CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Marketplace Quality Initiatives

ANNUAL QUALIFIED HEALTH PLAN ISSUER CONFERENCE

MARCH 2ND - 4TH, 2016

REGTAP
Registration for Technical Assistance Portal

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Agenda

- Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey)
- Quality Rating System (QRS)
- Quality Improvement Strategy (QIS)
- Patient Safety Standards

QHP Enrollee Survey

- Section 1311(c)(4) of the Affordable Care Act (ACA) directs the Secretary to establish an enrollee satisfaction survey system for QHPs offered through a Marketplace
- To implement, The Centers for Medicare & Medicaid Services (CMS) developed the QHP Enrollee Survey
- Results from the QHP Enrollee Survey feed into the overall QRS for QHPs mandated by section 1311(c)(3) of ACA
- 2015 survey was a beta test to evaluate survey systems, processes and procedures
- National implementation with public reporting begins in 2016

QHP Enrollee Survey Requirements

- Must be administered by U.S. Department of Health and Human Services(HHS)-approved QHP Enrollee Survey vendors
- QHP issuer provides a validated sample frame and the survey vendor draws the sample and administers the survey
- Minimum sample size will be specified by CMS in technical guidance, but issuers have the option to draw a larger sample (oversample)
- Survey employs a mixed mode of administration, including mail telephone and Internet
  - Survey conducted in three (3) languages—English, Spanish, Chinese (optional)
- Questionnaire includes questions in core Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan 5.0 (Medicaid) Survey with additional questions specific to the Marketplace population

Quality Rating System

- Based on Section 1311(c)(3) of the Affordable Care Act, CMS developed the Quality Rating System (QRS) to:
  - Provide comparable and useful information to consumers about the quality of health care services and enrollee experience of QHPs offered through the Marketplaces
  - Facilitate oversight of QHP issuer compliance with quality reporting standards set forth in the ACA and implementing regulations in 45 CFR Part 155 and 156
  - Provide actionable information that QHP issuers can use to improve quality and performance
- CMS calculates quality ratings for each eligible QHP issuer's product type [e.g., Health Maintenance Organization (HMO), Preferred Provider Organization (PPO)] using clinical measure data and QHP Enrollee Survey response data
- Based on results, CMS assigns each QHP a quality rating on a 5-star rating scale
- Marketplaces must publicly display quality ratings on their websites in 2016 for 2017 open enrollment

Preview of QHP Quality Rating Information

- QHP issuers will be able to preview 2016 QRS ratings and scoring details via CMS' Health Insurance Oversight System-Marketplace Quality Module (HIOS-MQM) during a two-week QRS preview period in August 2016
- The following information will be available for preview:
  - Outputs of the calculations for each step of the methodology
  - Cut points used to convert numeric scores to star ratings for each QRS hierarchy component
  - Benchmark information for measure results (25th, 50th 75th percentiles) and
  - Associated definition/rationale for any invalid/non-numeric results (e.g., NR)
- QHP issuers will also receive reports on issuer's complete results from the QHP Enrollee Survey in late summer 2016

Display of QHP Quality Rating Information

- CMS will display 2016 quality rating information for each eligible QHP offered through HealthCare.gov
  - This includes QHPs offered through Federally-facilitated Marketplaces (FFMs,) as well as State-Based Marketplaces (SBMs) that rely on the federal eligibility and enrollment platform
- SBMs that do not rely on the federal eligibility and enrollment platform are required to display 2016 QHP quality rating information directly on SBMs' websites
  - SBMs have flexibility to display additional State or local quality information but must prominently display the federally-calculated QRS ratings in the form and manner specified by CMS
- CMS will issue technical details to facilitate non-HealthCare.gov SBMs' adherence with display requirements

The *Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2016* can be downloaded from the MQI website: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html.

Quality Improvement Strategy

- Implement a Quality Improvement Strategy (QIS) consistent with the standards described in Affordable Care Act section 1311(g)(1) (45 C.F.R 156.200(b))
- Submit a QIS Implementation Plan in calendar year 2016 for purposes of 2017 Qualified Health Plan (QHP) certification, and a Progress Report each year thereafter

A QIS is described in the Affordable Care Act as a payment structure that provides increased reimbursement or other market-based incentives for improving health outcomes of plan enrollees and must address at least one (1) of five (5) topic areas:

- Improve health
- Prevent hospital readmissions
- Improve patient safety and reduce medical errors
- Implement wellness and health promotion activities
- Reduce health and health care disparities

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Issuers that Must Submit QIS Information

- An issuer participating in a Marketplace for two (2) or more consecutive years must implement and report on a QIS using the QIS Implementation Plan and Progress Report form

Issuer's Initial QHP Certification Application Year	Two Consecutive Years of Providing Coverage	Calendar Year of Initial QIS Implementation Plan Submission*	Initial QIS Implementation Plan Coverage Year
2013	2014 and 2015	2016	2017
2014	2015 and 2016	2017	2018
2015	2016 and 2017	2018	2019
2016	2017 and 2018	2019	2020

- Stand-alone Dental Plans, child-only plans and QHPs that are compatible with health savings accounts that are offered on the Marketplace are not subject to the QIS reporting requirements for the 2017 QHP Application Period

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2017 QIS Issuer Participation Criteria

- An issuer (including co-ops and issuers offering Multi-State Plan options) must submit a QIS Implementation Plan and Progress Report form to each Marketplace in which it is applying to offer coverage during 2017 if:
  - The issuer offered coverage through the Marketplace in 2014 and 2015;
  - The issuer provides family and/or adult-only medical coverage through an individual Marketplace or the Small Business Health Options Program (SHOP); and
- The issuer meets the QIS minimum enrollment threshold:
  - The issuer must submit a QIS if it had more than 500 enrollees within a product type per state as of July 1, 2015
  - Each eligible QHP offered through a Marketplace within a product type that has more than 500 enrollees as of July 1, 2015, must be covered by a QIS

The *Quality Improvement Strategy: Technical Guidance and User Guide for the 2017 Coverage Year* and *the QIS Implementation and Progress Report form* can be downloaded from the MQI website: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html.

Patient Safety Standards

- Based on Section 1311(h) of the Affordable Care Act, a QHP may contract with health care providers and hospitals with more than 50 beds only if they meet certain patient safety standards including use of a patient safety evaluation system and a comprehensive hospital discharge program
- Initial phase of patient safety standards (2015) aligned with Medicare Hospital Conditions of Participation (CoP) requirements for (a) quality assessment and performance improvement program and (b) discharge planning
- The 2017 Payment Notice finalizes proposals for the next phase of implementation to strengthen patient safety standards, effective for plan years beginning on or after Jan 1, 2017. QHP issuers are required to track hospital participation with Patient Safety Organizations or track documentation such as hospital attestations or current agreements to partner with Hospital Engagement Networks (HEN) or Quality Improvement Organizations (QIO) or another evidence-based initiative to improve health care quality through the collection, management and analysis of patient safety events that reduces all cause preventable harm, prevents hospital readmission, or improves care coordination

MQI: 2016 and Beyond

- CMS will continue to engage stakeholders and provide technical assistance through the following channels:
  - Informational webinars
  - Training sessions
  - Help desk support
  - Public comment forums
- CMS will publish annual technical guidance and supplemental resources (e.g., FAQs) to communicate and clarify requirements

Resources for Additional Information on Marketplace Quality

- **Exchange Operations Support Center (XOSC) Help Desk (reference "Marketplace Quality Initiatives"):**
  CMS_FEPS@cms.hhs.gov or 1-855-CMS-1515 (1-855-267-1515)
- **Marketplace Quality Initiatives Website:**
  http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html
- **QHP Enrollee Survey Website:**
  http://qhpcahps.cms.gov

Questions

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