

Arkansas Insurance Department

Mike Beebe
Governor



Jay Bradford
Commissioner

BULLETIN NO. 1-2015

TO: ALL LICENSED INSURERS, HEALTH MAINTENANCE ORGANIZATIONS (HMOs), FRATERNAL BENEFIT SOCIETIES, FARMERS' MUTUAL AID ASSOCIATIONS OR COMPANIES, HOSPITAL MEDICAL SERVICE CORPORATIONS, NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS, PRODUCER AND COMPANY TRADE ASSOCIATIONS, AND OTHER INTERESTED PARTIES

FROM: ARKANSAS INSURANCE DEPARTMENT

SUBJECT: 2015 PLAN YEAR REQUIREMENTS FOR QUALIFIED HEALTH PLAN QUALITY RATING PILOT IN THE ARKANSAS FEDERALLY-FACILITATED PARTNERSHIP MARKETPLACE

DATE: 01/07/2015

Introduction

The Patient Protection and Affordable Care Act (ACA) includes several quality related requirements for Carriers offering qualified health plans (QHPs) in the Health Insurance Marketplace (HIM). The purpose of these requirements is to improve the quality of health care, ensure that QHPs are promoting quality improvement, and improving transparency so that consumers may receive more helpful information during plan selection.

As part of a national quality strategy and pursuant to the regulations authorized under the ACA, Marketplaces will have a significant role in ensuring that QHPs: (1) become accredited and implement quality improvement strategies; (2) provide plan ratings based on quality and cost; and (3) provide patient satisfaction data. HHS has begun to develop a Quality Rating System (QRS) and an Enrollee Satisfaction Survey system (ESS), the results of which will be displayed on Healthcare.gov for consumers to compare QHP performance by enrollment for plan year 2017.¹ State Marketplaces may display their own quality rating systems prior to 2016; beginning in 2016, they may display a state-specific quality rating system in addition to the required uniform federal quality rating system.

The Arkansas Insurance Department (AID) has created a quality rating pilot to be tested in advance of the QRS to complement its measurement attempts with a more Arkansas specific subset of metrics. AID is embarking on this pilot project and engaging local healthcare stakeholders to understand quality, set local metrics, and regulate plans in ways that are more responsive to state needs. This pilot is designed to minimize provider reporting burden; all eight clinical measures are claims-based and therefore do not require medical chart extractions. This project is inclusive of all enrollees across all plans offered by each Carrier on the Marketplace (including Private Option participants) and does not include those plans available off of the state's Marketplace. Data related to any off exchange commercial plans, Medicare Advantage plans, or benefits associated with any self-insured entities should not be included.

¹ 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.)

Timeline for Pilot Project

Key Dates	Description
January 1, 2014 – December 31, 2014	Plan year 2014 claims reporting period
August 1, 2015	Clinical and survey data submission deadline
September 15, 2015	Tentative report release date
October 1, 2015 – December 15, 2015	Open enrollment for plan year 2016 (subject to CMS guidance)

Quality Measures Overview

For the first year of this pilot project, AID requests data for a set of eight (8) process and outcomes focused quality measures. With one exception (Cardiovascular Disease and LDL-C screening tests), all the measures on this list have been chosen from the federally defined QRS measure set and will be a requirement of participation in the federal Marketplace starting in Plan Year 2017.

Measure Title	NQF ID
1 Annual Monitoring for Patients on Persistent Medications	N/A
2 Antidepressant Medication Management	0105
3 Cardiovascular Disease and LDL-C screening tests	N/A
4 Follow - Up After Hospitalization for Mental Illness: 7 days	0576
5 Medication Management for People With Asthma	1799
6 Plan All - Cause Readmissions	1768
7 Use of Imaging Studies for Low Back Pain	0052
8 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing	0057

Additionally, AID will collect data regarding the following eleven (11) consumer satisfaction measures, all of which AID has obtained from the Marketplace Evaluation Survey. If needed, AID will request Carrier's certified CAHPS Commercial V5.0 survey results to use in place of the Marketplace Evaluation Survey results.

Measure Title	NQF ID
1 CAHPS - Aspirin Use and Discussion	N/A
2 CAHPS - Coordination of Members' Health Care Services	N/A
3 CAHPS - Cultural Competency	N/A
4 CAHPS - Customer Service	0006
5 CAHPS - Getting Care Quickly	0006
6 CAHPS - Getting Needed Care	0006
7 CAHPS - Global Rating of Health Plan	0006
8 CAHPS - Medical Assistance With Smoking and Tobacco Use Cessation	0027
9 CAHPS - Rating of All Health Care	0006
10 CAHPS - Rating of Personal Doctor	0006
11 CAHPS - Rating of Specialist Seen Most Often	0006

Detailed descriptions of the clinical measures can be found in NCQA's HEDIS 2015 Volume 2: Technical Specifications.

Some measures included in this pilot project have a standard measurement period or other eligibility determination criteria which will be amended due to the unique nature of the Marketplace's first year of coverage and will deviate from typical HEDIS data collection standards. These measures and the applicable amended measure structures include:

- Medication Management for People with Asthma (MMA):
HEDIS specifications for MMA requires a continuous enrollment period of the measurement year as well as the year prior to the measurement year. For the purposes of this pilot project, we are asking Carriers to only include the measurement year.
- Antidepressant Medication Management (AMM):
Measurement period for AMM should be a twelve (12) month measurement window starting on May 1, 2014 and extending through April 30, 2015.
- Plan All-Cause Readmissions (PCR):
Measurement year for PCR should be maintained as January 1 – December 31, 2014. Continuous enrollment for 365 days prior to and including an index discharge date shall not be a determining factor for inclusion, rather all Marketplace beneficiaries with effective dates during the 2014 plan year should be included. Additional exclusions to eligible populations still apply (i.e. gaps longer than 45 days during measurement following effective date).

Quality Reporting Requirements

The aforementioned measures will be reported to AID as numerators and denominators as outlined in Appendix A of this Bulletin. All measures should be reported at the Carrier level and by service area. All enrollees that were covered by Marketplace QHPs during the 2014 plan year (January 1, 2014 – December 31, 2014) should be included. The measure data will be collected annually. Change to data requirements in future years will be updated by Bulletin.

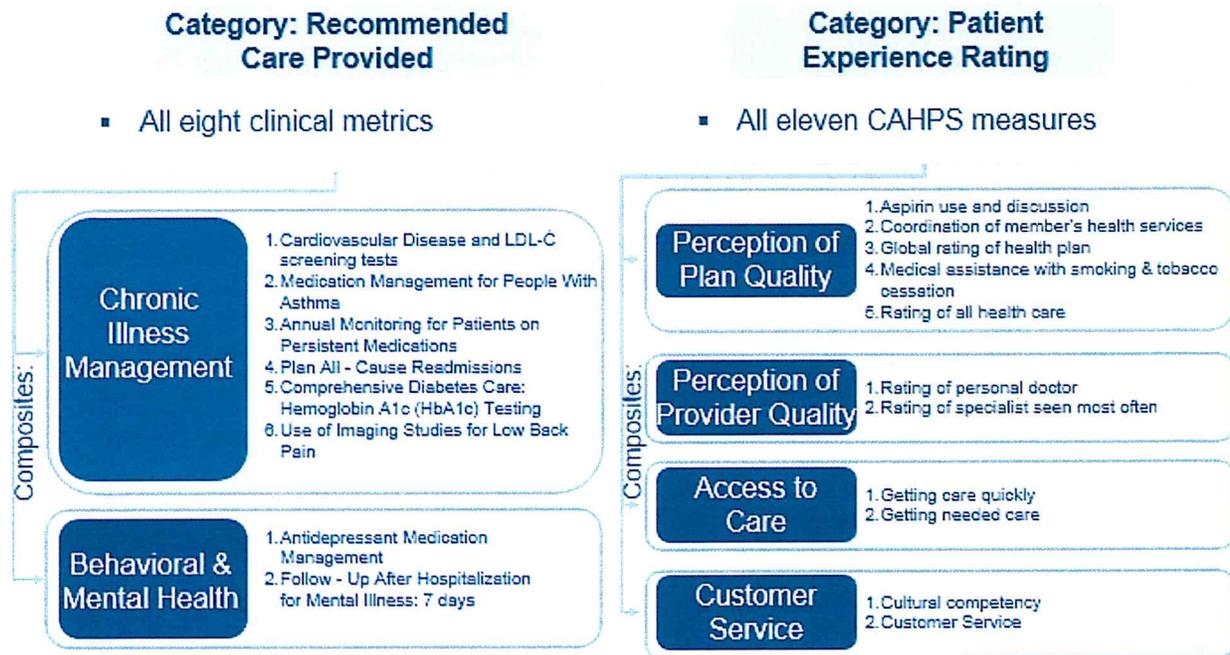
Should a Carrier not meet the requirements for reporting any one of the aforementioned measures by the method and within the timeline included in this Bulletin, that Carrier's score will not be included and will instead be listed as "Rating Currently Unavailable" with a brief explanation as to why those data could not be included in the Arkansas QHP quality reporting pilot. If a Carrier has an unreported score, they will need to submit to AID a written explanation describing their cause for why they have not reported this and how they will pursue the ability to report the measure(s) in question in subsequent years.

If any Carrier is unable to submit at least half of the required measures (at least four clinical measures and at least six CAHPS-based measures), that Carrier will receive a "Rating Currently Unavailable" score for all measures. In the second year of this pilot project, AID intends to make reporting of all measures a requirement for QHP certification.

Measure Structure

Individual measures will serve as building blocks of a hierarchical structure for reporting. Combinations of two or more individual measures that result in a single score will be known as "composites." Grouping measures into composites helps reduce the impact of random variability, and provides meaningful and comparable information to consumers. The composites themselves will be combined into the top level of the hierarchy known as "categories." The categories in this quality reporting pilot will likely be displayed to consumers under the names "Recommended Care Provided" and "Patient Experience Rating". The composites that are the component parts of the "Recommended Care Provided" category will be: (1) "Chronic Illness Management" and (2) "Behavioral and Mental Health". Composites that are the component part of the "Patient Experience Rating" category will be: (1) "Perception of Plan Quality", (2) "Perception of Provider Quality", (4) "Access to Care" and (5) "Customer Service."

An illustration of this hierarchy is as follows:



Scoring Specifications

Though all measures included in this quality rating pilot will be submitted as a fraction (numerator / denominator), some measures are constructed from multiple indicators (i.e. “Annual monitoring for patients on persistent medication” include multiple different medications: ACE inhibitors, digoxin, and diuretics). These indicators are then averaged and rolled up into a single fraction for that measure. Many of the CAHPS derived measures also require the use of multiple indicators. For any measure with multiple indicators, as long as half of those indicators are present, the measure will be considered reportable and will be included in the quality reporting pilot. All CAHPS and HEDIS measures will be treated as either a weighted or un-weighted measure score based on their typical application. AID does not intend on deviating from nationally recognized standards of treatment of any of the measures included in this pilot.

Denominator Size

Thirty (30) enrollees is the commonly used denominator minimum for statistically reliable quality results.^{2,3} For this pilot we consider a denominator size with at least thirty (30) observations to be reportable. Measure scores with insufficient denominator sizes are regarded as not reportable and will be excluded from scores. For measures with multiple indicators, issuers must make this determination based on the maximum denominator size among the measure’s indicators. For example, Getting Care Quickly has two indicators. If Non-Urgent Care indicator’s denominator is thirty three (33) enrollees, and the

² Spiegel MR. *Schaum’s Outline Series of Theory and Problems of Statistics*. New York: Schaum; 1961:144.

³ National Committee for Quality Assurance (NCQA). *HEDIS 2011 Guidelines: Technical Specifications for Health Plans*. Vol 2. Washington DC: NCQA; 2011.

Urgent Care indicator's denominator is fifteen (15) enrollees, issuers should reference the denominator size of thirty three (33) to determine whether the measure can be used for QRS scoring.

Data Confidentiality

AID does not intend to share any individual measure-level data received through this pilot project publicly or with any other Carriers.

Data Retention and Auditability

AID is asking participating Carriers to retain their entire claims and CAHPS survey data set through which results were reported for a period of six years following the measurement year for this Pilot Program. This retention period is in line with the Health Insurance Portability and Accountability Act's administrative simplification rules which require covered entities to retain required documentation for six years from the date of its creation or the date when it was last in effect, whichever is later. This dataset should contain all relevant claims-based records for all patients covered by QHPs that are offered on the Exchange during plan year 2014. AID reserves the right to perform an audit on any data measurements associated with this pilot project during this record retention period should it be deemed necessary.

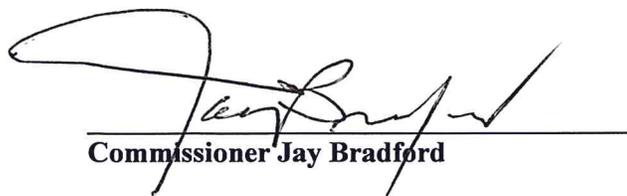
Data Elements

In accordance with the timelines included in this Bulletin, all Marketplace participating QHP Carriers need to submit all data relevant to the eight (8) clinical quality reporting pilot measures cited above in accordance with the technical data specification document that will be made available by AID at a later date. All measures must be completed with the requisite denominator levels as outlined above in this Bulletin and submitted using the outline template that is included in Appendix A. A final digital version of this template will be made available by AHCD IT Oversight and Management.

All measures should be reported on a regional basis in accordance with AID's predetermined seven healthcare service areas across the state (Northwest, Northeast, West Central, Central, South Central, Southwest and Southeast), as well as statewide. All results will be reported publicly on a statewide basis.

Carriers will be responsible for performing all relevant data weighing exercises for reporting as needed and outlined throughout this Bulletin.

All Carriers will be required to fill out and sign a data attestation form along with their data submission to AID. All attestation forms can be sent to AHCD_DataOversight@arkansas.gov within 24 hours of submission of all data templates. This form is to ensure that each Carrier attests to the fact that the data it is submitting for the quality reporting pilot is accurate to the best of its knowledge and that it submits to an audit should that be deemed necessary. The Attestation can be found in Appendix B.



Commissioner Jay Bradford

1/7/15

Date

Appendix A: Data Template

Table 1

HIOS Issuer ID	Region ID	Measure	Numerator	Denominator
	Region 1	Annual Monitoring for Patients on Persistent Medications		
	Region 1	Antidepressant Medication Management		
	Region 1	Cardiovascular Disease and LDL-C screening tests		
	Region 1	Follow - Up After Hospitalization for Mental Illness: 7 days		
	Region 1	Medication Management for People With Asthma		
	Region 1	Plan All - Cause Readmissions		
	Region 1	Use of Imaging Studies for Low Back Pain		
	Region 1	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing		
	Region 2	Annual Monitoring for Patients on Persistent Medications		
	Region 2	Antidepressant Medication Management		
	Region 2	Cardiovascular Disease and LDL-C screening tests		
	Region 2	Follow - Up After Hospitalization for Mental Illness: 7 days		
	Region 2	Medication Management for People With Asthma		
	Region 2	Plan All - Cause Readmissions		
	Region 2	Use of Imaging Studies for Low Back Pain		
	Region 2	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing		
	Region 3	Annual Monitoring for Patients on Persistent Medications		
	Region 3	Antidepressant Medication Management		
	Region 3	Cardiovascular Disease and LDL-C screening tests		
	Region 3	Follow - Up After Hospitalization for Mental Illness: 7 days		
	Region 3	Medication Management for People With Asthma		
	Region 3	Plan All - Cause Readmissions		
	Region 3	Use of Imaging Studies for Low Back Pain		
	Region 3	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing		
	Region 4	Annual Monitoring for Patients on Persistent Medications		
	Region 4	Antidepressant Medication Management		
	Region 4	Cardiovascular Disease and LDL-C screening tests		
	Region 4	Follow - Up After Hospitalization for Mental		

		Illness: 7 days		
	Region 4	Medication Management for People With Asthma		
	Region 4	Plan All - Cause Readmissions		
	Region 4	Use of Imaging Studies for Low Back Pain		
	Region 4	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing		
	Region 5	Annual Monitoring for Patients on Persistent Medications		
	Region 5	Antidepressant Medication Management		
	Region 5	Cardiovascular Disease and LDL-C screening tests		
	Region 5	Follow - Up After Hospitalization for Mental Illness: 7 days		
	Region 5	Medication Management for People With Asthma		
	Region 5	Plan All - Cause Readmissions		
	Region 5	Use of Imaging Studies for Low Back Pain		
	Region 5	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing		
	Region 6	Annual Monitoring for Patients on Persistent Medications		
	Region 6	Antidepressant Medication Management		
	Region 6	Cardiovascular Disease and LDL-C screening tests		
	Region 6	Follow - Up After Hospitalization for Mental Illness: 7 days		
	Region 6	Medication Management for People With Asthma		
	Region 6	Plan All - Cause Readmissions		
	Region 6	Use of Imaging Studies for Low Back Pain		
	Region 6	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing		
	Region 7	Annual Monitoring for Patients on Persistent Medications		
	Region 7	Antidepressant Medication Management		
	Region 7	Cardiovascular Disease and LDL-C screening tests		
	Region 7	Follow - Up After Hospitalization for Mental Illness: 7 days		
	Region 7	Medication Management for People With Asthma		
	Region 7	Plan All - Cause Readmissions		
	Region 7	Use of Imaging Studies for Low Back Pain		
	Region 7	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing		
	Statewide	Annual Monitoring for Patients on Persistent Medications		
	Statewide	Antidepressant Medication Management		
	Statewide	Cardiovascular Disease and LDL-C screening tests		

	Statewide	Follow - Up After Hospitalization for Mental Illness: 7 days		
	Statewide	Medication Management for People With Asthma		
	Statewide	Plan All - Cause Readmissions		
	Statewide	Use of Imaging Studies for Low Back Pain		
	Statewide	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing		

Appendix B: Attestation

The attestation that is submitted should be signed, scanned, and returned with the following language included:

As the authorized representative for my organization, I acknowledge that any Person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete, or misleading information may be guilty of a criminal act punishable under law and may be subject to any and all applicable civil penalties pursuant to federal or state law.

Therefore, I certify that the foregoing information is true, accurate, and complete to the best of my knowledge, as it is unlawful to knowingly provide false, incomplete, or misleading information.

Additionally, I hereby agree to keep the original source data set from which these aggregated results were derived for a period of six years to demonstrate that measures were submitted in accordance with HEDIS 2015 Volume 2: Technical Specifications and to furnish those records for audit to the AID or its appointed agent upon request.

Signature of Eligible Professional: _____

Date: ____ / ____ / ____