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## 2016 Quality Rating System Proof Sheet User Guide

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## Table of Contents

1.	Document Purpose and Organization .....	1
2.	Background .....	1
3.	QRS Preview via CMS' Health Insurance Oversight System (HIOS)-Marketplace Quality Module (MQM) .....	2
3.1	Instructions for Accessing QRS Ratings.....	3
4.	QRS Rating Methodology.....	3
Appendix A.	Resources for Reviewing QHP Enrollee Survey Results .....	26
Appendix B.	Key to Invalid Codes in the 2016 QRS Proof Sheet.....	28
Appendix C.	Additional Notes on the 2016 QRS Proof Sheet.....	29
Appendix D.	Crosswalk of 2016 QHP Enrollee Survey Questions Included in the QRS.....	30

## List of Exhibits

Exhibit 1. QRS Documents Available for Preview on the HIOS-MQM Website.....	2
Exhibit 2. QRS Hierarchy .....	4
Exhibit 3. Overview of QRS Rating Methodology.....	6
Exhibit 4. Steps for Calculating QRS Scores and Ratings.....	6
Exhibit 5. Mock Proof Sheet Extract Demonstrating Single-Item Composite Asthma Care .....	8
Exhibit 6. Aggregation Methods for QRS Clinical Measures with Multiple Indicators .....	8
Exhibit 7. Minimum Denominator Size Required for Inclusion in QRS Scoring .....	18
Exhibit 8. Example Denominator Size for QRS Clinical Measure Indicators.....	19
Exhibit 9. Example of Total Denominator Size Calculation for QRS Survey Measure.....	19
Exhibit 10. Handling Tied Values .....	20
Exhibit 11. Example Score after Standardization .....	21
Exhibit 12. Example Composite Score Calculation.....	22
Exhibit 13. Example Domain Score Calculation .....	22
Exhibit 14. Example Summary Indicator Score Calculation .....	23
Exhibit 15. Example Global Score Calculation .....	23
Exhibit 16. Global Rating Calculation with Example Cut Points.....	24
Exhibit 17. QHP Issuer Resources for Reviewing QHP Enrollee Survey Results .....	26
Exhibit 18. Key to Invalid Codes in the 2016 QRS Proof Sheet .....	28
Exhibit 19. QRS Hierarchy Component Codes .....	29
Exhibit 20. Approach to Decimal Places and Rounding in Communicating QRS Results .....	29
Exhibit 21. Crosswalk of 2016 QHP Enrollee Survey Questions Included in the QRS.....	30

## 1. Document Purpose and Organization

This *2016 Quality Rating System (QRS) Proof Sheet User Guide* (2016 QRS Proof Sheet User Guide) is intended to provide more detail for Qualified Health Plan (QHP) issuers regarding the methodology used to produce the QRS scores and ratings as shown in the 2016 QRS Proof Sheet. This document is organized into the following sections:

- **Section 2:** Background on the QRS
- **Section 3:** Information on the 2016 QRS preview period, including instructions for accessing the QRS Preview Report and QRS Proof Sheet. Information on the release of full QHP Enrollee Survey results is described in **Appendix A**.
- **Section 4:** Detailed description of each step of the QRS rating methodology (i.e., the process for calculating QRS scores and ratings). Additional details are referenced in the Appendix:
  - **Appendix B:** Key to Invalid Codes in the 2016 QRS Proof Sheet;
  - **Appendix C:** Additional Notes on the 2016 QRS Proof Sheet; and
  - **Appendix D:** Crosswalk of 2016 QHP Enrollee Survey Questions Included in the QRS

Please submit questions regarding this document to the Exchange Operations Support Center (XOSC) Help Desk via email to [CMS\\_FEPS@cms.hhs.gov](mailto:CMS_FEPS@cms.hhs.gov) or phone at 1-855-267-1515. Please reference “Marketplace Quality Initiatives (MQI)-QRS Preview” in the subject line.

## 2. Background

The Centers for Medicare & Medicaid Services (CMS) will calculate the quality ratings for QHPs offered through all Marketplaces, regardless of the Marketplace model. Section 1311(c)(3) of the Affordable Care Act<sup>1</sup> directs the Secretary of HHS to develop a quality rating for each QHP offered through a Marketplace, based on quality and price. Section 1311(c)(4) of the Affordable Care Act directs the Secretary to establish an enrollee satisfaction survey that will assess enrollee satisfaction with each QHP offered through the Marketplaces with more than 500 enrollees in the prior year.

The goals of the QRS and QHP Enrollee Survey are:

- To provide comparable and useful information to consumers about the quality of health care services and enrollee experience of QHPs offered through the Marketplaces;
- To facilitate oversight of QHP issuer compliance with quality reporting standards set forth in the Affordable Care Act and implementing regulations; and
- To provide actionable information that QHP issuers can use to improve quality and performance.

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<sup>1</sup> The Patient Protection and Affordable Care Act (Pub. L. 111–148) as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. 111–152) (collectively referred to as the Affordable Care Act).

For additional information on the QRS and QHP Enrollee Survey, please see the CMS Health Insurance Marketplace Quality Initiatives (MQI) website:

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html>

### 3. QRS Preview via CMS' Health Insurance Oversight System (HIOS)-Marketplace Quality Module (MQM)

During the QRS preview period, QHP issuers in all Marketplaces will be able to preview their respective QRS ratings via CMS' Health Insurance Oversight System (HIOS)-Marketplace Quality Module (MQM) website and submit related inquiries to CMS. A description of the documents available for preview is provided in Exhibit 1 below.

The QRS Preview Report and QRS Proof Sheet will be available for preview on the HIOS-MQM concurrently. CMS recommends that QHP issuers review their QRS Preview Report first as the QRS Proof Sheet provides *additional detail* behind the ratings shown in the QRS Preview Report.

Exhibit 1. QRS Documents Available for Preview on the HIOS-MQM Website

Document Title	Description
<b>QRS Preview Report</b>	<p>The QRS Preview Report provides the QRS ratings for each QHP issuer's reporting unit. The reporting unit is defined as the unique State-product type for each QHP issuer. The ratings are provided on a 5-star scale for all QRS hierarchy components (i.e., composites, domains, summary indicators, and the global result).</p> <p>The QRS Preview Report is available online and for download as a PDF file on the HIOS-MQM website.</p>
<b>QRS Proof Sheet</b>	<p>The QRS Proof Sheet provides additional detail behind the ratings shown in the QRS Preview Report.</p> <p>The QRS Proof Sheet is available for download on the HIOS-MQM website as a PDF file and CSV file.</p> <p>The PDF file displays outputs for each step of the QRS rating methodology, from the submitted measure rates (raw values) through the global score and rating. Specifically, the PDF file includes the following:</p> <ul style="list-style-type: none"> <li>• Scores and ratings for all QRS hierarchy components.</li> <li>• Results for all QRS measures, including measures not included in scoring. For all measures, the file will include the rate and total denominator size.</li> <li>• Cut points used to convert numeric scores to star ratings for each QRS hierarchy component.</li> </ul> <p>The CSV file provides additional information, specifically:</p> <ul style="list-style-type: none"> <li>• Measure indicator values and sub-measure indicator values (age stratifications).</li> <li>• Benchmark information (percentile values) for measure rates, allowing a QHP issuer to compare their reporting unit's results to all other reporting units nationally. CMS includes benchmark values that show the standardized 5th, 10th, 25th, 50th, 75th, 90th, and 95th percentile values of the numerical rates (raw values) across all reporting units. To create these benchmark values, CMS uses only measure rates that have met the minimum denominator size criteria for scoring.</li> </ul>

**Note on QHP Enrollee Survey results:** CMS-calculated results for the QRS include survey measures derived from a *subset* of questions in the QHP Enrollee Survey (as described in Section 4). Full results for the QHP Enrollee Survey are shown to QHP issuers outside of the

QRS preview, via the QHP Enrollee Survey QI reports. **Appendix A** provides an overview of different resources through which QHP Enrollee Survey results are communicated to QHP issuers.

### 3.1 Instructions for Accessing QRS Ratings

Access to HIOS-MQM is required to view QRS results during the QRS preview period. For QHP issuers looking to access the results for their reporting units, see the following instructions:

- 1) Log in to the HIOS-MQM website;
  - Users new to HIOS need to request access to HIOS and the MQM through the [CMS Enterprise Portal](#). Existing HIOS users who are new to the MQM need to request a new role: Ratings/Reports Viewer. The Ratings/Reports Viewer role authorizes the user to perform predetermined functions and access certain data sets. Detailed instructions for registering for access to HIOS and the MQM can be found in the HIOS-MQM Quick Reference Guide located on [CMS' MQI website](#).
- 2) Navigate to the “Preview Ratings” webpage and search for the corresponding QHP issuer. To access the QRS Preview Report and QRS Proof Sheet, click the appropriate links at the bottom of the page.<sup>2</sup>

## 4. QRS Rating Methodology

The QRS rating methodology is the process CMS uses to calculate QRS scores and ratings from QRS measure data (QRS clinical measure and QHP Enrollee Survey response data). This section describes how CMS calculates 2016 QRS scores and ratings based on QRS measure data submitted in 2016 per the 2016 QRS requirements (see Version 2.0 of the [Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2016](#)).<sup>3</sup>

QHP issuers are required to collect and submit validated QRS clinical measure data and QHP Enrollee Survey response data by product type<sup>4</sup> with separate submissions by State. Therefore, the reporting unit for the QRS and QHP Enrollee Survey is defined by the unique combination of QHP issuer – State – product type.

CMS applies the QRS rating methodology to validated QRS measure data (i.e., QRS clinical measure data and a subset of the QHP Enrollee Survey response data [QRS survey measures]) to produce quality ratings on a 5-star rating scale. CMS collects data and calculate ratings for each reporting unit and applies these ratings to each QHP associated with that reporting unit.

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<sup>2</sup> Note that this step may become outdated in future years due to changes in the HIOS environment.

<sup>3</sup> Note: Although the 2016 QRS Technical Guidance specified that QHP issuers should include only on-Marketplace QHP enrollees for the QRS and QHP Enrollee Survey, CMS discovered that a limited number of 2016 data submissions erroneously included off-Marketplace enrollees. For the 2016 QRS pilot year, CMS worked with QHP issuers to remove the off-Marketplace enrollee responses from their survey measure data submissions; however, off-Marketplace enrollee information could not be identified or removed from the aggregate-level clinical measure data submissions.

<sup>4</sup> Product type refers to Exclusive Provider Organization (EPO), Health Maintenance Organization (HMO), Point of Service (POS), and Preferred Provider Organization (PPO).

CMS used the same methodology for 2016 as was used for the 2015 beta test (detailed in the *QRS Rating Methodology for 2015*). Though the methodology is the same, CMS made refinements to the materials for describing the methodology to improve clarity and address stakeholder feedback. For 2016, QHP issuers are required to collect and submit validated data for *all* 46 measures in the QRS measure set.<sup>4</sup> Yet consistent with the 2015 beta test, only 31 of the 46 measures in the QRS measure set are used for scoring. CMS will analyze all measure data submitted in 2016 to inform refinements to the 2017 QRS rating methodology.

## QRS MEASURE SET AND HIERARCHY

The QRS measures are organized into a hierarchical structure that serves as a foundation of the QRS rating methodology (Exhibit 2 below). The measures are grouped into hierarchy components (composites, domains, summary indicators) to form a single global rating.

- **Survey measures in the QRS measure set are noted with an asterisk (\*).** The QHP Enrollee Survey assesses enrollee experience with health care services; specific questions are grouped to form survey measures used in the QRS. **Appendix D** shows which QHP Enrollee Survey questions are used for each QRS survey measure.
- **Measures (and composites) not included in QRS scoring for 2016 are shown in grey and with ++.** Measures not included in scoring require more than one year of data per the continuous enrollment criteria as defined in the *QRS Measure Technical Specifications* (<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/2016-QRS-Measure-Technical-Specifications.pdf>).

Exhibit 2. QRS Hierarchy

QRS Summary Indicator	QRS Domain	QRS Composite	QRS Measure (* indicates survey measure)	NQF ID
Clinical Quality Management	Clinical Effectiveness	Asthma Care++	Medication Management for People With Asthma (75% of Treatment Period)++	1799
		Behavioral Health	Antidepressant Medication Management++	0105
			Follow-Up After Hospitalization for Mental Illness (7-Day Follow-Up)	0576
			Follow-Up Care for Children Prescribed ADHD Medication++	0108
			Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	0004
		Cardiovascular Care	Controlling High Blood Pressure	0018
			Proportion of Days Covered (RAS Antagonists)	0541
			Proportion of Days Covered (Statins)	0541

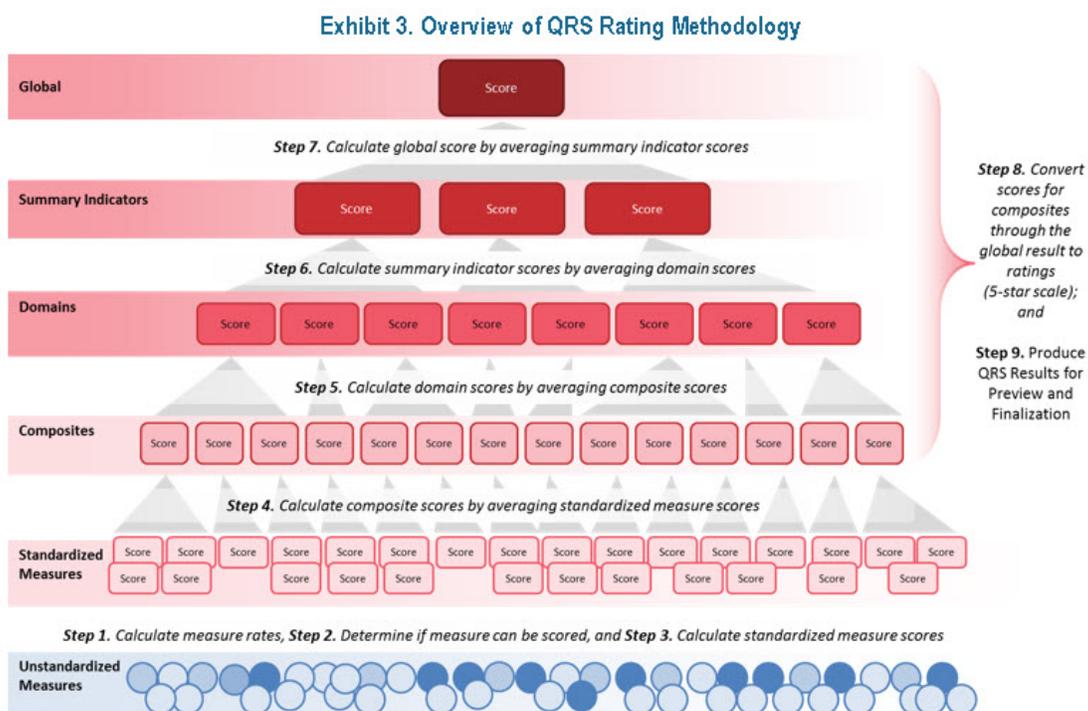
<sup>4</sup> Note that, in communicating total measure counts, the totals presented here represent the perspective of the scoring methodology, rather than the perspective of the measure steward. If counting based on the number of measures in the QRS hierarchy, there are 31 measures used in scoring (rather than 28) and 46 measures collected in total (rather than 43). The difference of three measures in this count comes from two factors. First, Prenatal and Postpartum Care (National Quality Forum [NQF] #1517) is split into two distinct measures for the QRS hierarchy (and, therefore, QRS scoring): Timeliness of Prenatal Care and Postpartum Care. Similarly, Proportion of Days Covered (NQF #0541) is split into three distinct measures: Diabetes All Class, Renin Angiotensin System (RAS) Antagonists, and Statins.

QRS Summary Indicator	QRS Domain	QRS Composite	QRS Measure (* indicates survey measure)	NOF ID		
		Diabetes Care	Comprehensive Diabetes Care: Eye Exam (Retinal) Performed	0055		
			Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	0575		
			Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing	0057		
			Comprehensive Diabetes Care: Medical Attention for Nephropathy	0062		
			Proportion of Days Covered (Diabetes All Class)	0541		
	Patient Safety	Patient Safety		Annual Monitoring for Patients on Persistent Medications	2371	
				Plan All-Cause Readmissions++	1768	
	Prevention	Checking for Cancer		Breast Cancer Screening++	2372	
				Cervical Cancer Screening	0032	
				Colorectal Cancer Screening++	0034	
		Maternal Health			Prenatal and Postpartum Care (Postpartum Care)	1517
					Prenatal and Postpartum Care (Timeliness of Prenatal Care)	1517
		Staying Healthy Adult			Adult BMI Assessment++	Not Endorsed
					Chlamydia Screening in Women	0033
					Aspirin Use and Discussion*++	Not Endorsed
					Flu Vaccinations for Adults Ages 18-64*	0039
					Medical Assistance With Smoking and Tobacco Use Cessation*++	0027
		Staying Healthy Child			Annual Dental Visit	Not Endorsed
					Childhood Immunization Status (Combination 3)++	0038
					Human Papillomavirus Vaccination for Female Adolescents++	1959
					Immunizations for Adolescents (Combination 1)++	1407
					Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	0024
	Well-Child Visits in the First 15 Months of Life (Six or More Visits)++				1392	
	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life				1516	
	Enrollee Experience	Access	Access to Care	Access to Care*	Not Endorsed	
		Care Coordination	Care Coordination	Care Coordination*	Not Endorsed	
		Doctor and Care	Doctor and Care	Cultural Competence*	Not Endorsed	
Rating of All Health Care*				0006		
Rating of Personal Doctor*	0006					
Plan Efficiency, Affordability, & Management	Efficiency & Affordability	Efficient Care	Appropriate Testing for Children With Pharyngitis	Not Endorsed		
			Appropriate Treatment for Children With Upper Respiratory Infection	0069		
			Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis++	0058		
			Use of Imaging Studies for Low Back Pain	0052		
	Plan Service	Enrollee Experience with Health Plan		Access to Information*	Not Endorsed	
				Plan Administration*	Not Endorsed	
				Rating of Health Plan*	0006	
Collected but not included for purposes of QRS scores or ratings						
N/A	N/A	N/A	Relative Resource Use for People with Diabetes (Inpatient Facility)	1557		

## OVERVIEW

Exhibit 3 is a visual overview of the QRS rating methodology. This overview shows how CMS converts submitted QRS measure data into higher-level QRS hierarchy component scores and ratings. In essence, component scores are calculated by averaging scores of components in a lower level of the hierarchy. Thus, the global score is an average of summary indicator scores, summary indicator scores are averages of associated domain scores, domain scores are averages of associated composite scores, composite scores are averages of associated standardized measure scores, and standardized measure scores are averages of associated unstandardized measure scores.

Exhibit 3. Overview of QRS Rating Methodology



The process for calculating QRS scores and ratings is further detailed below in Exhibit 4. CMS conducts QA activities throughout the data scoring process, beginning upon receipt of QRS clinical measures data and QHP Enrollee Survey response data. These QA activities include verification of submitted data file attributes and data content quality checks to validate the accuracy, completeness, consistency, and validity of output files and reports.

Exhibit 4. Steps for Calculating QRS Scores and Ratings

Step	Sub steps
<b>Step 1. Calculate measure rates</b>	<ul style="list-style-type: none"> <li>For QRS clinical measures with multiple indicators, calculate measure rates according to the method defined by the measure's technical specifications.</li> <li>For QRS survey measures, calculate measure rates from QHP Enrollee Survey data.</li> </ul>
<b>Step 2: Determine if measure denominator sizes are sufficient for scoring</b>	<ul style="list-style-type: none"> <li>The minimum denominator size is 30 observations for QRS clinical measures and 100 for QRS survey measures. Measures that do not meet the minimum denominator size requirement for scoring are excluded from QRS scoring.</li> </ul>

Step	Sub steps
<b>Step 3. Calculate standardized measure scores</b>	<ul style="list-style-type: none"> <li>Using a national reference group (i.e., across all reporting units), calculate percentile ranks for each measure using valid observations of a given measure. The percentile rank is the standardized measure score.</li> </ul>
<b>Step 4. Calculate composite scores</b>	<ul style="list-style-type: none"> <li><i>Determine if the score can be calculated.</i> Apply the half-scale rule, meaning the composite score can be calculated only if at least half (<math>\geq 50\%</math>) of the associated measures have a score.</li> <li><i>Calculate the score.</i> If half-scale rule is met, average standardized measure scores. Otherwise, no composite score is calculated.</li> </ul>
<b>Step 5. Calculate domain scores</b>	<ul style="list-style-type: none"> <li><i>Determine if the score can be calculated.</i> Apply the half-scale rule, meaning the domain score can be calculated only if at least half (<math>\geq 50\%</math>) of the associated composites have a score.</li> <li><i>Calculate the score.</i> If half-scale rule is met, average composite scores. Otherwise, no domain score is calculated.</li> </ul>
<b>Step 6. Calculate summary indicator scores</b>	<ul style="list-style-type: none"> <li><i>Determine if the score can be calculated.</i> Apply the half-scale rule, meaning the summary indicator score can be calculated only if at least half (<math>\geq 50\%</math>) of the associated domains have a score.</li> <li><i>Calculate the score.</i> If half-scale rule is met, average domain scores. Otherwise, no summary indicator score is calculated.</li> </ul>
<b>Step 7. Calculate global score</b>	<ul style="list-style-type: none"> <li><i>Determine if the score can be calculated.</i> The global score can be calculated only if the Clinical Quality Management summary indicator received a score and at least one of the other two summary indicators received a score.</li> <li><i>Calculate the score.</i> If above scoring rule is met, average summary indicator scores. Otherwise, no global score is calculated.</li> </ul>
<b>Step 8. Convert scores to ratings</b>	<ul style="list-style-type: none"> <li><i>Identify cut point values for each QRS hierarchy component using cluster analysis.</i> CMS uses submitted QRS measure data to identify four cut point values (to delineate five star rating categories).</li> <li><i>Convert scores to ratings.</i> Convert each composite, domain, summary indicator, and global score into a rating using respective cut points.</li> </ul>
<b>Step 9. Produce QRS results for preview and finalization</b>	<ul style="list-style-type: none"> <li><i>Prepare Ratings Output File (ROF).</i></li> <li><i>Prepare QRS preview reports and proof sheets for QRS preview.</i></li> </ul>

## STEP 1: CALCULATE MEASURE RATES

If a QHP issuer submitted a valid measure rate for the reporting unit, then a numeric result will appear in the Raw Value field for the measure in the QRS Proof sheet.

If a QHP issuer did not submit a valid measure rate for the reporting unit, then an invalid code will appear in the Raw Value field for the measure in the QRS Proof Sheet (and a null value [a dash] will be shown in the Denominator Size field). A measure rate is considered invalid if the reporting unit received the following audit designation for the measure:

- **Benefit Not Offered (NB):** The QHP issuer did not offer the health benefit required by the measure.
- **Biased Rate (BR):** The QHP issuer's calculated rate was materially biased.
- **Not Reported (NR):** The QHP issuer chose not to report the measure.

Invalid measure data is not used in scoring, meaning not used in Step 2 or beyond and assigned an invalid code, **NA (Not Applicable)**, for the measure score (i.e., shown in the Standardized score/Ranking field).

**Measures not used in scoring:** Not all measures are used for scoring in 2016 (as shown in the QRS hierarchy in Exhibit 2). For measures not included in scoring, the QRS Proof Sheet includes an invalid code, **M-NS (Measure – Not Scored)**, for the measure score (i.e., shown in the Standardized score/Ranking field). Note that when hierarchy components are single-item (i.e. only one measure in the composite) and the measure is not included in scoring, the component receives an invalid code, Component Score or Rating – Not Scored (CSR-NS). In 2016, this occurs in one instance, the Asthma Care composite. An example of how this would be shown in the QRS Proof Sheet, using mock data, is shown in Exhibit 5.

Exhibit 5. Mock Proof Sheet Extract Demonstrating Single-Item Composite Asthma Care

QRS Component	Score	Cut Points	Rating	Standardized Score/Ranking	Raw Value	Denominator
<b>C: Asthma Care</b>	CSR-NS	CSR-NS	CSR-NS			
<b>M: Medication Management for People With Asthma (75% of Treatment Period)</b>				M-NS	.45	209

See **Appendix A** for a complete list of possible invalid results and **Appendix C** for additional notes on interpreting results in the 2016 QRS Proof Sheet.

For measures used in scoring, CMS calculates measure rates (raw values) for QRS clinical and survey measures as described in detail below.

## QRS CLINICAL MEASURES

For QRS clinical measures composed of multiple indicators, CMS uses various aggregation methods to calculate a measure rate according to the measure's technical specifications. See Exhibit 6 for a summary of each method; further detail is found in the [QRS Measure Technical Specifications](#).

Exhibit 6. Aggregation Methods for QRS Clinical Measures with Multiple Indicators

Measure (M)	Measure Indicator (MI) Asterisk (*) indicates sub measure indicator (sub MI)	Method for Calculating Measure Rate	Method for Calculating Total Measure Denominator Size
<b>Annual Dental Visit</b>	<ul style="list-style-type: none"> <li>- Annual Dental Visit (2-3 Years)</li> <li>- Annual Dental Visit (4-6 Years)</li> <li>- Annual Dental Visit (7-10 Years)</li> <li>- Annual Dental Visit (11-14 Years)</li> <li>- Annual Dental Visit (15-18 Years)</li> <li>- Annual Dental Visit (19-20 Years)</li> </ul>	$\frac{\sum \text{Numerator}}{\sum \text{Denominator}}$ <sup>5</sup>	Sum of MI denominators

<sup>5</sup> The measure rate is calculated via a sum of MI numerators divided by the sum of MI denominators. The numerator of a given MI rate can be calculated by multiplying the MI rate by the denominator for the MI

Measure (M)	Measure Indicator (MI) Asterisk (*) indicates sub measure indicator (sub MI)	Method for Calculating Measure Rate	Method for Calculating Total Measure Denominator Size
<b>Annual Monitoring for Patients on Persistent Medications</b>	<ul style="list-style-type: none"> <li>- Annual Monitoring for Patients on Persistent Medications Angiotensin Converting Enzyme (ACE) inhibitors or Angiotensin Receptor Blockers (ARBs)</li> <li>- Annual Monitoring for Patients on Persistent Medications (Digoxin)</li> <li>- Annual Monitoring for Patients on Persistent Medications (Diuretics)</li> </ul>	$\frac{\sum Numerator}{\sum Denominator}$	Sum of MI denominators
<b>Antidepressant Medication Management</b>	<ul style="list-style-type: none"> <li>- Antidepressant Medication Management : Acute</li> <li>- Antidepressant Medication Management : Continuation</li> </ul>	Average of MI rates	Smallest denominator among MI denominators
<b>Chlamydia Screening in Women</b>	<ul style="list-style-type: none"> <li>- Chlamydia Screening (16-20 Years)</li> <li>- Chlamydia Screening (21-24 Years)</li> </ul>	$\frac{\sum Numerator}{\sum Denominator}$	Sum of MI denominators
<b>Follow-Up Care for Children Prescribed ADHD Medication</b>	<ul style="list-style-type: none"> <li>- Follow-Up Care for Children Prescribed ADHD Medication : Initiation</li> <li>- Follow-Up Care for Children Prescribed ADHD Medication : Continuation</li> </ul>	Average of MI rates	Smallest denominator among MI denominators
<b>Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence</b>	<ul style="list-style-type: none"> <li>- Initiation of Alcohol and Other Drug Dependence Treatment (Total)                             <ul style="list-style-type: none"> <li>- Treatment (13-17)<sup>6</sup></li> <li>- Treatment (18+)*</li> </ul> </li> <li>- Engagement of Alcohol and Other Drug Dependence Treatment (Total)                             <ul style="list-style-type: none"> <li>- Treatment (13-17) *</li> <li>- Treatment (18+)*</li> </ul> </li> </ul>	$\frac{\sum Numerator}{\sum Denominator}$	Largest denominator among MI denominators
<b>Medication Management for People With Asthma</b>	<ul style="list-style-type: none"> <li>- Medication Management for People With Asthma (75%; 5-11)</li> <li>- Medication Management for People With Asthma (75%; 12-18)</li> <li>- Medication Management for People With Asthma (75%; 19-50)</li> <li>- Medication Management for People With Asthma (75%; 51-64)</li> </ul>	$\frac{\sum Numerator}{\sum Denominator}$	Sum of MI denominators
<b>Plan All-Cause Readmissions</b>	<ul style="list-style-type: none"> <li>- Observed Readmission (Numerator/Denominator) Total</li> <li>- Average Adjusted Probability Total</li> </ul>	Observed Readmission divided by Average Adjusted Probability	Sum of MI denominators

<sup>6</sup> Sub-measure indicators (sub-MIs) are combined via an average (sum of numerators divided by sum of denominators) to create the rate for a measure indicator (MI).

Measure (M)	Measure Indicator (MI) Asterisk (*) indicates sub measure indicator (sub MI)	Method for Calculating Measure Rate	Method for Calculating Total Measure Denominator Size
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents</b>	<ul style="list-style-type: none"> <li>- Body Mass Index (BMI) Percentile Documentation               <ul style="list-style-type: none"> <li>- BMI Percentile - 3-11 Years*</li> <li>- BMI Percentile - 12-17 Years*</li> </ul> </li> <li>- Counseling for Nutrition               <ul style="list-style-type: none"> <li>- Counseling for nutrition - 3-11 Years*</li> <li>- Counseling for nutrition - 12-17 Years*</li> </ul> </li> <li>- Counseling for Physical Activity               <ul style="list-style-type: none"> <li>- Counseling for Physical Activity - 3-11 Years*</li> <li>- Counseling for Physical Activity- 12-17 Years*</li> </ul> </li> </ul>	$\frac{\sum \text{Numerator}}{\sum \text{Denominator}}$	Largest denominator among MI denominators

There are two QRS clinical measures with multiple indicators not listed in the above table: Childhood Immunization Status (Combination 3) and Immunizations for Adolescents (Combination 1). For these measures, the measure rate is a combination rate, reflecting the rates for children who received the vaccines as defined in the combination. As the MI rates (and denominators) are not mutually exclusive, they cannot be used directly to calculate the measure rate (or denominator).

## QRS SURVEY MEASURES

For QRS survey measures, CMS calculates measure rates from QHP Enrollee Survey questions.

**Appendix D** shows which QHP Enrollee Survey questions are used for each QRS survey measure.

Background information on how the 2016 QHP Enrollee Survey was conducted, including the survey questionnaire, sampling procedures, and data collection protocols, is presented in [2016 Qualified Health Plan Enrollee Experience Survey: Quality Assurance Guidelines and Technical Specifications](https://qhpcahps.cms.gov/sites/default/files/upload/2016_QHP_Survey_QAG.pdf) ([https://qhpcahps.cms.gov/sites/default/files/upload/2016\\_QHP\\_Survey\\_QAG.pdf](https://qhpcahps.cms.gov/sites/default/files/upload/2016_QHP_Survey_QAG.pdf)).

QRS survey measures can be grouped into two categories:

- (1) **CAHPS®-based:** consumers' experience of care measures based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS®), and
- (2) **HEDIS®-based:** selected clinical measures based on the Healthcare Effectiveness Data and Information Set (HEDIS®).

CMS calculates QRS survey measure rates according to the scoring specifications described below.

## CAHPS®-BASED QRS SURVEY MEASURES

CMS calculates CAHPS®-based QRS survey measures with a similar approach as used by CMS in the Medicare Advantage-Prescription Drug Program (MA-PDP) quality measurement initiative for data collected through the MA-PDP CAHPS® survey.<sup>7</sup> This maintains consistency with methodology that CMS uses in other health plan-related applications.

CMS calculates QRS survey measures rates from the QHP Enrollee Survey using the CAHPS® Analysis Program (“CAHPS® Macro”), which was developed by the CAHPS® Consortium under the auspices of the Agency for Healthcare Research and Quality (AHRQ). A comprehensive description of the calculations performed by the CAHPS® Macro, including additional information on weighting and case-mix adjustment, can be found in [Instructions for Analyzing Data from CAHPS Surveys](http://www.ahrq.gov/cahps/surveys-guidance/hp/instructions/version5.html) (<http://www.ahrq.gov/cahps/surveys-guidance/hp/instructions/version5.html>).

To adjust for any systematic biases with the enrollee response data, CMS applies a case-mix adjustment to the QHP Enrollee Survey response data and uses the adjusted data when calculating the QRS survey measures. It is common in survey-based applications to case-mix adjust for such factors as overall health status, age, and education to account for biases due to survey response tendencies. Based on results from the 2015 beta test of the QHP Enrollee Survey, variables used in the case-mix adjustment include the following: general health rating, mental health rating, chronic conditions/medications, age, education, survey language, help with the survey, and survey mode. The final variables to be included in the case-mix adjustment will be determined based on additional analysis of the 2016 QHP Enrollee Survey data.

All CAHPS®-based measures are based on weighted, case-mix adjusted means. CMS uses person-level sampling weights to account for the different probabilities of selection across reporting units. The weights are calculated as follows:

$$Final\ Weight = \left(\frac{M}{n_s}\right) * k$$

Where:

n\_s = Total number of sampled enrollees in the sampling unit;

M = Total number of records in the sampling unit after-de-duplication;

k = Number of eligible enrollees covered by the Subscriber or Family ID (SFID) that covers the sampled enrollee.

As shown below, all CAHPS®-based questions should be coded so higher values represent more positive responses.

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<sup>7</sup> General background information about the scoring of CAHPS®-based measures in the MA-PDP program is presented in the *MA-PDP CAHPS® Survey: Quality Assurance Protocols and Technical Specifications* (<http://www.ma-pdpcahps.org/>).

### **Rating of Health Plan**

Question 52 in the 2016 QHP Enrollee Survey asks, “Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan in the last 6 months?” Use the following steps to calculate the QRS measure rate for Rating of Health Plan:

1. Calculate the weighted, case-mix adjusted mean for question 52.
2. Transform to a 0 – 100 scale as follows:  $\text{score} = [(x - a)/(b - a)] * 100$ , where  $x$  = the weighted, case-mix adjusted mean from step 1;  $a$  = minimum possible value of  $x$ ; and  $b$  = maximum possible value of  $x$ . This is the QRS measure rate for Rating of Health Plan.
  - **Note:** This rescaling allows the presentation of different measures on a common metric; the transformation to a 0 – 100 scale applies to all QRS survey measures that are CAHPS®-based.

### **Rating of All Health Care**

Question 10 in the 2016 QHP Enrollee Survey asks, “Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?” To calculate the QRS measure rate for Rating of All Health Care measure, use the same steps that were used to calculate the rate for Rating of Health Plan.

### **Rating of Personal Doctor**

Question 26 in the 2016 QHP Enrollee Survey asks, “Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?” To calculate the QRS measure rate for Rating of Personal Doctor, use the same steps that were used to calculate the rate for Rating of Health Plan.

### **Rating of Specialist**

Question 35 in the 2016 QHP Enrollee Survey asks, “We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate the specialist?” To calculate the QRS measure rate for Rating of Specialist, use the same steps that were used to calculate the score for Rating of Health Plan.

### **Access to Care**

The QRS Access to Care measure is made up of five questions, all of which are coded on a 1 – 4 scale in the 2016 QHP Enrollee Survey (i.e., 1 = Never, 2 = Sometimes, 3 = Usually, and 4 = Always). Use the following steps to calculate the QRS measure rate for Access to Care:

1. Calculate the weighted, case-mix adjusted mean separately for each item included in the Access to Care measure:
  - Question 4: In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?

- Question 6: In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?
  - Question 8: In the last 6 months, how often were you able to get care you needed from a doctor's office or clinic after regular office hours?
  - Question 11: In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?
  - Question 33: In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?
2. Calculate the average of the weighted, case-mix adjusted means across the five survey questions; use equal weighing of the questions.
  3. Transform the average from Step 2 to a 0 – 100 scale (use the same formula as described in Step 2 for Rating of Health Plan). This is the QRS measure rate for Access to Care.

### **Cultural Competence**

The QRS Cultural Competence measure is made up of three questions, all of which are coded on a 1 – 4 scale in the 2016 QHP Enrollee Survey (i.e., 1 = Never, 2 = Sometimes, 3 = Usually, and 4 = Always). Use the following steps to calculate the QRS measure rate for Cultural Competence:

1. Calculate the weighted, case-mix adjusted mean separately for each item included in the Cultural Competence measure:
  - Question 13: In the last 6 months, when you needed an interpreter at your doctor's office or clinic, how often did you get one?
  - Question 49: In the last 6 months, how often were the forms that you had to fill out available in the language you prefer?
  - Question 51: In the last 6 months, how often were the forms that you had to fill out available in the format you needed, such as large print or braille?
2. Calculate the average of the weighted, case-mix adjusted means across the three survey questions; use equal weighing of the questions.
3. Transform the average from Step 2 to a 0 – 100 scale (use the same formula as described in Step 2 for Rating of Health Plan). This is the QRS measure rate for Cultural Competence.

### **Care Coordination**

The QRS Care Coordination measure is made up of six questions, all of which are coded on a 1 – 4 scale in the 2016 QHP Enrollee Survey (i.e., 1 = Never, 2 = Sometimes, 3 = Usually, and 4 = Always). Use the following steps to calculate the QRS measure rate for the Care Coordination measure:

1. Questions 22 and 23 are combined into a single measure to assess getting results after a blood test, x-ray, or other test. Calculate the average of the weighted, case-mix adjusted means for Questions 22 and 23 using equal weighting of the two questions. Use this average in Step 3.
2. Calculate the weighted, case-mix adjusted mean separately for each question included in the Care Coordination measure:
  - Question 20: When you visited your personal doctor for a scheduled appointment in the last 6 months, how often did he or she have your medical records or other information about your care?

- Question 22: In the last 6 months, when your personal doctor ordered a blood test, x-ray, or other test for you, how often did someone from your personal doctor's office follow up to give you those results?
  - Question 23: In the last 6 months, when your personal doctor ordered a blood test, x-ray, or other test for you, how often did you get those results as soon as you needed them?
  - Question 25: In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?
  - Question 28: In the last 6 months, how often did you and your personal doctor talk about all the prescriptions you were taking?
  - Question 31: In the last 6 months, how often did you get the help that you needed from your personal doctor's office to manage your care among these different providers and services?
3. Calculate the average of the weighted, case-mix adjusted means across the five survey questions (i.e., Questions 20, 25, 28, and 31, and the average of Questions 22 and 23 from Step 2); use equal weighting of the questions.
  4. Transform the average from Step 3 to a 0 – 100 scale (use the same formula as described in Step 2 for Rating of Health Plan). This is the QRS measure rate for Care Coordination.

### **Access to Information**

The QRS Access to Information measure is made up of three questions, all of which are coded on a 1 – 4 scale in the 2016 QHP Enrollee Survey (i.e., 1 = Never, 2 = Sometimes, 3 = Usually, and 4 = Always). Use the following steps to calculate the QRS measure rate for Access to Information:

1. Calculate the weighted, case-mix adjusted mean separately for each item included in the Access to Information measure:
  - Question 37: In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your health plan works?
  - Question 39: In the last 6 months, how often were you able to find out from your health plan how much you would have to pay for a health care service or equipment before you got it?
  - Question 41: In the last 6 months, how often were you able to find out from your health plan how much you would have to pay for specific prescription medicines?
2. Calculate the average of the weighted, case-mix adjusted means across the three survey questions; use equal weighting of the questions.
3. Transform the average from Step 2 to a 0 – 100 scale (use the same formula as described in Step 2 for Rating of Health Plan). This is the QRS measure rate for Access to Information.

### **Plan Administration**

The QRS Plan Administration measure is made up of five questions, all of which are coded on a 1 – 4 scale in the 2016 QHP Enrollee Survey (i.e., 1 = Never, 2 = Sometimes, 3 = Usually, and 4 = Always). Use the following steps to calculate the QRS score for the Plan Administration measure:

1. Calculate the weighted, case-mix adjusted mean separately for each item included in the Plan Administration measure:

- Question 43: In the last 6 months, how often did your health plan’s customer service give you the information or help you needed?
- Question 44: In the last 6 months, how often did your health plan’s customer service staff treat you with courtesy and respect?
- Question 45: In the last 6 months, how often did the time that you waited to talk to your health plan’s customer service staff take longer than you expected?  
Note: To make the direction of coding of Question 45 consistent with the other questions, Question 45 needs to be recoded so higher values represent a more positive response, as follows:

Category	Original code	Recode
Never	1	4
Sometimes	2	3
Usually	3	2
Always	4	1

- Question 47: In the last 6 months, how often were the forms from your health plan easy to fill out?
  - Question 48: In the last 6 months, how often did the health plan explain the purpose of a form before you filled it out?
2. Calculate the average of the weighted, case-mix adjusted means across the five survey questions; use equal weighing of the questions.
  3. Transform the average from Step 2 to a 0 – 100 scale (use the same formula as described in Step 2 for Rating of Health Plan). This is the QRS measure rate for Plan Administration.

## HEDIS®-BASED QRS SURVEY MEASURES

The following QRS survey measures are HEDIS®-based measures:

- Flu Vaccinations for Adults Ages 18-64
- Medical Assistance With Smoking and Tobacco Use Cessation
- Aspirin Use and Discussion

Scoring specifications for the HEDIS®-based QRS survey measures collected through the 2016 QHP Enrollee Survey follow the HEDIS® specifications as defined by NCQA. For the QRS, CMS aligns these specifications with those used for the Medicaid population. The scoring procedures are described below. These specifications are also presented in the [QRS Measure Technical Specifications](#).

### Flu Vaccinations for Adults Ages 18-64

The QRS survey measure captures the proportion of eligible plan enrollees who received a flu vaccination. The following steps are used for calculating the QRS survey measure (flu\_shot):

1. Select eligible enrollees:
  - Include:
    - Enrollees age 18-64 (to determine eligibility use flu\_flag from the sampling frame, which indicates eligibility for the flu shot based on the person's age as of July 1, 2015).
  - Exclude:
    - Respondents with a missing value code on flu\_shot (i.e., respondents coded as -1, -3, or 3 on flu\_shot).
2. Calculate the proportion of eligible enrollees for whom flu\_shot=1 to create the final QRS survey measure rate for Flu Vaccinations for Adults Ages 18-64. Note: the proportion is not weighted and is not case-mix adjusted.

### **Medical Assistance with Smoking and Tobacco Use Cessation**

The QRS survey measure is made up of three items/indicators, all of which are coded on a 1-4 scale in the questionnaire. All items require two years of data collection. Therefore, this measure is **not used for scoring in 2016**.

The inclusion/exclusion criteria for the measure includes the following steps:

1. Select eligible enrollees (the criteria for each of the three indicators follow separately):

Advising Smokers and Tobacco Users to Quit (advised\_quit\_tob):

- Include:
  - Current smokers or tobacco user (i.e., respondents coded as 1 or 2 on use\_tobacco).
- Exclude:
  - Respondents with a missing value code on advised\_quit\_tob (i.e. respondents coded as -1, -2, -3, or -7 on advised\_quit\_tob).

Discussing Cessation Medications (recommend\_tob\_meds):

- Include:
  - Current smokers or tobacco user (i.e., respondents coded as 1 or 2 on use\_tobacco).
- Exclude:
  - Respondents with a missing value code on recommend\_tob\_meds (i.e. respondents coded as -1, -2, -3, or -7 on recommend\_tob\_meds).

Discussing Cessation Strategies (dicuss\_tob\_non\_meds):

- Include:
  - Current smokers or tobacco user (i.e., respondents coded as 1 or 2 on use\_tobacco).
- Exclude:
  - Respondents with a missing value code on discuss\_tob\_non\_meds (i.e. respondents coded as -1, -2, -3, or -7 on discuss\_tob\_non\_meds).

2. Calculate the unadjusted proportion of respondents who indicated on each item included in the measure that they received some level of advice/discussion (i.e., proportion on each item with codes of sometimes, usually, or always). Note: the proportion is not weighted and not case-mix adjusted. These are the indicators used in the calculation of the QRS survey measure rate for Medical Assistance with Smoking and Tobacco Use Cessation:
  - advised\_quit\_tob (i.e., proportion of respondents coded as 2, 3, or 4),
  - recommend\_tob\_meds (i.e., proportion of respondents coded as 2, 3, or 4),
  - discuss\_tob\_non-meds (i.e., proportion of respondent coded as 2, 3, or 4).

## Aspirin Use and Discussion

The QRS survey measure is made up of two items/indicators, both of which are coded on a yes-no scale. All items require two years of data collection. Therefore, this measure is **not used for scoring in 2016**.

The inclusion/exclusion criteria for the measure includes the following steps:

1. Select eligible enrollees (there are separate selection criteria for the two Aspirin Use and Discussion items, which follow):

Aspirin Use (daily\_aspirin):

- Include:
  - Women 56-79 years of age with at least two risk factors for cardiovascular disease (to determine age use enrollee\_age, which is the person's age of December 31, 2015, from the sampling frame).
  - Men 46-65 years of age with at least one risk factor for cardiovascular disease.
  - Men 66-79 years of age, regardless of risk factors.
  - Cardiovascular risk factors include:
    - Current smoker or tobacco user (i.e., respondents with codes of 1 or 2 on use\_tobacco).
    - High cholesterol (i.e., respondents with code of 1 on cholesterol),
    - High blood pressure (i.e., respondents with code of 1 on high\_bp),
    - Parent or sibling who had a heart attack before 60 years of age (i.e., respondents with code of 1 on relative\_early\_ami).
    - Note: If the response is missing for the cardiovascular risk factors they are coded as 0.
- Exclude:
  - Respondents with a missing value code on daily\_aspirin (i.e., respondents coded as -1, -3, or 3 on daily\_aspirin).
  - Respondents who indicated that they have a health problem or take medication that makes taking aspirin unsafe, or who have a missing value code on this question (i.e., respondents with code of 1 or 3, -1, -3 on aspirin\_unsafe).
  - Respondents with cardiovascular disease, including those with a history of:
    - Heart attack (i.e. respondents with code of 1 on heart\_attack),
    - Angina or coronary heart disease (i.e. respondents with code of 1 on angina\_chd),

- Stroke (i.e. respondents with code of 1 on stroke),
- Diabetes or high blood sugar(i.e., respondents with code of 1 on diabetes).

Discussing Aspirin Risks and Benefits (aspirin\_risk\_ben):

- Include:
    - Women 56-79 years of age (to determine age use enrollee\_age, which is the person’s age of December 31, 2015, from the sampling frame).
    - Men 46-79
  - Exclude:
    - Respondents with a missing value code on aspirin\_risk\_ben (i.e., respondents coded as -1, -2, or -3 on aspirin\_risk\_ben).
    - Respondents with cardiovascular disease, including those with a history of:
      - Heart attack (i.e. respondents with code of 1 on heart\_attack),
      - Angina or coronary heart disease (i.e. respondents with code of 1 on angina\_chd),
      - Stroke (i.e. respondents with code of 1 on stroke),
      - Diabetes or high blood sugar (i.e., respondents with code of 1 on diabetes).
2. Calculate the unadjusted proportion of respondents who indicated “yes” on each item/indicator included in the measure. Note: the proportion is not weighted and not case-mix adjusted. These are the indicators used in the calculation of the QRS survey measure rate for Aspirin Use and Discussion:
- daily\_aspirin (i.e. proportion of respondents coded as 1),
  - aspirin\_risk\_ben (i.e., proportion of respondents coded as 1).

## STEP 2: DETERMINE IF MEASURE DENOMINATOR SIZES ARE SUFFICIENT FOR SCORING

For each reporting unit, CMS assesses whether measure data can be included in QRS scoring based on the measure’s denominator size. While QHP issuers submit measure data to CMS regardless of denominator size, measures that do not meet the minimum denominator size requirement for scoring (see Exhibit 7) are excluded from QRS scoring.

Exhibit 7. Minimum Denominator Size Required for Inclusion in QRS Scoring

Measure	Minimum Denominator Size Required for Inclusion in QRS Scoring
QRS Clinical Measure	30
QRS Survey Measure	100

The minimum denominator size of 100 applies to all QRS survey measures, regardless of the number of survey questions associated with the measure.

For measures with an insufficient denominator size, CMS assigns the measure an invalid code (i.e., **NA/Not Applicable**) and excludes the measure from scoring.

## QRS CLINICAL MEASURES

For **QRS clinical measures**, CMS determines if the minimum denominator size is met based on the measure's total denominator size (see Exhibit 6 for details on the denominator size calculation).

As shown in Exhibit 8, the measure Annual Monitoring for Patients on Persistent Medications has three indicators. For this example reporting unit, the measure's denominator size of 2985 meets the minimum denominator size criteria of 30. Therefore, CMS will use this measure data in QRS scoring (i.e., proceed to use this measure data in the standardization procedures described in Step 3).

Exhibit 8. Example Denominator Size for QRS Clinical Measure Indicators

Name	Denominator Size
ACE Inhibitors or ARBs (Indicator)	1641
Digoxin (Indicator)	17
Diuretics (Indicator)	1327
<b>Annual Monitoring for Patients on Persistent Medications (Measure)</b>	<b>2985</b>

## QRS SURVEY MEASURES

For QRS survey measures, CMS determines if the minimum denominator size is met based on the measure's total denominator size. The denominator size for the measure is equal to the *total number of respondents who provided a response to at least one of the questions*.

Exhibit 9 below shows an example (using mock data) of denominator size calculation for the QRS survey measure, Access to Care. Access to Care is composed of five questions. As shown, there can be valid denominator observations for each of the five questions that are *lower* than 100 and yet the measure denominator size can still be *greater* than 100. Enrollees are not required to respond to all survey questions to be included in a given measure's denominator or rate. The total measure denominator size (161) is greater than the minimum denominator size needed for QRS scoring (100). Therefore, CMS calculates the average of the case-mix adjusted mean across the five survey questions to obtain the Access to Care measure score.

Exhibit 9. Example of Total Denominator Size Calculation for QRS Survey Measure

QRS Component	Name	Question Details	Raw Value	Denominator Size
Indicator	CAHPS® Getting Care Quickly: Non-Urgent Care	Question 6: In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?	3.31	136
Indicator	CAHPS® Getting Care Quickly: Urgent Care	Question 4: In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?	3.51	77

QRS Component	Name	Question Details	Raw Value	Denominator Size
Indicator	CAHPS® Getting Needed Care: Easy Care, Tests, or Treatment	Question 11: In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?	3.43	146
Indicator	CAHPS® Getting Needed Care: Easy to See Specialist	Question 33: In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?	3.55	70
Indicator	CAHPS® Getting Needed Care: After Hours	Question 8: In the last 6 months, how often were you able to get care you needed from a doctor's office or clinic after regular office hours?	3.42	20
<b>Measure</b>	<b>Access to Care</b>		<b>81.45</b>	<b>161</b>

### STEP 3: CALCULATE STANDARDIZED MEASURE SCORES

CMS calculates standardized measure scores by calculating national percentile ranks across all reporting units using valid observations of a given measure (meaning those that meets minimum denominator size criteria). Percentile ranks are based on one national, all-product reference group (i.e. not stratified by any characteristics such as product type or marketplace). The rankings can be interpreted as how well a reporting unit did as compared to the other reporting units in a given measure. For example, across all products (i.e., EPOs, HMOs, POSs, and PPOs) and all Marketplaces, CMS ranks the valid rates for the Cervical Cancer screening measure. A QHP issuer's HMO product with a measure rate (raw value) that corresponds to the 50<sup>th</sup> percentile among all reporting units receives a Cervical Cancer Screening measure score of 50.

If reporting units have tied measure rates, the reporting unit is assigned the value of the average/mean rank, as shown in Exhibit 10.

Exhibit 10. Handling Tied Values

Observation	Example Value	Rank
1	4	1.0
2	55	5.5
3	100	9.5
4	18	2.0
5	75	7.0
6	35	4.0
7	90	8.0
8	100	9.5
9	27	3.0
10	55	5.5

CMS uses the PROC RANK procedure in SAS to rank an individual measure across all available reporting units at a national level. All measures go through the ranking process independently. The percentile ranks range from 0 to 100. The code allows for as many percentile ranks as there

are reporting units (e.g., a percentile rank of 1.5 is valid). CMS excludes reporting units that do not meet the minimum denominator criterion from percentile ranking for each measure. This approach calculates the rank as  $n / (N+1)$ , where  $n$  is the reporting unit's position in the rank order and  $N$  is the number of reporting units with calculable data.

For example, as shown in Exhibit 11, for a given measure, the score is the valid measure rate (raw value) post-standardization.

Exhibit 11. Example Score after Standardization

Measure Name	Raw Value	Standardized Score/Ranking
Annual Monitoring for Patients on Persistent Medications	0.82	99.6516

#### STEP 4: CALCULATE COMPOSITE SCORES

CMS calculates composite scores, like all other QRS component scores (i.e., domains, summary indicators, and global), by averaging (unweighted) scores.

CMS calculates composite scores based on averages of standardized QRS measure scores. The steps are as follows:

- Determine if the composite score can be calculated.** CMS uses a *half-scale rule* to determine if the composite score can be calculated. The half-scale rule allows calculation of score only if at least half (>50%) of the associated measures in the composite have a score. Otherwise, the composite cannot be calculated and does not receive score.

When applying the half-scale rule for composite score calculation, CMS only considers:

- Measures that are included for scoring (as shown in Exhibit 2)
- Measures with valid scores (i.e., measure results met the minimum denominator criteria as defined in Step 3 and therefore, received a score)

If the composite score cannot be calculated due to inability to pass the half-scale rule, then the reporting unit receives the following invalid code:

- **CSR – I:** Insufficient data to calculate a score according to the QRS rating methodology.
- Calculate the composite score.** If the composite score can be calculated according to the scoring rule described above, CMS averages the available measure scores.

Exhibit 12 shows how a composite is calculated from measure scores using mock data.

## Exhibit 12. Example Composite Score Calculation

Measure	Score
Adult BMI Assessment	M-NS (Invalid code M-NS assigned due to invalid measure rate [NR audit designation])
Chlamydia Screening in Women	99.5169
Aspirin Use and Discussion	M-NS (Data submitted, but measure not included in scoring for all reporting units)
Flu Vaccinations for Adults Ages 18-64	10.4982
Medical Assistance With Smoking and Tobacco Use Cessation	M-NS (Data submitted, but measure not included in scoring for all reporting units)
<b>Sub-step 1: Determine if the composite score can be calculated.</b>	<b>Yes</b> , at least one of the two available measures (Chlamydia Screening and Flu Vaccinations) in the composite can be scored. In this case, both available measures had valid scores.
<b>Sub-step 2: Calculate the composite score.</b>	<b>55.0076</b> (Average of available measure scores 99.5169 and 10.50).  This is the score for the composite Staying Health Adult.

Composite scores are averages of standardized measure scores/percentile ranks. Therefore, a composite score of 55 means “this QHP has an average percentile rank of 55 based on the measure scores for this composite.” It does not mean “this QHP is at the 55<sup>th</sup> percentile rank for this composite.”

## STEP 5: CALCULATE DOMAIN SCORES

CMS calculates domain scores based on averages of composite scores. The steps are as follows:

- Determine if the domain score can be calculated.** CMS uses the half-scale rule to determine if each domain score can be calculated. The half-scale rule indicates that only if half or more of the associated composites have a score, the domain score can be calculated. Otherwise, the domain score cannot be calculated and will not reflect a score (i.e., will receive an invalid result of CSR-I).
- Calculate the domain score.** If the domain score can be calculated according to the scoring rule described above, CMS averages the available composite scores. An example using mock data is shown in Exhibit 13.

## Exhibit 13. Example Domain Score Calculation

Name	Type of QRS Component	Score
Checking for Cancer	Composite	99.6599
Maternal Health	Composite	99.4186
Staying Healthy Adult	Composite	55.0076
Staying Healthy Child	Composite	80.3985
<b>Prevention</b>	<b>Domain</b>	<b>83.6211 (Average of available composite scores)</b>

## STEP 6: CALCULATE SUMMARY INDICATOR SCORES

CMS calculates summary indicator scores based on averages of domain scores. The steps are as follows:

- Determine if the summary indicator score can be calculated.** CMS uses the half-scale rule to determine whether the summary indicator score can be calculated. The half-scale rule indicates that only if half or more of the associated domain scores for a summary indicator are present, the summary indicator score is calculated. Otherwise, the summary indicator score cannot be calculated and does not receive a score (i.e., receives an invalid result of CSR-I).
- Calculate the summary indicator score.** If the summary indicator score can be calculated according to the scoring rule described above, CMS averages the available domain scores. An example using mock data is shown in Exhibit 14.

Exhibit 14. Example Summary Indicator Score Calculation

Name	Type of QRS Component	Score
Clinical Effectiveness	Domain	71.1757
Patient Safety	Domain	99.6516
Prevention	Domain	83.6211
<b>Clinical Quality Management</b>	<b>Summary Indicator</b>	<b>84.8161 (Average of available domain scores)</b>

## STEP 7: CALCULATE GLOBAL SCORE

CMS calculates the global score based on averages of summary indicator scores. The steps are as follows:

- Determine if the global score can be calculated.** CMS calculates the global score for the reporting unit only if the *Clinical Quality Management summary indicator* has a score and *at least one of the other two summary indicators* has a score. If the global score cannot be calculated due to inability to pass this scoring rule, then the reporting unit receives the following invalid code:
  - **Not Rated (NR):** Insufficient data to calculate a global rating.
- Calculate the global score.** If the global score can be calculated according to the scoring rule described above, CMS averages the available summary indicator scores. An example using mock data is shown in Exhibit 15.

Exhibit 15. Example Global Score Calculation

Name	Type of QRS Component	Example Score
Clinical Quality Management	Summary Indicator	84.8161
Enrollee Experience	Summary Indicator	59.9472
Plan Efficiency, Affordability, and Management	Summary Indicator	57.8032
<b>Global</b>	<b>Global</b>	<b>67.5222 (Average of available summary indicator scores)</b>

## STEP 8: CONVERT SCORES TO RATINGS

- 1. Identify cut point values.** After calculating scores for composites through the global result, CMS uses cluster analysis of the component scores to create cut points for each composite, domain, summary indicator, and global result. Cut points are numeric values that delineate the 5-star categories; they are used to convert numeric scores to star ratings for each QRS hierarchy component. There are no cut points for measures; measures are uniformly distributed due to standardization and therefore it would be inappropriate to cluster and assign ratings.

To identify the cut point values, CMS uses a clustering analysis to take valid scores from each reporting unit and group them together based on similarity across five clusters. The cluster analysis is conducted for each component of the hierarchy from composites through the global result (i.e., 26 independent clustering runs). The resulting data-driven cut points are different at each level of the hierarchy. Therefore, each QRS hierarchy component has its own set of four cut point values (to create five rating categories). In the QRS Proof Sheet, the cut point values are labeled 1 through 4.

Cut points will likely change from year to year due to differences in submitted QRS measure data each year. CMS publishes the cut point values with the QRS scores and ratings during the QRS preview period.

- 2. Convert scores to ratings.** CMS converts each component score (for composites, domains, summary indicators, and global score) into a rating using their respective cut points that delineates the rating categories of 1, 2, 3, 4, and 5 stars. Scores fall into one of the five categories created by the cut points. CMS does not use decimal points when applying cut points (i.e., only the two-digit integer cut point is used when applying a cut point to the score). Ratings are assigned on a 5-star scale and only whole stars (1, 2, 3, 4 or 5) are assigned.

Exhibit 16 shows how a global score is converted to a global rating using mock global score cut points (example cut points of 31, 45, 56, and 69). A reporting unit that received a global score of 67.5222 would receive a 4-star rating as the score lies within the limits of the fourth category ( $56 \leq \text{Score} < 69$ ).

Exhibit 16. Global Rating Calculation with Example Cut Points

Example Cut Points	Rating
$0 < \text{Score} < 31$	1 ★
$31 \leq \text{Score} < 45$	2 ★★
$45 \leq \text{Score} < 56$	3 ★★★
$56 \leq \text{Score} < 69$	4 ★★★★
	<b>For example, a global score of 67.5222 would be assigned a 4-star global rating</b>
$69 \leq \text{Score}$	5 ★★★★★

## **STEP 9: PRODUCE QRS RESULTS FOR PREVIEW AND FINALIZATION**

The last step in applying the QRS rating methodology, is production of the Ratings Output File (ROF). The ROF contains all the QRS results for all participating reporting units. Using the ROF, CMS produces a QRS Preview Report and QRS Proof Sheet for each reporting unit for QHP issuers to preview the results during the QRS preview period and reports for Marketplace administrators (e.g., the Center for Consumer Information and Insurance Oversight [CCIIO], State-based Marketplace [SBM] administrators, Federally-facilitated Marketplace [FFM] State contacts, and the Office of Personnel Management [OPM]).

## Appendix A. Resources for Reviewing QHP Enrollee Survey Results

Exhibit 17 provides an overview of different resources through which QHP Enrollee Survey results are communicated to QHP issuers.

Exhibit 17. QHP Issuer Resources for Reviewing QHP Enrollee Survey Results

Resource	Description
QHP Enrollee Survey Quality Improvement (QI) reports	<p>These reports communicate the full results of the QHP Enrollee Survey, including questions not included as part of the QRS measure set. The raw frequencies for all QHP Enrollee Survey questions are included in the QHP Enrollee Survey QI reports. CMS intends to release the QHP Enrollee Survey QI reports shortly after the QRS preview period ends. Note that some response categories may be missing due to CMS' policies regarding minimum cell sizes. CMS' standard practice is to not publically reporting cell sizes smaller than 11 in order to protect confidentiality.</p> <p>The results shown in QHP Enrollee Survey QI reports are produced after data cleaning and scoring procedures. First, the data used for these reports are cleaned according to standard CAHPS® rules. Second, the scores are weighted and case-mix adjusted. Lastly, the scores are calculated using the CAHPS® Analysis Program (CAHPS® Macro) and the full national QHP Enrollee Survey database. This program, along with instructions for using it, are available at no cost at <a href="#">Instructions for Analyzing Data from CAHPS Surveys</a>.</p> <p>Please reference <a href="https://qhpcahps.cms.gov/">https://qhpcahps.cms.gov/</a> for additional information about the methodology behind the QHP Enrollee Survey QI reports.</p>
QRS survey measures (e.g., via QRS preview)	<p>CMS-calculated results for the QRS include survey measures derived from a subset of questions in the QHP Enrollee Survey. The results in the QHP Enrollee Survey QI reports differ from those reported for QRS survey measures as additional scoring specifications are used to calculate QRS survey measure results. QRS survey measure results are calculated via additional post-survey processing including case-mix adjustment, removal of invalid responses, and including appropriate respondents in the denominator totals.</p>
Raw results provided by the QHP Enrollee Survey vendors upon data submission	<p>The estimates provided by survey vendors are preliminary and are intended to provide QHP issuers with an early estimate of their survey scores. Survey vendors may not perform the same type of data cleaning performed by CMS. Additionally, survey vendors are unable to implement the identical case-mix adjustment that is performed by CMS because they do not have access to the full national dataset. A survey vendor may analyze the survey data in order to provide QHP issuers with aggregated results and may conduct additional analyses. These survey vendor analyses are not official survey results and should only be used for quality improvement purposes.</p>

Detailed below is additional information regarding differences between QHP Enrollee Survey results communicated via the QHP Enrollee Survey Quality Improvement reports and QRS results communicated via the QRS Proof Sheet.

**QHP Enrollee Survey Composite versus QRS Survey Measure:** Historically, the CAHPS® program has used the term composite to refer to a summary measure that is derived from more than one question, such as Getting Needed Care and Getting Care Quickly. The QHP Enrollee Survey QI reports use the term composite in the same context as other CAHPS® surveys. However, for the QRS, a composite is a grouping of measures; it is the first level of summary results in the QRS hierarchy. For example, the Enrollee Experience with Health Plan composite in the QRS includes the scores for three QRS measures: Access to Information, Plan Administration, and the Rating of Health Plan.

The questions included in QRS survey *measures* may be different than the questions included in “*composites*” shown in the QHP Enrollee Survey QI reports. For example, in the QRS, the Access to Care measure is composed of five questions, while the Access to Care “composite” as reported in the QHP Enrollee Survey QI reports is composed of four questions.

**Denominator Size Calculation:** There is a difference in how the denominator size is calculated and communicated in the QHP Enrollee Survey QI report versus the QRS Proof Sheet. QHP Enrollee Survey QI reports include raw survey frequencies, meaning that the denominator size reported for measures are equal to the total number of eligible respondents who answered the question. For the QRS, CMS calculates survey measures from survey questions using specific QRS scoring specifications. For the QRS, the total denominator size for QRS survey measures reflects the total number of respondents who have a non-missing value for at least one of the questions within the measure.

For example, the QRS measure Care Coordination is identical to the QHP Enrollee Survey QI report composite Care Coordination. With 75 responses, the result for the Care Coordination composite would appear on the QI reports, but a Care Coordinate measure score would not appear in the QRS Proof Sheet as the score was not calculated due to an insufficient denominator size (<100). These differences stem from the different goals of the two products. The QRS is designed to generate results for public reporting and therefore has higher requirements associated with whether a measure can be reported, while the QHP Enrollee Survey QI reports are currently designed as a tool to be used for quality improvements undertaken by the QHP issuer.

**Communicating Relative Performance:** QRS measure data are standardized across all reporting units. Therefore, if a majority of reporting units submit very high measure rates (raw values), a single reporting unit may submit a high rate for a given measure, but may still receive a low standardized score for the measure because many other reporting units performed even better.

The QHP Enrollee Survey QI Reports use a different approach to convey relative performance. This approach is based on a pair-wise t-test with an alpha of 0.05. Additional information can be found in the CAHPS® Macro materials in [Instructions for Analyzing Data from CAHPS Surveys](#).

Due to these different approaches, there are instances when a reporting unit could score average or above average on QHP Enrollee Survey items in the QI Reports and receive one or two star ratings for certain QRS components.

## Appendix B. Key to Invalid Codes in the 2016 QRS Proof Sheet

Exhibit 18. Key to Invalid Codes in the 2016 QRS Proof Sheet

QRS Measures - codes for non-numeric results	
<b>M-NS</b>	Measure Not Scored - Measure data not included in QRS scoring this year for all reporting units. Grey highlight to emphasize not included in scoring. Used in Standardized Score/Ranking field.
<b>NA</b>	Not Applicable - Measure data not included in QRS scoring as the QHP issuer either received an invalid code for the measure (i.e., BR, NB, or NR) or the QHP issuer followed the measure specifications but the denominator was too small to report a valid rate. Used in Standardized Score/Ranking field.
<b>BR</b>	Biased Rate - The QHP issuer's calculated rate was materially biased. Used in Raw Value field.
<b>NB</b>	Benefit Not Offered - The QHP issuer did not offer the health benefit required by the measure. Used in Raw Value field.
<b>NR</b>	Not Reported – The QHP issuer chose not to report the measure. Used in Raw Value field.
-	<p>Null value used for two fields:</p> <ul style="list-style-type: none"> <li>- Denominator field for measures that have an invalid rate (i.e., BR, NB, or NR).</li> <li>- Raw Value field and Denominator field for select measures not used in scoring (M-NS), specifically M2: Antidepressant Medication Management, M22: Aspirin Use and Discussion, M4: Follow-Up Care for Children Prescribed ADHD Medication, and M25: Medical Assistance With Smoking and Tobacco Use Cessation. Note the CSV file includes the indicator values for these measures.</li> </ul> <p>In the CSV version of the QRS Proof Sheet this dash appears as a blank.</p>
QRS Hierarchy Components - codes for non-numeric Component Score or Rating (CSR)	
<b>CSR-I</b>	Insufficient data to calculate a score or rating according to the QRS rating methodology.
<b>CSR-NS</b>	Measure data for this component not included in QRS scoring this year for all reporting units. Grey highlight to emphasize not included in scoring.
<b>NR</b>	Not Rated – Insufficient data to calculate a global rating. This code applies to the global rating only.

## Appendix C. Additional Notes on the 2016 QRS Proof Sheet

**QRS Hierarchy Components:** The QRS hierarchy is the organization of measures into composites, domains, and summary indicators and, ultimately, a single global rating. The QRS Proof Sheet includes codes to indicate the level of the QRS hierarchy (Exhibit 19).

Exhibit 19. QRS Hierarchy Component Codes

Code	Full Name
Sub-MI	Sub-Measure Indicator (age stratifications)
MI	Measure Indicator
M	Measure
C	Composite
D	Domain
SI	Summary Indicator
Global	Global

**Benchmarks:** In the QRS Proof Sheet, CMS includes benchmark values that show the standardized 5th, 10th, 25th, 50th, 75th, 90th, and 95th percentile values of the rates (raw values) across all reporting units (i.e., national reference group). To create these benchmark values, CMS uses only valid measure rates that have met the minimum denominator size criteria.

**Rescaling:** CMS rescales some measures when the Ratings Output File (ROF) is created so that all measure rates (raw values) are reported on a uniform scale of 0-1. This avoids confusion when the measure rates are shown alongside standardized measures scores which range from 0-100. Specifically, CMS divides the CAHPS<sup>®</sup>-based QRS survey measure rates (that are on a 0-100 scale) by 100 in order to match the magnitude of other measures. Therefore, a measure rate of 44.11 may be shown in the QRS Proof Sheet as 0.4411. CMS rescales measure rates after scoring. Therefore it has no impact on a measure's ranking (i.e., relative performance); it is an aesthetic change to ease interpretation of the results.

**Decimal places and rounding:** All QRS measure rates are reported at seven decimal places (rounded) upon data submission to CMS' HIOS-MQM. No rounding occurs throughout the scoring process starting from and including the standardization/ranking procedure. In communicating QRS results, CMS uses the approach to decimal places and rounding as described in Exhibit 20.

Exhibit 20. Approach to Decimal Places and Rounding in Communicating QRS Results

QRS Document	Type of QRS Result	Decimal Places and Rounding
QRS Proof Sheet (PDF)	Rates/raw values and scores	Three decimal places, rounded
	Cut points	Two digit integer
QRS Proof Sheet (CSV file)	Rates/raw values and scores	All possible decimal places shared. There is a maximum length of 20 characters that can be displayed.
	Cut points	Two digit integer
	Benchmarks	Seven decimal places as that is the highest level of precision possible given the received data

## Appendix D. Crosswalk of 2016 QHP Enrollee Survey Questions Included in the QRS

Exhibit 21. Crosswalk of 2016 QHP Enrollee Survey Questions Included in the QRS

2016 QRS Survey Measure	2016 QHP Enrollee Survey Composite	Question Number	Question Wording	Question Source
Access to Care	Getting Care Quickly	4	In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?	CAHPS® Health Plan 5.0
		6	In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?	CAHPS® Health Plan 5.0
	Getting Needed Care	11	In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?	CAHPS® Health Plan 5.0
		33	In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?	CAHPS® Health Plan 5.0
	Single Item Measure	8	In the last 6 months, how often were you able to get care you needed from a doctor's office or clinic after regular office hours?	CAHPS® Health Plan 5.0 — Supplemental Items
Access to Information	Access to Information <sup>8</sup>	37	In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your health plan works?	CAHPS® Health Plan 4.0 — Supplemental Items (HEDIS®)
		39	In the last 6 months, how often were you able to find out from your health plan how much you would have to pay for a health care service or equipment before you got it?	CAHPS® Health Plan 4.0 — Supplemental Items (HEDIS®)
		41	In the last 6 months, how often were you able to find out from your health plan how much you would have to pay for specific prescription medicines?	CAHPS® Health Plan 4.0 — Supplemental Items (HEDIS®)
Care Coordination	Care Coordination	20	When you visited your personal doctor for a scheduled appointment in the last 6 months, how often did he or she have your medical records or other information about your care?	CAHPS Health Plan 5.0 — Supplemental Items
		22	In the last 6 months, when your personal doctor ordered a blood test, x-ray, or other test for you, how often did someone from your personal doctor's office follow up to give you those results?	CAHPS Health Plan 5.0 — Supplemental Items
		23	In the last 6 months, when your personal doctor ordered a blood test, x-ray, or other test for you, how often did you get those results as soon as you needed them?	CAHPS Health Plan 5.0 — Supplemental Items
		25	In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?	CAHPS Health Plan 5.0 — Supplemental Items

<sup>8</sup> These items come from the National Committee for Quality Assurance (NCQA) HEDIS® CAHPS Survey.

2016 QRS Survey Measure	2016 QHP Enrollee Survey Composite	Question Number	Question Wording	Question Source
		28	In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?	CAHPS Health Plan 5.0 — Supplemental Items
		31	In the last 6 months, did you get the help that you needed from your personal doctor's office to manage your care among these different providers and services?	CAHPS Health Plan 5.0 — Supplemental Items
Cultural Competence	Cultural Competence	13	In the last 6 months, when you needed an interpreter at your doctor's office or clinic, how often did you get one?	CAHPS Health Plan 5.0— Supplemental Items
		49	In the last 6 months, how often were the forms that you had to fill out available in the language you prefer?	Modified from CG CAHPS 2.0, Adult Supplemental Items
		51	In the last 6 months, how often were the forms that you had to fill out available in the format you needed, such as large print or braille?	Modified from CG CAHPS 2.0, Adult Supplemental Items
Plan Administration	Plan Administration	43	In the last 6 months, how often did your health plan's customer service give you the information or help you needed?	CAHPS Health Plan 5.0
		44	In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?	CAHPS Health Plan 5.0
	Single Item Measure (Plan Administration)	45	In the last 6 months, how often did the time that you waited to talk to your health plan's customer service staff take longer than you expected?	New Question developed for QHP Enrollee Survey
		47	In the last 6 months, how often were the forms from your health plan easy to fill out?	CAHPS Health Plan 5.0
		48	In the last 6 months, how often did the health plan explain the purpose of a form before you filled it out?	CAHPS Health Plan 5.0— Supplemental Items
Rating of all Health Care	Single Item Measure	10	Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?	CAHPS Health Plan 5.0
Rating of Health Plan	Single Item Measure	52	Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan in the last 6 months?	CAHPS Health Plan 5.0
Rating of Personal Doctor	Single Item Measure	26	Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?	CAHPS Health Plan 5.0

2016 QRS Survey Measure	2016 QHP Enrollee Survey Composite	Question Number	Question Wording	Question Source
Rating of Specialist	Single Item Measure	35	We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate the specialist?	CAHPS Health Plan 5.0
Flu Vaccinations for Adults Ages 18–64	Single Item Measure (Preventive Services)	60	Have you had either a flu shot or flu spray in the nose since July 1, 2015?	CAHPS 5.0H <sup>9</sup> Survey
Aspirin Use and Discussion	Single Item Measure (Preventive Services)	65	Do you take aspirin daily or every other day?	CAHPS 5.0H Survey
		66	Do you have a health problem or take medication that makes taking aspirin unsafe for you?	CAHPS 5.0H Survey
		67	Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke?	CAHPS 5.0H Survey
		68	Are you aware that you have any of the following conditions? <i>Mark one or more.</i> High cholesterol, High blood pressure, Parent or sibling with heart attack before the age of 60	CAHPS 5.0H Survey
		69	Has a doctor ever told you that you have any of the following conditions? <i>Mark one or more.</i> Heart attack, Angina or coronary heart disease, Stroke, Any kind of diabetes or high blood sugar.	CAHPS 5.0H Survey
Medical Assistance With Smoking and Tobacco Use Cessation	Single Item Measure (Preventive Services)	62	In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?	CAHPS 5.0H Survey
		63	In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.	CAHPS 5.0H Survey
		64	In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.	CAHPS <sup>®</sup> 5.0H Survey

<sup>9</sup> National Committee for Quality Assurance (NCQA) HEDIS<sup>®</sup> CAHPS<sup>®</sup> Survey.