

Quality Rating System: Overview of 2016 Requirements for QHP Issuers

November 2015

Background

Based on Section 1311(c)(3) of the Affordable Care Act,¹ CMS developed the Quality Rating System (QRS) to: provide useful information to consumers of Qualified Health Plans (QHPs) offered through a Health Insurance Marketplace (Marketplace), provide actionable information that QHP issuers can use for performance improvement, and facilitate oversight of QHPs. CMS also developed the Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey)² to yield consumer experience data that will be used in the QRS. CMS issued a regulation in May 2014 that established standards and requirements related to QHP issuer data collection and public reporting of quality rating information in every Marketplace.³

QRS Requirements

Who must participate?

QHP issuers⁴ that are certified to offer family and/or adult-only health insurance coverage through a Marketplace in 2016 must comply with the QRS requirements. The QHP issuer must have more than 500 enrollees as of July 1, 2015 in any of the following product types: Exclusive Provider Organization (EPO), Health Maintenance Organization (HMO), Point of Service (POS), and Preferred Provider Organization (PPO). QHP issuers should not include enrollees in QHPs offered outside the Marketplace or non-QHPs.

What is required?

As a condition of certification and participation in the Marketplaces, QHP issuers are required to collect and submit third-party validated QRS clinical measure data and QHP Enrollee Survey response data that will be used by CMS to calculate QRS

scores and ratings. The following table outlines key requirements and dates associated with 2016 QRS implementation.

When are the key deadlines?

| Requirement | Date |
|--|-----------------|
| QHP issuer contracts with a Healthcare Effectiveness Data and Information Set (HEDIS®) Compliance Organization ⁵ for validation of the QHP Enrollee Survey sampling frame and QRS clinical measure data | By Dec 1, 2015 |
| QHP issuer contracts with an HHS-approved QHP Enrollee Survey vendor and authorizes the vendor to conduct the QHP Enrollee Survey and submit survey response data to CMS | By Jan 5, 2016 |
| QHP issuer and HEDIS® Compliance Auditor (employee of or contracted by the HEDIS® Compliance Organization) complete validation of QHP Enrollee Survey sampling frame | By Jan 29, 2016 |
| QHP issuer completes NCQA's Healthcare Organization Questionnaire (HOQ) to prepare for QRS clinical measure data submission | By Feb 29, 2016 |
| QHP issuer collects QRS clinical measure data and works with the HEDIS® Compliance Auditor to complete the HEDIS® Compliance Audit™ | Jan –Jun 2016 |
| QHP Enrollee Survey vendor conducts the QHP Enrollee Survey on the validated sampling frame | Feb-May 2016 |
| QHP Enrollee Survey vendor submits QHP Enrollee Survey data to CMS via CMS' QHP Enrollee Survey website | By May 25, 2016 |
| QHP issuer submits QRS clinical measure data via NCQA's Interactive Data Submission System (IDSS); HEDIS® Compliance Auditor approves and locks submission | Jun 8–15, 2016 |



¹ The Patient Protection and Affordable Care Act of 2010 (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).

² The QHP Enrollee Survey is largely based on items from the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys.

³ Patient Protection and Affordable Care Act; Exchange and Insurance Market Standards for 2015 and Beyond; Final Rule, 79 FR 30352 (May 27, 2014) (45 CFR Parts 144, 146, 147, et al.).

⁴ A Multi-State Plan option, certified by and under contract with the U.S. Office of Personnel Management (OPM), is recognized as a QHP for purposes of 45 CFR §155.1010.

⁵ Licensed by the National Committee for Quality Assurance (NCQA).

Quality Rating Information

Which quality measures are required?

The QRS measure set includes 43 measures that address areas of clinical quality management; enrollee experience; and plan efficiency, affordability, and management. QHP issuers are required to collect and submit data for 43 measures. QHP issuers should refer to each measure's technical specifications, which specify criteria for determining the eligible population and ability to submit data for the measure.

How will CMS calculate QHP quality ratings?

CMS will use a standardized methodology to calculate QRS scores and ratings based on the measure data that the eligible QHP issuers submit for each of their Marketplace products by state. The methodology uses a hierarchical structure to group measures into components (composites, domains, summary indicators), which are then used to form a single global rating (using a 5-star scale) for each QHP.

Based on the 2015 beta test, CMS intends to publish a subsequent version of the 2016 Guidance that includes the final QRS rating methodology to be applied in 2016.

How will QHP quality ratings be used?

Beginning in 2016, each Marketplace is required to display QHP quality ratings on its website in time for the annual Open Enrollment Period for 2017 to help consumers compare QHPs.⁶ CMS anticipates displaying the global rating and the rating for the Enrollee Experience summary indicator on HealthCare.gov for each QHP offered through the Federally-facilitated Marketplaces and through the State-based Marketplaces that rely on the federal eligibility and enrollment platform (i.e., states that use HealthCare.gov).

In 2016, CMS will issue technical details related to public display of ratings on Marketplace websites, in addition to specifying the form and manner in which CMS will display QHP ratings on HealthCare.gov.

QHP issuers may elect to reference their 2016 quality ratings in marketing materials. Marketing guidelines are included in the 2016 QRS and QHP Enrollee Survey Technical Guidance.

Additional Resources

Marketplace Quality Initiatives Website:

Serves as the central site for QRS resources, including the QRS and QHP Enrollee Survey Technical Guidance and the QRS Measure Technical Specifications

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

QHP Enrollee Survey Website:

Includes the QHP Enrollee Survey questionnaire, a list of the HHS-approved QHP Enrollee Survey vendors, and survey protocols for vendors

<http://qhpcahps.cms.gov>

NCQA HEDIS® Compliance Audit Website:

Includes the list of HEDIS Compliance Auditors and details associated with the HEDIS® Compliance Audit™ standards, policies, and procedures

<http://www.ncqa.org/HEDISQualityMeasurement/CertifiedSurveyVendorsAuditorsSoftwareVendors/HEDISComplianceAuditProgram.aspx>

Registration for Technical Assistance Portal (REGTAP):

Includes CMS technical assistance resources related to Marketplace requirements. Use key word search "QRS" to identify resources related to the QRS

<https://www.REGTAP.info>

Exchange Operations Support Center (XOSC) Help Desk:

- Email: CMS_FEPS@cms.hhs.gov
- Phone: 1-855-CMS-1515 (1-855-267-1515)

⁶ 45 CFR § 155.1400 and § 155.1405.