Office of Personnel Management

The Federal Government's Human Resources Agency



Multi-State Plan Program Issuer Letter

Number: 2014-004 **Date:** December 16, 2014

Subject: Multi-State Plan (MSP) Program Quality Rating Information

Purpose

This letter introduces MSP Issuers to the Quality Rating System (QRS) and Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey), directs issuers to technical guidance for participation in the QRS and QHP Enrollee Survey, and encourages advanced preparation for the Quality Improvement Strategy (QIS).

Background

The Affordable Care Act directs the Secretary of Health and Human Services (HHS) to develop a Quality Rating System (QRS)ⁱ and establish an enrollee satisfaction survey system (QHP Enrollee Survey)ⁱⁱ for QHPs. Accordingly, the Centers for Medicare and Medicaid Services (CMS) has published a regulationⁱⁱⁱ and supporting guidance, titled "Beta Test of the Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2015." iv

Results of the QRS and QHP Enrollee Survey will provide comparable and useful information for consumers regarding healthcare quality and enrollee experience. Evaluation of quality rating information will facilitate oversight of quality standards set forth in the Affordable Care Act along with providing actionable information that OPM and MSP Issuers can use to inform performance improvement.

MSP Issuer Action

All MSP Issuers must collect and submit quality rating information to OPM via CMS. i Specifically, the Technical Guidance outlines the following requirements:

- Implementation schedule for the 2015 beta test of the QRS and QHP Enrollee Survey
- QRS and QHP Enrollee Survey requirements (data collection, validation, submission)
- QRS scoring specifications and rating methodology
- ORS and OHP enrollee survey data preview process
- QHP quality rating information display and marketing use
- Statutory and regulatory citations for the QRS and QHP Enrollee Survey

Detailed measure specifications and data collection guidelines may be found on the CMS website for Health Insurance Marketplace Quality Initiatives. vii

OPM Action

In 2015, OPM will review QRS and QHP Enrollee Survey data for information purposes only. Results will serve as a base-line indicator of performance and will supplement conversations with MSP Issuers regarding strengths and challenges. Quality rating information will also be considered in the development of OPM's approach to quality improvement.

Public display of quality measures will begin in 2016, in time to provide consumer information that informs plan choice for the 2017 coverage year. CMS and OPM will elaborate on analysis and public display of quality rating information in future guidance.

Quality Horizon

OPM is eager to collaborate with MSP Issuers committed to the aims of the National Quality Strategy: Better Care, Healthy People/Healthy Communities, and Affordable Care^{ix}. The QRS and QHP Enrollee Survey provide an informative assessment of performance across these three aims. To complement the required measures, OPM intends to provide MSP guidance to supplement CMS technical guidance on Quality Improvement Strategies (QIS). As described in the ACA, each issuer's QIS must reward quality through market based incentives; typically a payment structure that provides increased reimbursement or other incentives for improving health outcomes, preventing hospital readmissions, improving patient safety/reducing medical errors, implementing wellness/health promotion activities, and reducing health/healthcare disparities.^x

OPM recognizes the value of novel approaches to quality improvement, and anticipates innovative development of MSP Issuer QISs. Based on our initial analysis of quality rating information results, we will initiate a discussion with MSP Issuers about the most relevant areas for focused improvement. As the health care needs of their enrollee populations become clearer, we also expect MSP Issuers to share pertinent insights with our quality management team.

Contact

MSP Issuers must designate a quality rating information primary point of contact (POC) for conversations with OPM. OPM will follow up with MSP Issuers to obtain POC information.

Sincerely,

John O'Brien
Director
Healthcare and Insurance

ⁱ Affordable Care Act Section 1311(c)(3).

ii Affordable Care Act Section 1311(c)(4).

iii Patient Protection and Affordable Care Act; Exchange and Insurance Market Standards for 2015 and Beyond; Final Rule, 79 FR 30240 at 30352 (May 27, 2014) (45 CFR Parts 144, 146, 147, et al.).

iv http://cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/2015_QRS_and_QHP_Enrollee_Survey_Technical_Guidance_Final.pdf. (September 23, 2014)

VQuality rating information refers to the QRS scores and ratings, and QHP Enrollee Survey results, collectively.

vi A Multi-State Plan, certified by and under contract with OPM, is recognized as a QHP per 45 CFR § 155.1010. Requirements described for QHP issuers within the <u>Technical Guidance</u> apply to MSP Issuers, unless otherwise noted by OPM. MSP Issuers that are not QHP issuers, but otherwise meet the QRS and QHP Enrollee Survey requirements, are required to report quality rating information in accordance with the direction in the <u>Technical Guidance</u>.

 $[\]frac{Guidance}{^{vii}} \label{eq:continuous} http://cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html$

viii The 2015 collection and analysis of quality rating information is a beta test year, and OPM will not display MSP Issuer performance results in 2015.

ix http://www.ahrq.gov/workingforquality/

^x Section 1311(c) of the Affordable Care Act specifies that, in order to be certified for participation in a Marketplace, each QHP [and MSP] must implement a QIS, described in Section 1311(g). 45 C.F.R. § 156.200(b) further directs QHP issuers to implement and report on their QIS consistent with Section 1311(g) requirements. Affordable Care Act Section 1311(g) - QIS requirements for QHP issuers and MSP Issuers.