January 21, 2014

Marilyn Tavenner
Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore MD, 21244
ATTN: CMS-3288-NC

RE: CMS-3288-NC; Patient Protection and Affordable Care Act; Exchanges and Qualified Health Plans, Quality Rating System (QRS), Framework Measures and Methodology

Dear Ms. Tavenner:

The Consumer-Purchaser Alliance (C-P Alliance) appreciates the opportunity to comment on the Exchanges and Qualified Health Plans (QHP) Quality Rating System (QRS) Framework Measures and Methodology proposed rule. The C-P Alliance is an initiative that is improving health care quality and affordability by advancing public reporting of provider performance information so it can be used for improvement, consumer choice, and as part of payment reform.

The Centers for Medicare and Medicaid Services (CMS) has requested input on the hierarchical structure, organization, and specific measure set proposed for the QRS. Overall, we agree with CMS that the primary purpose of the QRS is to enable informed consumer selection of QHPs by providing accessible and meaningful information on consumer experience, quality, cost, and outcomes. Only when a robust set of performance measures is readily available to consumers and purchasers through the QRS will we begin to fully realize the enormous potential of the health insurance exchange model.

Our specific suggestions for improving the proposed QRS framework and measures fall under three broad categories and largely parallel formal comments submitted by the Measure Applications Partnership (MAP) Health Insurance Exchange QRS Task Force (HIX-QRS) and the National Partnership for Women and Families (NPWF). In short, we seek to improve the clarity, detail, and usefulness of information provided to consumers; emphasize the importance that such information has in facilitating value-based purchasing by employers and the exchanges themselves; and note the critical need to include provider performance measures in the QRS within two years.

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The C-P Alliance believes the clarity and detail provided through the QRS can be improved. Consumers will not only require an overall plan rating and simple summary domains, but also the ability to easily "drill down" on specific measures deemed important to them and their families. Given that many users of the QRS may have limited experience with purchasing health insurance, CMS must ensure that the language used and format provided by the QRS has been tested on this new group of health insurance consumers.

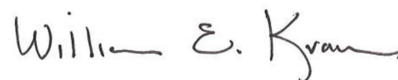
Second, CMS must continue to be mindful of the vital importance that a broad array of performance information has not only for consumers, but purchasers and exchange officials as well. A robust set of measures on experience, quality, cost, and outcomes can be used to facilitate value-based purchasing among employers and the exchanges themselves. Along with the extensive consumer testing of QRS measure sets noted above, CMS should solicit ongoing input from the purchaser community and remain diligent in collecting the views of officials charged with operating value-based purchasing programs.

Finally, the C-P Alliance is pleased that CMS has proposed a balanced number of metrics that include both CAHPS and HEDIS performance measures, a vast majority of which have been endorsed by the National Quality Forum (NQF). However, it is particularly important that information on the performance of health care networks, facilities, and providers be included in the QRS within two years. For many consumers, the choice of a personal physician/provider is equally, if not more important, than selection of health insurance plan, and meaningful provider performance information is urgently needed to inform that choice.

Thank you again for the opportunity to provide comments on the proposed QRS framework and measure set. In the Appendix, we provide specific suggestions on programs in the order in which they appear in the proposed rule. If you have any questions, please contact either of the Consumer-Purchaser Alliance's co-chairs, William Kramer, Executive Director for National Health Policy for Pacific Business Group on Health or Debra Ness, President of the National Partnership for Women & Families.

Sincerely,

Debra L. Ness
President
National Partnership for Women & Families
Co-chair, C-P Alliance



Bill Kramer
Executive Director
Pacific Business Group on Health
Co-chair, C-P Alliance

APPENDIX

Goals and Principles

The Consumer-Purchaser Alliance (C-P Alliance) strongly supports the overarching goals of the Qualified Health Plan (QHP) Quality Rating System (QRS), providing comparable and useful information regarding the quality of QHPs offered through the exchanges. Such information is vital to inform both consumer and employer choice and facilitate regulatory oversight of QHPs with regard to quality standards set forth in the Affordable Care Act (ACA).

C-P Alliance commends CMS for explicitly stating that improving consumer experience is a paramount aim of the QRS and including experience measures in its rating of the overall quality of plans. C-P Alliance strongly supports the inclusion of enrollee satisfaction and consumer experience measures in QHP ratings, and is pleased that ratings of health care quality, outcomes, and cost of care comprise the remainder of overall QHP ratings.

C-P Alliance also supports the overall framework proposed by CMS given that it reflects the goals and priorities of the National Quality Strategy and seeks to align, to the maximum extent possible, performance measures currently being implemented in federal, state, and private sector programs. Aligning measurement and reporting strategies will minimize QHP reporting burden and facilitate consistent measurement across the public and private sectors.

Performance Information Component

Measure Selection

C-P Alliance supports the measure selection framework proposed by CMS regarding the review, evaluation, and selection of specific indicators for the QRS. C-P Alliance is pleased with the decision to include National Quality Forum (NQF) endorsement status as a factor in QRS measure selection. NQF endorsement of measures is preferred, although not a requirement. The NQF is a multi-stakeholder organization that is transparent and inclusive, employs rigorous evaluation methods, ensures measures are properly aligned with the National Quality Strategy, and conducts ongoing evaluations of measure usability in practice.

Individual Measures

C-P Alliance is pleased that CMS has proposed a balanced number of metrics that include both CAHPS and HEDIS performance measures, a vast majority of which have been endorsed by the National Quality Forum (NQF) and are consisted with the measure selection criteria laid out by the Measure Applications Partnership (MAP) Health Insurance Exchange QRS Task Force (HIX-QRS). C-P Alliance believes that outcome measures—including patient experience outcome measures—are critical to the success of the QRS.

C-P Alliance concurs with the HIX-QRS and National Partnership for Women and Families (NPWF) in its support for the vast majority of indicators and remains mindful of the need to expand the number of indicators presented over time, particularly as provider-level measures become available. C-P Alliance is also supportive of better alignment of the QRS and Child-only QRS measures and inclusion of certain maternity care indicators.

Organization and Hierarchical Structure of the QRS Measures
Several consumer groups have provided detailed recommendations to make the organization and hierarchal structure of the QRS measures more consumer and purchaser friendly by simplifying language. Examples include:

- Renaming the "Clinical Quality Management" summary indicator "Quality"
- Renaming the "Member Experience" summary indicator "Experience"
- Renaming the "Plan Efficiency, Affordability and Management" summary indicator "Cost"

C-P Alliance is supportive of these efforts. It is particularly important for CMS to continuously test and retest the language used in the QRS to ensure that it effectively communicates information to consumers. Many individuals using the QRS may be purchasing health insurance for the first time and have a limited understanding of the language, definition, and scoring CMS is employing. C-P Alliance suggests using simple, straightforward language, evaluating it rigorously, and refining it with user groups prior to—and after—implementation.

C-P Alliance supports including information on both plan and provider performance in the experience and quality tiers. While it is clear that in the initial years information will be limited to plan performance, provider-level information should be included as soon as possible. C-P Alliance recommends broadening the definition of provider to include all providers in a care team rather than just the physician.

QRS Data Strategy
C-P Alliance supports the calculation and reporting of an overall summary score for QHPs. However, it is important that the QRS provide consumers and purchasers the ability to "drill down" and examine the domains, composites, and individual measures that make up an overall score. C-P Alliance also suggests setting a goal to provide fully customizable information in the QRS within two years following initial implementation.

Priority Areas for Future QRS Measurement Enhancement and Development
Overall, evidence indicates that consumers make decisions based on information related to choice of provider, patients' experiences of care, and health outcomes. As the QRS is enhanced and further developed, we urge CMS to include provider-level measures in QRS measure sets. Exchanges should be required to collect and report on a comprehensive set of provider-specific measures that include data on: patients' experiences of care, outcomes (including functional status, avoidance of preventable

complications, and patient safety), appropriateness of care, and cost and resource use.

Whenever feasible and appropriate, both plan-level and provider-level measures should be stratified by race, ethnicity, language, gender, and disability in order to identify and address disparities in care. It is essential that Exchanges be equipped to pay particular attention to the needs of underserved and marginalized populations and that enrollees have the ability to differentiate between QHPs on these grounds.

To date, the development of a robust set of performance measures that includes significant information on health outcomes has been hampered by the need to rely principally on paid claims and medical chart reviews as the data sources. With the infusion of significant funding from the HITECH Act for providers to equip themselves with electronic medical record systems, and the growing willingness of medical specialty societies and hospital systems to invest in building and populating clinical registries, we have the potential to develop a much richer set of databases. Using these can add to the breadth of performance measures that track treatment outcomes, identify disparities, and evaluate the impact of change. Few of these “eMeasures” will be available before 2016, but we urge CMS to encourage their development and use. eMeasures should be incorporated into future iterations of the QRS as swiftly as practicable.