Implementation Extension Request Template A: Methodology

OVERVIEW

Under § 438.515(d), States may request a 1-year extension to the implementation date of December 31, 2028, for the MAC QRS methodology requirements established in § 438.515(b). States can request this extension for one or more of the § 438.515(b) requirements identified below as well as for the implementation of an alternative methodology approved by CMS under § 483.515(d) for § 438.515(b)(1) or (2).

- MAC QRS quality ratings must include data for all enrollees who receive coverage through the managed care plan for a service or action for which data are necessary to calculate the quality rating for the managed care plan (see § 483.515(b)(1)).
- MAC QRS quality ratings are issued to each managed care plan at the plan level and by managed care program (see § 438.515(b)(2)).

States must submit this template to CMS by September 1, 2028, if they want to request an extension for one or more of the methodology requirements at § 438.515(b). CMS will review complete submissions by States and, if approved, the State will have an additional year (until December 31, 2029) to implement the requirements for which the extension was granted. CMS encourages states to submit a draft request for pre-review prior to official submission. The deadline for review of the draft request is July 1, 2028.

INSTRUCTIONS

STEP 1: Complete all sections of the Implementation Extension Template. States may request technical assistance with completing the template by emailing MAC_QualityRatingSystem@cms.hhs.gov.

SECTION 1: Identify state information.

SECTION 2: Provide an overview of the state's managed care landscape. Download and use the appendix with additional tables as needed.

SECTION 3: Select the methodology requirement(s) for which the state is requesting an implementation extension and complete the supporting questions.

SECTION 3.1: Identify the MAC QRS methodology requirement(s).

SECTION 3.2: Provide challenges or barriers to including all necessary enrollee data required for accurate calculations of the MAC QRS performance measures.

SECTION 3.3: Provide details of barriers to issuing plan level quality ratings.

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SECTION 3.4: Provide details of how the state will implement the MAC QRS methodology requirements.

STEP 2: Submit the implementation extension request by 11:59 pm on September 1, 2028, for approval to: MAC_QualityRatingSystem@cms.hhs.gov with the subject line "Methodology Extension Request – [State Name]." Note: If the state would like to submit a draft template to CMS for review prior to official submission, CMS must receive the draft template by July 1, 2028.

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STEP 1: Complete all sections of the Implementation Extension Template. States may request technical assistance with completing the template by emailing MAC_QualityRatingSystem@cms.hhs.gov.

SECTION 1: Identify state information

State name:	*Insert text here.*
State contact:	*Insert text here.*
State contact title:	*Insert text here.*
State contact phone #:	*Insert text here.*
State contact email address:	*Insert text here.*

SECTION 2: In Table 1, provide an overview of the state's managed care landscape. If the state operates more than one Medicaid managed care program, additional tables are available in Appendix A.[1]

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Table 1. State managed care landscape	
Managed care program name: *Insert text here.*	
Program covered	Choose an item.
Population(s) covered. More than one can be selected.	Choose an item.

[1] Appendix A is available to download here: https://www.medicaid.gov/medicaid/quality-of-care/medicaid-and-chip-managed-care-quality/medicaid-and-chip-quality-rating-system

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Managed care plans offered through the program*	*List plans*
Does the program cover dental benefits?	Choose an item.
Does the program cover Long Term Services and Supports (LTSS) benefits?	Choose an item.
Does the program cover behavioral health (BH) benefits?	Choose an item.
Does the program cover pharmacy benefits?	Choose an item.
Specify other benefits coverage.	*Insert text here.*
Additional information about this program.	*Insert text here.*

*The MAC QRS requirements only apply to a managed care organization (MCO), prepaid inpatient health plan (PIHP), or prepaid ambulatory health plan (PAHP) as identified in § 438.505(b).

Any additional comments on your managed care program(s) can be included below:
Insert text here.

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SECTION 3: Select the methodology requirement(s) for which the state is requesting an implementation extension and complete the supporting questions.

SECTION 3.1: Identify the MAC QRS methodology requirements for which the state is requesting an extension under § 438.515(d). The state may select one or both methodology requirements.

☐ **§ 438.515(b)(1): Inclusion of all enrollee data necessary to calculate quality ratings for MAC QRS mandatory measures:** The state must ensure that the quality ratings issued under § 438.515(a)(4) include data for all enrollees who receive coverage through the managed care plan for a service or action for which data are necessary to calculate the quality rating for the managed care plan including Medicaid fee-for-service (FFS), Medicare data for enrollees who receive Medicaid benefits for the state through FFS and managed care, are dually eligible for both Medicare and Medicaid and receive full benefits from Medicaid, or both.

If § 438.515(b)(1) is selected, describe the specific enrollee data necessary to calculate the quality ratings for managed care plan(s) in compliance with 438.515(b)(1) that may not be included in the quality ratings for MAC QRS performance measures that will be issued to managed care plans by the state no later than December 31, 2028. If there are distinct populations of beneficiaries at risk of not being included in the quality ratings, please identify those populations in your response.
Insert text here.

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☐ **§ 438.515(b)(2), Issuance of quality ratings to each managed care plan at the plan level:** The state must ensure that the quality ratings issued under § 438.515(a)(4) are issued to each managed care plan at the plan level and by managed care program, so that a plan participating in multiple managed care programs is issued distinct ratings for each program in which it participates, resulting in quality ratings that are representative of services provided only to those beneficiaries enrolled in the plan through the rated program.

If § 438.515(b)(2) is selected, identify the plan(s) to which a rating or ratings may not be issued by December 31, 2028, in compliance with § 438.515(b)(2) and describe the specific plan-level MAC QRS performance measure quality rating or ratings that are at risk of not being issued to each plan identified.
Insert text here.

☐ **§ 438.515(c), An alternative QRS approved by CMS under § 438.515(c)**

If § 438.515(c) is selected, respond to one or both of the following prompts, as applicable to the alternative methodology submission for which the extension is requested, and attach the alternative methodology submission approved by CMS.

If the state is requesting an extension for an approved alternative to the methodology requirement in § 438.515(b)(1), describe the aspect of the methodology for which an extension is requested as well as any specific enrollee data or distinct populations that may not be included in the quality ratings for MAC QRS performance measures that will be issued to managed care plans by the state no later than December 31, 2028.
Insert text here.

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If the state is requesting an extension for an approved alternative to the methodology requirement in § 438.515(b)(2), describe the aspect of the methodology for which an extension is requested and identify any plan(s) to which a rating or ratings may not be issued in compliance with the alternative methodology by December 31, 2028 as well as the specific plan-level MAC QRS performance measure quality rating or ratings that are at risk of not being issued to each plan identified.
Insert text here.

SECTION 3.2: Provide challenges or barriers to including all necessary enrollee data required for calculating the MAC QRS performance measures.

In Table 2, section a, provide additional details about the selected reporting barrier(s) in section 3.1.

Table 2. Barriers to including all necessary enrollee data to produce a quality rating for MAC QRS mandatory measures by December 31, 2028 [2]				
a.	**Select the type of barrier(s) the state faced or faces in fully complying with the requirement to include all enrollee data required for accurate calculations of the MAC QRS performance measures.**			
	☐ **Data collection -** the state is unable to collect all enrollee data necessary to produce a quality rating for one or more MAC QRS performance measures.	☐ **Data validation -** the state is unable to perform data validation activities on collected enrollee data. These may include, but are not limited to, issues reviewing information, data, and procedures to determine the extent to which data are accurate, reliable, and free from bias, and in accord with standards for data collection and	☐ **Rate calculation -** the state is unable to integrate all validated enrollee data from all necessary data sources to produce a quality rating.	☐ **Other, describe -** The barrier(s) that do not pertain to data collection, data validation, or rate calculation.

[2] 42 C.F.R. § 438.515(b)(1)

		analysis.		
	Indicate from which source(s) of enrollee data the state is unable to collect all necessary data. More than one may be selected. Choose an item.	Indicate for which source(s) of collected enrollee data the state is unable to validate. More than one may be selected. Choose an item.	Indicate which source(s) of validated enrollee data the state is unable to use to calculate quality ratings. More than one may be selected. Choose an item.	Indicate which source(s) of enrollee data are impacted by the barrier. More than one may be selected. Choose an item.
b.	**For the barrier types selected above, describe in detail the barrier(s) the state faced or faces in including all enrollee data required by 438.515(b)(1) or an approved alternative in the quality ratings for MAC QRS performance measures issued by December 31, 2028, making sure to specify how, and the extent to which, the barrier(s) prevents the state from including the required enrollee data.[3]**			
Data collection	*Insert text here.*			
Data validation	*Insert text here.*			
Rate calculation	*Insert text here.*			

[3] 42 C.F.R. § 438.515(d)(1)(iii)

Other	*Insert text here.*

SECTION 3.3: Provide details of barriers the state has faced or faces in complying with the requirement to issue plan-level quality ratings to managed care plans by December 31, 2028.

a. In Table 3, list each managed care program (from Table 1 above) for which the state faces a barrier in issuing plan-level quality rating to all the plans within that program for one or more MAC QRS performance measures as required by 438.515(b)(1) or an approved alternative. For each program listed, identify the managed care plan(s) within that program that are affected by the barrier.

Table 3. Barriers to issuing plan-level quality ratings.	
Managed care program(s) (from Table 1 above) for which the state has faced or faces a barrier to issuing plan-level MAC QRS quality ratings	**Affected managed care plan(s)**
Ex. State Behavioral Medicaid Program	Ex. XYZ Medicare Advantage Dual Care Plan (HMO SNP)
Insert text here.	*Insert text here.*

b. For each managed care program listed in section 3.3a (Table 3), describe the barrier(s) preventing the state from issuing plan-level quality ratings to each of the managed care plans within the program by December 31, 2028.
Insert text here.

c. For each barrier identified in section 3.3b., identify the mandatory measure(s) for which the barrier will prevent the state from issuing plan level quality ratings to plans within the managed care program(s) identified in section a. by December 31, 2028.
Insert text here.

d. Use this space to provide any additional information about the barrier(s) identified above that may be relevant.
Insert text here.

SECTION 3.4: Provide details of how the state will implement the MAC QRS methodology requirements for which the state is requesting an extension as identified in Section 3.1.

a. Provide a timeline of the steps the state has taken to fully comply with the requirement(s) identified in Section 3.1, including a timeline of the steps that remain to fully comply with the requirement.[4]

Implementation of 438.515(b)(1) or an approved alternative: Provide a response if an extension for this requirement is indicated in section 3.1.
Insert text here.

Implementation of 438.515(b)(2) or an approved alternative: Provide a response if an extension for this requirement is indicated in section 3.1.
Insert text here.

[4] 42 C.F.R. § 438.515(d)(1)(ii)

b. Provide a detailed plan to implement the requirement(s) by the end of the one-year extension, including operational steps the state will take to address the identified barriers to implementation.[5]

Implementation of 438.515(b)(1) or an approved alternative: Provide a response if an extension for this requirement is indicated in section 3.1.
Insert text here.

Implementation of 438.515(b)(2) or an approved alternative: Provide a response if an extension for this requirement is indicated in section 3.1.
Insert text here.

[5] 42 C.F.R. § 438.515(d)(1)(iv)