

Health Insurance Exchange

Draft 2018 Call Letter for the Quality Rating System (QRS) and Qualified Health Plan (QHP) Enrollee Experience Survey

Proposed QRS and QHP Enrollee Experience Survey Program Refinements

March 2018

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1.0 Purpose of the 2018 QRS Call Letter

The *Draft 2018 Call Letter for the Quality Rating System (QRS) and Qualified Health Plan (QHP) Enrollee Experience Survey* (referred to hereafter as the Draft 2018 QRS Call Letter) serves to communicate changes and request comment on the Centers for Medicare & Medicaid Services' (CMS') proposed refinements to the QRS and QHP Enrollee Survey programs.¹ The proposals in this document focus on modifications to the rating methodology beginning with the 2018 QRS and other program refinements for future benefit years. The proposed modifications that could begin with the 2018 QRS include revisions to the QRS hierarchy and other refinements to the QRS rating methodology.² The proposed changes for future benefit years include removal of measures from the QRS measure set and certain items from the QHP Enrollee Survey questionnaire, and the aggregation of certain measures for scoring purposes. This document does not include all potential refinements to the QHP Enrollee Survey program (e.g., other types of survey revisions may be addressed through the information collection request process per the Paperwork Reduction Act [PRA] requirements, as appropriate).

This Draft 2018 QRS Call Letter does not propose changes to regulation; rather, it offers details on proposed changes to QRS and QHP Enrollee Survey program operations.

1.1 Instructions for Submitting Comments and Questions

We encourage interested parties to submit comments on the information presented here to Marketplace_Quality@cms.hhs.gov and reference "Marketplace Quality Initiatives (MQI)-Draft 2018 QRS Call Letter" in the subject line by the close of the comment period (4/7/2018). After reviewing stakeholder feedback, CMS will finalize decisions on these proposed changes, and communicate final changes about the QRS program operations in the *Final 2018 Call Letter for the Quality Rating System (QRS) and Qualified Health Plan (QHP) Enrollee Survey* (hereafter referred to as the Final 2018 QRS Call Letter), which CMS anticipates publishing in spring 2018. In fall 2018, CMS intends to publish the *Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2019* (hereafter referred to as the 2019 QRS Guidance) and the *2019 Quality Rating System Measure Technical Specifications*, reflecting applicable finalized changes announced in the Final 2018 QRS Call Letter.

1.2 Timeline for Call Letter Publication

The anticipated annual cycle for the QRS Call Letter follows a winter-to-spring timeline. Exhibit 1 shows the schedule for the 2018 QRS Call Letter process (anticipated March through April/May) followed by the publication of the 2019 QRS Guidance in August.

¹ The current QRS and QHP Enrollee Survey requirements for the 2018 ratings year (the 2018 QRS) are detailed in the *Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2018* (2018 QRS Guidance), which was released in October 2017 and is available on CMS' Marketplace Quality Initiatives (MQI) website: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html>. CMS will update the 2018 QRS Guidance to reflect applicable changes finalized in the Final 2018 QRS Call Letter, as appropriate.

² CMS applies the QRS rating methodology to validated 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.

Exhibit 1. Anticipated Cycle for Soliciting Public Comment via the 2018 QRS Call Letter Process

Date	Description
March	Publication of Draft QRS Call Letter: CMS proposes changes to the QRS program operations and provides stakeholders with the opportunity to submit feedback via a 30-day public comment period.
March – April	Analysis of Public Comment: CMS reviews the stakeholder feedback received during the 30-day public comment period and finalizes changes to the QRS program operations.
April/May	Publication of Final QRS Call Letter: CMS communicates final changes to the QRS program operations and addresses the themes of the public comments.
August	Publication of 2019 QRS Guidance: CMS provides technical guidance regarding the QRS and QHP Enrollee Survey and specifies requirements for QHP issuers offering coverage through the Health Insurance Exchanges (Exchanges).

1.3 Key Terms for the QRS Call Letter

Exhibit 2 provides descriptions of key terms used throughout this document.

Exhibit 2. Key Terms for the QRS Call Letter

Term	Description
Measurement Year	<p>The measurement year refers to the year reflected in the data submission. All measure data are retrospective. The exact period of time represented by the measure is dependent on the technical specifications of the measure.</p> <ul style="list-style-type: none"> QRS clinical measure data submitted for the 2018 ratings year (the 2018 QRS) generally represent calendar year 2017 data as the measurement year. Some measures require more than one year of continuous enrollment for data collection so the measurement year for those measures will include years prior to 2017. For QRS survey measure data in the 2018 QRS, the QHP Enrollee Survey is fielded based on enrollees who are currently enrolled as of January 1, 2018, but the survey requests that enrollees report on their experience “in the last 6 months.”
Ratings Year	<p>The ratings year refers to the year the data are collected (including fielding of the QHP Enrollee Survey), validated, and submitted, and ratings are calculated. For example, “2018 QRS” refers to the 2018 ratings year.</p> <ul style="list-style-type: none"> As part of the 2018 plan year certification process, which occurred during the spring and summer of 2017, QHP issuers attest that they will adhere to 2018 quality reporting requirements, which include requirements to report data for the 2018 QRS and QHP Enrollee Survey. Requirements for the 2018 QRS, and details as to the data collection, validation, and submission processes, are released in the <i>QRS and QHP Enrollee Survey: Technical Guidance for 2018</i> (published in October 2017). Ratings calculated for the 2018 QRS are displayed for QHPs offered during the 2019 plan year, in time for open enrollment, to assist consumers in selecting QHPs.

2.0 Proposed QRS Revisions Beginning with the 2018 Ratings Year

CMS is proposing to update the timeline for incorporating certain refinements into the QRS to align with consistent stakeholder feedback and CMS’ desire to make improvements to the program in an expedited manner. Additionally, CMS is proposing several refinements to the QRS rating methodology that would take effect in the 2018 QRS. This includes revisions to the QRS hierarchy to combine certain single-measure components (i.e., composites and domains) to reduce the implicit weight of the associated measures in the rating methodology. CMS is also proposing refinements to the rating methodology for standardizing QRS scores and stabilizing cut points, as well as a change to the denominator criterion applied to the *Plan All Cause Readmission* (PCR) measure.

2.1 Update Timeline for Incorporating Refinements into the QRS Program

The timeline for incorporating refinements to the QRS and QHP Enrollee Survey will depend, in part, on CMS' determination of the significance and impact of the proposed refinement³ on QRS stakeholders and CMS.⁴ Refinements deemed less significant by CMS may be implemented more quickly than refinements with a more profound impact on stakeholders or program operations. In the Final 2016 QRS Call Letter, CMS finalized the following timeline for incorporating QRS refinements:

- Refinements to the QRS rating methodology proposed in the draft QRS Call Letter (and finalized in the final QRS Call Letter) could take effect in the *current* ratings year at the earliest. However, the refinements could take effect later if the proposed changes are more significant.
- Refinements to the QRS and QHP Enrollee Survey participation requirements, measure set, or other significant program refinements proposed in the draft QRS Call Letter (and finalized in the final QRS Call Letter) could take effect in the *following* ratings year at the earliest. However, the refinements could take effect later if the proposed changes are more significant.

For QRS refinements, CMS will mirror the approach to determine significance used by other established CMS quality reporting programs (e.g., the Medicare Advantage and Part D Star Rating System). This approach determines significance based on a combination of factors, including considerations of impact on the following: QRS implementation timeline and processes; burden on QHP issuers, CMS, and QHP Enrollee Survey vendors; data system needs; scoring and results; and QRS goals and principles, which include that the QRS should produce sound, reliable, and meaningful results and that the evolution of the QRS should be public and transparent.

Based on industry feedback and input provided by technical experts on the development and maintenance of quality rating programs, CMS has determined that rating methodology refinements and reductions to the measure set would generally not be considered significant under the criteria outlined above. As such, consistent with the desire to implement program improvements in an expedited manner, CMS proposes these types of changes may be implemented within the same ratings year they are proposed (i.e., proposed in the Draft QRS Call Letter and finalized in the Final QRS Call Letter to take effect in the *current* ratings year). CMS considers these refinements to be less impactful as they do not interrupt the QRS implementation timeline and process, increase burden on QRS stakeholders, impact data system needs, or shift the QRS goals and principles. CMS will continue to provide one year's advance notice before implementing refinements to the QRS and QHP Enrollee Survey participation requirements, making additions to the measure set, and other program refinements that CMS determines significant under the criteria outlined above.

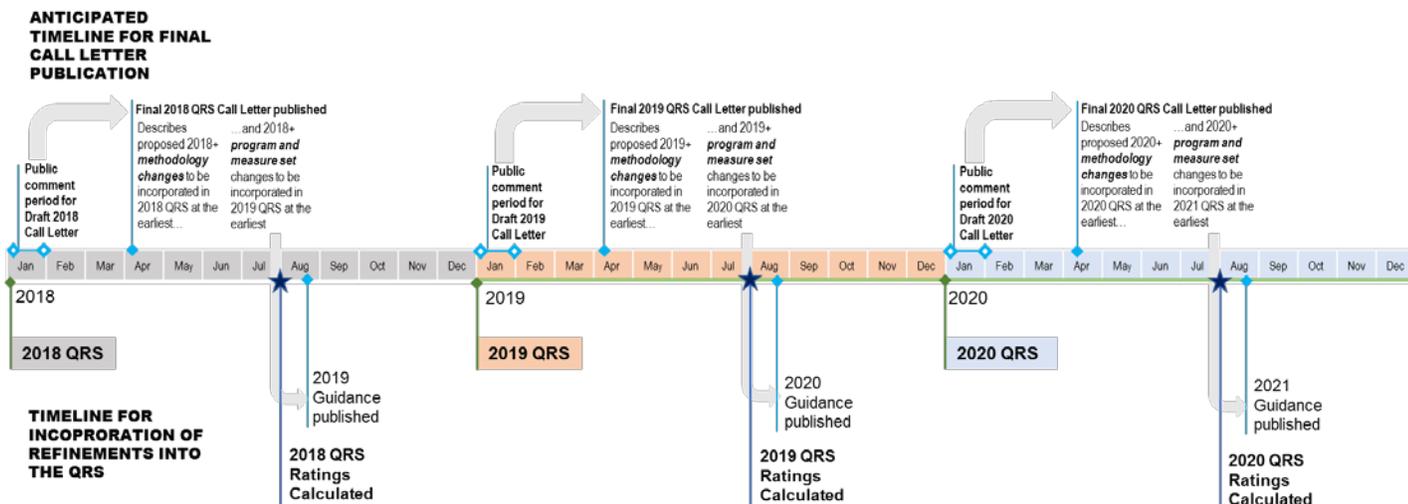
³ The finalized timeline for incorporating QRS refinements is included in the *Final 2016 Call Letter for the QRS and QHP Enrollee Experience Survey* at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/Final_2016_QRS_Call_Letter.pdf

⁴ Details regarding the QRS goals and principles can be found in the Federal Register Notice regarding the QRS methodology and measure set at <https://www.gpo.gov/fdsys/pkg/FR-2013-11-19/pdf/2013-27649.pdf>.

This Draft 2018 QRS Call Letter includes proposed rating methodology changes that would apply to the 2018 QRS ratings year, and proposed program refinements to be implemented in future years (2019 QRS ratings year and beyond).⁵ If confirmed, the 2018 methodological changes will appear in version 2.0 of QRS Guidance (anticipated May 2018), while future refinements will appear in future iterations of QRS Guidance.

Exhibit 3 below illustrates the QRS Call Letter cycle and incorporation of refinements into the QRS.

Exhibit 3. Sample Timeline for Proposing and Incorporating Refinements to the QRS



2.2 Revise the QRS Hierarchy

To support efforts to balance the influence of individual survey and clinical measures on the global score, CMS is proposing to consolidate two of the four single-measure components in the current QRS hierarchy. Each measure within a single-measure component contributes a considerable amount of influence on the global score due to the methodology aggregating measure and component scores up the hierarchy. To reduce the disproportionate influence of these individual measures, CMS proposes consolidating the single-measure Access to Care and Care Coordination composites and domains. This refinement will reduce the overall contribution of the *Access to Care* and *Care Coordination* measures on the global score.

Please note CMS does not anticipate these changes will impact the individual measures or data collection process for these measures.

Exhibit 4 illustrates the proposed consolidation of the Access to Care and Care Coordination composites and domains.

⁵ This Draft 2018 QRS Call Letter does not propose any changes in participation requirements, but if it did, those changes would apply (at the earliest) to the 2019 QRS ratings year because CMS generally believes such changes would be determined to be significant under the criteria outlined in the Final 2016 QRS Call Letter.

Exhibit 4. Consolidation of the Access to Care and Care Coordination Composites and Domains

QRS Summary Indicator	QRS Domain	QRS Composite	Measure Title	M#
Enrollee Experience	Access	Access to Care	Access to Care	33
	Care Coordination	Care Coordination	Care Coordination	34
				
Enrollee Experience	Access + Coordination	Access + Coordination	Access to Care	33
			Care Coordination	34

See Appendix A for the Proposed Revised 2018 QRS hierarchy.

2.3 Refine Standardization and the Cut Point Methodology

The current QRS rating methodology uses the SAS[®] procedure PROC RANK to standardize and score raw measure rates. PROC RANK organizes the data in ascending order, and produces percentile rankings based on the position of the observation, with special considerations for ties. This approach is comparative (i.e., the rates of each reporting unit are compared against the rates of all other reporting units to determine the ranking), and based on testing using historical QRS data, the approach is sensitive to data set changes (e.g., changes to the measures).

To mitigate this sensitivity, CMS is proposing to replace the PROC RANK procedure with a Z-score standardization approach beginning with the 2018 ratings year. The Z-score approach transforms all raw measure rates, independently, using Z-score standardization. Within each measure, the Z-score approach compares the measure rate values of each reporting unit to the mean measure rate, and controls the spread using the standard deviation. CMS' testing on measure data submitted in the 2015 and 2016 measurement years confirmed the Z-score approach stabilizes scores and ratings, making them less susceptible to minor data set changes.

As an additional measure for reducing sensitivity, CMS is proposing to incorporate a jackknife procedure in conjunction with the Z-score standardization method. The jackknife procedure would calculate QRS cut points using sub-samples of data with one observation removed at a time (i.e., 1st data set has the 1st observation removed, 2nd data set has the 2nd observation removed). The addition of the jackknife procedure would allow CMS to generate more robust and stable cut point estimates for the QRS.

2.4 Revise the Denominator Criterion for the Plan All Cause Readmission (PCR) Measure

For the 2018 ratings year and beyond, CMS proposes applying the denominator criterion of 150 to the PCR measure. CMS believes this change is not significant such that notice is warranted because the change does not impact the data collection process, increase burden on stakeholders, interrupt the QRS timeline or otherwise shift QRS goals and principles. As outlined in 2018 QRS Guidance, the current minimum denominator size is 30 for QRS clinical measures (including the PCR measure). CMS conducted testing on PCR measure data submitted in the 2015 and 2016 measurement year to identify the appropriate denominator criterion for the PCR measure to improve reliability.

3.0 Proposed QRS and QHP Enrollee Survey Revisions for Future Years

CMS is soliciting feedback on the following proposed updates regarding the QRS measure set and QHP Enrollee Survey questionnaire that would take effect in future years (i.e., beginning with the 2019 QRS at the earliest). CMS is proposing these revisions for future years to allow time for testing the changes to the measure set using the 2018 QRS data and is requesting early feedback from stakeholders.

3.1 Removing Measures from the QRS Measure Set

CMS recently announced a new Meaningful Measures initiative, aimed at streamlining quality measures, reducing regulatory burden, and promoting health care innovation. This initiative focuses on assessing the highest priority areas for quality measurement to ensure high-quality care and improve patient outcomes. In alignment with CMS' Meaningful Measures framework,⁶ and to reduce burden on QHP issuers, CMS proposes to reduce the QRS measure set in future years. Specifically, CMS seeks public comment on the potential removal of the following QRS clinical measures beginning with the 2019 QRS at the earliest:

- *Adult Body Mass Index (BMI) Assessment* (Not Endorsed)
- *Comprehensive Diabetes Care: Eye Exam (Retinal) Performed* (NQF #0055)
- *Comprehensive Diabetes Care: Hemoglobin A1c Testing* (NQF #0057)
- *Comprehensive Diabetes Care: Medical Attention for Nephropathy* (NQF #0062)

CMS also seeks feedback on the potential removal of the following QHP Enrollee Survey measures from the QRS measure set beginning with the 2019 QRS at the earliest:⁷

- *Cultural Competence* (Not Endorsed)
- *Flu Vaccinations for Adults Ages 18-64* (NQF #0039)

3.2 Combining QRS Measures

In future years, CMS proposes to adjust the QRS hierarchy such that measures of a similar clinical nature are aggregated at the measure level to streamline the hierarchy. Specifically, beginning with the 2019 QRS, CMS proposes to aggregate the following clinical measure rates to create one combined measure score:

- *Childhood Immunization Status (Combination 3)* (NQF #0038) and *Immunizations for Adolescents (Combination 2)* (NQF #1407)
- *Well-Child Visits in the First 15 Months of Life* (NQF #1392) and *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* (NQF #1516)

⁶ See CMS' *Meaningful Measures Framework website* (available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/CMS-Quality-Strategy.html>)

⁷ The QHP Enrollee Survey measures proposed for removal from the QRS measure set will continue to be collected through the QHP Enrollee Survey unless otherwise finalized for removal through the PRA processes.

Please note, CMS does not anticipate these changes will impact the data collection process or technical specifications for these measures. As an example, Exhibit 5 illustrates the proposed consolidation of the *Childhood Immunization Status* (Combination 3) and *Immunizations for Adolescents* measures.

Exhibit 5. Consolidation of the *Childhood Immunization Status* and *Immunizations for Adolescents* Measures

QRS Summary Indicator	QRS Domain	QRS Composite	Measure Title	M#
Clinical Quality Management	Prevention	Staying Healthy Child	Childhood Immunization Status (Combination 3)	27
			Immunizations for Adolescents (Combination 2)	47
↓				
Clinical Quality Management	Prevention	Staying Healthy Child	Immunization Status (Child and Adolescent)	48

3.3 Removing Items from the QHP Enrollee Survey Questionnaire

The QHP Enrollee Survey is designed to understand enrollees’ experience with their plan and care and the data received are an important part of QHP issuers’ quality improvement activities. CMS has received stakeholder feedback that the QHP Enrollee Survey questionnaire should be shortened to reduce respondent burden. To continue providing a meaningful assessment of enrollee experience, CMS is interested in receiving feedback on specific questions stakeholders recommend retaining and removing from the QHP Enrollee Survey. CMS will comply with the PRA, as applicable, in implementing any changes.

Appendix A. Proposed Revised 2018 QRS Hierarchy

The QRS measures are organized into a hierarchical structure that serves as a foundation of the QRS rating methodology (the QRS hierarchy). The measures are grouped into hierarchy components (composites, domains, summary indicators) to form a single global rating. Exhibit 6 illustrates the 2018 QRS hierarchy, incorporating the proposed revisions outlined in Section 2.2.

Exhibit 6. Proposed Revised 2018 QRS Hierarchy

QRS Summary Indicator	QRS Domain	High-Risk QRS Composite	Measure Title	M#
Clinical Quality Management (Weight 2/3)	Clinical Effectiveness	Asthma Care	Medication Management for People With Asthma (75% of Treatment Period)	1
		Behavioral Health	Antidepressant Medication Management	2
			Follow-Up After Hospitalization for Mental Illness (7-Day Follow-Up)	3
			Follow-Up Care for Children Prescribed ADHD Medication	4
			Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	5
		Cardiovascular Care	Controlling High Blood Pressure	6
			Proportion of Days Covered (RAS Antagonists)	7
			Proportion of Days Covered (Statins)	8
		Diabetes Care	Comprehensive Diabetes Care: Eye Exam (Retinal) Performed	9
			Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	10
			Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing	11
			Comprehensive Diabetes Care: Medical Attention for Nephropathy	12
			Proportion of Days Covered (Diabetes All Class)	13
	Patient Safety	Patient Safety	Annual Monitoring for Patients on Persistent Medications	14
			Plan All-Cause Readmissions (1/rate)	15
	Prevention	Checking for Cancer	Breast Cancer Screening	16
			Cervical Cancer Screening	17
			Colorectal Cancer Screening	18
		Maternal Health	Prenatal and Postpartum Care (Postpartum Care)	19
			Prenatal and Postpartum Care (Timeliness of Prenatal Care)	20
		Staying Healthy Adult	Adult BMI Assessment	21
			Chlamydia Screening in Women	23
			Aspirin Use and Discussion	22
			Flu Vaccinations for Adults Ages 18-84	24
			Medical Assistance With Smoking and Tobacco Use Cessation	25
		Staying Healthy Child	Annual Dental Visit	26
			Childhood Immunization Status (Combination 3)	27
			Immunizations for Adolescents (Combination 2)	47
			Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	30
			Well-Child Visits in the First 15 Months of Life (6 or More Visits)	31
	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life		32	

QRS Summary Indicator	QRS Domain	QRS Composite	Measure Title	M#
Enrollee Experience (Weight 1/6)	Access + Care Coordination	Access to Care + Care Coordination	Access to Care	33
			Care Coordination	34
	Doctor and Care	Doctor and Care	Cultural Competence	35
			Rating of All Health Care	36
			Rating of Personal Doctor	37
			Rating of Specialist	38
Plan Efficiency, Affordability, & Management (Weight 1/6)	Efficiency & Affordability	Efficient Care	Appropriate Testing for Children With Pharyngitis	39
			Appropriate Treatment for Children With Upper Respiratory Infection	40
			Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	41
			Use of Imaging Studies for Low Back Pain	42
	Plan Service	Enrollee Experience with Health Plan	Access to Information	43
			Plan Administration	44
			Rating of Health Plan	45