Quality Rating System (QRS) and QHP Enrollee Survey: Changes for the 2021 Plan Year

July 30, 2020

2020 Qualified Health Plan (QHP) Series

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CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Intended Audience

This webinar is applicable to issuers in the Federally-facilitated Exchanges (FFEs), State Partnership Exchanges (SPEs), State-based Exchanges (SBEs) and State-based Exchanges on the Federal Platform (SBEs-FP).

Agenda

- Session Guidelines

- Key Dates

- Additional Webinar Sessions

- Announcements

- QRS and QHP Enrollee Survey: Changes for the 2021 Plan Year

- Live Q&A Session

- Additional Webinar Sessions

- Resources

- Closing Remarks

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Session Guidelines

- This is a 60-minute session.
- This call is being recorded. The recording is not released to the public or posted in Registration for Technical Assistance Portal (REGTAP).
- This webinar will provide an opportunity for Center for Consumer Information and Insurance Oversight (CCIIO) Plan Management (PM) Subject Matter Experts (SMEs) to respond to questions from QHP issuers.
- For questions regarding content, contact the Centers for Medicare & Medicaid Services (CMS) Help Desk by email at: CMS_FEPS@cms.hhs.gov or by phone at: (855) 267-1515.
- For questions regarding logistics and registration, contact the Registrar at: (800) 257-9520.

WebEx Audio Issues

If you are listening to the webinar through WebEx and experience audio issues, please dial into 1-866-391-5945 and enter your six (6) digit PIN for phone access.

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Upcoming Plan Year (PY) 2021 Key Dates for QHP Certification

Date	Category	Activity
June 18 – August 12, 2020	QHP Certification	CMS reviews QHP Application data and releases results in the PM Community

Additional Webinar Sessions

All questions regarding Enrollment or External Data Gathering Environment (EDGE) Server can be addressed during the following webinar sessions:

Program Area	Day	Time (ET)
Enrollment	Mondays (Bi-Weekly)	12:00 p.m. – 1:00 p.m.
EDGE Server	Tuesdays	12:00 p.m. – 1:30 p.m.

Please register if you wish to participate, even if you have registered for a previous series. For registration and additional information on CMS' webinar series, please log in to https://www.REGTAP.info.

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Announcements

QRS and QHP Enrollee Survey: Changes for the 2021 Plan Year

Learning Goals

- Provide an update on the QRS
- Provide information regarding accessing and interpreting 2019 QRS results and QHP Survey Quality Improvement (QI) Reports
- Address questions from webinar participants

QRS and QHP Enrollee Survey-Suspension of Data Collection

- Given the challenges healthcare providers are facing responding to the COVID-19 virus, CMS announced flexibility for QHP issuers eligible to report for the QRS and the QHP Enrollee Survey programs for PY 2021 QHP Certification Period, to suspend activities related to the collection and reporting of data for the QRS and QHP Enrollee Survey.*

- CMS exercised enforcement discretion to adopt a temporary policy of relaxed enforcement and directed all eligible QHP issuers to discontinue the collection and reporting of clinical quality measure data and survey measure data that would normally be submitted to CMS between May and June 2020.

- Additionally, in light of the suspension of the collection and reporting of data for calculating 2020 ratings, CMS will not release new QRS Preview Reports, QI reports and Proof Sheets for the 2020 ratings year.
  - Preview reports from 2019 will remain available in the Marketplace Quality Module (MQM).

*COVID-19 and Suspension of Certain Activities Related to the Health Insurance Exchange Quality Rating System and QHP Enrollee Experience Survey (QHP Enrollee Survey) https://www.cms.gov/files/document/covid-qrs-and-marketplace-quality-initiatives-memo-final.pdf

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QRS PY 2021 Display Update

- CMS began requiring nationwide display of quality ratings by all Exchanges beginning during Open Enrollment (OE) for PY 2020.

- In light of the decision to discontinue data collection and reporting for the 2020 QRS and QHP Enrollee Survey, CMS will issue further guidance on the display of quality rating information prior to the beginning of OE 2021.

  – This will include guidance for State-based Exchanges and Direct Enrollment entities regarding the display of QHP quality rating information beginning during the OE for PY 2021.

- CMS anticipates that many QRS and QHP Enrollee Survey measures will be impacted by the COVID-19 pandemic and is working to determine an approach for the display of quality ratings for PY 2021.

Accessing QRS and QHP Survey QI Report Results

- QHP issuers and Exchange administrators may access QRS and QHP Enrollee Survey results for their respective QHP issuers' reporting units via the Health Insurance Oversight System Marketplace Quality Module (HIOS-MQM).

- Instructions for accessing QRS results:

  - Log in to the HIOS-MQM website.

    - Users new to HIOS need to request access to HIOS and the MQM through the CMS Enterprise Portal (https://portal.cms.gov/).

    - Existing HIOS users who are new to the MQM need to request a new role: Ratings/Reports Viewer or Exchange Operator. These roles authorize the user to perform predetermined functions and access certain data sets.

    - Detailed instructions for registering for access to HIOS and the MQM can be found in the HIOS-MQM Quick Reference Guide located on CMS' Marketplace Quality Initiatives (MQI) website (https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html).

Health Insurance Oversight System
Marketplace Quality Module

Thursday, June 18, 2020 | HIOS MAIN PAGE | HOME | FAQ |

Marketplace Quality Module - Home

| Download QRS QHP List |
| Preview Ratings and Survey Results |
| Download State Survey Results and Ratings |

Marketplace Quality Module Announcements:

5/7/2020: The 2020 Quality Rating System (QRS) Qualified Health Plan (QHP) List is available for download. The QRS QHP List includes QHP issuers and their respective reporting units that CMS previously identified as eligible for the 2020 QRS for the 2021 Plan Year (PY) based on the 2020 QRS participation requirements. **As a reminder, in response to the COVID-19 pandemic, CMS announced the suspension of reporting requirements for the QRS and QHP Enrollee Survey for Plan Year 2021.** CMS is releasing the QRS QHP List for reference and review only.

Feedback regarding the accuracy of the QRS QHP List will support CMS in determining QHP issuer eligibility to participate in the QRS in future years. CMS requests that you review your QHP information, and report discrepancies by Friday, May 29, 2020 to the Marketplace Service Desk (MSD) via email at CMS_FEPS@cms.hhs.gov, or by phone at 1-855-CMS-1515 (1-855-267-1515). When submitting inquiries via email, please include "MQI-QRS QHP List" and your HIOS Issuer ID in the subject line or body of the email.

4/24/2020: CMS released the COVID-19 Marketplace Quality Initiatives Memo, available on the Marketplace Quality Initiatives (MQI) website, to announce that CMS is suspending activities related to the collection and reporting of clinical quality

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Accessing QRS and QHP Survey QI Report Results (continued)

Navigate to the Preview Ratings and Survey Results webpage and search for the corresponding QHP issuer(s) to review the QRS and QHP Enrollee Survey results.

QHP issuers can click the **Download** button to receive a ZIP file, or bundle, including the QRS and QHP Enrollee Survey results. Additionally, user guides for interpreting the results are available on the Preview Ratings and Survey Results webpage.

QRS and QHP Survey QI Report Results

- QHP issuers and States will continue to have access to the 2019 QRS and QHP Enrollee Survey results for issuer's respective reporting units via the HIOS-MQM. Each State has access to the following for each eligible reporting unit operating in the State:

  - QRS Preview Report including the QRS ratings

  - QRS Proof Sheet (PDF)

  - QRS Proof Sheet (CSV)

  - QHP Survey QI Report (survey results)

- The QRS Proof Sheet provides additional detail behind the ratings shown in the QRS Preview Report.

QRS Results for Preview

- The **QRS Preview Report** provides the QRS ratings for each reporting unit. The ratings are provided on a 5-star scale for all QRS hierarchy components.
- The PDF version of **QRS Proof Sheets** display outputs for each step of the QRS rating methodology (see example on the next slide):
    - Scores and ratings for all QRS hierarchy components
    - Results for all QRS measures, including measures not included in scoring (for all measures, the file includes the rate and total denominator size)
    - Cut points used to convert numeric scores to star ratings
- The CSV file version of **QRS Proof Sheets** provides additional information:
    - Measure indicator values and sub-measure indicator values (age stratifications)
    - Benchmark information (percentile values) for measure rates, allowing a QHP issuer to compare its reporting units' results to all other reporting units nationally
    - Benchmark values that show the standardized 5th, 10th, 25th, 50th, 75th, 90th and 95th percentile values of the numerical rates across all reporting units
    - The standard deviation and mean per measure, allowing a QHP issuer to recalculate the Z-score for their reported measure rate. standardization. CMS creates these values using data from all reporting units that are scoring eligible
    - QHP issuers can also access to the *2019 QRS Proof Sheet User Guide*, which includes more detail regarding the methodology used to produce the QRS scores and ratings.

Example QRS Proof Sheet – PDF

Table 1: Global Rating Data

Ratings Year	Reporting Unit ID	Global Score	Global Cut Points	Global Rating
2019	18350-HI-PPO	49.565	30, 43, 53, 64	3

Table 2: Rating Data for Summary Indicator 1 - Clinical Quality Management

Summary Indicator Description	Summary Indicator Score	Summary Indicator Cut Points	Summary Indicator Rating
S1. Clinical Quality Management	48.446	31, 46, 58, 72	3

Table 3: Domain Rating, Composite Rating, and Measures Data for Summary Indicator 1 - Clinical Quality Management

Domain Description	Domain Score	Domain Cut Points	Domain Rating	Composite Description	Composite Score	Composite Cut Points	Composite Rating	Measure Description	Measure Raw Value	Measure Denominator	Measure Standardized Score
D1. Clinical Effectiveness	35.228	28, 36, 54, 68	2	C1. Asthma Care	CSR-I	15, 44, 65, 88	CSR-I	M1. Medication Management for People With Asthma (75%)	0.72	25	NC
D1. Clinical Effectiveness	35.228	28, 36, 54, 68	2	C2. Behavioral Health	34.992	29, 42, 63, 90	2	M2. Antidepressant Medication Management	0.585	47	37.284
D1. Clinical Effectiveness	35.228	28, 36, 54, 68	2	C2. Behavioral Health	34.992	29, 42, 63, 90	2	M3. Follow-Up After Hospitalization for Mental Illness (7-Days)	0.5	10	NC
D1. Clinical Effectiveness	35.228	28, 36, 54, 68	2	C2. Behavioral Health	34.992	29, 42, 63, 90	2	M4. Follow-Up Care for Children Prescribed ADHD Medication	NR	-	NC
D1. Clinical Effectiveness	35.228	28, 36, 54, 68	2	C2. Behavioral Health	34.992	29, 42, 63, 90	2	M5. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	0.188	85	32.7
D1. Clinical Effectiveness	35.228	28, 36, 54, 68	2	C3. Cardiovascular Care	34.229	10, 27, 52, 75	3	M6. Controlling High Blood Pressure	0.55	411	37.049

QHP Survey QI Reports for Preview

- QHP issuers will have access to one (1) QHP Enrollee Survey QI Report for each reporting unit.

    - Each report includes survey results for all questions and composites included in the QHP Enrollee Survey*.

- QHP issuers can also access to the *2019 Qualified Health Plan Enrollee Survey Quality Improvement Reports Methodology Guide* on the Preview Ratings and Survey Results webpage, which details the methodology used to calculate the QHP Enrollee Survey results.

    *The QHP Enrollee Survey includes several measures that are not part of the QRS.

Example QHP Survey QI Report

Scoring Questions

Scoring Question	Question	Unadjusted Score	Adjusted Score	National Average Score	How You Compare	Unit Specific Reliability	National Reliability	Never or Sometimes	Usually	Always	Non Response	Total Responses
Overall: Rating of Health Plan	50	70.71	73.43	73.17	Average	0.87	0.92	N/A	N/A	N/A	--	140 (97.22%)
Overall: Rating of All Health Care	8	77.75	79.39	82.27	Average	0.59	0.73	N/A	N/A	N/A	40 (27.78%)	104 (72.22%)
Overall: Rating of Personal Doctor	24	85.52	86.63	88.69	Average	0.52	0.64	--	N/A	N/A	71 (49.31%)	73 (50.69%)
Overall: Rating of Specialist	33	84.93	86.23	87.44	Average	0.29	0.46	--	N/A	N/A	82 (56.94%)	62 (43.06%)
Composite: Getting Care Quickly		77.79	79.76	77.76	Average	0.56	0.77	24 (16.78%)	17 (11.88%)	63 (43.56%)	40 (27.78%)	104 (72.22%)
In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?	4	81.70	83.07	80.22	Average	0.37	0.60	--	--	29 (20.14%)	101 (70.14%)	43 (29.86%)
In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?	6	73.87	76.43	75.27	Average	0.61	0.77	24 (16.67%)	20 (13.89%)	50 (34.72%)	50 (34.72%)	94 (65.28%)
Composite: Getting Needed Care		76.60	79.47	78.95	Average	0.71	0.82	21 (14.25%)	29 (20.07%)	57 (39.29%)	38 (26.39%)	106 (73.61%)
In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?	9	78.43	81.09	80.08	Average	0.70	0.82	17 (11.81%)	30 (20.83%)	56 (38.89%)	41 (28.47%)	103 (71.53%)

Frequently Asked Questions: 2021 QRS

CMS appreciates that many QRS and QHP Enrollee survey measures will likely be impacted by the COVID-19 pandemic and is working to determine an approach for the 2021 QRS.

Question	Answer
Does CMS anticipate changes to the data collection and reporting requirements for the 2021 QRS and QHP Enrollee Survey?	CMS is assessing the impact of the COVID-19 pandemic on reporting requirements for the 2021 QRS and QHP Enrollee Survey. CMS is coordinating across its federal quality reporting programs to promote alignment to the extent possible. CMS anticipates issuing guidance regarding the data collection and reporting activities for the 2021 QRS and QHP Enrollee Survey (which normally occur in the 2021 calendar year) in fall 2020.
Does CMS anticipate changes to the 2021 QRS scoring methodology?	CMS may consider making refinements to the 2021 QRS scoring methodology, such as to limit shifts in reporting unit performance from prior years or to align with potential methodology changes in other CMS programs in recognition of the impact of COVID-19. CMS would propose any changes to the scoring methodology through the Annual QRS Call Letter process.
What will CMS display on HealthCare.gov for the 2021 QRS quality rating information for OE for PY 2022?	CMS is working to determine an approach for public display of quality rating information for OE for PY 2022 and will issue guidance regarding the public display requirements prior to the start of OE for PY 2022.

QRS and QHP Enrollee Survey Timeline

Activity	Timeline	Purpose
CMS releases the PY 2021 Quality Rating Information Bulletin	Prior to the 2021 Open Enrollment Period	Provide guidance on public display of quality rating information for the Plan Year 2021 open enrollment period.
CMS releases QRS and QHP Enrollee Survey: Technical Guidance for 2021	Fall 2020 (September/October timeframe)	Provide updated guidance regarding the data collection and reporting requirements for the 2021 QRS and QHP Enrollee Survey.
CMS releases Draft 2021 Call Letter for the QRS and QHP Enrollee Survey	Winter/Spring 2021 (February/March timeframe)	Propose potential refinements to the QRS methodology for the 2021 ratings year and beyond, along with other potential modifications to QRS or QHP Enrollee Survey requirements.

QRS and QHP Enrollee Survey Timeline (continued)

Activity	Timeline	Purpose
CMS releases Final 2021 Call Letter for the QRS and QHP Enrollee Survey	Summer 2021 (July timeframe)	Finalize any refinements to the QRS methodology for the 2021 ratings year and beyond, along with other applicable modifications to QRS or QHP Enrollee Survey requirements.
CMS releases the PY 2022 Quality Rating Information Bulletin	Prior to OE for PY 2022	Provide guidance on public display of quality rating information beginning with OE for PY 2022.

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Submitting Inquiries QRS and QHP Enrollee Survey

- Please submit questions to the Marketplace Service Desk (MSD) Help Desk via email at CMS_FEPS@cms.hhs.gov or via phone at 1-855-CMS-1515 (1-855-267-1515). Please reference "MQI-QRS" in the subject line.

Open Q&A Session

Questions?

- To Submit or Withdraw Questions by Phone:

  – *If you are listening through your computer speakers and want to submit a question by phone, dial* 1-866-391-5945 *and enter your unique six-digit PIN, then dial "star(*) pound(#)" on your phone's keypad.*

  – *If you are already dialed in by phone and want to submit a question, then dial "star(*) pound(#)" on your phone's keypad.*

  – *If you would like to withdraw a question and you are dialed in by phone, then dial "star(*) pound(#)" on your phone's keypad.*

- To submit questions by webinar:

  – *Type your question in the text box under the "Q&A" tab and click "Send."*

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Submission of Inquiries

Users/Issuers can contact:

- **CMS Help Desk** with questions about specific situations, the Federal Templates and their functionality and Health Insurance Oversight System (HIOS)

  - **Call: 855-CMS-1515**

  - **Email:** CMS_FEPS@cms.hhs.gov

- **National Association of Insurance Commissioners (NAIC)** with questions about state requirements/System for Electronic Rate and Form Filing (SERFF)

  - **Email:** serffplanmgmt@naic.org

Best Practices- Submitting Help Desk Tickets

- Include HIOS ID, issuer state and issuer legal name.

- Include screenshots or attach templates when asking about an error or issue with the template.

- Submit separate Help Desk requests for different, unrelated questions.

- Put the question in the body of the email; do not attach Excel or Word documents with lists of questions.

- Identify or note whether a question is for the Small Business Health Options Program (SHOP) or Individual Exchange.

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HIOS User Group Conference Call

- HIOS User Group Conference Call occurs every Wednesday from 2:00 p.m. to 3:30 p.m. Eastern Time (US & Canada) (GMT-05:00)

- Call Access: 1-888-455-8828; Passcode: 6714482

Plan Management Webinar Dates

The QHP August Webinar sessions occur as shown below:

Date	Day	Time (ET)	Topic
08/06/20	Thursday	1:00 p.m. – 2:00 p.m.	Plan Confirmation for Issuers
08/13/20	Thursday	1:00 p.m. – 2:00 p.m.	Machine Readable - Technical Presentation
08/20/20	Thursday	1:00 p.m. – 2:00 p.m.	URL Submission and Transparency in Coverage Refresher
08/25/20	Tuesday	3:00 p.m. – 4:00 p.m.	Open Q&A
08/27/20	Thursday	1:00 p.m. – 2:00 p.m.	Open Q&A

Please refer to the Weekly QHP E-flyer for updated Webinar topics.

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Resources for QHP Plan Maintenance and Certification

Resource	Resource Link
CMS Regulations and Guidance	https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/index.html
Qualified Health Plan (QHP) Application Materials	https://www.qhpcertification.cms.gov/s/Application%20Materials
QHP Application Review Tools	https://www.qhpcertification.cms.gov/s/Review%20Tools
Registration for Technical Assistance Portal (REGTAP)	https://www.REGTAP.info
Health Insurance Oversight System (HIOS)	https://portal.cms.gov/wps/portal/unauthportal/home/
System for Electronic Rate and Form Filing (SERFF)	https://login.serff.com/

Commonly Used Acronyms

Acronym	Definition
AV	Actuarial Value
BHP	Basic Health Program
ECP	Essential Community Provider
EHB	Essential Health Benefit
EIDM	Enterprise Identity Management
FFE	Federally-facilitated Exchange
HIOS	Health Insurance Oversight System

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Commonly Used Acronyms (Continued)

Acronym	Definition
MSP	Multi-State Plans
NAIC	National Association of Insurance Commissioners
NCQA	National Committee for Quality Assurance
QHP	Qualified Health Plan
SBE	State-based Exchange
SERFF	System for Electronic Rate and Form Filing
USP	United States Pharmacopeia

Closing Remarks