

Overview of 2015 QRS Requirements for QHP Issuers

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Background

Based on Section 1311(c) of the Affordable Care Act,¹ CMS developed the Quality Rating System (QRS) to: inform consumer selection of Qualified Health Plans (QHPs) offered through a Health Insurance Marketplace (Marketplace), facilitate regulatory oversight of QHPs, and provide actionable information to QHPs for performance improvement. CMS also developed the Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey), which will yield consumer experience data that will be used in the QRS. CMS issued 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.²

QRS Requirements

Who must participate?

QHP issuers³ offering family and/or adult-only health insurance coverage of any category through the Marketplaces (bronze, silver, gold, platinum, and catastrophic QHPs) must comply with QRS requirements, if they offered coverage during the previous benefit year and meet minimum enrollment criteria. Minimum enrollment is greater than 500 enrollees (as of July 1, 2014) in one of the specified products: Exclusive Provider Organization (EPO), Health Maintenance Organization (HMO), Point of Service (POS), Preferred Provider Organization (PPO). QHP issuers will be accountable for compliance with QRS requirements as a condition of certification and participation in a Marketplace.

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. 111–309) (collectively referred to as the Affordable Care Act).

² 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.).

³ A Multi-State Plan, certified by and under contract with the U.S. Office of Personnel Management (OPM), is recognized as a QHP per 45 CFR §155.1010.

What is required?

QHP issuers are required to collect and submit third-party validated QRS measure data that will be used by CMS to calculate QHP scores and ratings. The following table outlines key requirements and dates associated with the 2015 QRS implementation. For further details, refer to the QRS and QHP Enrollee Survey Technical Guidance document.

Key Requirements and Dates

Requirement	Date
QHP issuer contracts with a third party data validator ⁴ for validation of the QHP Enrollee Survey sampling frame and QRS clinical measure data	By Dec 1, 2014
QHP issuer contracts with CMS-approved QHP Enrollee Survey vendor to conduct the QHP Enrollee Survey and authorizes the survey vendor to submit the survey data to CMS	By Jan 5, 2015
QHP issuer works with the data validator to complete validation requirements for the survey sampling frame	By Jan 31, 2015
QHP issuer collects QRS clinical measure data and works with the data validator to complete data validation requirements	Jan – Jun 2015
QHP Enrollee Survey vendor conducts QHP Enrollee Survey	By Apr 31, 2015
QHP Enrollee Survey vendor submits QHP Enrollee Survey data to CMS	By May 31, 2015
QHP issuer submits validated QRS clinical measure data to CMS	By Jun 15, 2015

Quality Rating Information

How will CMS measure QHP quality?

CMS has defined a set of QRS measures that consist of clinical measures and survey measures, the latter

⁴ For 2015, QHP issuers must contract with a Healthcare Effectiveness Data and Information Set (HEDIS®) Compliance Auditor.

of which are based on a subset of QHP Enrollee Survey questions.⁵ The measures address areas of clinical quality management; enrollee experience; and plan efficiency, affordability, and management. The table to the right lists the 2015 QRS measures. Refer to the QRS and QHP Enrollee Survey Technical Guidance document for additional measures that are anticipated for the 2016 and 2017 QRS.

How will CMS calculate QHP ratings?

Using a standardized methodology, CMS will calculate QHP scores and ratings based on the QRS clinical and survey measure data that QHP issuers submit for each of their products in the Marketplace. The methodology includes rules for combining and scoring QRS measures through a hierarchical structure, resulting in one global score. Based on the scores, CMS will assign each QHP a star rating using a 1 to 5 scale.

In the fall of 2015, QHP issuers will have the opportunity to preview and submit inquiries related to their QHP ratings.

How will QHP ratings be used?

Marketplaces are not required to publicly display QRS 2015 beta test quality rating information on their websites. In future guidance, CMS will specify guidelines related to public display of quality rating information on Marketplace websites, a requirement that will begin in the fall of 2016, for the 2017 benefit year open enrollment.

Additional Resources

Marketplace Quality Website:

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

- *2015 Beta Test of the Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2015*
- *QRS Measure Technical Specifications*

QHP Enrollee Survey Website:

<http://qhpcahps.cms.gov>

Exchange Operations Support Center (XOSC) Help Desk:

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

2015 QRS Measures

Measure Title	NQF ID
Access to Care * ⁶	0006 ⁷
Access to Information *	0006 ⁷
Annual Dental Visit	1388
Annual Monitoring for Patients on Persistent Medications	Not Endorsed ⁸
Appropriate Testing for Children With Pharyngitis	0002
Appropriate Treatment for Children With Upper Respiratory Infection	0069
Care Coordination *	Not Endorsed
Cervical Cancer Screening	0032
Chlamydia Screening in Women	0033
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
Controlling High Blood Pressure	0018
Cultural Competence *	Not Endorsed
Flu Vaccinations for Adults Ages 18-64 *	0039
Follow-Up After Hospitalization for Mental Illness (7-Day Follow-Up)	0576
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	0004
Plan Administration *	0006 ⁷
Prenatal and Postpartum Care	1517
Proportion of Days Covered	0541
Rating of All Health Care *	0006 ⁷
Rating of Health Plan *	0006 ⁷
Rating of Personal Doctor *	0006 ⁷
Rating of Specialist *	0006 ⁷
Relative Resource Use for People with Diabetes (Inpatient Facility Index)	1557
Use of Imaging Studies for Low Back Pain	0052
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	0024
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	1516

⁶ An asterisk (*) notes the survey measures in the QRS measure set that will be collected as part of the QHP Enrollee Survey.

⁷ NQF ID #0006 reflects NQF endorsement for the CAHPS Health Plan 4.0 survey. The QRS survey measures largely align with items from the CAHPS Health Plan 5.0 surveys, which have not yet been endorsed upon publication of this issue brief.

⁸ Measure is not NQF-endorsed upon publication of this issue brief, but it was submitted for endorsement in early 2014.

⁵ The QHP Enrollee Survey is largely based on items from the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys.