS' Marketplace Quality Initiatives (MQI) website: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html.

Guidance will announce which measures eligible QHP issuers are required to collect and submit to CMS for the 2026 ratings year. Additionally, in the fall of 2025, CMS will release an updated version of the 2026 QRS Measure Technical Specifications that includes guidance on the finalized data submission requirements for the 2026 QRS measure set. Specifically, CMS will include call-out boxes summarizing the decisions regarding measures and/or measure rates finalized for addition or removal via the Final 2025 Call Letter.

1.2 Timeline for Call Letter Publication

The anticipated annual cycle for the QRS and QHP Enrollee Survey Call Letter follows a winter-to-spring (approximately April through July) timeline as shown in Exhibit 1, followed by the publication of the QRS and QHP Enrollee Survey Technical Guidance in the fall.

Exhibit 1: Annual Cycle for Soliciting Public Comment via the QRS and QHP Enrollee Survey Call Letter Process

Date	Description
March	**Publication of Draft Call Letter:** CMS proposes changes to the QRS and QHP Enrollee Survey program operations 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 this 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 program operations.
June/July	**Publication of Final 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]

[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.

1.3 Key Terms for the QRS and QHP Enrollee Survey Call Letter

Exhibit 2 provides descriptions of key terms used throughout this document.

Exhibit 2. Key Terms for the QRS and QHP Enrollee Survey Call Letter

Term	Description
Measurement Year	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 2026 ratings year (the 2026 QRS) generally represent calendar year 2025 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 2025. ▪ For QRS survey measure data in the 2026 QRS, the QHP Enrollee Survey is fielded based on enrollees who are currently enrolled as of January 6, 2026, but the survey requests that enrollees report on their experience "from July through December 2025."
Ratings Year	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, "2026 QRS" refers to the 2026 ratings year. ▪ As part of the 2026 plan year certification process, which will occur during the spring and summer of 2025, QHP issuers will attest that they will adhere to 2026 quality reporting requirements, which include requirements to report data for the 2026 QRS and QHP Enrollee Survey. ▪ Requirements for the 2026 QRS and details as to the data collection, validation, and submission processes are documented in the 2026 QRS and QHP Enrollee Survey Technical Guidance, which will be published in October 2025. ▪ Ratings calculated for the 2026 QRS will be displayed for QHPs offered during the 2027 plan year, in time for open enrollment, to assist consumers in selecting QHPs.

2. CMS Quality Priorities for the 2025 Ratings Year and Beyond

In alignment with CMS agency-wide priorities, CMS is introducing and considering QRS measure set refinements for the 2025 ratings year and beyond.

For the 2025 ratings year, CMS will exercise enforcement discretion and no longer require the collection or submission of race and ethnicity stratification (RES) data for select QRS measures[3] in alignment with agency priorities. Consistent with this approach, for the 2025 ratings year, QHP issuers will not be required to collect and report RES measure data. In addition, CMS is proposing to discontinue the collection and submission of RES data for the 2026 ratings year and beyond. As part of these policies, CMS would not receive any RES measure data submitted by QHP issuers via the NCQA Interactive Data Submission System (IDSS). In addition, CMS would not share confidential QRS RES Proof Sheets with QHP issuers and Exchange administrators for the 2025 ratings year and beyond.

Additionally, CMS is considering opportunities to address the agency-wide priorities of nutrition, physical activity, wellness and well-being in the QRS. Well-being is a comprehensive approach to disease prevention and health promotion as it integrates mental, social, and physical

[3] For information on the RES data collection and reporting guidelines, see the 2025 QRS Measure Technical Specifications available at: https://www.cms.gov/files/document/2025-quality-rating-system-measure-technical-specifications.pdf.

health.[4] This comprehensive approach emphasizes person-centered care by promoting the well-being of individuals and their family members.

Currently, the QRS measure set contains measures in the Adult and Pediatric Universal Foundation measure sets related to wellness and prevention (e.g., *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents).* To promote further alignment with the agency-wide priorities noted above, CMS solicits comments on the potential inclusion of measures, tools, and/or methodology refinements in the QRS to better promote nutrition, physical activity, wellness and well-being. Such potential inclusions should aim to assess improved overall health, happiness, and satisfaction in life that could include aspects of emotional well-being, social connections, purpose, fulfillment, and self-care work for the Exchange population.

3. Announcements and Reminders for the 2026 Ratings Year and Beyond

This section includes announcements and reminders of updates to the QRS and QHP Enrollee Survey that will apply for the 2026 ratings year and beyond.

3.1 Removal of the Antidepressant Medication Management (AMM) Measure

In the Final 2024 Call Letter, CMS finalized its proposal to remove the *Antidepressant Medication* Management (AMM) measure beginning with the 2026 ratings year in alignment with the measure steward's (i.e., NCQA) retirement of the measure.[5] NCQA is retiring the AMM measure because it focuses on medication adherence and does not address other recommended treatments, such as psychotherapy.[6] As noted in the Final 2024 Call Letter, all commenters on the Draft 2024 Call Letter supported the removal of the measure as proposed.[7]

CMS will continue to collect the AMM measure and use the measure in scoring for the 2025 ratings year. Incorporating this change beginning with the 2026 ratings year aligns the QRS with the measure steward's timeframe for retiring the measure.

4. Overview of Proposed QRS and QHP Enrollee Survey Revisions for the 2026 Ratings Year and Beyond

CMS is soliciting comments on a series of proposed refinements to the QRS and QHP Enrollee Survey that, if finalized, would apply beginning with the 2026 ratings year. Proposed QRS and QHP Enrollee Survey refinements for the 2026 ratings year and beyond are summarized in Exhibit 3 below:

[4] Well-Being Concepts. CDC Archives. https://archive.cdc.gov/www_cdc_gov/hrqol/wellbeing.htm
[5] See the Final 2024 Call Letter, available at: https://www.cms.gov/files/document/final-2024-call-letter-june-2024.pdf.
[6] See Retiring and Replacing HEDIS® Measures, 2024-2026: https://www.ncqa.org/blog/retiring-and-replacing-hedis-measures-2024-2026/.
[7] See supra note 5.

Exhibit 3: Summary of Proposed Refinements Beginning with the 2026 Ratings Year

Refinement Type	Summary of Proposed Refinement
Measure Removal(s)	• *Annual Monitoring for Persons on Long-Term Opioid Therapy* (AMO) • *International Normalized Ratio Monitoring for Individuals on Warfarin* (INR) • *Social Need Screening and Intervention* (SNS-E)
Measure Addition	• *Enrollee Experience with Cost* measure
Measure Transition	• *Controlling High Blood Pressure* to *Blood Pressure Control for Patients with Hypertension* (BPC-E)
Measure Refinement(s)	• *Breast Cancer Screening* (BCS-E) • *Adult Immunization Status* (AIS-E)
Expansion of the Electronic Clinical Data Systems (ECDS) reporting method	• *Cervical Cancer Screening* (CCS-E) • *Immunizations for Adolescents* (IMA-E) • *Childhood Immunization Status* (CIS-E)
Proposed Revisions to the QHP Enrollee Survey Sample Frame	• Addition of optionally reported variables to the QHP Enrollee Survey Sample Frame.

4.1 Proposed Removal of Select Measures

CMS proposes the removal of the *International Normalized Ratio Monitoring for Individuals on Warfarin* (INR), *Annual Monitoring for Persons on Long-Term Opioid Therapy* (AMO), and *Social Need Screening and Intervention* (SNS-E) measures from the QRS measure set beginning with the 2026 ratings year. CMS conducts annual assessments of the QRS measure set to evaluate QRS measures' alignment with CMS priorities and programs, as well as their continued alignment with the most prominent needs of the Exchange population. In consideration of these assessments as well as interested party feedback, CMS proposes removal of the INR and AMO measures due to the measures' limited importance to the Exchange population as evidenced by historically high missingness for both measures. Additionally, CMS is proposing the removal of the SNS-E measure in alignment with agency-wide priorities.

4.1.1 Removing the *International Normalized Ratio Monitoring for Individuals on Warfarin* (INR) and *Annual Monitoring for Persons on Long-Term Opioid Therapy* (AMO) Measures

CMS proposes the removal of the *International Normalized Ratio Monitoring for Individuals on Warfarin* (INR) and *Annual Monitoring for Persons on Long-term Opioid Therapy* (AMO) measures from the QRS measure set for the 2026 ratings year and beyond.

The INR measure was finalized for inclusion in the QRS measure set in the *Final 2019 Call Letter for the Quality Rating System (QRS) and Qualified Health Plan (QHP) Enrollee Experience Survey* (Final 2019 Call Letter) with the goal of addressing CMS' Meaningful Measures 2.0 priority of improving patient safety given the prominent role of warfarin in adverse drug events in the United States.[8] CMS proposes removing this measure beginning with the 2026

[8] See the Final 2019 Call Letter, available at: https://www.cms.gov/files/document/2019-qrs-qhp-call-letter-enrollee-survey.pdf.

ratings year due to historically high missingness for the measure, which signals limited importance for the Exchange population due to low eligible population (i.e., members dispensed warfarin during the measurement year).

The AMO measure was finalized for inclusion in the QRS measure set in the *Final 2020 Call Letter for the Quality Rating System (QRS) and Qualified Health Plan (QHP) Enrollee Experience Survey* (Final 2020 Call Letter) to align with CMS' priority of combating the opioid epidemic by promoting safe and responsible pain management and identifying opioid use disorder.[9] CMS proposes removing this measure beginning with the 2026 ratings year due to high missingness for the measure, which signals limited importance to the Exchange population due to low eligible population (i.e., members who are prescribed long-term opioid therapy). Additionally, interested parties, including the QRS/QIS Technical Expert Panel (TEP), have supported the removal of the AMO measure in favor of a more person-centered measure.[10]

If the removal of the INR and AMO measures is finalized as proposed, the QRS measure set will include one patient safety-related measure, the *Plan All-Cause Readmission* (PCR) measure. In alignment with the National Quality Strategy, CMS considers safety a priority area for the QRS measure set. CMS is investigating the appropriateness of adding alternative patient safety-related measures to the QRS measure set. CMS solicits comments on additional patient safety-related measures that better align with the needs of the Exchange population. CMS is particularly interested in measures that are specified at the health plan level, leverage digital data sources, and that are in alignment with other CMS quality reporting programs.

4.1.2 Removing the *Social Need Screening and Intervention* (SNS-E) Measure

The *Social Need Screening and Intervention* (SNS-E) measure was finalized for inclusion in the QRS measure set in the Final 2024 Call Letter beginning with the 2025 ratings year to align with Meaningful Measure 2.0 priorities and the Universal Foundation measures.[11] Beginning with the 2026 ratings year, CMS proposes removing the SNS-E measure from the QRS measure set in alignment with agency priorities. For the 2025 ratings year, CMS will collect the SNS-E measure but will not include the measure in scoring per the *QRS and QHP Enrollee Survey: Technical Guidance for 2025*.[12]

If removal of the measure is finalized as proposed, CMS would not provide the SNS-E benchmark information for the SNS-E measure via the 2025 QRS Public Use Files (PUF).

4.2 Proposed Addition of Select Measure

CMS is proposing the addition of the following measure to the QRS measure set beginning with the 2026 ratings year: *Enrollee Experience with Cost* to incorporate this important aspect of the patient experience in the QRS.

[9] See the Final 2020 Call Letter, available at: https://www.cms.gov/files/document/final-2020-call-letter-quality-rating-system-qrs-and-qualified-health-plan-enrollee-experience.pdf.
[10] See the Fall 2024 QRS/QIS TEP Summary Report, available at: https://mmshub.cms.gov/sites/default/files/QRS-QIS-D4-3.b-Fall-2024-TEP-Report-OY1.pdf.
[11] See the Final 2024 Call Letter, available at: https://www.cms.gov/files/document/final-2024-call-letter-june-2024.pdf.
[12] See the *QRS and QHP Enrollee Survey: Technical Guidance for 2025*, available at: https://www.cms.gov/files/document/qrs-and-qhp-enrollee-experience-survey-technical-guidance-2025.pdf.

4.2.1 Adding the *Enrollee Experience with Cost* Measure

Beginning with the 2026 ratings year, CMS proposes the addition of the *Enrollee Experience with Cost* measure to the QRS measure set. The *Enrollee Experience with Cost* measure is derived from four existing QHP Enrollee Survey questions that CMS began including in the QHP Enrollee Survey beginning with the 2016 QHP Enrollee Survey.[13]

The *Enrollee Experience with Cost* measure would include data from the following four questions from the QHP Enrollee Survey:

- In the last 6 months, how often did your health plan not pay for care that your doctor said you needed?
- In the last 6 months, how often did you have to pay out of your own pocket for care that you thought your health plan would pay for?
- In the last 6 months, how often did you have to delay visiting or not visit a doctor because you were worried about the cost?
- In the last 6 months, how often did you delay filling or not fill a prescription because you were worried about the cost?

The questions from the QHP Enrollee Survey included in the *Enrollee Experience with Cost* measure were designed specifically for use with the Exchange enrollee population. Prior to adding these items to the QHP Enrollee Survey, CMS conducted psychometric testing on the survey measures.

Addition of the *Enrollee Experience with Cost* measure to the QRS measure set would align with CMS' mission to ensure enrollees have access to quality, affordable healthcare, as well as CMS' Meaningful Measures 2.0 priority area of affordability and efficiency by incorporating this patient-reported experience with cost measure into the QRS measure set beginning with the 2026 ratings year. CMS aims to reduce financial barriers and improve enrollees' experience with the costs of QHPs. CMS also believes the addition of the *Enrollee Experience with Cost* measure to the QRS measure set will provide useful information for consumers about enrollee experience with QHPs offered through the Exchanges.

CMS has collected data for the *Enrollee Experience with Cost* measure through the QHP Enrollee Survey and provided QHP issuers with access to results since 2016 in the QHP Enrollee Survey Quality Improvement (QI) Reports, available to QHP issuers and States during the annual preview period. As QHP issuers will not have to adapt workflows to collect this measure as part of the QRS program, CMS proposes including the measure in scoring beginning with the 2026 ratings year. If addition of this measure is finalized as proposed, CMS would include this measure in the QHP quality rating information displayed to consumers for the 2027 plan year.

[13] See "Changes to the QHP Enrollee Survey for 2016," available at: https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/qualityinitiativesgeninfo/downloads/issue-brief-6-changes-to-qhp-enrollee-experience-survey-for-2016.pdf.

4.3 Proposed Transition of the *Controlling High Blood Pressure* (CBP) Measure to the *Blood Pressure Control for Patients with Hypertension* (BPC-E) Measure

Beginning with the 2026 ratings year, CMS proposes to incrementally transition from the *Controlling High Blood Pressure* (CBP) measure to the *Blood Pressure Control for Patients with Hypertension* (BPC-E) measure to align with the measure steward (i.e., NCQA), improve upon the existing CBP measure, and continue to expand the number of measures collected through the ECDS method in alignment with CMS priorities.

The BPC-E measure was developed by the measure steward (i.e., NCQA) to improve upon the existing CBP measure, which will be retired by NCQA beginning with the HEDIS® 2028 measurement year (i.e., the 2029 ratings year).[14] Similar to the CBP measure, the BPC-E measure captures the percentage of members 18-85 years of age who had a diagnosis of hypertension and whose most recent blood pressure was <140/90 mm Hg during the measurement period. The BPC-E measure, however, expands the current CBP measure denominator to include a pharmacy data method to capture additional hypertension diagnoses that may be missed if only claims-based diagnoses are captured. Consistent with the measure steward's specifications, CMS will require QHP issuers to submit measure data collected through the ECDS reporting method.

In recognition of feedback received regarding the transition from traditional reporting to ECDS-only reporting for select measures during the Call Letter process in previous years (e.g., Final 2024 Call Letter), as well as from the QRS/QIS TEP, CMS proposes requiring concurrent collection of the CBP and BPC-E measures for the 2026 ratings year to allow sufficient time for QHP issuers to gain experience with the BCP-E measure, while avoiding a gap in scoring for a hypertension management-related measure. Given the similarities between the CBP and BPC-E measures, CMS does not intend to simultaneously include both measures in QRS scoring. For example, if CMS were to include the BPC-E measure in scoring for the 2027 ratings year, it would propose the removal of the CBP measure from the QRS measure set for the 2027 ratings year. CMS is interested in receiving feedback on the timeline for removing the CBP measure from the QRS measure set, in consideration of NCQA's intent to retire the measure beginning with the 2029 ratings year. CMS intends to propose the removal of the CBP measure and inclusion of the BPC-E measure in scoring in a future Draft Call Letter.

The draft 2025 measurement year technical specification for the BPC-E measure is included in Appendix B.

4.4 Proposed Refinements to Select Measures

For the 2026 ratings year, CMS proposes to align with the measure steward (i.e., NCQA) and update the measure specifications for the *Breast Cancer Screening* (BCS-E) and *Adult Immunization Status* (AIS-E) measures. If finalized as proposed, QHP issuers would be required to submit data for the new measure rates beginning with the 2026 ratings year in addition to the current measure rates. To avoid gaps in measurement for both measures, CMS proposes to retain

[14] For more information on NCQA's Proposed Timeline for Retiring and Replacing HEDIS® Hybrid Measures, see: https://www.ncqa.org/blog/ncqas-proposed-timeline-for-retiring-and-replacing-hedis-hybrid-measures/.

the measure rates collected for the 2025 measurement year for both measures in scoring for the 2026 ratings year.[15] The updated measure rates would be included in scoring beginning with the 2027 ratings year, at the earliest.

4.4.1 Refining the *Breast Cancer Screening* (BCS-E) Measure

Beginning with the 2026 ratings year, CMS proposes to update the specifications for the *Breast Cancer Screening* (BCS-E) measure to add members ages 40-49 in alignment with updated guidelines released by the U.S. Preventive Services Task Force (USPSTF). The expansion of the recommended age group for biennial breast cancer screening is in alignment with the measure steward's specification updates to address evidence that screenings reduce mortality from breast cancer, which is the second most common cancer and second most cause of cancer death among all women in the United States.[16] As a result, the USPSTF now recommends that adults 40-74 years of age are screened for breast cancer biennially.

The updated measure specifies performance rates stratified by ages 42-51 and 52-74, as well as a total rate.[17] In alignment with CMS' previous approach to similar measure refinements (e.g., changes to the age band for the *Colorectal Cancer Screening* measure), CMS does not anticipate including the new initial population (i.e., 42-51 years of age) in scoring for this measure for the 2026 ratings year but intends to continue to include the BCS-E measure in scoring for the 2026 ratings year using only the initial population of 52-74.[18] If finalized as proposed, CMS anticipates introducing the refined measure including the revised age range of 40-74 in QRS scoring beginning with the 2027 ratings year.

The draft 2025 measurement year technical specification for the BCS-E measure is included in Appendix C.

4.4.2 Refining the *Adult Immunization Status* (AIS-E) Measure

Beginning with the 2026 ratings year, CMS proposes to align with the measure steward (i.e., NCQA) and update the specifications for the *Adult Immunization Status* (AIS-E) measure to add an additional indicator to assess hepatitis B vaccination for adults 19-59 in an effort to drive improvement in vaccination rates. NCQA updated the AIS-E measure with the support of the Hepatitis Education Project and in alignment with the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP), which recommends

[15] For more information on measure rates collected for the 2025 ratings year, see the 2025 QRS Measure Technical Specifications: https://www.cms.gov/files/document/2025-quality-rating-system-measure-technical-specifications.pdf

[16] See USPSTF's Final Recommendation Statement on Screening for Breast Cancer, available at: https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening.

[17] The *Breast Cancer Screening* (BCS-E) measure assesses screening for members 40-74. However, the initial population of the measure is 42-74 due to the two-year lookback period that assesses mammograms received in the previous two years.

[18] For more information on CMS' previous approach to similar refinements (e.g., changes to the age band for the *Colorectal Cancer Screening* measure), see Section 3.2 of the Final 2022 Call Letter: https://www.cms.gov/files/document/final-2022-call-letter-qrs-qhp-enrollee-survey.pdf.

universal hepatitis B vaccination for adults aged 19-59 years, and for adults 60 years or older with known risk factors.[19]

The updated measure specifies performance rates stratified by vaccination type (i.e., influenza, Td/Tdap, zoster, pneumococcal, and hepatitis B), as well as an aggregate rate. CMS does not anticipate including the new indicator (i.e., hepatitis B) in scoring for this measure for the 2026 ratings year but intends to continue to include the AIS-E measure in scoring for the 2026 ratings year using only the measure indicator rates for influenza, Td/Tdap, zoster, and pneumococcal. If finalized as proposed, CMS anticipates introducing the refined measure including the hepatitis B measure indicator in QRS scoring beginning with the 2027 ratings year.

The draft 2025 measurement year technical specification for the AIS-E measure is included in Appendix D.

4.5 Expanding Electronic Clinical Data System (ECDS) Reporting

Since the Final 2022 Call Letter, CMS has finalized the introduction of ECDS reporting for eight measures in the QRS measure set: *Breast Cancer Screening* (BCS-E), *Colorectal Cancer Screening* (COL-E), *Immunization for Adolescents* (IMA-E), *Childhood Immunization Status* (CIS-E), *Adult Immunization Status* (AIS-E), *Cervical Cancer Screening* (CCS-E), *Social Need Screening and Intervention* (SNS-E),[20] and *Depression Screening and Follow-Up for Adolescents and Adults* (DSF-E).

Exhibit 4 contains the measures for which CMS previously finalized either optional or required ECDS reporting in the Final 2022 Call Letter, Final 2023 Call Letter, and Final 2024 Call Letter, as well as the measures proposed for required ECDS reporting via the Draft 2025 Call Letter. Measures denoted with an asterisk (*) are proposed to transition to ECDS-only reporting beginning with the 2026 ratings year.

Exhibit 4. Measures Proposed and Finalized for ECDS Reporting

Measure	Implementation of Optional ECDS Reporting	Implementation of Required ECDS-only Reporting
***Breast Cancer Screening* (BCS-E)**	2023 Ratings Year	2024 Ratings Year
***Colorectal Cancer Screening* (COL-E)**	2023 Ratings Year	2025 Ratings Year
***Immunizations for Adolescents* (IMA-E)**	2023 Ratings Year	2026 Ratings Year*
Childhood Immunization Status* (CIS-E) *(Combination 10)	2023 Ratings Year	2026 Ratings Year*
***Adult Immunization Status* (AIS-E)**	N/A	2024 Ratings Year
***Cervical Cancer Screening* (CCS-E)**	2024 Ratings Year	2026 Ratings Year*

[19] See the Advisory Committee on Immunization Practice's (ACIP) recommendation on universal hepatitis B vaccination in adults aged 19-59 years, available at: https://www.cdc.gov/mmwr/volumes/71/wr/mm7113a1.htm.
[20] As noted above, CMS is proposing the removal of the *Social Need Screening and Intervention* (SNS-E) measure from the QRS measure set beginning with the 2026 ratings year. See Section 4.1.2 for more information.

Measure	Implementation of Optional ECDS Reporting	Implementation of Required ECDS-only Reporting
***Social Need Screening and Intervention* (SNS-E)**[21]	N/A	2025 Ratings Year
***Depression Screening and Follow-Up for Adolescents and Adults* (DSF-E)**	N/A	2025 Ratings Year
Blood Pressure Control for Patients with Hypertension (BPC-E)	N/A	2026 Ratings Year*

As detailed in Section 3.5.1 below, beginning with the 2026 ratings year, CMS proposes to transition the *Cervical Cancer Screening* (CCS-E), *Immunizations for Adolescents* (IMA-E), and *Childhood Immunization Status* (CIS-E) measures to ECDS-only reporting. If the addition of the *Blood Pressure Control for Patients with Hypertension* (BPC-E) is finalized beginning with the 2026 ratings year as proposed in Section 3.3 above, QHP issuers will be required to submit ECDS-only data for the BPC-E measure beginning with the 2026 ratings year.

4.5.1 Transitioning the *Cervical Cancer Screening* (CCS-E), *Immunizations for Adolescents* (IMA-E), and *Childhood Immunization Status* (CIS-E) Measures to ECDS-Only Reporting

Beginning with the 2026 ratings year, the measure steward (i.e., NCQA) is retiring the *Cervical Cancer Screening* (CCS), *Immunizations for Adolescents* (IMA), and *Childhood Immunization Status* (CIS) measures reported via the traditional (i.e., administrative or hybrid) method and transitioning to the *Cervical Cancer Screening* (CCS-E), *Immunizations for Adolescents* (IMA-E), and *Childhood Immunization Status* (CIS-E) measures that are reported via the ECDS method only. CMS proposes to transition reporting for the CCS, IMA, and CIS measures to the CCS-E, IMA-E, and CIS-E measures beginning with the 2026 ratings year in alignment with NCQA's retirement of the measures reported via the traditional method. If this transition is finalized as proposed, QHP issuers will be required to submit the CCS-E, IMA-E, and CIS-E measures as part of data submission for the 2026 ratings year. CMS will not include the CCS-E, IMA-E, and CIS-E measures in scoring in the 2026 ratings year and anticipates including the measures in scoring beginning with the 2027 ratings year, at the earliest.

CMS will continue to collect the CCS, IMA, and CIS-E measures and use them for scoring in the 2025 ratings year. For the 2025 ratings year, CMS will continue to offer optional ECDS reporting alongside hybrid or administrative reporting for the CCS-E, IMA-E, and CIS-E measures.

4.6 Proposed Revisions to the QHP Enrollee Survey Sample Frame Variables

Beginning with the 2026 ratings year, CMS proposes to add new variables to the QHP Enrollee Survey sample frame. Each year prior to fielding, QHP issuers populate a sample frame of all survey-eligible enrollees for each reporting unit required to field the survey. This sample frame includes data elements for each survey-eligible enrollee. CMS is interested in adding additional variables to the sample frame to support analyses on response pattern and for potential future

[21] See supra note 20.

case-mix adjustment or measure stratification. CMS does not currently anticipate revising the sampling methodology based on these new variables.

CMS is proposing to add the following variables to the QHP Enrollee Survey sample frame:

- **Claim or Encounter with QHP Issuer** – Enrollee had at least one claim or encounter with the QHP issuer during the measurement year.
- **Primary Care Provider Status** – Enrollee has a primary care provider.
- **Visit with Specialty Care Doctor** – Enrollee had at least one visit with a specialty care doctor during the measurement year.

While QHP issuers must attempt to fully populate all sample frame variables, CMS does not anticipate requiring implementing completeness thresholds (i.e., not missing) for these variables. QHP issuers would be able to code these variables as missing if data are not available to avoid increased QHP issuer burden and level of effort when generating survey sample frames.

In addition, CMS is considering revising the sample frame anchor date for the QHP Enrollee Survey sample frame to align with the end of the individual market open enrollment period for the Exchanges (December 15).[22] Under the current protocol, all sample frames must include current enrollees as of the anchor date, which traditionally is the fourth business day of the calendar year in January. In response to interested party feedback on the Draft 2024 Call Letter, for the 2026 ratings year, CMS proposes changing the sample frame anchor date to coincide with the end of the individual market Exchange open enrollment period. This anchor date change is intended to reduce the number of dis-enrollees included in the sample frame. QHP issuers would still be required to generate all sample frames in a timeframe that supports validation by a HEDIS® Compliance Auditor and submission to the HHS-approved survey vendor no later than the end of January. CMS is soliciting feedback regarding the potential impact on the timeframe for revising the sample frame anchor date.

5. Potential QRS and QHP Enrollee Survey Revisions for Future Years

CMS is also soliciting comments on potential modifications to the QRS and QHP Enrollee Survey for future years (e.g., the 2027 ratings year and beyond). Topics under consideration and evaluation for potential revisions in future years include, but are not limited to:

- Changes to the QRS measure set,
- Revisions to the QHP Enrollee Survey Questionnaire,
- Addition of new questions to the QHP Enrollee Survey Questionnaire,
- Modification of the QHP Enrollee Internet Survey Protocol, and
- Revision to the QHP Enrollee Survey Instrument Title.

CMS anticipates including these proposed refinements in future Draft Call Letters, through the rulemaking process, or through the information collection request process per the PRA

[22] Beginning with the 2026 ratings year, CMS has proposed to revise the annual individual market open enrollment period for the Exchanges. If finalized as proposed, open enrollment for the individual market would begin on November 1, 2025 and end on December 15, 2025. For more information, please refer to: https://www.cms.gov/files/document/MarketplacePIRule2025.pdf.

requirements, as appropriate. CMS is soliciting general comments at this time to help inform the development of potential future proposals.

5.1 Forthcoming Retirement of the *Medical Assistance with Smoking and Tobacco Use Cessation* Measure

Beginning with the HEDIS® 2026 measurement year, the measure steward (i.e., NCQA) will retire the *Medical Assistance with Smoking and Tobacco Use Cessation* measure. NCQA is retiring the *Medical Assistance with Smoking and Tobacco Use Cessation* measure in favor of a new measure, which will expand to adolescents and leverage electronic clinical data to incorporate prevention, screening, and receipt of evidence-based cessation interviews.[23] CMS plans to align the QRS with NCQA's decision to retire this measure and intends to propose the removal of the *Medical Assistance with Smoking and Tobacco Use Cessation* measure from the QRS measure set beginning with the 2027 ratings year in the Draft 2026 Call Letter. CMS will continue to collect and use the *Medical Assistance with Smoking and Tobacco Use Cessation* measure in scoring for the 2026 ratings year.

NCQA has not yet finalized the replacement measure for the *Medical Assistance with Smoking and Tobacco Use Cessation* measure. However, NCQA is currently developing and testing the following potential replacement measures for use in all product lines: *Tobacco Use Screening and Cessation Intervention* and *Lung Cancer Screening*. CMS anticipates proposing a replacement measure upon its finalization for HEDIS® measurement year 2026 for inclusion in the QRS measure set beginning with the 2027 ratings year, at the earliest, through the 2026 Call Letter process.

5.2 Revisions to the QHP Enrollee Survey Questionnaire

The QHP Enrollee Survey is designed to help CMS and interested parties understand enrollees' experience with their health plan and care. CMS annually reviews feedback on the value and usability of the QHP Enrollee Survey from interested parties through public comment and the QHP Enrollee Survey TEP. CMS also analyzes QHP Enrollee Survey results, including question response rates and reliability. CMS received public comments via previous Call Letters and QHP issuer focus groups expressing concerns about the length of the QHP Enrollee Survey and the impact on response rates.

CMS welcomes additional public comments on potential questions for addition or removal to assist the agency as it continues to consider potential revisions to the QHP Enrollee Survey questionnaire. Section 5.2.1 previews additional new questions CMS is considering adding to the QHP Enrollee Survey in future years to solicit early feedback on these potential additions.

5.2.1 Adding New Questions to the QHP Enrollee Survey

CMS strives to advance national priorities such as person-centered care. The data collected through the QHP Enrollee Survey inform ways to improve the quality of care provided by QHP issuers. In addition, CMS aims to provide meaningful results that can help inform actionable

[23] See Retiring and Replacing HEDIS® Measures, 2024-2026: https://www.ncqa.org/blog/retiring-and-replacing-hedis-measures-2024-2026/.

improvement in enrollee experience. To achieve these goals, CMS is considering the addition of two new questions to the QHP Enrollee Survey.

In the Draft 2024 Call Letter, CMS sought feedback to inform the potential addition of a question to the survey related to perceived unfair treatment in a future year.[24] Some commenters on the Draft 2024 Call Letter noted the importance of this question, while others noted the potential inability to improve care based on the data. Cognitive testing showed that respondents understood the question and suggested minor revisions. While CMS does not anticipate scoring this question if it is added to the survey, the agency believes the information provided from the perceived unfair treatment question could highlight potential challenges experienced by enrollees. After consideration of prior comments, feedback from interested parties, the results of the cognitive testing, and national priorities, CMS proposes to add the following updated question with modified response options to the QHP Enrollee Survey beginning with the 2027 ratings year:

In the last 6 months, did anyone from a clinic, emergency room, or doctor's office where you received care treat you in an unfair or insensitive way because of any of the following things about yourself? Mark one or more.

- Health condition
- Disability
- Age
- Income
- Type of insurance plan
- I was not treated in an unfair or insensitive way due to these reasons

CMS seeks additional feedback on the revised question. In addition to seeking comments through this Draft Call Letter, CMS will seek public comments on finalized changes to the QHP Enrollee Survey questions through a Federal Register Notice published as part of the PRA clearance process in advance of the 2027 QHP Enrollee Survey.

Additionally, CMS is proposing the addition of a question related to the likeliness to recommend the health plan (Net Promoter Score®[25]) beginning with the 2027 ratings year. The addition of this question would provide insight and awareness for QHP issuers into the quality of care and coverage as well as experience among members enrolled in each health plan. CMS cognitively tested the question and sought feedback from the QHP Enrollee Survey TEP. The question and response options would read as follows:

[24] A similar question regarding perceived unfair treatment question is currently used in the Medicare Advantage and Prescription Drug Plan Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey: https://ma-pdpcahps.org/en/Current-Data-Collection-Materials/.

[25] Net Promoter Score® is a registered trademark of Bain & Company, Inc., NICE Systems, Inc., and Fred Reichheld.

Using any number from 0 to 10, where 0 is would not recommend and 10 is definitely recommend, how likely is it that you would recommend your health plan to a friend or colleague?

- 0 Would not recommend
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Definitely recommend

CMS welcomes feedback on the potential inclusion of this question to the QHP Enrollee Survey to improve quality of care and experience among enrollees.

5.3 Potential Modification to the Internet Protocol of the QHP Enrollee Survey

The QHP Enrollee Survey employs a mixed-mode data collection methodology that includes mail, internet, and telephone. The data collection process begins when the internet survey is activated, the prenotification letter is mailed, and the customer support line and project-specific email address are opened. Under the current protocol, after the prenotification letter is mailed, nonrespondents receive a notification email, and two reminder emails within the first three weeks of fielding.

CMS is interested in adding an email reminder for nonrespondents to provide the nonrespondents the opportunity to complete the survey by internet prior to initiation of the data collection via telephone. When analyzing response patterns, CMS identified there is an increase in the number of surveys completed in the days after an email reminder is sent. CMS also sought feedback on the proposed refinement from QHP Enrollee Survey TEP and received feedback that the method may improve response rates. CMS welcomes feedback on this potential change to the protocol governing survey administration. Prior to implementation, CMS will comply with the PRA as applicable for implementing changes to the QHP Enrollee Survey.

5.4 Revision to the QHP Enrollee Survey Instrument Title

CMS requires standardized administration of the QHP Enrollee Survey and data collection methodology for measuring and publicly reporting sampled enrollees' responses; vendors must adhere to guidance provided by CMS when producing QHP Enrollee Survey materials. As outlined in the current QHP Enrollee Survey Instrument[26] vendors must include the full title of

[26] See the QHP Enrollee Survey Instrument, available at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/ACA-MQI/Consumer-Experience-Surveys/Surveys-page#Survey.

the survey and the administration year at the top of the instructions page of the mail and the landing page of the internet surveys.

CMS proposes revisions to this requirement to allow vendors to print and program the QHP Enrollee Survey Instrument title to include the QHP issuer name and the administration year at the top of instructions of the mail survey and landing page of the internet survey. The revised title of the survey would read as, "**YEAR [QHP Issuer Name] Enrollee Experience Survey**." CMS also received feedback from QHP Enrollee Survey TEP and focus groups that the revision may improve response rates of completed survey. CMS solicits feedback on this potential change to the QHP Enrollee Survey Instrument.

Appendix A. QRS Hierarchy

The QRS measures are organized into a hierarchal structure that serves as a foundation of the QRS rating methodology (i.e., the QRS hierarchy). The measures are grouped into summary indicators to form a single global rating.[27]

Exhibit 5 illustrates the proposed QRS hierarchy for the 2026 ratings year, which is the organization of measures into summary indicators and ultimately, a single global rating. Measures denoted with a strikethrough (–), if removed as proposed, would not be collected for the 2026 ratings year. Measures denoted with an asterisk (*) and in bold font are measures proposed for addition to the measure set and, if finalized as proposed, would be collected, but not included in 2026 QRS scoring. The measures collected using the ECDS reporting method are noted with a euro sign (€). Measures not currently endorsed by the Consensus-Based Entity (CBE) are noted with the yen sign (¥).

Exhibit 5. Proposed 2026 QRS Hierarchy

QRS Summary Indicator	Measure Title	CBE ID (* indicates not currently endorsed)
Clinical Quality Management	Asthma Medication Ratio	1800
	~~Antidepressant Medication Management~~	~~0105~~
	Blood Pressure Control for Patients with Hypertension *€	**0061**
	Follow-Up After Hospitalization for Mental Illness (7-Day Follow-Up and 30-Day Follow-Up)	0576
	Depression Screening and Follow-Up for Adolescents and Adults€	0418¥
	Initiation and Engagement of Substance Use Disorder Treatment	0004
	Controlling High Blood Pressure	0018
	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
	~~International Normalized Ratio Monitoring for Individuals on Warfarin~~	~~0555~~
	~~Annual Monitoring for Persons on Long-term Opioid Therapy~~	~~3541~~
	Plan All-Cause Readmissions	1768¥

[27] In communicating total measure counts, the totals presented here represent the perspective of the scoring methodology, rather than the perspective of the measure steward. If counting based on the perspective of the scoring methodology, there are 37 measures that are collected and used in scoring (rather than 35). The difference of three measures in this count comes from three factors. First, Prenatal and Postpartum Care is split into two distinct measures for the QRS hierarchy: *Timeliness of Prenatal Care* and *Postpartum Care*. Similarly, Proportion of Days Covered (CBE #0541) is split into three distinct measures: *Diabetes All Class, Renin Angiotensin System (RAS) Antagonists*, and *Statins.* Lastly, the *Enrollment by Product Line* measure is collected, but not included for purposes of QRS scores and ratings.

QRS Summary Indicator	Measure Title	CBE ID (¥ indicates not currently endorsed)
	Breast Cancer Screening€	2372
	Cervical Cancer Screening*€	**0032**
	Colorectal Cancer Screening€	0034
	Prenatal and Postpartum Care (Postpartum Care)	1517¥
	Prenatal and Postpartum Care (Timeliness of Prenatal Care)	1517¥
	Chlamydia Screening in Women	0033
	Medical Assistance with Smoking and Tobacco Use Cessation	0027¥
	Adult Immunization Status€	3620
	Oral Evaluation, Dental Services	2517
	~~Social Need Screening and Intervention~~€	~~N/A~~
	Childhood Immunization Status (Combination 10)*€	**0038**
	Immunizations for Adolescents (Combination 2)*€	**1407**
	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
	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
Collected but not included for purposes of QRS scores or ratings		
N/A	Enrollment by Product Line	N/A¥

Appendix B. *Blood Pressure Control for Patients with Hypertension* Measurement Year 2025 Draft Technical Specification

Blood Pressure Control for Patients With Hypertension (BPC-E)

SUMMARY OF CHANGES TO HEDIS® MY 2025

- This is a first-year measure.

HEDIS® FOR QRS SPECIFIC GUIDANCE

- HEDIS® for QRS does not require race and ethnicity stratification reporting.

Description	The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose most recent blood pressure (BP) was <140/90 mm Hg during the measurement period.
Measurement period	January 1–December 31.
Clinical recommendation statement	The American Academy of Family Physicians (AAFP) strongly recommends clinicians treat adults who have hypertension to a standard blood pressure target (<140/90 mm Hg) to reduce the risk of all-cause and cardiovascular mortality. The Joint National Committee recommends that pharmacologic treatment be initiated in the general population <60 years, to lower systolic BP ≥140 mm Hg (and treat to a goal of systolic BP <140 mm Hg) and to lower diastolic BP ≥90 mm Hg (and treat to a goal of diastolic BP <90 mm Hg). The American College of Cardiology (ACC) and American Heart Association (AHA) recommend a target BP of less than 130/80 mm Hg for adults with confirmed hypertension and known cardiovascular disease (CVD) or 10-year atherosclerotic CVD event risk of 10% or higher. In addition, they have determined that a reasonable target BP for adults with confirmed hypertension, without additional markers of increased CVD risk, is less than 130/80 mm Hg.
Citations	Coles, S., L. Fisher, K. Lin, C. Lyon, A. Vosooney, and M. Bird. "Blood Pressure Targets in Adults With Hypertension: A Clinical Practice Guideline From the AAFP." November 14, 2022. James, P.A., S. Oparil, B.L. Carter, W.C. Cushman, C. Dennison-Himmelfarb, J. Handler, D.T. Lackland, et al. "2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults: Report From the Panel Members Appointed to the Eighth Joint National Committee (JNC 8)." *JAMA* 311, no. 5 (February 5, 2014): 507–20. https://doi.org/10.1001/jama.2013.284427 Whelton, P.K., R.M. Carey, W.S. Aronow, D.E. Casey, K.J. Collins, C. Dennison Himmelfarb, S.M. DePalma, et al. "2017 ACC/AHA/AAPA/ABC/ACPM/AGS/ APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults: A Report of the American College of Cardiology/American

	Heart Association Task Force on Clinical Practice Guidelines." *Hypertension 71,* no. 6 (June 2018): e13–115. https://doi.org/10.1161/HYP.0000000000000065

Characteristics	
Scoring	Proportion.
Type	Outcome.
Stratification	• <140/90 mm Hg. – Product line: ▪ Exchange – *Race:* ▪ Race—American Indian or Alaska Native. ▪ Race—Black or African American. ▪ Race—Asian. ▪ Race—Native Hawaiian or Other Pacific Islander. ▪ Race—White. ▪ Race—Some Other Race. ▪ Race—Two or More Races. ▪ Race—Asked But No Answer. ▪ Race—Unknown. – *Ethnicity:* ▪ Ethnicity—Hispanic or Latino. ▪ Ethnicity—Not Hispanic or Latino. ▪ Ethnicity—Asked But No Answer. ▪ Ethnicity—Unknown
Risk adjustment	None.
Improvement notation	Increased score indicates improvement.
Guidance	**Allocation:** The member was enrolled with a medical benefit during the measurement period. No more than one gap in enrollment of up to 45 days during the measurement period. The member must be enrolled on the last day of the measurement period. **Reporting:** For all plans, the race and ethnicity stratifications are mutually exclusive, and the sum of all categories in each stratification is the total population.

Definitions	
Participation	The identifiers and descriptors for each organization's coverage used to define members' eligibility for measure reporting. Allocation for reporting is based on eligibility during the participation period.
Participation period	The measurement period.
Initial population	• Members who are 18-85 years old as of the last day of the measurement period who meet either of the following criteria: – At least two outpatient visits, telephone visits, e-visits or virtual check-ins (Outpatient and Telehealth Without UBREV Value Set) on different dates of service with a diagnosis of hypertension (Essential Hypertension Value Set) on or between January 1 of the year prior to the measurement period and June 30 of the measurement period. – At least one outpatient visit, telephone visit, e-visit or virtual check-in (Outpatient and Telehealth Without UBREV Value Set) with a diagnosis of hypertension (Essential Hypertension Value Set) and at least one dispensed antihypertensive medication (Antihypertensive Medications List) on or between January 1 of the year prior to the measurement period and June 30 of the measurement period.
Exclusions	• Members who use hospice services (Hospice Encounter Value Set; Hospice Intervention Value Set) or elect to use a hospice benefit any time during the measurement period. Organizations that use the Monthly Membership Detail Data File to identify these members must use only the run date of the file to determine if the member elected to use a hospice benefit during the measurement period. • Members who die any time during the measurement period. • Members receiving palliative care (Palliative Care Assessment Value Set; Palliative Care Encounter Value Set; Palliative Care Intervention Value Set) any time during the measurement period. • Members who had an encounter for palliative care (ICD-10-CM code Z51.5) any time during the measurement period. Do not include laboratory claims (claims with POS code 81). • Members with a nonacute inpatient admission during the measurement period. To identify nonacute inpatient admissions: – Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set). – Confirm the stay was for nonacute care based on the presence of a nonacute code (Nonacute Inpatient Stay Value Set) on the claim. – Identify the admission date for the stay. • Members with a diagnosis that indicates end-stage renal disease (ESRD) (ESRD Diagnosis Value Set; History of Kidney Transplant

	Value Set), any time during the member's history on or prior to the last day of the measurement period. Do not include laboratory claims (claims with POS code 81).
	• Members with a procedure that indicates ESRD: dialysis (Dialysis Procedure Value Set), nephrectomy (Total Nephrectomy Value Set; Partial Nephrectomy Value Set) or kidney transplant (Kidney Transplant Value Set) any time during the member's history on or prior to the last day of the measurement period. • Members with a diagnosis of pregnancy (Pregnancy Value Set) any time during the measurement period. Do not include laboratory claims (claims with POS code 81). • Members 66–80 years of age as of the last day of the measurement period with frailty ***and*** advanced illness. Members must meet ***both*** frailty and advanced illness criteria to be excluded: 1. **Frailty.** At least two indications of frailty (Frailty Device Value Set; Frailty Diagnosis Value Set; Frailty Encounter Value Set; Frailty Symptom Value Set) with different dates of service during the measurement period. Do not include laboratory claims (claims with POS code 81). 2. **Advanced Illness.** Either of the following during the measurement period or the year prior to the measurement period: – Advanced illness (Advanced Illness Value Set) on at least two different dates of service. Do not include laboratory claims (claims with POS code 81). – Dispensed dementia medication (Dementia Medications List). • Members 81 years of age and older as of the last day of the measurement period (all product lines) with at least two indications of frailty (Frailty Device Value Set; Frailty Diagnosis Value Set; Frailty Encounter Value Set; Frailty Symptom Value Set) with different dates of service during the measurement period. Do not include laboratory claims (claims with POS code 81).
Denominator	The initial population, minus exclusions.
Numerator	The systolic and diastolic BP values <140/90 (Systolic Blood Pressure Value Set; Diastolic Blood Pressure Value Set) from the most recent day a BP was recorded during the measurement period, on or after the date of the second hypertension event. Do not include CPT Category II codes (Systolic and Diastolic Result Value Set) with a modifier (CPT CAT II Modifier Value Set). Do not include BPs taken in an acute inpatient setting (Acute Inpatient Value Set; Acute Inpatient POS Value Set) or ED visit (ED Value Set; POS code 23). If there are multiple BPs on the same date of service, use the last BP reading on that date as the representative BP. The member is numerator compliant if the representative BP is <140/90 mm Hg. The member is not compliant if the BP is ≥140/90 mm Hg, if there is no BP reading during the measurement period or if the reading is incomplete (e.g., the systolic or diastolic level is missing).

	If the most recent blood pressure was identified based on a CPT Category II code (Systolic and Diastolic Result Value Set) use the following to determine compliance: • Systolic Compliant: Systolic Less Than 140 Value Set. • Systolic Not Compliant: CPT-CAT-II code 3077F. • Diastolic Compliant: Diastolic Less Than 90 Value Set. • Diastolic Not Compliant: CPT-CAT-II code 3080F.

Data Elements for Reporting

Organizations that submit data to NCQA must provide the following data elements in a specified file.

Table BPC-E-A-4: Data Elements for Blood Pressure Control for Patients With Hypertension

Metric	Data Element	Reporting Instructions
BPUnder140Over90	InitialPopulation	Report once
	ExclusionsByEHR	Report once
	ExclusionsByCaseManagement	Report once
	ExclusionsByHIERegistry	Report once
	ExclusionsByAdmin	Report once
	Exclusions	(Sum over SSoRs)
	Denominator	Report once
	NumeratorByEHR	Report once
	NumeratorByCaseManagement	Report once
	NumeratorByHIERegistry	Report once
	NumeratorByAdmin	Report once
	Numerator	(Sum over SSoRs)
	Rate	(Percent)

Table BPC-E-B-4: Data Elements for Blood Pressure Control for Patients With Hypertension: Stratifications by Race

Metric	Race	Data Element	Reporting Instructions
BPUnder140Over90	AmericanIndianOrAlaskaNative	InitialPopulation	For each Stratification
	Asian	Exclusions	For each Stratification
	BlackOrAfricanAmerican	Denominator	For each Stratification
	NativeHawaiianOrOtherPacificIslander	Numerator	For each Stratification
	White	Rate	(Percent)
	SomeOtherRace		
	TwoOrMoreRaces		

Metric	Race	Data Element	Reporting Instructions
	AskedButNoAnswer		
	Unknown		

Table BPC-E-C-4: Data Elements for Blood Pressure Control for Patients With Hypertension: Stratifications by Ethnicity

Metric	Ethnicity	Data Element	Reporting Instructions
BPUnder140Over90	HispanicOrLatino	InitialPopulation	For each Stratification
	NotHispanicOrLatino	Exclusions	For each Stratification
	AskedButNoAnswer	Denominator	For each Stratification
	Unknown	Numerator	For each Stratification
		Rate	(Percent)

Appendix C. *Breast Cancer Screening* (BCS-E) Measurement Year 2025 Draft Technical Specification

Breast Cancer Screening (BCS-E)

SUMMARY OF CHANGES TO MY 2025 HEDIS® FOR QRS

- Removed "Programming Guidance" from the *Characteristics* section.
- Added a laboratory claim exclusion to the Absence of Left Breast Value Set and Absence of Right Breast Value Set.
- Removed *Data criteria (element level)* section.
- Removed the data source reporting requirement from the race and ethnicity stratification.
- Expanded the initial population to include members ages 40-74 and included stratification by ages 42-51 and 52-74 in addition to a total rate, for all product lines.

HEDIS® FOR QRS SPECIFIC GUIDANCE

- ECDS reporting is required for this measure.
- HEDIS® for QRS does not require race and ethnicity stratification reporting.

Description	The percentage of members 50–74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer.
Measurement period	January 1–December 31.
Clinical recommendation statement	The U.S. Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women aged 40 to 74 years. (B recommendation) The Fenway Institute recommends that for patients assigned female at birth who have not undergone chest reconstruction (including those who have had breast reduction), breast/chest screening recommendations are the same as for cisgender women of a similar age and medical history. The University of California San Francisco Center of Excellence for Transgender Health recommends that transgender men who have not undergone bilateral mastectomy, or who have only undergone breast reduction, undergo screening according to current guidelines for non-transgender women. The World Professional Association for Transgender Health recommends health care professionals follow local breast cancer screening guidelines developed for cisgender women in their care of transgender and gender diverse people with breasts from natal puberty who have not had gender-affirming chest surgery.
Citations	U.S. Preventive Services Task Force. Wanda K. Nicholson, Michael Silverstein, John B. Wong, Michael J. Barry, David Chelmow, Tumaini Rucker Coker, et al. "Screening for Breast Cancer: U.S. Preventive Services Task Force

	Recommendation Statement." JAMA 331, no. 22 (June 11, 2024): 1918. https://doi.org/10.1001/jama.2024.5534 Fenway Health. 2021. *Medical Care of Trans and Gender Diverse Adults*. https://fenwayhealth.org/wp-content/uploads/Medical-Care-of-Trans-and-Gender-Diverse-Adults-Spring-2021-1.pdf University of California San Francisco Center of Excellence for Transgender Health. 2016. *Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People*. https://transcare.ucsf.edu/sites/transcare.ucsf.edu/files/Transgender-PGACG-6-17-16.pdf World Professional Association for Transgender Health. 2022. *Standards of Care for the Health of Transgender and Gender Diverse People, Version 8.* https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644
Characteristics	
Scoring	Proportion.
Type	Process.
Stratification	• Breast Cancer Screening. – Product line: ▪ Exchange – Age (as of the start of the measurement period): ▪ 42–51 years. ▪ 52–74 years. – *Race:* ▪ Race—American Indian or Alaska Native. ▪ Race—Black or African American. ▪ Race—Asian. ▪ Race—Native Hawaiian or Other Pacific Islander. ▪ Race—White. ▪ Race—Some Other Race. ▪ Race—Two or More Races. ▪ Race—Asked But No Answer. ▪ Race—Unknown. – *Ethnicity:* ▪ Ethnicity—Hispanic or Latino. ▪ Ethnicity—Not Hispanic or Latino. ▪ Ethnicity—Asked But No Answer. ▪ Ethnicity—Unknown
Risk adjustment	None.
Improvement notation	A higher rate indicates better performance.

Guidance	**Allocation:** The member was enrolled with a medical benefit October 1 two years prior to the measurement period through the end of the measurement period. No more than one gap in enrollment of up to 45 days for each full calendar year (i.e., the measurement period and the year prior to the measurement period). No gaps in enrollment are allowed from October 1 two years prior to the measurement period through December 31 two years prior to the measurement period. The member must be enrolled on the last day of the measurement period. **Reporting:** The race and ethnicity stratifications are mutually exclusive, and the sum of all categories in each stratification is the total population.
Definitions	
Participation **Participation period**	The identifiers and descriptors for each organization's coverage used to define members' eligibility for measure reporting. Allocation for reporting is based on eligibility during the participation period. October 1 two years prior to the measurement period through the end of the measurement period.
Initial population	Members 42–74 years of age by the end of the measurement period who were recommended for routine breast cancer screening and also meet the criteria for participation. Include members recommended for routine breast cancer screening with any of the following criteria: • Administrative Gender of Female (AdministrativeGender code female) at any time in the member's history. • Sex Assigned at Birth (LOINC code 76689-9) of Female (LOINC code LA3-6) at any time in the member's history. • Sex Parameter for Clinical Use of Female (SexParameterForClinicalUse code female-typical) during the measurement period.
Exclusions	• Members who use hospice services (Hospice Encounter Value Set; Hospice Intervention Value Set) or elect to use a hospice benefit any time during the measurement period. Organizations that use the Monthly Membership Detail Data File to identify these members must use only the run date of the file to determine if the member elected to use a hospice benefit during the measurement period. • Members who die any time during the measurement period. • Members who had a bilateral mastectomy or both right and left unilateral mastectomies any time during the member's history through the end of the measurement period. Any of the following meet the criteria for bilateral mastectomy: – Bilateral mastectomy (Bilateral Mastectomy Value Set).

- Unilateral mastectomy (Unilateral Mastectomy Value Set) with a bilateral modifier (CPT Modifier code 50) (same procedure).
- Unilateral mastectomy found in clinical data (Clinical Unilateral Mastectomy Value Set) with a bilateral qualifier value (SNOMED CT Modifier code 51440002) (same procedure).

  Note: *The "clinical" mastectomy value sets identify mastectomy; the word "clinical" refers to the data source, not to the type of mastectomy.*
- History of bilateral mastectomy (History of Bilateral Mastectomy Value Set).
- Any combination of codes from the table below that indicate a mastectomy on ***both*** the left ***and*** right side on the same date of service or on different dates of service.

Left Mastectomy (any of the following)	**Right Mastectomy (any of the following)**
Unilateral mastectomy (Unilateral Mastectomy Value Set) ***with*** a left-side modifier (CPT Modifier code LT) (same procedure)	Unilateral mastectomy (Unilateral Mastectomy Value Set) ***with*** a right-side modifier (CPT Modifier code RT) (same procedure)
Unilateral mastectomy found in clinical data (Clinical Unilateral Mastectomy Value Set) ***with*** a left-side qualifier value (SNOMED CT Modifier code 7771000) (same procedure)	Unilateral mastectomy found in clinical data (Clinical Unilateral Mastectomy Value Set) ***with*** a right-side qualifier value (SNOMED CT Modifier code 24028007) (same procedure)
Absence of the left breast (Absence of Left Breast Value Set). Do not include laboratory claims (claims with POS code 81)	Absence of the right breast (Absence of Right Breast Value Set). Do not include laboratory claims (claims with POS code 81)
Left unilateral mastectomy (Unilateral Mastectomy Left Value Set)	Right unilateral mastectomy (Unilateral Mastectomy Right Value Set)

- Members who had gender-affirming chest surgery (CPT code 19318) with a diagnosis of gender dysphoria (Gender Dysphoria Value Set) any time during the member's history through the end of the measurement period.
- Members 66 years of age and older by the end of the measurement period, with frailty ***and*** advanced illness. Members must meet ***both*** frailty and advanced illness criteria to be excluded:
  - **Frailty.** At least two indications of frailty (Frailty Device Value Set; Frailty Diagnosis Value Set; Frailty Encounter Value Set; Frailty Symptom Value Set) with different dates of service during the measurement period. Do not include laboratory claims (claims with POS code 81).
  - **Advanced Illness.** Either of the following during the measurement period or the year prior to the measurement period:

	▪ Advanced illness (Advanced Illness Value Set) on at least two different dates of service. Do not include laboratory claims (claims with POS code 81). ▪ Dispensed dementia medication (Dementia Medications List). • Members receiving palliative care (Palliative Care Assessment Value Set; Palliative Care Encounter Value Set; Palliative Care Intervention Value Set) any time during the measurement period. • Members who had an encounter for palliative care (ICD-10-CM code Z51.5) any time during the measurement period. Do not include laboratory claims (claims with POS code 81).
Denominator	The initial population, minus exclusions.
Numerator	One or more mammograms (Mammography Value Set) any time on or between October 1 two years prior to the measurement period and the end of the measurement period.

Data Elements for Reporting

Organizations that submit data to NCQA must provide the following data elements in a specified file.

Table BCS-E-A-4: Data Elements for Breast Cancer Screening

Metric	Age	Data Element	Reporting Instructions
BreastCancerScreening	42-51	InitialPopulation	Report once
	52-74	ExclusionsByEHR	Report once
	Total	ExclusionsByCaseManagement	Report once
		ExclusionsByHIERegistry	Report once
		ExclusionsByAdmin	Report once
		Exclusions	(Sum over SsoRs)
		Denominator	Report once
		NumeratorByEHR	Report once
		NumeratorByCaseManagement	Report once
		NumeratorByHIERegistry	Report once
		NumeratorByAdmin	Report once
		Numerator	(Sum over SsoRs)
		Rate	(Percent)

Table BCS-E-B-4: Data Elements for Breast Cancer Screening: Stratifications by Race

Metric	Race	Data Element	Reporting Instructions
BreastCancerScreening	AmericanIndianOrAlaskaNative	InitialPopulation	For each Stratification
	Asian	Exclusions	For each Stratification
	BlackOrAfricanAmerican	Denominator	For each Stratification
	NativeHawaiianOrOtherPacificIslander	Numerator	For each Stratification
	White	Rate	(Percent)
	SomeOtherRace		
	TwoOrMoreRaces		
	AskedButNoAnswer		
	Unknown		

Table BCS-E-C-4: Data Elements for Breast Cancer Screening: Stratifications by Ethnicity

Metric	Ethnicity	Data Element	Reporting Instructions

BreastCancerScreening	HispanicOrLatino	InitialPopulation	For each Stratification
	NotHispanicOrLatino	Exclusions	For each Stratification
	AskedButNoAnswer	Denominator	For each Stratification
	Unknown	Numerator	For each Stratification
		Rate	(Percent)

Appendix D. *Adult Immunization Status* (AIS-E) Measurement Year 2025 Draft Technical Specification

*Adult Immunization Status (AIS-E)**

***Developed with support from the Department of Health and Human Services (DHHS), Office of the Assistant Secretary for Health (OASH), National Vaccine Program Office (NVPO) and the Hepatitis Education Project**

SUMMARY OF CHANGES TO MY 2025 HEDIS® FOR QRS

- Added hepatitis B immunization indicator.
- Updated clinical recommendation statement and citations.
- Updated the denominator age range for the pneumococcal immunization indicator.
- Removed the herpes zoster live vaccine from the herpes zoster immunization indicator.
- Revised the numerator criteria of the herpes zoster vaccine to on or after October 1, 2017, through the end of the measurement period.
- Updated age stratifications for the influenza, Td/Tdap and zoster immunization indicators.
- Removed data criteria (element level).
- Removed programming guidance.
- Removed the data source reporting requirement from the race and ethnicity stratification.
- Revised the numerator criteria of the herpes zoster vaccine to on or after October 1, 2017, through the end of the measurement period.

HEDIS® FOR QRS SPECIFIC GUIDANCE

- ECDS reporting is required for this measure.
- HEDIS® for QRS does not require race and ethnicity stratification reporting.

Description	The percentage of members 19 years of age and older who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster, pneumococcal and hepatitis B.
Measurement period	January 1–December 31.
Clinical recommendation statement	The Advisory Committee on Immunization Practices recommends annual influenza vaccination; and tetanus, diphtheria and acellular pertussis (Tdap) and/or tetanus and diphtheria (Td) vaccine; herpes zoster vaccine; pneumococcal vaccination and hepatitis B vaccination for adults at various ages.
Citations	Murthy, N. A.P. Wodi, A.P., V.V. McNally, M.F. Daley, S. Cineas. 2024. "Advisory Committee on Immunization Practices Recommended Immunization Schedule for Adults Aged 19 Years or Older—United States, 2024." *MMWR*

	Morb Mortal Wkly Rep 73:11–15. DOI: http://dx.doi.org/10.15585/mmwr.mm7301a3
Characteristics	
Scoring **Type** **Stratification**	Proportion. Process. • Influenza. – Product line: ▪ Exchange – Age (as of the start of the measurement period): ▪ 19–64 years. ▪ 65 years and older. – *Race:* ▪ Race—American Indian or Alaska Native. ▪ Race—Black or African American. ▪ Race—Asian. ▪ Race—Native Hawaiian or Other Pacific Islander. ▪ Race—White. ▪ Race—Some Other Race. ▪ Race—Two or More Races. ▪ Race—Asked But No Answer. ▪ Race—Unknown. – *Ethnicity:* ▪ Ethnicity—Hispanic or Latino. ▪ Ethnicity—Not Hispanic or Latino. ▪ Ethnicity—Asked But No Answer. ▪ Ethnicity—Unknown • Td/Tdap. – Product line: ▪ Exchange – Age (as of the start of the measurement period): ▪ 19–64 years. ▪ 65 years and older. – *Race:* ▪ Race—American Indian or Alaska Native. ▪ Race—Black or African American. ▪ Race—Asian. ▪ Race—Native Hawaiian or Other Pacific Islander. ▪ Race—White. ▪ Race—Some Other Race. ▪ Race—Two or More Races. ▪ Race—Asked But No Answer. ▪ Race—Unknown.

- *Ethnicity:*
  - Ethnicity—Hispanic or Latino.
  - Ethnicity—Not Hispanic or Latino.
  - Ethnicity—Asked But No Answer.
  - Ethnicity—Unknown
- Zoster.
  - Product line:
    - Exchange
  - Age (as of the start of the measurement period):
    - 50–64 years.
    - 65 years and older.
  - *Race:*
    - Race—American Indian or Alaska Native.
    - Race—Black or African American.
    - Race—Asian.
    - Race—Native Hawaiian or Other Pacific Islander.
    - Race—White.
    - Race—Some Other Race.
    - Race—Two or More Races.
    - Race—Asked But No Answer.
    - Race—Unknown.
  - *Ethnicity:*
    - Ethnicity—Hispanic or Latino.
    - Ethnicity—Not Hispanic or Latino.
    - Ethnicity—Asked But No Answer.
    - Ethnicity—Unknown
- Pneumococcal.
  - Product line:
    - Exchange
  - Age (as of the start of the measurement period):
    - 65 years and older.
  - *Race:*
    - Race—American Indian or Alaska Native.
    - Race—Black or African American.
    - Race—Asian.
    - Race—Native Hawaiian or Other Pacific Islander.
    - Race—White.
    - Race—Some Other Race.
    - Race—Two or More Races.
    - Race—Asked But No Answer.
    - Race—Unknown.
  - *Ethnicity:*
    - Ethnicity—Hispanic or Latino.
    - Ethnicity—Not Hispanic or Latino.

	▪ Ethnicity—Asked But No Answer. ▪ Ethnicity—Unknown • Hepatitis B. – Product line: ▪ Exchange – Age (as of the start of the measurement period): ▪ 19–30 years. ▪ 31–59 years. – *Race:* ▪ Race—American Indian or Alaska Native. ▪ Race—Black or African American. ▪ Race—Asian. ▪ Race—Native Hawaiian or Other Pacific Islander. ▪ Race—White. ▪ Race—Some Other Race. ▪ Race—Two or More Races. ▪ Race—Asked But No Answer. ▪ Race—Unknown. – *Ethnicity:* ▪ Ethnicity—Hispanic or Latino. ▪ Ethnicity—Not Hispanic or Latino. ▪ Ethnicity—Asked But No Answer. ▪ Ethnicity—Unknown
Risk adjustment	None.
Improvement notation	A higher rate indicates better performance.
Guidance	**General Rules:** All measure rates are specified based on clinical guideline recommendations for the age group included in the rate. **Allocation:** The member was enrolled with a medical benefit throughout the participation period. No more than one gap in enrollment of up to 45 days during the measurement period. The member must be enrolled on the last day of the measurement period.

	Reporting: For all plans, the race and ethnicity stratifications are mutually exclusive, and the sum of all categories in each stratification is the total population.
Definitions	
Participation **Participation period**	The identifiers and descriptors for each organization's coverage used to define members' eligibility for measure reporting. Allocation for reporting is based on eligibility during the participation period. The measurement period.
Initial population	**Initial population 1** Members 19 years and older at the start of the measurement period who also meet the criteria for participation. **Initial population 2** Same as the initial population 1. **Initial population 3** Members 50 years and older at the start of the measurement period who also meet the criteria for participation. **Initial population 4** Members 65 years and older at the start of the measurement period who also meet the criteria for participation. **Initial population 5** Members 19-59 years at the start of the measurement period who also meet the criteria for participation.
Exclusions	**Exclusions 1** • Members who use hospice services (Hospice Encounter Value Set; Hospice Intervention Value Set) or elect to use a hospice benefit any time during the measurement period. Organizations that use the Monthly Membership Detail Data File to identify these members must use only the run date of the file to determine if the member elected to use a hospice benefit during the measurement period. • Members who die any time during the measurement period. **Exclusions 2** Same as exclusions 1. **Exclusions 3** Same as exclusions 1. **Exclusions 4** Same as exclusions 1. **Exclusions 5** Same as exclusions 1.

Denominator	**Denominator 1** The initial population 1, minus exclusions. **Denominator 2** Same as denominator 1. **Denominator 3** The initial population 3, minus exclusions. **Denominator 4** The initial population 4, minus exclusions. **Denominator 5** The initial population 5, minus exclusions.
Numerator	**Numerator 1—Immunization Status: Influenza** • Members who received an influenza vaccine (Adult Influenza Immunization Value Set; Adult Influenza Vaccine Procedure Value Set; Influenza Virus LAIV Immunization Value Set; Influenza Virus LAIV Vaccine Procedure Value Set) on or between July 1 of the year prior to the measurement period and June 30 of the measurement period, ***or*** • Members with anaphylaxis due to the influenza vaccine (SNOMEDCT code 471361000124100) any time before or during the measurement period. **Numerator 2—Immunization Status: Td/Tdap** • Members who received at least one Td vaccine (Td Immunization Value Set; Td Vaccine Procedure Value Set) or one Tdap vaccine (CVX code 115; Tdap Vaccine Procedure Value Set) between 9 years prior to the start of the measurement period and the end of the measurement period, ***or*** • Members with a history of at least one of the following contraindications any time before or during the measurement period: – Anaphylaxis due to the diphtheria, tetanus or pertussis vaccine. (Anaphylaxis Due to Diphtheria, Tetanus or Pertussis Vaccine Value Set) – Encephalitis due to the diphtheria, tetanus or pertussis vaccine. (Encephalitis Due to Diphtheria, Tetanus or Pertussis Vaccine Value Set) **Numerator 3—Immunization Status: Zoster** • Members who received two doses of the herpes zoster recombinant vaccine (CVX code 187; Herpes Zoster Recombinant Vaccine Procedure Value Set) at least 28 days apart, on October 1, 2017 through the end of the measurement period, ***or*** • Members with anaphylaxis due to the herpes zoster vaccine (Anaphylaxis Due to Herpes Zoster Vaccine Value Set) any time before or during the measurement period. **Numerator 4—Immunization Status: Pneumococcal**

	• Members who received at least one dose of an adult pneumococcal vaccine (Adult Pneumococcal Immunization Value Set; Adult Pneumococcal Vaccine Procedure Value Set) on or after the member's 19th birthday and before or during the measurement period, ***or*** • Members with anaphylaxis due to the pneumococcal vaccine (SNOMEDCT code 471141000124102) any time before or during the measurement period. **Numerator 5—Immunization Status: Hepatitis B** • Members who received at least three doses of the childhood hepatitis B vaccine (Hepatitis B Immunization Value Set; Hepatitis B Vaccine Procedure Value Set) with different dates of service on or before their 19th birthday. • One of the three vaccinations can be a newborn hepatitis B vaccination (ICD-10-PCS code 3E0234Z) during the 8-day period that begins on the date of birth and ends 7 days after the date of birth. For example, if the member's date of birth is December 1, the newborn hepatitis B vaccination must be on or between December 1 and December 8. • Members who received a hepatitis B vaccine series on or after their 19th birthday, before or during the measurement period, including either of the following: – At least two doses of the recommended two-dose adult hepatitis B vaccine (CVX code 189; Adult Hepatitis B Vaccine Procedure (2 dose) Value Set) administered at least 28 days apart; or – At least three doses of any other recommended adult hepatitis B vaccine (Adult Hepatitis B Immunization (3 dose) Value Set; Adult Hepatitis B Vaccine Procedure (3 dose) Value Set) administered on different days of service. • Members who had a hepatitis B surface antigen, hepatitis B surface antibody or total antibody to hepatitis B core antigen test, with a positive result any time before or during the measurement period. Any of the following meet criteria: – A test (Hepatitis B Tests With Threshold of 10 Value Set) with a result greater than 10 mIU/mL. – A test (Hepatitis B Prevaccination Tests Value Set) with a finding of immunity (Hepatitis B Immunity Finding Value Set). • Members with a history of hepatitis B illness (Hepatitis B Value set) any time before or during the measurement period. Do not include laboratory claims (POS 81). • Members with anaphylaxis due to the hepatitis B vaccine (SNOMED CT code 428321000124101) any time before or during the measurement period.

Data Elements for Reporting

Organizations that submit HEDIS® for QRS data to NCQA must provide the following data elements in a specified file.

Table AIS-E-A-4: Data Elements for Adult Immunization Status

Metric	Age	Data Element	Reporting Instructions
Influenza	19-64	InitialPopulation	For each Metric and Stratification
TdTdap	65+	ExclusionsByEHR	For each Metric and Stratification
	Total	ExclusionsByCaseManagement	For each Metric and Stratification
		ExclusionsByHIERegistry	For each Metric and Stratification
Zoster	50-64	ExclusionsByAdmin	For each Metric and Stratification
	65+	Exclusions	(Sum over SsoRs)
	Total	Denominator	For each Metric and Stratification
		NumeratorByEHR	For each Metric and Stratification
Pneumococcal	65+	NumeratorByCaseManagement	For each Metric and Stratification
		NumeratorByHIERegistry	For each Metric and Stratification
HepatitisB	19-30	NumeratorByAdmin	For each Metric and Stratification
	31-59	Numerator	(Sum over SsoRs)
	Total	Rate	(Percent)

Table AIS-E-B-4: Data Elements for Adult Immunization Status: Stratifications by Race

Metric	Race	Data Element	Reporting Instructions
Influenza	AmericanIndianOrAlaskaNative	InitialPopulation	For each Metric and Stratification
TdTdap	Asian	Exclusions	For each Metric and Stratification
Zoster	BlackOrAfricanAmerican	Denominator	For each Metric and Stratification
Pneumococcal	NativeHawaiianOrOtherPacificIslander	Numerator	For each Metric and Stratification
HepatitisB	White	Rate	(Percent)
	SomeOtherRace		
	TwoOrMoreRaces		
	AskedButNoAnswer		
	Unknown		

Table AIS-E-C-4: Data Elements for Adult Immunization Status: Stratifications by Ethnicity

Metric	Ethnicity	Data Element	Reporting Instructions
Influenza	HispanicOrLatino	InitialPopulation	For each Metric and Stratification
TdTdap	NotHispanicOrLatino	Exclusions	For each Metric and Stratification

Zoster	AskedButNoAnswer	Denominator	For each Metric and Stratification
Pneumococcal	Unknown	Numerator	For each Metric and Stratification
HepatitisB	Rate	(Percent)	