Health Insurance Exchange

Final 2019 Call Letter for the Quality Rating System (QRS) and Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey)

Finalized QRS and QHP Enrollee Survey Program Refinements

June 2019

Contents

List of Exhibits

1.0 Purpose of the 2019 QRS Call Letter

The Centers for Medicare & Medicaid Services (CMS) appreciates all the individuals and organizations who submitted comments on the *Draft 2019 Call Letter for the Quality Rating System (QRS) and Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey)* (referred to hereafter as the Draft 2019 QRS Call Letter) during the public comment period, held February 19, 2019 through March 18, 2019.

This document, the *Final 2019 Call Letter for the Quality Rating System (QRS) and Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey)* (referred to hereafter as the Final 2019 QRS Call Letter), serves to communicate CMS' finalized refinements to the QRS and QHP Enrollee Survey programs.[1] This document summarizes comments received on the Draft 2019 QRS Call Letter during the public comment period within each relevant section. No changes are being made at this time to CMS regulations; instead, the refinements apply to QRS and QHP Enrollee Survey program operations.

The refinements described in this document focus on refinements to the QRS measure set and removal of items from the QHP Enrollee Survey questionnaire.

This document does not include all potential refinements to the QHP Enrollee Survey program (e.g., other types of survey revisions will be addressed through the information collection request process per Paperwork Reduction Act [PRA] requirements, as appropriate). CMS will publish the *Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2020* in the fall of 2019, reflecting the applicable finalized changes announced in this document.

1.1 Key Terms

Exhibit 1 below provides descriptions of key terms used throughout this document.

Exhibit 1. Key Terms for the QRS Call Letter

Term	Description
Measurement Year	The term *measurement year* refers to the year reflected in the data submission. All measure data are retrospective. The exact period of time represented by each measure is dependent on the technical specifications of the measure. ▪ QRS clinical measure data submitted for the 2019 ratings year (the 2019 QRS) generally represent data for enrollees from the previous calendar year(s) (i.e., CY 2018). The calendar year representing data for enrollees is referred to as the measurement year. Some measures require more than one year of continuous enrollment for data collection so the data for those measures for the 2019 QRS may also include years prior to CY 2018. ▪ For QRS survey measure data in the 2019 QRS, the survey is fielded based on enrollees who are enrolled as of January 1, 2019, but the survey requests that enrollees report on their experience "in the last 6 months."

[1] The QRS and QHP Enrollee Survey requirements for the 2019 ratings year (the 2019 QRS) are detailed in the *Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2019*, which was released in October 2019 and is available on the CMS' Marketplace Quality Initiatives (MQI) website: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html.

Term	Description
Ratings Year	The term *ratings year* refers to the year the data are collected (including fielding of the QHP Enrollee Survey), validated, and submitted, and QRS ratings are calculated. For example, the "2019 QRS" refers to the 2019 ratings year. ▪ Ratings calculated for the 2019 QRS are displayed for QHPs offered during the 2020 plan year, in time for the individual market open enrollment period, to assist consumers in selecting QHPs offered through Health Insurance Exchanges.

1.2 Timeline for Call Letter Publication

The anticipated annual cycle for the QRS Call Letter follows a three-to-four-month (approximately February/March through April/May) timeline as shown in Exhibit 2, followed by the publication of the 2020 QRS Guidance in August/September.

Exhibit 2. Annual Cycle for Soliciting Public Comment via the QRS Call Letter Process

Anticipated	Description
February/March	**Publication of Draft QRS Call Letter:** CMS proposes changes to the QRS and QHP Enrollee Survey programs 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 and QHP Enrollee Survey programs.
May/June	**Publication of Final QRS Call Letter:** CMS communicates final changes to the QRS and QHP Enrollee Survey programs and addresses the themes of the public comments.
August/September	**Publication of QRS and QHP Enrollee Survey Guidance and Measure Technical Specifications for upcoming ratings year:** CMS provides technical guidance regarding the QRS and the QHP Enrollee Survey, and specifies requirements for QHP issuers offering coverage through the Health Insurance Exchanges (Exchanges).

2.0 Revisions for the 2019 Ratings Year

CMS did not propose refinements to the QRS or QHP Enrollee Survey for the 2019 ratings year in the Draft 2019 QRS Call Letter.[2]

CMS thanks commenters who provided additional feedback on the QRS program. Commenters requested that CMS provide guidance on the quality rating information display for the 2020 individual market open enrollment period. CMS intends to release subsequent guidance regarding display of 2019 quality rating information for the 2020 individual market open enrollment period and use of such information in marketing materials.

[2] The *Final 2018 QRS Call Letter for the QRS and QHP Enrollee Survey* (Final 2018 QRS Call Letter) includes finalized refinements for the QRS that will take effect during the 2019 ratings year. These refinements include increasing the denominator criteria for the *Plan All-Cause Readmission* measure to 150 observations and removing two measures from the QRS measure set: *Comprehensive Diabetes Care: Hemoglobin A1c Testing* and *Cultural Competence*. The Final 2018 QRS Call Letter is available on the CMS MQI website: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-AssessmentInstruments/QualityInitiativesGenInfo/Downloads/2018-QRS-Call-Letter_July2018.pdf. Also see the 2019 QRS Guidance for further details on the final QRS and QHP Enrollee Survey requirements for the 2019 ratings year on the CMS MQI website: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-AssessmentInstruments/QualityInitiativesGenInfo/Downloads/2019-QRS-and-QHP-Enrollee-Survey-TechnicalGuidance_FINAL_20181016_508.pdf

Commenters also suggested CMS remove additional measures from the QRS measure set based on changes to the measure specifications or due to consistently low denominator sizes. CMS is continuing to evaluate the measures in the QRS measure set based on updates to the technical specifications made by measure stewards. Additionally, CMS will continue efforts to align the Exchange quality programs with the Meaningful Measures Initiative and will continue to consider potential reductions to the QRS measure set in future years to streamline quality measures, reduce regulatory burden, and foster operational efficiencies.

3.0 QRS and QHP Enrollee Survey Revisions for Future Years

Commenters generally supported the proposed removal of the *Annual Monitoring for Patients on Persistent Medication* (MPM) and *Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication* (ADD) measures. A number of commenters disagreed with CMS' proposal to incorporate the *International Normalized Ratio Monitoring for Individuals on Warfarin* (INR) and *Annual Monitoring for Patients on Chronic Opioid Therapy* (COT) measures into the QRS measure set, noting concern with the measure specifications and raising logistical questions about the incorporation of these measures. These proposed revisions, the comments received, and the final policies adopted with respect to these changes are discussed in additional detail below.

CMS thanks commenters for their important feedback on these refinements.

3.1 Removal of Measures

3.1.1 Removing the Annual Monitoring for Patients on Persistent Medication (MPM) Measure from the QRS Measure Set

CMS thanks commenters for their feedback on the proposed removal of the MPM measure. As detailed in the Draft 2019 QRS Call Letter, this change was proposed due to the National Committee for Quality Assurance (NCQA) proceeding with full retirement of this measure from all product lines and the fact that it is also no longer National Quality Forum (NQF)-endorsed. The majority of commenters supported this refinement. After consideration of comments received, CMS will finalize removal of the MPM measure beginning with the 2020 ratings year.

CMS recognizes that as a result of this refinement, the patient safety composite and domain will include only one measure for scoring in the 2020 ratings year. CMS intends to incorporate more measures into the patient safety composite in future years that CMS considers to be meaningful and in alignment with high-priority area of making care safer by reducing harm caused in the delivery of care. The addition of new measures will also redistribute the implicit weight of the individual measures in the patient safety composite, see Appendix A. Additionally, CMS is investigating whether temporary adjustments to the QRS explicit weighting structure would be appropriate such that the domains in the Clinical Quality Management summary indicator reflect the amount of underlying measure data within the composites and domains. CMS may propose refinements to the explicit weighting structure during the 2020 Call Letter cycle with the intention of reducing the implicit weight of the patient safety composite and domain in the 2020 rating year.

3.1.2 Removing the Follow-up Care for Children Prescribed ADHD Medication (ADD) Measure from the QRS Measure Set

CMS thanks commenters for their feedback on the proposed removal of the ADD measure. As detailed in the Draft 2019 QRS Call Letter, CMS proposed removing the ADD measure due to historically high frequencies of missing measure data. All respondents supported removal of the ADD measure. After consideration of the comments received, CMS will finalize removal of this measure beginning with the 2020 ratings year.

3.2 Addition of New Measures

In the Draft 2019 QRS Call Letter, CMS proposed the addition of two new measures to the QRS measure set beginning with the 2020 QRS: *International Normalized Ratio Monitoring for Individual on Warfarin (INR)* and *Annual Monitoring for Patients on Chronic Opioid Therapy (COT).* These two measures were proposed for inclusion to increase reporting on patient safety-related topics and address high-priority areas in the Meaningful Measures Framework.

Generally, commenters requested more information on the proposed incorporation of the two new measures into the QRS measure set. Commenters had overarching questions about the incorporation of INR and COT, including on the process for submitting measure data and incorporating the new measures into scoring (e.g., if CMS is responsible for calculating the measure and the data collection infrastructure). Additionally, some commenters had questions about the impact of incorporating these measures on QRS scores and ratings. Finally, commenters requested CMS delay incorporation of these two measures into scoring for two years (i.e., requesting the measures not be scored until the 2022 ratings year), and asked about the timeline for releasing the full technical specifications and value sets for these new measures. We respond to these general comments, along with the more specific ones received on each measure, in the subsections that follow.

3.2.1 International Normalized Ratio Monitoring for Individuals on Warfarin (INR)

In addition to the general comments noted above, some commenters supported the addition of the INR measure to the QRS measure set. Additionally, commenters requested information regarding the data collection and certification process, and the measure technical specifications for the new measure.

As noted in the Draft 2019 QRS Call Letter, given the prominent role of warfarin in adverse drug events in the United States, adding the INR measure has potential to improve patient safety by encouraging evidence-based frequency of INR monitoring to prevent warfarin-related adverse events. Reducing adverse drug events also aligns with the Meaningful Measures priority of "making care safer by reducing the harm caused by delivery of care." In spring 2019, the NQF Patient Safety Project Standing Committee voted in favor of recommending re-endorsement for the INR measure, agreeing that the measure was sound, useful, and warranted continued endorsement. The committee supports regular monitoring of INR as the standard of care for patients taking warfarin and agrees that there is an opportunity for improvement in the area of INR monitoring. CMS anticipates the Consensus Standards Approval Committee (CSAC) will concur with the Standing Committee's determination, and that NQF endorsement will be renewed in July 2019. Based on the Standing Committee's recommendation, and because the

INR measure addresses an important policy priority, CMS will proceed with finalizing the inclusion of INR into the QRS. CMS will begin collecting data for the INR measure in the 2020 ratings year and will begin scoring the measure in the 2021 ratings year. As shown in Appendix A, CMS anticipates including the INR measure in the patient safety composite and domain, pending reliability testing after initial data submission. CMS will release further information on measure scoring and hierarchy placement in *QRS and QHP Enrollee Survey: Technical Guidance for 2020*.

CMS further notes that the National Committee for Quality Assurance (NCQA) auditors should audit and certify the INR measure along with the other 2020 QRS measures. Additionally, QHP issuers will continue to submit all QRS clinical data through the NCQA's Interactive Data Submission System (IDSS).[3] CMS has also included the INR measure technical specifications in Appendix B and encourages QHP issuers to begin preparing for 2020 data collection and submission for this new measure.

In the future, when proposing to include new measures in the QRS measure set, CMS intends to also provide the technical specifications and details on the data collection process.

3.2.2 Annual Monitoring for Patients on Chronic Opioid Therapy (COT)

CMS proposed the COT measure for inclusion to align with the policy priorities of combating the opioid crisis as well as reducing adverse drug events and promoting safe and responsible pain management. Some commenters expressed concerns with CMS' proposal to include this measure in the QRS measure set prior to the measure receiving NQF endorsement. After consideration of comments received, CMS has decided to delay the addition of the COT measure until the measure completes the NQF endorsement process. CMS will continue to pursue incorporation of the COT measure into the QRS measure set because of the potential for this measure to reduce harm in the delivery of care, and because of the important policy priorities it addresses. Pending further developments related to this measure, CMS anticipates proposing to add the COT measure beginning with the 2021 QRS as part of the 2020 QRS Call Letter process with data collection for COT beginning with the 2021 ratings year, and CMS scoring in 2022.

CMS thanks commenters for identifying areas to strengthen the COT measure. Additionally, CMS will consider modifying the technical specifications of the COT measure based on feedback.

3.3 Removing Items from the QHP Enrollee Survey Questionnaire

Commenters overwhelmingly supported CMS proposal to remove questions from the QHP Enrollee Survey with reliability below 0.7, and CMS will consider the feedback regarding the specific QHP Enrollee Survey questions commenters recommended removing and retaining. CMS thanks commenters for their feedback and anticipates implementing reductions to the QHP Enrollee Survey in future years. However, at this time, CMS is not considering removing survey questions.

In addition to considering the removal of survey measures for future years, CMS will consider other factors when identifying potential changes to the QHP Enrollee Survey, including but not

[3] There are no fees for QHP issuers associated with accessing and using the IDSS.

limited to, cognitive testing results, whether the question captures data not otherwise collected, and use of measures in other CAHPS®-based surveys. When proposing refinements to the questions included in the QRS survey measures, CMS will provide additional information, including the anticipated impact to the QRS. CMS will comply with the Paperwork Reduction Act (PRA) requirements, as applicable, in implementing any future changes to the QHP Enrollee Survey.

Appendix A. Revised 2020 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 hierarchical components (composites, domains, summary indicators) to form a single global rating.

Exhibit 3 illustrates the finalized 2020 QRS hierarchy.[4] Measures denoted with a strikethrough (–) will no longer be collected beginning with the 2020 ratings year. Measures denoted with an asterisk (*) will be collected for the 2020 QRS but not included in scoring.

Exhibit 3. Revised 2020 QRS Hierarchy

QRS Summary	QRS Domain	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: 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	15
			INR Monitoring for Individuals on Warfarin (INR)*[5]	48
	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
			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

[4] For information on the 2019 QRS hierarchy, see Appendix E in the 2019 QRS Guidance, available on CMS' MQI website: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html

[5] CMS anticipates including the INR measure in the patient safety composite and domain, pending reliability testing after initial data submission.

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	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

Appendix B. INR Measure Technical Specifications[6]

International Normalized Ratio (INR) Monitoring for Individuals on Warfarin

Description

The percentage of members 18 years of age and older who had at least one 56-day interval of warfarin therapy and who received at least one international normalized ratio (INR) monitoring test during each 56-day interval with active warfarin therapy.

Definitions

IPSD	Index prescription start date. The earliest prescription dispensing date for warfarin during the measurement year.
Treatment Period	The period of time beginning on the IPSD and ending with the last prescription dispensing date for warfarin during the measurement year plus the days supply of the last warfarin dispensing event within the measurement year. If the days' supply extends past the measurement year, the treatment period ends on December 31 of the measurement year. Use the last warfarin dispensing event to determine the end of the treatment period even if another prescription is active after the end of the treatment period. For example, if the last dispensing event is on December 1 for 5 days supply and another dispensing event is on November 30 for 10 days supply, the end of the treatment period is December 5. If two warfarin dispensing events occur on the last prescription dispensing date during the measurement year, the dispensing event with the longest days supply is used to calculate the end of the treatment period. Gaps in warfarin dispensing events can occur during the treatment period.

Eligible Population

Product lines	Exchange.
Ages	18 years and older as of December 31 of the measurement year.
Continuous enrollment	The treatment period.
Allowable gap	No gaps in enrollment.
Benefit	Medical and pharmacy.
Event/diagnosis	Members who were dispensed warfarin during the measurement year and whose treatment period was at least 56 days. ***Note:*** *A full list of codes necessary for measure calculation is forthcoming.*

[6] Data collection will begin in the 2020 ratings year and scoring will begin in the 2021 ratings year.

Required exclusions

Exclude members with either of the following:

- Members whose IPSD or last dispensing event for warfarin during the measurement year were missing days' supply.
- Members who are monitoring INR at home during the treatment period.

2019 INR Monitoring at Home HCPCS Codes

G0248 – Demonstrate Use Home INR Mon.
G0249 – Provide Test Mats & Equip Home INR
G0250 – MD INR Test Review Inter Mgmt.

Note: *A full list of codes necessary for measure calculation is forthcoming.*

Administrative Specification

Denominator

The eligible population.

Numerator

Members who received at least one INR monitoring test during or was hospitalized during each 56-day interval with active warfarin therapy.

Use the steps below to determine the numerator.

Step 1 For the treatment period, determine the start and end dates for each full 56-day interval.

For example, if a member's treatment period starts on January 1 and ends on April 30, their treatment period is 120 days and they have 2 full intervals. Interval 1 starts on January 1 and ends on February 25. Interval 2 starts on February 25 and ends on April 21.

Note: Days left over after the last interval are not included. Only full 56-day intervals are used for calculating the numerator.

Step 2 Members are identified for the numerator in two ways for each interval: by at least one INR monitoring test or a hospitalization of more than 48 hours. If hours are not available, stays of at least three days meet numerator criteria.

Members must have a test or hospitalization in each interval to meet numerator criteria.

2019 Codes for INR Test

The specific year of codes used for the measure depends on the measurement year.

CPT code: 85610 – Prothrombin time.

LOINC codes:

- 34714-6 – INR in blood by coagulation assay.
- 6301-6 – INR in platelet poor plasma by coagulation assay.
- 38875-1 – INR in platelet poor plasma or blood by coagulation assay.
- 46418-0 – INR in capillary blood by coagulation assay.
- assay.
- 52129-4 – INR in platelet poor plasma by coagulation assay—post heparin adsorption.

Note: *A full list of codes necessary for measure calculation is forthcoming.*