



[NQF] 2025 Artificial Intelligence in Quality Measures Public Comment Period

The following template lists all public comment questions from the National Quality Forum's (NQF's) Artificial Intelligence (AI) in Quality Measures Initiative. Each question includes space for inputting answers.

Public Comment Questions

Question 1. From the perspective of key actors—program owners, measure developers, measured entities, and implementation vendors—is there anything unclear, incomplete, or missing in the report?

Response: Covered California appreciates the outlined key actors involved in the Five-Step Roadmap for AI-Enabled Quality Measures. We believe finding ways to include patients or consumers would be beneficial. Incorporating their perspectives on which elements should be included and available publicly in the AI model summary label would be valuable. The elements, which may make a program owner comfortable, may overlap but not completely align with the patient or consumer point of view.

Question 2. To what extent should measure implementers adhere to the AI method defined in a measure? For instance, should a measured entity be able to substitute the AI method defined in a measure for their own AI method? Similarly, how much flexibility should a measured entity have in modifying an AI-derived component?

Response: At this early stage of learning across the industry, Covered California would not support the ability of implementers to substitute AI methods or modify an AI-derived component. In the spirit of advancing the entire industry, if a specific model is more accurate, there should be a process for entities to submit their suggested revisions to the methodology or components, similar to what occurs currently for non-AI measures. Then the measure steward can review, determine scalability and applicability to broader population, and revise the AI method specifications. We strongly recommend sharing of best practice and dissemination rather than proprietary firewalled and monetization of quality measurement leading to siloed advancement.

Question 3. What strategies could make monitoring and maintenance of AI-enabled measures more feasible across diverse measured entities, especially for those with limited resources or technical capacity?

Response: Although perhaps overly optimistic, Covered California advocates for a future of quality measurement where the costs, both monetary and time, are finally

reduced. AI-enabled measurement should not perpetuate or worsen the existing divide between well-resourced entities and others. This requires, then, that NQF and other experts in the field who have the power to create frameworks and roadmaps are demanding that we solve for the diversity that exists across our healthcare ecosystem rather than punting the issue for others to solve. If monitoring and maintenance of AI-enabled measures is considered best practice, this new form of measurement should not be deployed without an accompanying strategy on how to enable this. We would point towards other examples of open-source technologies or platforms such as Fast Healthcare Interoperability Resources (FHIR), Linux, LibreOffice, Python and R.

[Additional Areas of Interest](#)

Quality Measure AI Model Summary Label—pg. 22

Question 4. Do you agree with the fields currently designated as high priority in the quality measure AI model summary label? Are there additional fields you believe should be prioritized or deprioritized?

[Response:](#) N/A

Question 5. We currently have an example of the quality measure AI model summary label, using a natural language processing (NLP) use case. Do you have an example to support a machine learning (ML) or large language model (LLM) use case that you would be willing to include in the report?

[Response:](#) N/A

Configuration Files—pg. 24

Question 6. Can configuration files be structured to effectively capture parameters for components that use a combination of AI methods? If so, how?

[Response:](#) N/A

Potential Unintended Consequences—pg. 33

Question 7. Do you have specific examples of potential unintended consequences—such as impacts on patient safety or other areas—related to the use of AI in quality measurement?

[Response:](#) N/A

Monitoring and Maintenance—pg. 34

Question 8. Do you have a real-world example of monitoring an AI-enabled quality measure? If yes, please provide a brief description of the monitoring process.

[Response:](#) N/A

Question 9. What are the risks if a measured entity cannot monitor an AI-enabled measure?

Response: Covered California would like to highlight the critical need for monitoring AI-enabled tools to prevent risks such as undetected bias, inaccurate public reporting, and inconsistencies in comparisons. Lack of monitoring also allows model drift to persist, compounding errors over time and eroding trust among patients, regulators, and the public. Robust safeguards, including routine monitoring and bias testing, are essential to ensuring safety, quality, and accountability in healthcare systems.

Question 10. If a measured entity does not have the resources to monitor an AI-enabled measure, are there other steps they can take to ensure the measure is working correctly over time?

Response: Covered California believes measured entities, but importantly also measure developers and measure implementation vendors, should consider this a shared responsibility and collectively ensure appropriate monitoring takes place. We strongly support NQF's articulation of this as challenging but necessary cultural change.

Question 11. In what situations is it critical for a measured entity to monitor an AI-enabled measure? In what situations, if any, is it acceptable for a measured entity to not monitor an AI-enabled measure?

Response: N/A

General Feedback

*** Please share any other general comments you have about the draft report. Using the checkboxes, select which section of the report you would like to provide general comments about, and submit your feedback in the textbox below.**

- **TEP Recommendations for Strategies to Advance Trustworthy AI-Enabled Measures in Accountability Programs**
- **Roadmap for Implementing TEP Recommendations**
- **Emerging Topics**
- **N/A**
- **Other (please specify)**

Response: Covered California appreciates NQF's draft guidance and its focus on the transformative potential of AI-enabled quality measures to reduce burden and improve healthcare measurement when governed by national standards. So often technology is a solution looking for a problem or is deployed because it's new and exciting. In the realm of AI-enabled quality measurement, there is a true opportunity to solve multiple pain points, lessen financial barriers and reduce the time required for accurate reporting. Covered California would like to see an articulation of these overarching goals as part of the TEP's recommendations. Any roadmap or framework should demonstrate

how it is helping achieve these ultimate, overarching goals. The undercurrent of the recommendations is that there will be private, likely for-profit entities as implementation vendors. Does using these vendors lower cost? Why would measured entities need resources for monitoring? This presupposes that measured entities will have to purchase additional tools to benefit from AI-enabled measurement. What current pain point is that solving for measured entities? Covered California recommends that we first agree on our “true north.” A true north for AI-enabled measurement is a system where transparency and trustworthiness are built into every step, enabling stakeholders to see clearly how measures are developed, validated, and used. It should make healthcare improvement faster, more accurate, and significantly less costly—streamlining data analysis and reporting, minimizing burden for providers, and empowering better decision-making. Importantly, these gains must be equitably shared across all corners of the healthcare ecosystem, so that the benefits of advanced, efficient, and reliable measurement reach every patient, provider, and community regardless of their resources or setting.