

Quality Rating System (QRS)

Review for Comment on Scoring Methodology

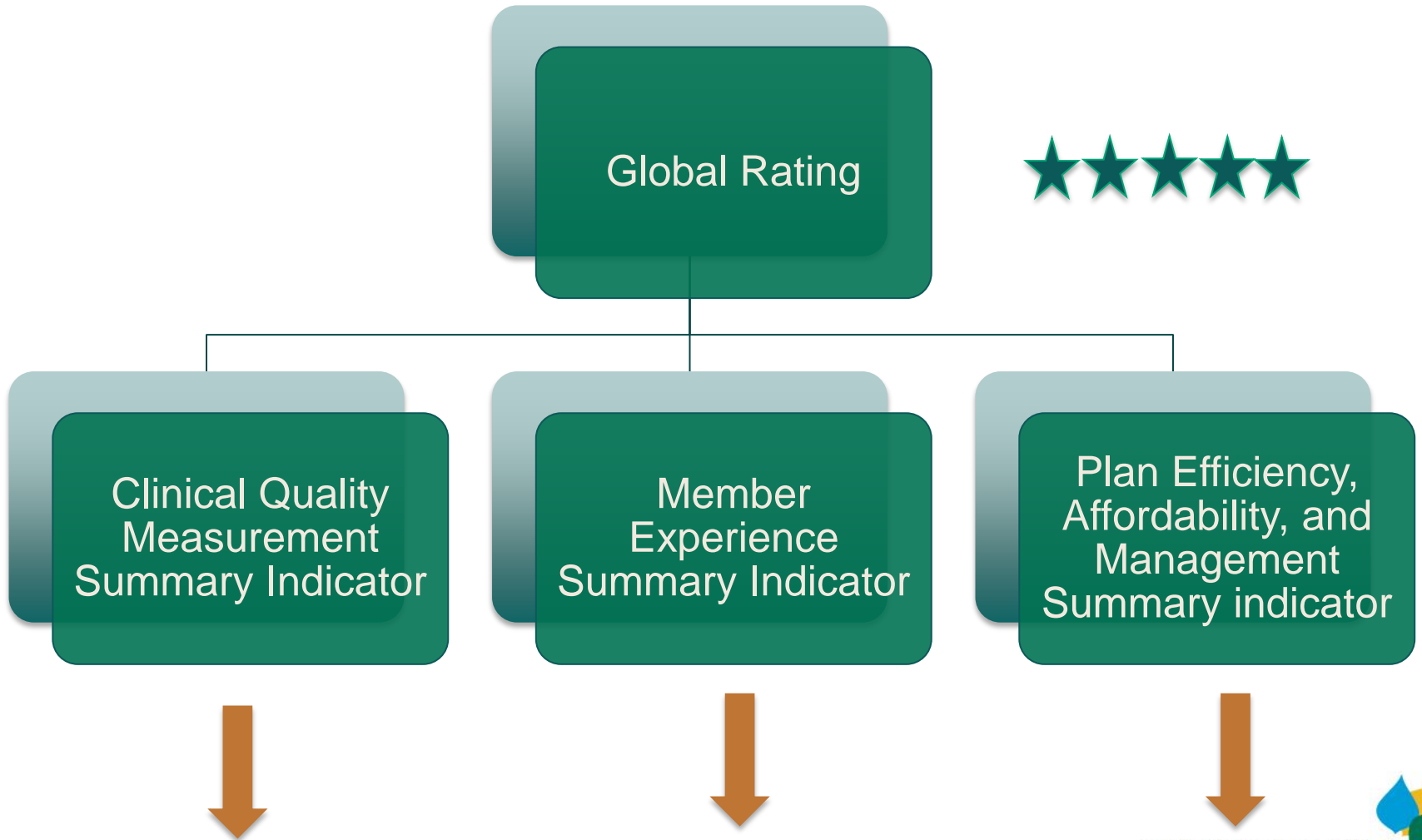
ACA Quality Requirements

- HHS will develop a
 - Quality Improvement Strategy
 - Quality Rating System (QRS)
 - Enrollee Satisfaction Survey System (ESS)
- Purpose:
 - Inform consumer choice of a QHP
 - Inform QHP certification
 - Monitor QHP performance

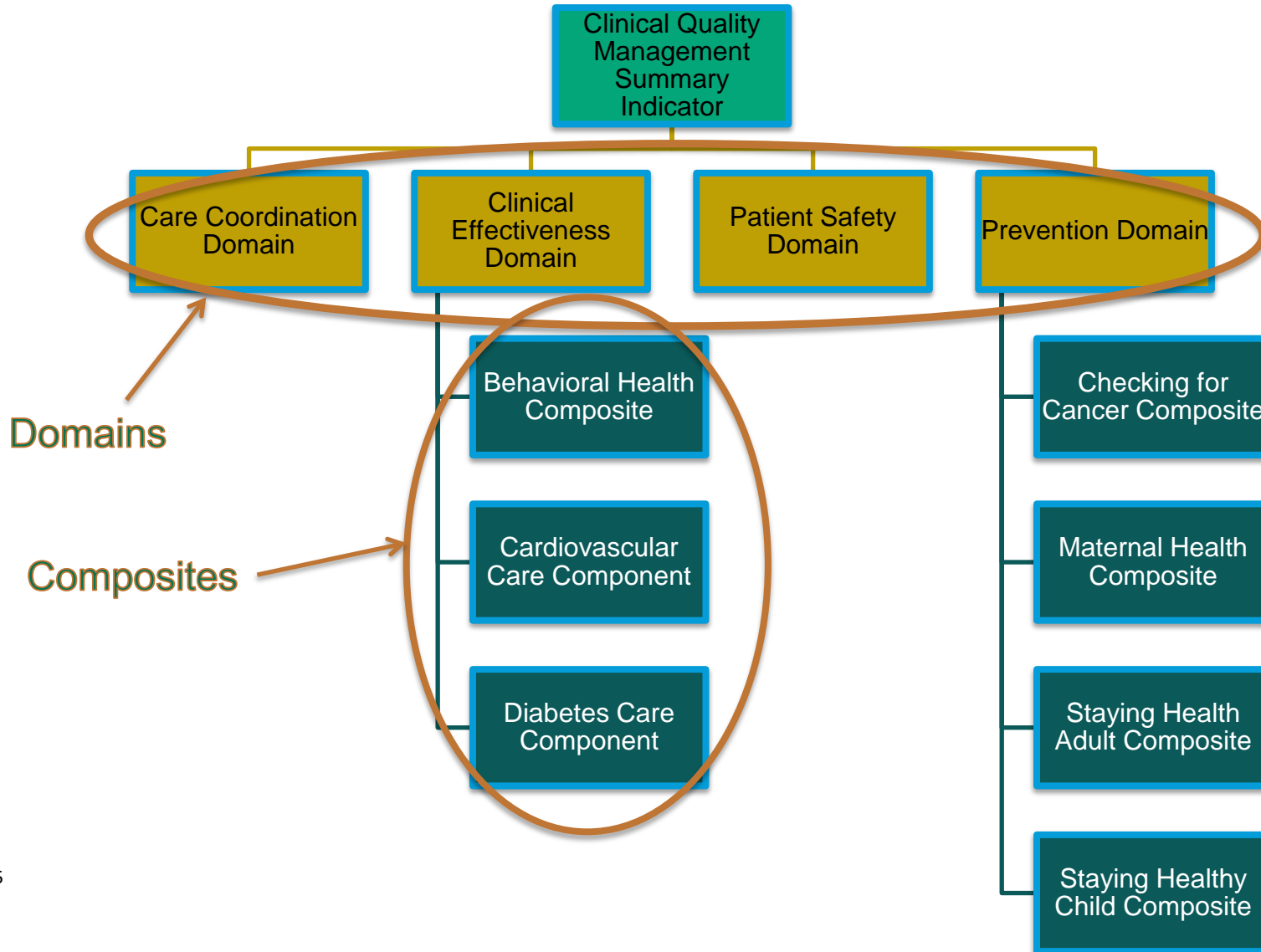
QRS Scoring Overview

- Quality measures combined and rolled up into a “five star” methodology
- QHPs can be scored 1 – 5 stars on each summary indicator and in a single global rating
- 5 Level Hierarchy:
 - Global Rating
 - Summary Indicators
 - Domains
 - Composites
 - Measures
- Summary Indicators:
 - Clinical Quality Management
 - Member Experience
 - Plan Efficiency, Affordability, and Management
- Results to be posted on marketplace web sites

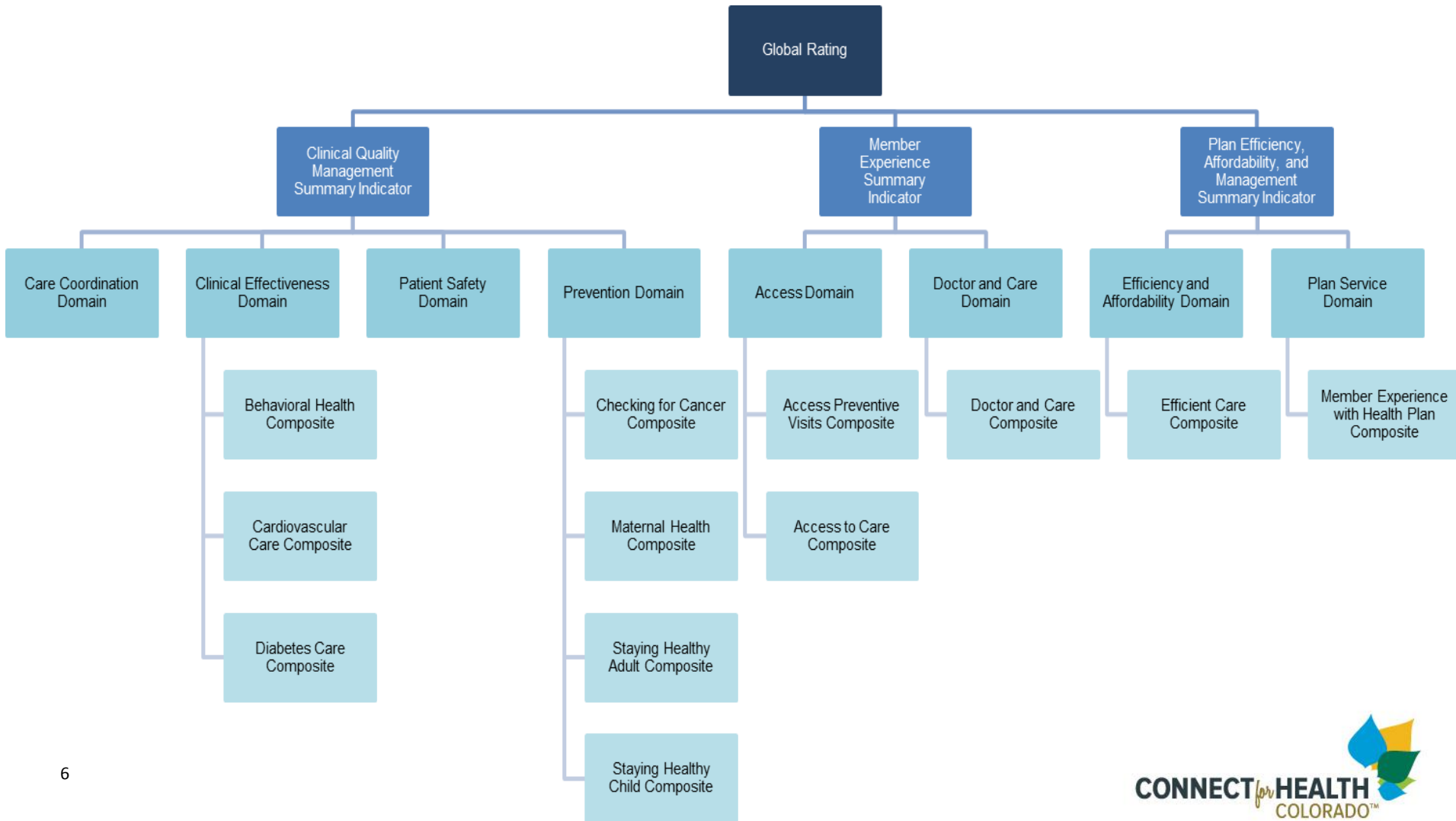
QRS Hierarchy



Clinical Quality Summary Indicator



Overview of QRS Hierarchical Structure



Scoring Methodology

- Standardized Scores

- CMS will use percentile ranking to standardize scores
- Will use all reportable QHP performance rates to create single national all-product reference group
- Divide scores into ratings at score values of 25, 50, 75, and 90 to create groups 1,2,3,4, and 5.

Composite Score Value	Categorical Rating
0 < Score Value < 25	1 ★
25 ≤ Score Value < 50	2 ★★
50 ≤ Score Value < 75	3 ★★★
75 ≤ Score Value < 90	4 ★★★★★
90 ≤ Score	5 ★★★★★★

- Sample Size - Minimal sample sizes yet to be determined

- Clinical measures with more than one indicator to be calculated as a *weighted average* – indicators with larger sample size “count” more towards measure results

Proposed Scoring Process

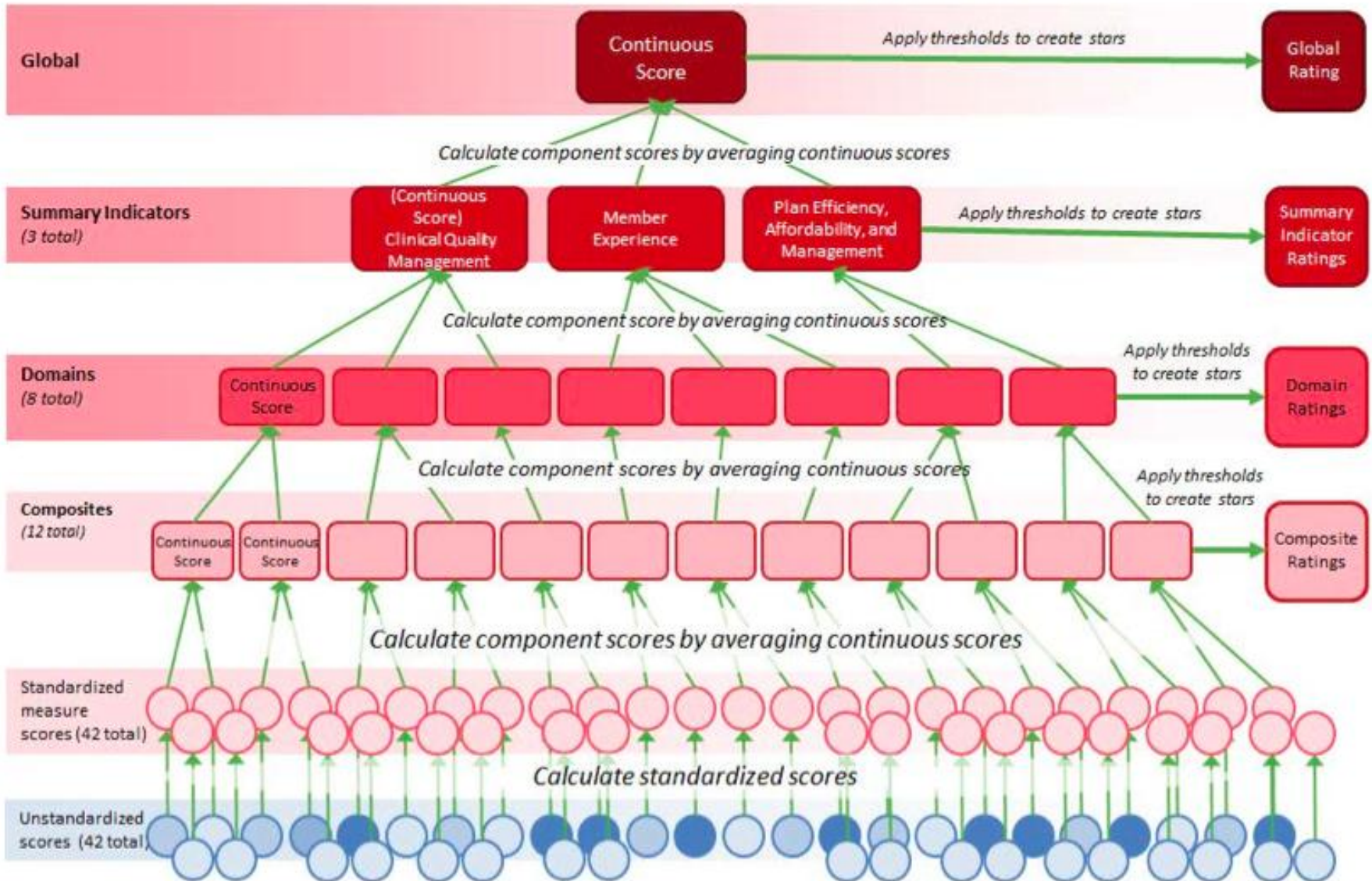
- **Measures**
 - Determine if enough results to ensure adequate sample size
 - If yes, calculate results
- **Composite Ratings**
 - Half-scale rule – must have valid measures for at least half the measures in composite
 - If yes, calculate composite results, standardize scores and divide into star groupings
- **Domain Ratings**
 - Half-scale rule – it at least half the domains with valid scored, calculate domain rating and divide into star groupings
- **Summary Indicators**
 - Full-scale rule – ALL domains must have valid results to show results for summary indicator (Patient safety indicator an exception)
 - Divide into star groupings
- **Global Indicator**
 - Full-scale rule – ALL three summary indicators must be valid show global indicator

Proposed Comments (see letter)

- Concern that smaller plans may be disadvantaged
 - Risk of adverse selection
 - Sample size calculations
- Ensure auditor function is accreditor-agnostic
 - Do not disadvantage plans that have chosen URAC as accreditor
- Nomenclature is confusing
 - Five level hierarchy may be unnecessary
 - Encourage development of plain language guides using examples to help consumers understand how to use the information
- Concerned about 2-year data lag
 - For 2017 shopping season looking at 2015 data, many changes may have occurred within the plans
- Standardization valuable for consumers but may hide some issues
 - Poor group performance overall i.e. diabetic eye exams
 - Good performance overall where little real difference between high and low performers

Appendix

Exhibit 12. Scoring Methodology Visual Representation



Domains, Composites, Measures

- Clinical Effectiveness
- Patient Safety
- Care Coordination
- Prevention

- Access
- Doctor and Care
- Efficiency and Affordability
- Plan Services

- 12 Composites
- 42 Measures
 - 29 clinical measures
 - 13 CAHPS measures (ESS)

Measures – Clinical Quality Management

- CAHPS - Coordination of Member's Care
- Antidepressant Med Mgmt
- FU after hospitalization for mental illness – 7 days
- FU for children prescribed ADHD meds – Initiation
- Cholesterol Mgmt in CV conditions
 - LDL-C Control < 100
 - LDL-C Screening
- Controlling High Blood Pressure
- Diabetes Care
 - Eye exam performed
 - HbA1c Control < 8
- Med mgmt in Asthma
- Monitoring for persistent meds
- Plan all-cause readmissions
- Breast cancer screening
- Cervical cancer screening
- Colorectal cancer screening
- Postpartum care
- Timeliness of prenatal care
- Adult BMI assessment
- CAHPS – Aspirin use and discussion
- CAHPS – Flu shots for adults
- CAHPS – Tobacco cessation

Measures – Member Experience

- Adolescent well-care visits
- Adults' access to preventive and ambulatory care services
- Well-child visits in 3rd, 4th, 5th and 6th years of life
- CAHPS – Getting care quickly
- CAHPS – Getting needed care
- CAHPS – Cultural competency
- CAHPS – Rating of all health care
- CAHPS – Rating of personal doctor
- CAHPS – Rating of specialist seen most often

Measures – Plan Efficiency, Affordability, and Management

- Appropriate testing for children with pharyngitis
- Avoiding antibiotics in bronchitis
- Relative Resource Use for People with Cardiovascular Conditions – Inpatient Facility Index
- Relative Resource Use for People with Diabetes – Inpatient Facility Index
- Use of imaging studies for LBP
- CAHPS – Customer service
- CAHPS – Global rating of health plan
- CAHPS – Plan information on costs