

2020 Quality Rating System (QRS) and QHP Survey Requirements for Issuers

October 17, 2019

2019 Qualified Health Plan (QHP) Series

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2020 QRS and QHP Enrollee Survey Requirements is not applicable to Stand-alone Dental Plans (SADPs). The requirements apply to the Federally-facilitated Exchanges (FFE), State-based Exchanges on the Federal Platform (SBEs-FP), State-based Exchanges (SBEs) and State Partnership Exchanges (SPE).

Agenda

- Session Guidelines
- Additional Webinar Sessions
- Announcements
- 2020 QRS and QHP Enrollee Survey Requirements
- Question & Answer (Q&A) Session
- Resources
- Closing Remarks

Session Guidelines

- This is a 60-minute session.
- This webinar will provide an opportunity for Center for Consumer Information and Insurance Oversight (CCIIO) Plan Management (PM) Subject Matter Experts (SMEs) to answer issuer questions.
- 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.

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	12:00 p.m. – 1:00 p.m.
EDGE Server	Tuesdays	11:30 a.m. – 1:00 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>.

Announcements

2020 QRS and QHP Enrollee Survey Requirements



[HTTPS://WWW.REGTAP.INFO](https://www.regtap.info)

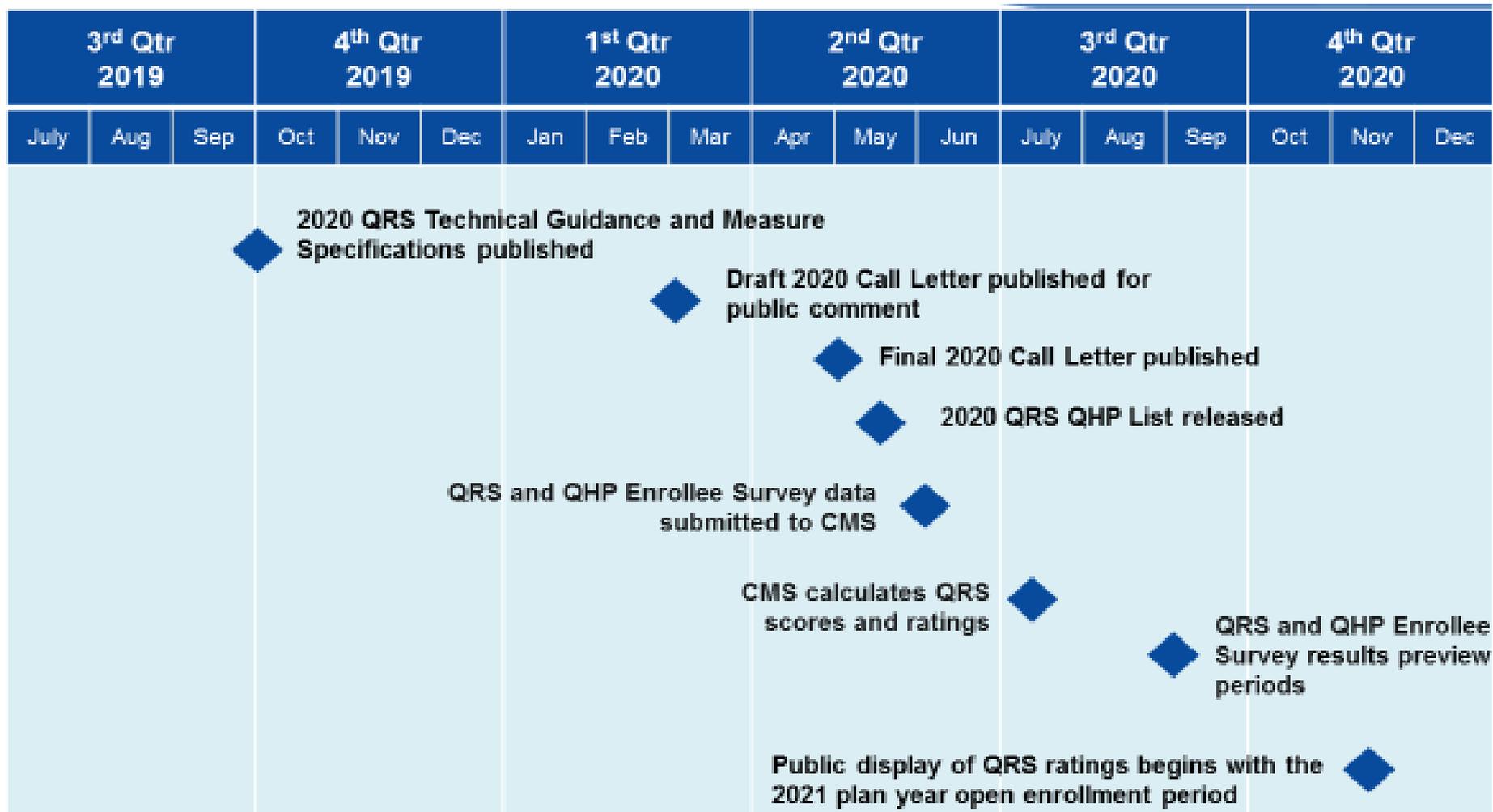
Objectives

- Provide details related to the 2020 QRS timeline and requirements
- Highlight next steps and upcoming deadlines
- Review the process for future program refinements
- Provide an overview of the 2020 QHP Enrollee Survey issuer responsibilities

Introduction

- The purposes of the QRS and QHP Enrollee Survey are to:
 - Provide comparable and useful information to consumers about the quality of health care services and enrollee experience with QHPs offered through the FFE (or Exchange) and SBE
 - Facilitate oversight of QHP issuer compliance with quality reporting standards set forth in the Patient Protection and Affordable Care Act (PPACA) and implementing regulations
 - Provide actionable information that QHP issuers can use to improve quality and performance

2020 QRS Implementation Timeline



2020 QRS and QHP Enrollee Survey Technical Guidance and Specifications

Recently
published!

- 2020 QRS and QHP Enrollee Survey requirements are detailed in the following documents:
 - *Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2020*
 - *2020 Quality Rating System Measure Technical Specifications*
 - *Qualified Health Plan Enrollee Experience Survey: Technical Specifications for 2020*

Health Insurance Exchange

Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2020

September 2019

Contents: QRS measure set; data collection, validation, and submission requirements; implementation timeline; display information; and marketing guidelines; QRS rating methodology

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

Key Differences Between 2019 and 2020 QRS

- For the 2020 QRS ratings year, two (2) measures: *Annual Monitoring for Patients on Persistent Medications (MPM)* and *Follow-up Care for Children with Prescribed ADHD Medications (ADD)* will be removed from the QRS measure set. They will not be included in scoring.
 - CMS removed the MPM measure due to full retirement of the measure by the measure steward.
 - CMS removed the ADD measure due to historically high frequencies of missing measure data.
- For the 2020 QRS ratings year, one (1) measure: *International Normalized Ratio Monitoring for Individuals on Warfarin (INR)* will be added to the QRS measure set. CMS anticipates the INR measure will be included in scoring beginning with the 2021 ratings year.
 - CMS added the INR measure to increase reporting on patient safety-related topics and address high-priority areas in the Meaningful Measures Framework.

2020 QRS and QHP Enrollee Survey Requirements

- QHP issuers attested in their QHP applications that they will comply with quality reporting requirements as a condition of QHP certification to offer coverage through an Exchange during Plan Year (PY)20.
- To comply, QHP issuers must collect and submit validated QHP Enrollee Survey response data and QRS clinical measure data to CMS by established deadlines.
 - Survey response data submitted (by HHS-approved vendor) to CMS via the QHP Enrollee Survey website by May 22, 2020
 - Validated QRS clinical measure data submitted to CMS via the National Committee for Quality Assurance (NCQA) Interactive Data Submission System (IDSS) by June 15, 2020

2020 QRS and QHP Enrollee Survey

Participation Criteria for QHP Issuers

- QHP issuers are required to collect and submit validated, summary-level QRS clinical measure data and QHP Enrollee Survey response data:
 - By product type (i.e., exclusive provider organization [EPO], health maintenance organization [HMO], point of service [POS], and preferred provider organization [PPO]) with separate submissions by State; therefore, the reporting unit is defined by the unique State-product type for each QHP issuer
 - For each product type offered through an Exchange in 2019, offered through an Exchange in 2020, that had more than 500 enrollees as of July 1, 2019, and had *more than 500 enrollees as of January 1, 2020*
- Eligible reporting units that are decertified or discontinued before June 15, 2020 are exempt from these reporting requirements.

Enrollees Included in the 2020 Reporting Units

- For each reporting unit, QHP issuers must:
 - Include all enrollees in QHPs that are offered through an Exchange (on-Exchange)
 - Exclude enrollees in QHPs that are offered outside the Exchange (off-Exchange) and non-QHPs
 - States that implemented Medicaid expansion should include enrollees in the Medicaid expansion population
 - Include all enrollees in QHPs that provide family and/or adult-only medical coverage (child-only plans and stand-alone dental plans are not currently subject to the reporting requirements)
 - Include enrollees in a reporting unit that may be aligned to a different certified QHP issuer in the prior year, in cases where the QHP issuer has documented a change in ownership
 - Combine enrollees from the Individual Exchange and Small Business Health Options Program (SHOP) when the same product type is offered through both Exchanges within a State
 - Combine enrollees from multiple products of the same product type and enrollees from the same product type with multiple plan levels

2020 Participation Criteria Example

Illustrative Example

Reporting Units for a QHP Issuer Assessed Against QRS 2020 Participation Criteria

Reporting Unit	Enrollment as of July 1, 2019 (total and per individual market vs. SHOP)	Enrollment as of January 1, 2020 (total and per individual market vs. SHOP)	Offered as of June 15, 2020	Meet participation criteria?
State 1 PPO	505 (505 individual, 0 SHOP)	505 (505 individual, 0 SHOP)	Yes	Yes
State 1 HMO	601 (501 individual, 100 SHOP)	N/A	No – discontinued as of Dec. 31, 2019	No – not operating in ratings year
State 2 PPO	100 (55 individual, 45 SHOP)	100 (55 individual, 45 SHOP)	Yes	No – insufficient enrollment size in both years
State 2 HMO	700 (700 individual, 0 SHOP)	300 (300 individual, 0 SHOP)	Yes	No – insufficient enrollment size as of January 1, 2020
State 3 HMO	500 (300 Individual, 200 SHOP)	500 (300 Individual, 200 SHOP)	Yes	No-Insufficient enrollment size in both years

2020 QHP List

- In May 2020, CMS will post the 2020 QRS QHP List to the CMS Health Insurance Oversight System Marketplace Quality Module (HIOS-MQM).
 - The QRS QHP List will include QHP issuers and their respective reporting units that CMS identifies as eligible for 2020 QRS data collection and scoring based on the 2020 QRS participation requirements.
 - CMS encourages QHP issuers to review the 2020 QRS QHP List, and report discrepancies by the posted deadline to the Marketplace Service Desk at CMS_FEPS@cms.hhs.gov.
- Access to HIOS-MQM is required to review the 2020 QRS QHP List.
 - QHP issuers should reference the [HIOS-MQM Quick Reference Guide](#) for details about registering and accessing the HIOS-MQM.

The 2020 QRS Measure Set

- In 2020, QHP issuers are required to submit data for their respective eligible reporting units for all 37 measures in the QRS measure set:
 - 27 clinical quality measures
 - 10 survey measures that are collected as part of the QHP Enrollee Survey

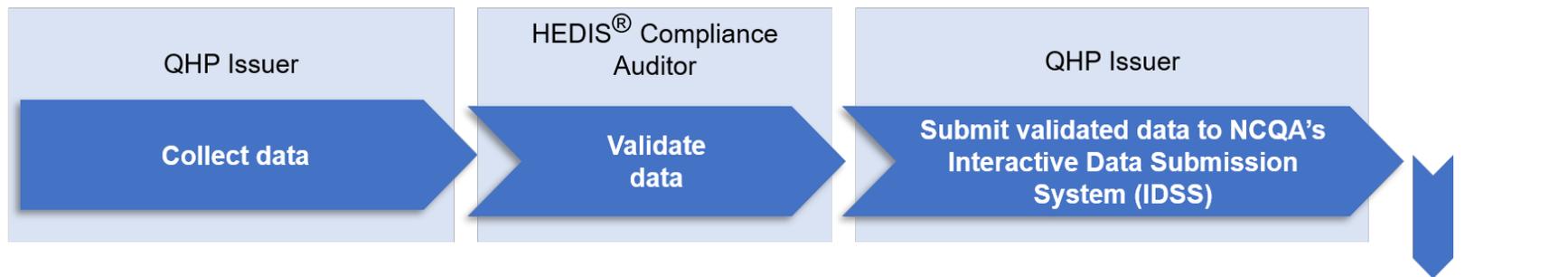
QHP Enrollee Survey Component of QRS Measure Set

- The 10 QRS survey measures included in the QRS measure set are derived from a subset of the QHP Enrollee Survey questions.*
- The QHP Enrollee Survey is largely based on items from the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys.
- The QRS survey measures reflect QHP enrollee experience on the following topics:
 - Access to Care
 - Access to Information
 - Care Coordination
 - Plan Administration
 - Prevention Care

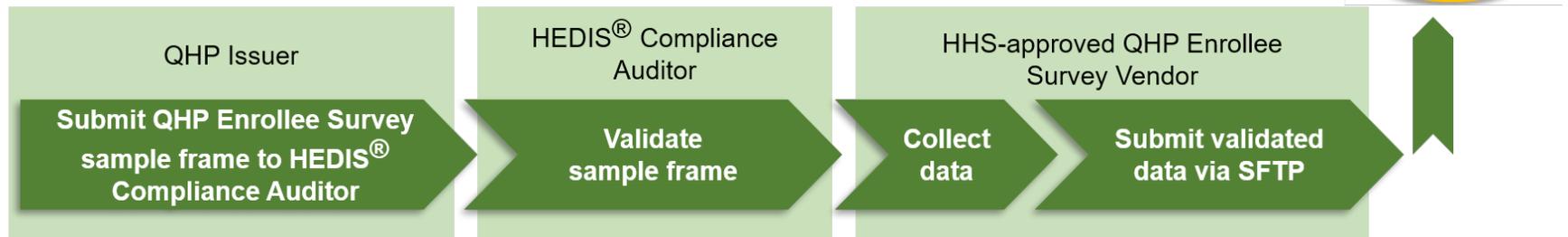
*Refer to Appendix C of *QRS and QHP Enrollee Survey: Technical Guidance for 2020* for a crosswalk that maps each survey measure in the QRS measure set to the relevant QHP Enrollee Survey item(s).

QRS Clinical and QHP Enrollee Survey Response Data Process Flow

QRS Clinical Measure Data



QHP Enrollee Survey Data

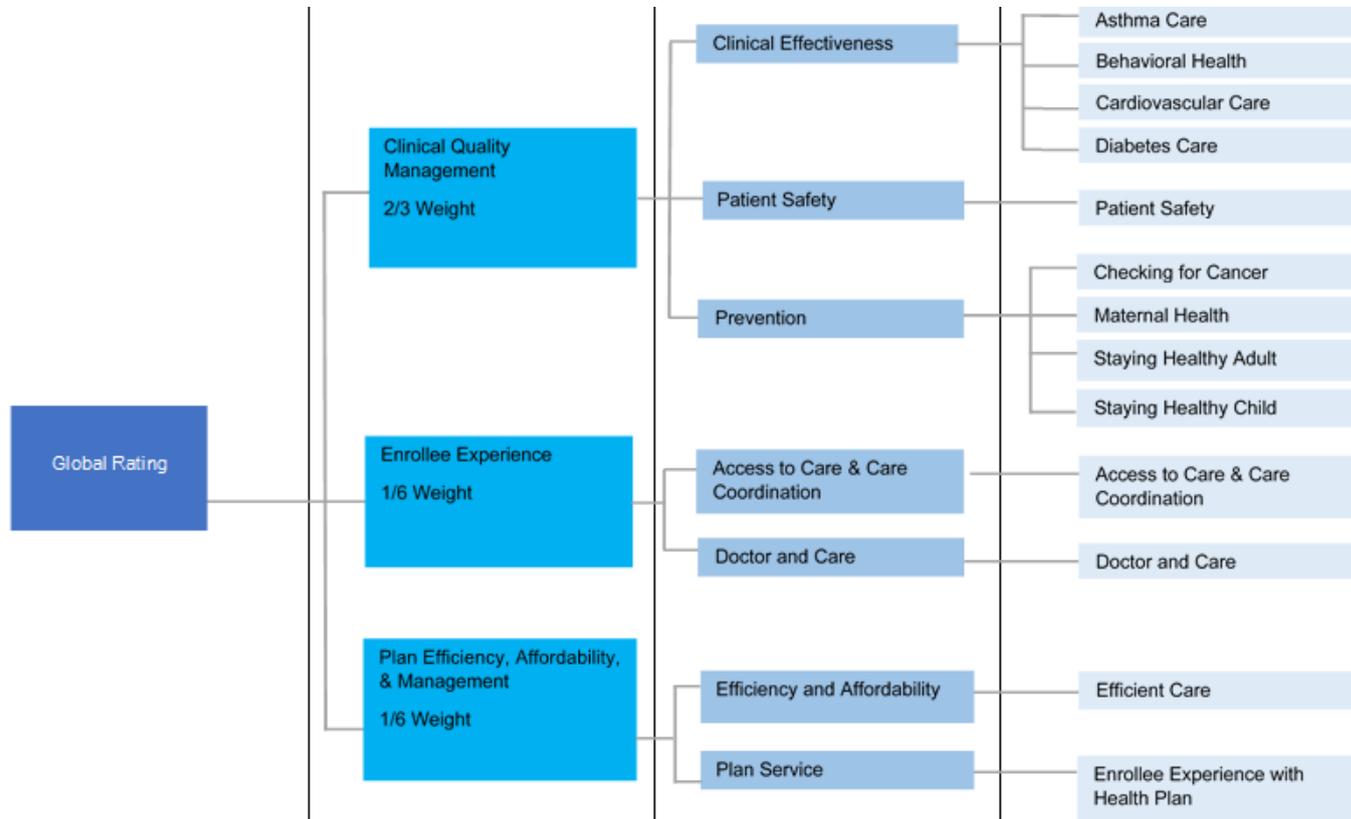


There is no cost to access/use the IDSS.

QRS Methodology for Calculating QHP Scores and Ratings

- The QRS methodology uses a hierarchical structure that is designed to make the quality rating information more understandable to consumers.
- Measures are the building blocks of the hierarchy and are grouped by topic area to form additional hierarchy components (i.e., composites, domains, summary indicators, global).
- For eligible reporting units, CMS calculates QRS scores at each level of the hierarchy and converts each score into a rating (using a five-category star scale).
 - CMS applies explicit weights at the summary indicator level when calculating QRS scores and ratings.
 - CMS assigns a weight of 2/3 (66.67%) to the Clinical Quality Management summary indicator, and a weight of 1/6 (16.67%) to the Enrollee Experience and 1/6 (16.67%) to the Plan Efficiency, Affordability & Management summary indicators.
 - A reporting unit must have been in operation for at least three (3) consecutive years to be eligible to receive a rating.

QRS Hierarchy Used for Scoring



2020 Preview Process for Quality Rating Information

- August - September 2020, QHP issuers and State Exchange administrators will be able to preview their respective 2020 QRS ratings and submit inquiries to CMS during a preview period.
- QHP issuers will also receive their complete 2020 QHP Enrollee Survey results, including results for those survey measures not used for the QRS, in the form of Quality Improvement Reports.

Public Display of 2020 QHP Quality Rating Information

- Public display of quality rating information by all Exchanges, including the FFEs, inclusive of FFE states where the state performs plan management functions, State-based Exchanges on the Federal Platform (SBE-FPs), and State-based Exchanges (SBEs) that do not use HealthCare.gov is required beginning with the OEP for PY21.
- CMS intends to release subsequent guidance regarding display of 2020 quality rating information, which will specify the form and manner for display of 2020 ratings, additional guidance for direct enrollment entities and Exchanges, and what to display in cases where a QHP did not receive a rating.

2020 Marketing Guidelines for QHP Quality Rating Information

- QHP issuers may reference the 2020 quality ratings and survey results for PY21 for their respective QHPs in their marketing materials, in a manner specified by CMS.*
- QHP issuers must comply with all applicable State laws and regulations on health plan marketing.**
- QHP issuers participating in the FFE maintain responsibility for the compliance of delegated or downstream entities (e.g., affiliated agents and brokers) with the QRS and QHP Enrollee Survey marketing guidelines.***

45 CFR §§ 156.1120(c) and 156.1125(c), as well as **45 CFR §§ 156.225 and *156.340(a)(1)*

Next Steps and Deadlines for QHP Issuers

QRS Activity	2019				2020										
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Prepare systems for data collection	—————				Sept 2019 – Dec 2019										
Contract with NCQA-licensed HEDIS® Compliance Organization for validation of the QHP Enrollee Survey sampling frame and the QRS clinical measure data	—————				◆ by Dec 2, 2019										
Contract with HHS-approved survey vendor to conduct QHP Enrollee Survey and submit survey response data to CMS	—————				◆ by Jan 31, 2020										
Work with HEDIS® Compliance Auditor to complete validation of the QHP Enrollee Survey sampling frame	—————				◆ by Jan 31, 2020										
Complete NCQA's Healthcare Organization Questionnaire (HOQ) to prepare for QRS clinical measure data submission	—————				◆ by Feb 2020										
Work with HEDIS® Compliance Auditor to complete data validation	—————				————— Jan 2020 – June 2020										
HHS-approved survey vendor conduct QHP Enrollee Survey	—————				————— Feb 2019 – May 2019										
HHS-approved survey vendor securely submit validated survey response data	—————				————— ◆ by May 22, 2020										
Submit validated QRS clinical measure data to CMS via NCQA's IDSS	—————				————— ◆ by June 15, 2020										
Preview QHP quality rating information	—————				————— Aug/Sept 2020										
	<i>Open Enrollment for the 2021 Plan Year</i> ◆														

QHP Enrollee Survey Issuer Responsibilities for 2020: Authorizing a Survey Vendor and Developing the Sample Frame

QHP Enrollee Survey Issuer Requirements

- **QHP issuers** provide a validated sample frame and authorize an HHS-approved survey vendor to administer the survey.
- **Survey vendors** draw the sample, administer the survey, and submit results to CMS on the issuer's behalf.

High-Level QHP Enrollee Survey Issuer Requirements

Step 1

- Contract with an NCQA licensed HEDIS® Compliance Organization (HEDIS® Compliance Auditor) to validate the sample frame.

Step 2

- Contract with an HHS-approved QHP Enrollee Survey Vendor to administer the QHP Enrollee Survey on the issuer's behalf.

Step 3

- Create a sample frame for each reporting unit according to the 2020 QHP Enrollee Survey Technical Specifications.

Step 4

- Determine the desired survey sample size.

Step 5

- Formally authorize survey vendor by selecting a survey vendor from a menu within NCQA's Healthcare Organization Questionnaire (HOQ).

Step 6

- Complete the sample frame validation process with a HEDIS® Compliance Auditor.

Healthcare Effectiveness Data and Information Set (HEDIS®) is a registered trademark of the NCQA.

Contracting with and Authorizing a QHP Enrollee Survey Vendor

- QHP issuers are required to contract with and authorize an HHS-approved QHP Enrollee Survey vendor.
 - A list of approved survey vendors is available on the Marketplace Quality Initiatives (MQI) website:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html>.
- In November 2019, QHP issuers will receive operational instructions via email prior to the opening of NCQA's HOQ.
- The deadline to complete the vendor authorization process is **January 31, 2020.**

Sample Frame Generation

- QHP issuers must populate a complete, accurate and valid sample frame for all survey-eligible enrollees for each reporting unit required to field the survey.
- The sample frame includes one (1) record or line for each survey eligible enrollee (i.e., one (1) enrollee record per line).
- QHP issuers must adhere to the sample frame layout and format specified in Appendix F of the Qualified Health Plan Enrollee Experience Survey: Technical Specifications for 2020.*
- All sample frames must include current enrollees as of 11:59 p.m. on January 6, 2020 (the anchor date).
 - Sample frames may not be pulled before this date.
 - Sample frames pulled on or after January 7, 2020 must include all enrollees as of the anchor date – NOT the date the sample frame was pulled.
- CMS will host an in-depth webinar on populating the sample frame on October 24, 2019.

* The 2020 Qualified Health Plan Enrollee Experience Survey: Technical Specifications will available on the MQI website:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html>

Sample Frame Generation (continued)

- QHP issuers contract with an NCQA HEDIS® Compliance Auditor to validate their sample frames.
 - Information regarding contracting with an auditor is available on the NCQA HEDIS® Compliance Audit™ website:
<http://www.ncqa.org/HEDISQualityMeasurement/CertifiedSurveyVendorsAuditorsSoftwareVendors/HEDISComplianceAuditProgram.aspx>
 - QHP issuers are responsible for the accuracy of the sample frame.
 - Once a QHP issuer has received a validated sample frame from the auditor, the QHP issuer must provide it directly to its contracted survey vendor in a secure manner.

Sample Frame Validation

Step	Description
Step 1	<p>In the NCQA HOQ, the QHP issuer enters information for each QHP Enrollee Survey reporting unit it is required to report. This is the number of sample frames the QHP issuer must produce.</p> <p>Note: This is also the number of reporting units for which the QHP issuer must authorize an HHS-approved QHP Enrollee Survey vendor and verify required reporting unit information (e.g., enrollment, year plan began operating, three-year operational status) within the HOQ.</p>
Step 2	The QHP issuer generates the sample frame data file(s) per specifications.
Step 3	The QHP issuer delivers the sample frame data file(s) to the NCQA HEDIS® Compliance Auditor (auditor).
Step 4	The auditor validates the sample frame data file(s) and notifies the QHP issuer of the results. If necessary, the QHP issuer makes corrections to the sample frame until the desired audit result is achieved.
Step 5	The auditor enters the result of the sample frame validation in the HOQ.
Step 6	The QHP issuer forwards the sample frame data file(s) and documentation of the validation results to the QHP Enrollee Survey vendor in a secure manner.
Step 7	The vendor draws the survey sample and administers the QHP Enrollee Survey per specifications.

Resources for Additional Information

Resource	Link
Marketplace Service Desk (MSD) (reference Marketplace Quality Initiatives, or “MQI – QRS”)	CMS_FEPS@cms.hhs.gov or 1-855-CMS-1515 (1-855-267-1515)
CMS Marketplace Quality Initiatives (MQI) website	http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html
National Committee for Quality Assurance (NCQA Healthcare Effectiveness Data and Information Set (HEDIS®) Compliance Audit™ website	http://www.ncqa.org/HEDISQualityMeasurement/CertifiedSurveyVendorsAuditorsSoftwareVendors/HEDISComplianceAuditProgram.aspx
Registration for Technical Assistance Portal (REGTAP) (key word search “QRS”)	https://REGTAP.info

Open Q&A Session

Questions?

- To submit or withdraw questions by phone:
 - *To submit a question, dial 1-866-391-5945 and enter your unique six-digit PIN then dial “star(*) pound(#)” on your phone’s keypad.*
 - *To withdraw a question, 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.”*

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/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 SHOP or Individual Exchange.

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 October Webinar sessions occur on Thursdays as shown below:

Date	Day	Time (ET)	Topic
10/24/19	Thursday	1:00 p.m. – 2:00 p.m.	Developing the QHP Enrollee Survey Sample Frame

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

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