Quality Transformation Initiative (QTI) Memo
November 2026

The purpose of this memo is to establish the static benchmarks for the 2026-2028 QTI, based on MY2025 CMS QRS national 25th and 66th percentiles.

QTI Static Benchmarks: MY2026-MY2028

The table below presents the QRS national percentile benchmarks for QTI measures for contract years 2026-2028. Per the benchmarking approach established in Attachment 4 of the 2026-2028 QHP Issuer Contract[1], these benchmarks use a fixed measurement year, Measurement Year 2025 (MY2025), for the duration of the contract period.

Table 1: QRS National Score at Percentile MY2025[2]

Percentile	GSD >9%	COL-E	BPC-E	CIS-E	DSF-E
25th	29.5	42.7	44.7	18.3	34.9
66th	19.4	61.4	59.1	34.0	48.0

Measure Key: COL-E = Colorectal Cancer Screening; BPC-E = Controlling High Blood Pressure; CIS-E = Childhood Immunization Status; DSF-E = Depression Screening and Follow-Up Plan; GSD >9% = Glycemic Status Assessment for Patients with Diabetes: Glycemic Status >9%

Note: Glycemic Status Assessment for Patients with Diabetes: Glycemic Status >9% (GSD >9%) is an inverse measure – a lower rate reflects better issuer product performance. As a result, the 66th percentile threshold (19.4) represents a stronger performance standard than the 25th percentile threshold (29.5).

Measure weighting for MY2026 QTI Scored Measures remain consistent with the allocation established in the March 2026 QTI memo[2]; no changes to measure weights are proposed as part of this memo.

2026-2028 Measure Transitions

Consistent with the direction outlined in the March 2026 QTI Memo[2], including Covered California's acknowledgment of the CMS technical update on colorectal cancer screening and the proposed transition from HbA1c <8% control to GSD >9%, the QTI Core measure set has moved to ECDS-based reporting for the 2026-2028 contract period.

Table 2: Measure Evolution, MY2023-2025 vs. MY2026-2028

MY2023-2025 Measure	MY2026-2028 Measure	Change Type	Notes
HbA1c Control (<8.0%)	GSD (>9.0%)	Measure Replacement	Completes the transition proposed in MY2024; now scored as poor control (lower rate = better performance)

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COL, ages 51-75	COL-E, all age bands	ECDS Transition	Moves to ECDS reporting and expands the denominator to include ages 45-50, per the CMS technical update acknowledged in the prior memo
CBP	BPC-E	ECDS Transition	Transitions to ECDS-based reporting for Blood Pressure Control
CIS-10	CIS-E	ECDS Transition	Moves to ECDS reporting
-----	DSF-E	New Measure	New QTI Core measure added for the 2026-2028 contract period: Depression Screening and Follow-Up

Note: All MY2026-2028 measures use MY2025 as the benchmark year. MY2023-2025 benchmark years were MY2021 (HbA1c, COL, CBP) and MY2022 (CIS-10).

References:

[1] Covered California 2026–2028 Individual Market QHP Issuer Contract – 2026 Plan Year – Attachment 4: https://hbex.coveredca.com/financial-reports/2026-2028_QHP-IND_Att-4_8-1-25_Clean-Final.pdf

[2] March 2026 QTI Memo: QTI Memo 3.17.26_Corrected.pdf

[3] Health Insurance Exchange Public Use Files Health Insurance Exchange Public Use Files (Exchange PUFs) | CMS