NATIONAL QUALITY FORUM

Web Meeting Agenda

Measure Applications Partnership Health Insurance Exchange Quality Rating System Task Force
October 18, 2013
10:00 am – 12:00 pm ET

Participant Instructions:

Follow the instructions below 15 minutes prior to the scheduled start time.

1. Direct your web browser to the following URL: nqf.commpartners.com.
2. Under "Enter a Meeting," type the meeting number **187389** and click "Enter."
3. In the "Display Name" field, type your first and last names and click "Enter Meeting."
4. Task force members: Dial **1-888-799-0466** and use confirmation code **74425459**. Remember to turn off your computer speakers during the presentation. Note: All task force members have an open line.
5. Public participants: Dial **1-855-452-6871** and use confirmation code **74425459**. Remember to turn off your computer speakers during the presentation.

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Meeting Objectives:

- Review the MAP Measure Selection Criteria and establish the task force's decision-making framework;
- Define the highest-leverage measurement opportunities for the Marketplaces; and
- Consider the ideal organization of measures to best support consumer decision-making

10:00 am **Welcome and Review of Meeting Objectives**
Elizabeth Mitchell, Task Force Chair
Aisha Pittman, Senior Director, NQF

10:10 am **Lessons from the Field—Covered California**
Covered California: Jeff Rideout, Senior Medical Advisor and Ted von Glahn, PBGH
Massachusetts Health Connector: Jean Yang, Executive Director

10:30 am **MAP Measure Selection Criteria and Task Force Decision-Making Framework**
Severa Chavez, Project Analyst, NQF
Elizabeth Mitchell

- Review MAP Measure Selection Criteria
- Establish decision-making framework

11:00 am **Highest-Leverage Measurement Opportunities for the Marketplaces**
Megan Duevel Anderson, Project Analyst, NQF

- Review MAP scope of input for the QRS
- Review and finalize measurement topics that are the highest-leverage opportunities for improvement

11:25 am **Ideal Organization of Measures to Best Support Consumer Decision-Making**
Aisha Pittman

- Review organization of existing consumer quality reporting information
- Define ideal organization of measures for the QRS

11:45 am **Opportunity for Public Comment**

11:55 am **Next Steps**
Aisha Pittman

12:00 pm **Adjourn**

Measure Applications Partnership

Health Insurance Exchange Quality Rating System Task Force

Web Meeting

October 18, 2013

NATIONAL QUALITY FORUM

Welcome and Review of Meeting Objectives

Agenda

- Welcome and Review of Meeting Objectives
- Lessons from the Field– Covered California
- MAP Measure Selection Criteria and Task Force Decision-Making Framework
- Highest-Leverage Measurement Opportunities for the Marketplaces
- Ideal Organization of Measures to Best Support Consumer Decision-Making
- Opportunity for Public Comment
- Next Steps

Meeting Objectives

- Review the MAP Measure Selection Criteria and establish the task force's decision-making framework
- Define the highest-leverage measurement opportunities for the Marketplaces
- Consider the ideal organization of measures to best support consumer decision-making

HIX QRS Task Force Charge

- Advise the MAP Coordinating Committee on recommendations for the child and family core measure sets of the QRS
  - Best available measures
  - Organization of measures to support consumer decision-making
- MAP is not providing recommendations on the marketplace websites, materials, displays, or minimum benefits
- The task force is time-limited and consists of current MAP members from the MAP Coordinating Committee and all MAP workgroups with relevant interests and expertise

Timeline for HIX QRS Task Force Activities

September 26: Task Force Web Meeting	• Review task force charge, background of the QRS, and relevant populations • Consider health plan information available to consumers and define scope of MAP's input
October 18: Task Force Web Meeting	• Review the MAP Measure Selection Criteria and establish the task force's decision-making framework • Define the highest-leverage measurement opportunities for the Marketplaces • Consider the ideal organization of measures to best support consumer decision-making
November 20-21: Task Force In-Person Meeting	• Develop recommendations and rationale regarding measures for the QRS • Develop recommendations and rationale regarding organization of the QRS • Identify gaps in measures needed to support consumer decision-making
December: Public Comment Draft Report	• Task force review of draft report via email • Report posted to NQF website for a two-week public comment period
January 7-8: MAP Coordinating Committee In-Person Meeting	• MAP Coordinating Committee review of the public comment draft and public comments received • HIX QRS Task Force members will join by phone • Finalize recommendations and rationale for measures for inclusion and organization of the QRS
January: Final Report	• Submit final report to HHS

Lessons from the Field– Covered California

MAP Measure Selection Criteria and Task Force Decision-Making Framework

MAP Measure Selection Criteria

MAP MSC	Inputs Available to Support Task Force Decision-Making
1. NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective	NQF endorsement status provided for each measure, along with links to additional measure details via NQF's Quality Positioning System (QPS)
2. Program measure set adequately addresses each of the National Quality Strategy's three aims	NQS priority provided for each measure Task force discussion will determine adequacy of the measure sets
3. Program measure set is responsive to specific program goals and requirements	QRS program summary
4. Program measure set includes an appropriate mix of measure types	Measure type provided for each measure Task force discussion will determine whether the mix of measure types is appropriate
5. Program measure set enables measurement of person- and family-centered care and services	Patient-reported outcome measures are identified Task force discussion will determine whether the measure sets span the episode of care
6. Program measure set includes consideration for healthcare disparities and cultural competency	Provided for each measure, based upon NQF's Disparities Consensus Development Project
7. Program measure set promotes parsimony and alignment	Measure use in public and private sectors provided (where available) Task force will determine whether the measure sets are parsimonious

Task Force Decision-Making Framework

Defining Meaningful to Consumers

- MAP MSC Sub-Criterion 3.2: Measure sets for public reporting programs should be meaningful for consumers and purchasers
- MAP Clinician and Hospital Workgroup Guiding Principles established measures that are most meaningful to consumers should:
  - Focus on patient experience, patient-reported outcomes (e.g., functional status), care coordination, population health (e.g., risk assessment, prevention), and appropriate care measures
  - Be aggregated (e.g., composite measures), with drill-down capability for specific measure results to generate a comprehensive picture of quality
  - Monitor for unintended consequences to vulnerable populations
  - Be stratified by factors such as race, gender, and socioeconomic status to enable fair comparisons

Task Force Decision-Making Framework

Including Information Beyond Quality Measures

- The HIX QRS Task Force has discussed including structural information that addresses a health plan design and functions (e.g., information from accreditation, eValue8)
- Several MAP Measure Selection Criteria do not apply to structural information
  - NQF endorsement
  - Mix of measure types
  - Measurement across person-centered episode of care
  - Parsimony and alignment

Task Force Decision-Making Framework

What additional factors should the task force consider when developing recommendations for the QRS?

- How can we further define what measures are most meaningful to consumers?
- What additional criteria/principles are needed to guide selection of structural information for inclusion in the QRS?
- What other guidance would be useful for selecting measures and determining organizational structure?

Highest-Leverage Measurement Opportunities for the Marketplaces

MAP's Input on Measures for the QRS

Task Force Input

- QRS measures should focus on the consumers' needs by providing information that is:
  - Usable and of interest to consumers
  - Is accessible and can be understood by consumers
  - Interactive and customizable allowing consumers to emphasize value on different performance information
  - Needed to make informed choices (e.g., cost, experience, outcomes)
- Expand beyond existing health plan-level quality measures (e.g., HEDIS, CAHPS)
  - Recognize initial start will be limited to existing information
  - QRS needs to evolve over time to include additional measures
- Alignment and parsimony are critical
  - Align with existing health plan quality reporting
  - Begin with few categories of measures (e.g., roll-ups aligned with triple aim)

MAP's Input on Measures for the QRS

Task Force's Discussion of Measures Needed

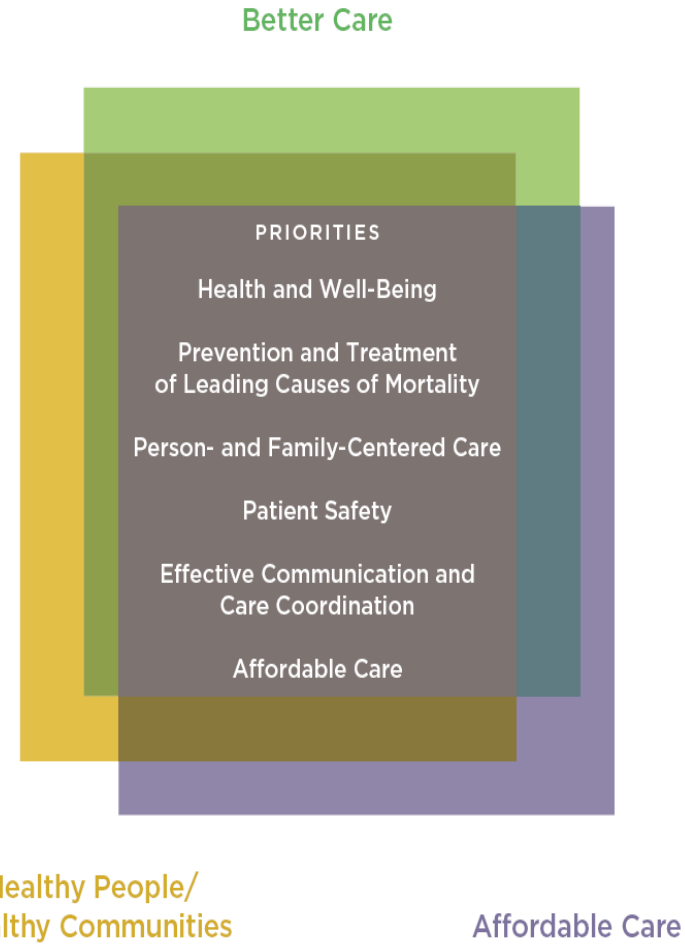
- Individualized cost- Total out of pocket costs; potential financial risk
- Experience- Need to incorporate qualitative consumer information into existing methods of assessing consumer experience
- Plan outcomes- Patient-reported outcomes; other clinical quality outcomes
- Plan functions
  - Quality of available providers (e.g., provider network, provider ratings)
  - Managing costs (e.g., eValue8 questions, payment incentives)
  - Additional benefits (e.g., programs targeted to patients)

MAP's Input on Measures for the QRS

Coordinating Committee Direction to the Task Force

- Importance of using information useful for consumer decision-making
  - Cost supersedes clinical quality information for consumers
  - Create system that will help consumer understand health plan performance for "people like me"
  - Need feedback from consumers on what is useful so that we can improve over time
- Limits in the current state of quality measures
  - Existing tools targeted toward large purchasers may not be appropriate for consumers
  - May need very different measures for this population
    - Uninsured or underinsured for long periods of time
    - Medicaid churn
- Recommendations
  - Use a phased approach to implementation
  - Align with existing health plan requirements and provider/clinician requirements
  - Consider how this system will drive plan and provider improvement

What Information Is Needed to Support Consumer Decision-Making?



What Information Is Needed to Support Consumer Decision-Making?

Health Plan Functions

- Network Management
  - Contract with providers and facilities
  - Maintain adequate services and access
- Benefit Design
  - Services for members
  - Incentives for members
- Care Management
  - Prevention, treatment, and disease management programs
  - Care coordination across multiple clinicians and facilities
- Provider Payment
  - Claims adjudication
  - Incentives for providers
- Customer Service
  - Member information
  - Complaints
  - Education

Highest-Leverage Opportunities for Measurement

NQS Priorities Addressed by HLO for Measurement

- Health and Well-Being - 8
- Prevention and Treatment of Leading Causes of Mortality - 10
- Person- and Family-Centered Care - 11
- Patient Safety - 5
- Effective Communication and Care Coordination - 3
- Affordable Care - 4

Health Plan Function Addressed by HLO for Measurement

- Network Management - 4
- Benefit Design - 7
- Care Management - 16
- Provider Payment - 8
- Customer Service - 8

Highest-Leverage Opportunities for Measurement

What are the highest-leverage opportunities for measurement for consumer decision-making?

Patient Experience/Satisfaction	Behavioral Health/Mental Health
Quality of Providers	Tabaco, Alcohol, and Substance Use
Cost	Care for Older Adults (Osteoporosis, Arthritis, Dementia, Alzheimer's, Falls, Incontinence)
Utilization Management	Advanced Illness Care (Hospice, End-of-Life, and Palliative Care)
Primary Prevention	Medication Management
Screening, Immunization, and Treatment of Infectious Disease	Care Coordination and Case Management
Cancer Screening and Treatment	Readmissions
Weight Management and Wellness Counseling	Member Access to Information
Cardiovascular Care	Member Education
Diabetes Care	Access to Care, Specialists, and Network Adequacy
Asthma and Respiratory Care	Cultural Competency
Maternal Health	Access to Health Plan Resources, Medical Records
Well-Infant, Child, and Adolescent Care	Shared Decision-Making
Dental and Vision Care	

Highest-Leverage Opportunities for Measurement

Discussion Questions

- Should any of the high-leverage measurement opportunities be removed?
- Are any high-leverage measurement opportunities missing?
- What are the highest priorities?

Ideal Organization of Measures to Best Support Consumer Decision-Making

Ideal Organization of Measures to Best Support Consumer Decision-Making

- Public reporting systems for health plans generally collect and report summary information and six common groups of information:
  - Summary or Overall Quality of Plan
  - Scope of Benefits and Coverage
  - Customer and Patient Experience, Access to Information or Satisfaction
  - Customer Service or Complaints Management
  - Prevention or Health Promotion Programs
  - Management or Treatment of Chronic Conditions
  - Cost and Efficiency

Ideal Organization of Measures to Best Support Consumer Decision-Making

- Reporting systems structure groups of information to communicate information they collect to consumers
- Some systems prioritize different groups of information, limit reporting, or do not include all of these groups in the structure
- The structures and information included are targeted to the intended consumer audience:
  - eValue8 structure incorporates benefits management important to employers choosing health plans to offer in employee benefits programs
  - Medicare Health Plan Star Rating addresses measurement opportunities for the Medicare population, such as management of cardiovascular conditions and diabetes, and not child, infant, or maternal care

Ideal Organization of Measures to Best Support Consumer Decision-Making

How should the high-leverage opportunities for measurement be organized in the QRS?

Patient Experience/Satisfaction	Behavioral Health/Mental Health
Quality of Providers	Tabaco, Alcohol, and Substance Use
Cost	Care for Older Adults (Osteoporosis, Arthritis, Dementia, Alzheimer's, Falls, Incontinence)
Utilization Management	Advanced Illness Care (Hospice, End-of-Life, and Palliative Care)
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Well-Infant, Child, and Adolescent Care	Shared Decision-Making
Dental and Vision Care	

Ideal Organization of Measures to Best Support Consumer Decision-Making

What is the ideal organization of measures for the QRS?

- What categories of information are needed?
- Should categories be organized into multiple tiers?

Opportunity for Public Comment

Next Steps

- Task Force In-Person Meeting: **November, 20-21, 2013**

- Public Comment Review of the Draft Report: **December, days TBD**

Adjourn

MAP Measure Selection Criteria

The Measure Selection Criteria (MSC) are intended to assist MAP with identifying characteristics that are associated with ideal *measure sets* used for public reporting and payment programs. The MSC are not absolute rules; rather, they are meant to provide general guidance on measure selection decisions and to complement program-specific statutory and regulatory requirements. Central focus should be on the selection of high-quality measures that optimally address the National Quality Strategy's three aims, fill critical measurement gaps, and increase alignment. Although competing priorities often need to be weighed against one another, the MSC can be used as a reference when evaluating the relative strengths and weaknesses of a program measure set, and how the addition of an individual measure would contribute to the set.

Criteria

1. NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective

Demonstrated by a program measure set that contains measures that meet the NQF endorsement criteria, including: importance to measure and report, scientific acceptability of measure properties, feasibility, usability and use, and harmonization of competing and related measures.

Sub-criterion 1.1 Measures that are not NQF-endorsed should be submitted for endorsement if selected to meet a specific program need
Sub-criterion 1.2 Measures that have had endorsement removed or have been submitted for endorsement and were not endorsed should be removed from programs
Sub-criterion 1.3 Measures that are in reserve status (i.e., topped out) should be considered for removal from programs

2. Program measure set adequately addresses each of the National Quality Strategy's three aims

Demonstrated by a program measure set that addresses each of the National Quality Strategy (NQS) aims and corresponding priorities. The NQS provides a common framework for focusing efforts of diverse stakeholders on:

Sub-criterion 2.1 Better care, demonstrated by patient- and family-centeredness, care coordination, safety, and effective treatment

Sub-criterion 2.2 Healthy people/healthy communities, demonstrated by prevention and well-being

Sub-criterion 2.3 Affordable care

3. Program measure set is responsive to specific program goals and requirements

Demonstrated by a program measure set that is "fit for purpose" for the particular program.

Sub-criterion 3.1 Program measure set includes measures that are applicable to and appropriately tested for the program's intended care setting(s), level(s) of analysis, and population(s)

Sub-criterion 3.2 Measure sets for public reporting programs should be meaningful for consumers and purchasers

Sub-criterion 3.3 Measure sets for payment incentive programs should contain measures for which there is broad experience demonstrating usability and usefulness (Note: For some Medicare payment programs, statute requires that measures must first be implemented in a public reporting program for a designated period)

Sub-criterion 3.4 Avoid selection of measures that are likely to create significant adverse consequences when used in a specific program.

Sub-criterion 3.5 Emphasize inclusion of endorsed measures that have eMeasure specifications available

4. Program measure set includes an appropriate mix of measure types

Demonstrated by a program measure set that includes an appropriate mix of process, outcome, experience of care, cost/resource use/appropriateness, composite, and structural measures necessary for the specific program.

Sub-criterion 4.1 In general, preference should be given to measure types that address specific program needs

Sub-criterion 4.2 Public reporting program measure sets should emphasize outcomes that matter to patients, including patient- and caregiver-reported outcomes

Sub-criterion 4.3 Payment program measure sets should include outcome measures linked to cost measures to capture value

5. Program measure set enables measurement of person- and family-centered care and services

Demonstrated by a program measure set that addresses access, choice, self-determination, and community integration

Sub-criterion 5.1 Measure set addresses patient/family/caregiver experience, including aspects of communication and care coordination

Sub-criterion 5.2 Measure set addresses shared decision-making, such as for care and service planning and establishing advance directives

Sub-criterion 5.3 Measure set enables assessment of the person's care and services across providers, settings, and time

6. Program measure set includes considerations for healthcare disparities and cultural competency

Demonstrated by a program measure set that promotes equitable access and treatment by considering healthcare disparities. Factors include addressing race, ethnicity, socioeconomic status, language, gender, sexual orientation, age, or geographical considerations (e.g., urban vs. rural). Program measure set also can address populations at risk for healthcare disparities (e.g., people with behavioral/mental illness).

Sub-criterion 6.1 Program measure set includes measures that directly assess healthcare disparities (e.g., interpreter services)

Sub-criterion 6.2 Program measure set includes measures that are sensitive to disparities measurement (e.g., beta blocker treatment after a heart attack), and that facilitate stratification of results to better understand differences among vulnerable populations

7. Program measure set promotes parsimony and alignment

Demonstrated by a program measure set that supports efficient use of resources for data collection and reporting, and supports alignment across programs. The program measure set should balance the degree of effort associated with measurement and its opportunity to improve quality.

Sub-criterion 7.1 Program measure set demonstrates efficiency (i.e., minimum number of measures and the least burdensome measures that achieve program goals)

Sub-criterion 7.2 Program measure set places strong emphasis on measures that can be used across multiple programs or applications (e.g., Physician Quality Reporting System [PQRS], Meaningful Use for Eligible Professionals, Physician Compare)

NATIONAL QUALITY FORUM

Health Insurance Exchange Quality Rating System High-Leverage Opportunities for Measurement

The table below identifies high-leverage opportunities for measurement of qualified health plans in the Health Insurance Exchanges/Marketplaces. For each high-leverage measurement opportunity, the health plan function and National Quality Strategy (NQS) priority addressed is noted. To demonstrate how the high-leverage measurement opportunities could be addressed, examples of available NQF-endorsed measures and structural elements (i.e., accreditation standards, health plan design information) are provided. The examples listed are not exhaustive of all tools to evaluate the high-leverage opportunities.

High-Leverage Opportunity for Measurement	Health Plan Function	NQS Priority	Example Available NQF-Endorsed Quality Measures	Example Structures (e.g., accreditation standards, health plan design information)
Patient Experience/ Satisfaction	Customer Service	Person- and Family-Centered Care	• 0006: CAHPS Health Plan Survey v 4.0 - Adult questionnaire • 0007: NCQA Supplemental items for CAHPS® 4.0 Adult Questionnaire (CAHPS 4.0H)	• URAC HP-13: Call Center Performance • URAC HP-16: Complaint Response Timeliness • NCQA: Satisfaction with Physician; Satisfaction with Health Plan Services
Quality of Providers	Customer Service, Provider Payment, Network Management	Person- and Family-Centered Care, Prevention and Treatment of the Leading Causes of Mortality	• Multiple Clinician Level Quality Measures Available	• URAC HP-2: Provider Network Adequacy: Number of Specialists Accepting New Patients At End of Reporting Period by Specialist Type • URAC HP-11: Provider Network Adequacy: Number of Primary Care Providers (PCP) accepting new patients at end of reporting period by PCP type. • NCQA: Assessment of Organizational of Providers • eValue8: Provider Network Management and Board Certification

High-Leverage Opportunity for Measurement	Health Plan Function	NQS Priority	Example Available NQF-Endorsed Quality Measures	Example Structures (e.g., accreditation standards, health plan design information)
Cost	Benefit Design, Customer Service, Provider Payment	Affordable Care	• 1557: Relative Resource Use for People with Diabetes (RDI) • 1558: Relative Resource Use for People with Cardiovascular Conditions	• US News: Completeness of Coverage and Cost-Sharing • eValue8: Relative Cost Information Provided to Members and Relative Efficiency Available to Providers
Utilization Management	Network Management	Affordable Care		• NCQA: Mental Health Utilization, Antibiotics Utilization • NCQA: Utilization Management (UM) • eValue8: Quality and Utilization Data Reporting to Purchasers for Improvement Strategies
Screening, Immunization, and Treatment of Infectious Disease	Care Management	Prevention and Treatment of Leading Causes of Disease	• 0038: Childhood Immunization Status • 0150: Pneumococcal vaccination • 0227: Influenza Immunization • HIV Screening: Members at High Risk of HIV • 0475: Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Hospital or Birthing Facility Discharge	• URAC HIX-7: Preventive Services: Percentage of Enrolled Members Ages Less than or Equal to 18 years Who have had Preventive Services, Recommended Risk Factor Reductions and Behavioral Health Change Interventions, Appropriate Screenings and Immunizations • Consumer Reports/NCQA: Other Treatment Measures
Cancer Screening and Treatment	Care Management	Prevention and Treatment of Leading Causes of Disease	• 0031: Breast Cancer Screening • 0032: Cervical Cancer Screening • 0034: Colorectal Cancer Screening •	• URAC HIX-5: Preventive Care and Screening: Percentage of Female Patient Who Had A Mammogram Performed During The Two-year Measurement Period • URAC HIX-8: Colorectal Cancer Screening

High-Leverage Opportunity for Measurement	Health Plan Function	NQS Priority	Example Available NQF-Endorsed Quality Measures	Example Structures (e.g., accreditation standards, health plan design information)
Weight Management and Wellness Counseling	Care Management, Benefits Design, Customer Service	Health and Well-Being, Prevention and Treatment of Leading Causes of Disease	• 0023: Body Mass Index (BMI) in adults > 18 years of age • 0024: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents • 0029: Counseling on physical activity in older adults - a. Discussing Physical Activity, b. Advising Physical Activity	• eValue8: Capabilities to Address Obesity • URAC HIX-7: Preventive Services: Percentage of Enrolled Members Ages Less than or Equal to 18 years Who have had Preventive Services, Recommended Risk Factor Reductions and Behavioral Health Change Interventions, Appropriate Screenings and Immunizations • URAC HIX-10: Prevention and Management of Obesity in Mature Adolescents and Adults • URAC HIX-20: Health Risk Assessment Completion Rate • NCQA: Health Appraisals
Cardiovascular Care	Care Management	Prevention and Treatment of Leading Causes of Disease	• 0018: Controlling High Blood Pressure • 0071: Persistence of Beta-Blocker Treatment After a Heart Attack	
Diabetes Care	Care Management	Prevention and Treatment of Leading Causes of Disease	• 0731: Comprehensive Diabetes Care (0055, 0057, 0059, 0061, 0062, 0064, 0575) • 0603: Adult(s) taking insulin with evidence of self-monitoring blood glucose testing. • 0604: Adult(s) with diabetes mellitus that had a serum creatinine in last 12 reported months.	• URAC HP-10: Diabetes: All or None Process Measure (Optimal Testing: HbA1c, LDL-C, nephropathy) • URAC HP-18: Diabetes: All or None Process Measure: Optimal Results for HbA1c, LDL-C, and BP

High-Leverage Opportunity for Measurement	Health Plan Function	NQS Priority	Example Available NQF-Endorsed Quality Measures	Example Structures (e.g., accreditation standards, health plan design information)
Asthma and Respiratory Care	Care Management	Prevention and Treatment of Leading Causes of Disease	• 0283: Adult asthma (PQI 15) • 0036: Use of appropriate medications for people with asthma • 0069: Appropriate treatment for children with upper respiratory infection (URI)	
Maternal Health	Care Management	Health and Well-Being, Patient Safety	• 1391: Frequency of Ongoing Prenatal Care • 1517: Prenatal & Postpartum Care	• eValue8: Pregnancy and Early Child Care Initiatives • US News: Maternity and newborn care
Well-Infant, Child, and Adolescent Care	Care Management	Health and Well-Being, Prevention and Treatment of Leading Causes of Disease	• 0010: Young Adult Health Care Survey (YAHCS) • 0011: Promoting Healthy Development Survey (PHDS) • 1392: Well-Child Visits in the First 15 Months of Life • 1516: Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	• URAC HIX-7: Preventive Services: Percentage of Enrolled Members Ages Less than or Equal to 18 years Who have had Preventive Services, Recommended Risk Factor Reductions and Behavioral Health Change Interventions, Appropriate Screenings and Immunizations • eValue8: Pregnancy and Early Child Care Initiatives
Dental and Vision Care	Care Management, Network Management, Benefit Design	Health and Well-Being	• 1388: Annual Dental Visit • 1419: Primary Caries Prevention Intervention as Part of Well/Ill Child Care as Offered by Primary Care Medical Providers • 1412: Pre-School Vision Screening in the Medical Home	• US News: Scope of Covered Benefits

High-Leverage Opportunity for Measurement	Health Plan Function	NQS Priority	Example Available NQF-Endorsed Quality Measures	Example Structures (e.g., accreditation standards, health plan design information)
Behavioral Health/ Mental Health	Care Management	Health and Well-Being, Person- and Family Centered Care, Prevention and Treatment of Leading Causes of Disease	• 0008: Experience of Care and Health Outcomes (ECHO) Survey (behavioral health, managed care versions) • 0108: Follow-Up Care for Children Prescribed ADHD Medication (ADD) • 0580: Bipolar antimanic agent • 0544: Use and Adherence to Antipsychotics among members with Schizophrenia	• eValue8: Plan ability to Track and Guide Members to Behavioral Health Treatment Options and Support Programs; Screening Members for Behavioral Health Issues; Integration of Behavioral Health and Other Medical Care; Support for Behavioral Health and Non-Behavioral Health Clinicians; Timely Emergency Clinical Support 24/7 • NCQA: Continuity and Coordination Between Medical and Behavioral Health Care; Triage and Referral for Behavioral Health Care • US News: Mental health and substance abuse services • Consumer Reports/NCQA: Mental and Behavioral Health
Tobacco, Alcohol, and Substance Use	Care Management, Benefit Design	Prevention and Treatment of Leading Causes of Disease, Health and Well-Being	• 0027: Medical Assistance With Smoking and Tobacco Use Cessation • 0028: Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	• eValue8: Follow-Up after Treatment in ER for Alcohol-Related Injuries; Efficacy of Programs to Prevent and Reduce Tobacco Use • US News: Mental health and substance abuse services

High-Leverage Opportunity for Measurement	Health Plan Function	NQS Priority	Example Available NQF-Endorsed Quality Measures	Example Structures (e.g., accreditation standards, health plan design information)
Care for Older Adults (Osteoporosis, Arthritis, Dementia, Alzheimer's, Falls, Incontinence)	Care Management	Health and Well-Being, Patient Safety	• 0029: Counseling on physical activity in older adults - a. Discussing Physical Activity, b. Advising Physical Activity • 0030: Urinary Incontinence Management in Older Adults - a. Discussing urinary incontinence, b. Receiving urinary incontinence treatment 0036: Osteoporosis testing in older women • 0035: Fall Risk Management • 0053: Care for Older Adults – Medication Review • 0054: Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis • 1959: Antipsychotic Use in Persons with Dementia	
Advanced Illness Care (Hospice, End-of-Life, and Palliative Care)	Care Management, Provider Payment, Benefit Design	Person- and Family-Centered Care, Affordable Care	• 0211: Proportion with more than one emergency room visit in the last days of life • 0215: Proportion not admitted to hospice • 0210: Proportion receiving chemotherapy in the last 14 days of life	

High-Leverage Opportunity for Measurement	Health Plan Function	NQS Priority	Example Available NQF-Endorsed Quality Measures	Example Structures (e.g., accreditation standards, health plan design information)
Medication Management	Care Management, Provider Payment	Effective Communication and Care Coordination, Affordable Care, Patient Safety	• 0022: Use of High Risk Medications in the Elderly • 0105: Antidepressant Medication Management • 0541: Proportion of Days Covered (PDC): 5 Rates by Therapeutic Category	• URAC HP-4: Drug-Drug Interactions • eValue8: Plan Monitoring Medication Compliance • US News: Prescription drugs
Care Coordination and Case Management	Care Management, Provider Payment	Effective Communication and Care Coordination, Person- and Family-Centered Care, Patient Safety	• 0004: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment • 1937: Follow-Up After Hospitalization for Schizophrenia (7- and 30-day)	• URAC HP-15: Case Management: Contacting Consumer • eValue8: Care Coordination; Promoting Adherence to Prescription Regimens
Readmissions	Care Management, Provider Payment	Patient Safety, Care Coordination	• 0505: Hospital 30-day all-cause risk-standardized readmission rate (RSRR) following acute myocardial infarction (AMI) hospitalization.	
Member Access to Information	Customer Service	Effective Communication and Care Coordination, Person- and Family-Centered Care	• 0006: CAHPS Health Plan Survey v4.0 – Adult questionnaire • 0007: NCQA Supplemental Items for CAHPS Adult Questionnaire v4.0 • 0009: CAHPS Health Plan Survey v 3.0 children with chronic conditions supplement	• URAC HP-13: Call Center Performance • URAC HP-16: Complaint Response Timeliness • NCQA: Medicaid Benefits and Services, Health Information Line; Self-Management Tools
Member Education	Customer Service, Benefit Design	Person- and Family-Centered Care, Health and Well-Being		• eValue8: Patient Support; Availability of Counseling

High-Leverage Opportunity for Measurement	Health Plan Function	NQS Priority	Example Available NQF-Endorsed Quality Measures	Example Structures (e.g., accreditation standards, health plan design information)
Access to Care, Specialists, and Network Adequacy	Network Management, Provider Payment	Person- and Family-Centered Care, Patient Safety	• 0006: CAHPS Health Plan Survey v4.0 – Adult questionnaire • 0007: NCQA Supplemental Items for CAHPS Adult Questionnaire v4.0 • 0009: CAHPS Health Plan Survey v 3.0 children with chronic conditions supplement • 0477: Under 1500g infant Not Delivered at Appropriate Level of Care	• URAC HP-2: Provider Network Adequacy: Number of Primary Care Providers (PCP) accepting new patients at end of reporting period by PCP type. • URAC HP-11: Provider Network Adequacy: Number of Specialists Accepting New Patients At End of Reporting Period by Specialist Type • eValue8: Timely Emergency Clinical Support 24/7
Cultural Competency	Network Management, Benefit Design, Customer Service	Person- and Family-Centered Care	• 0006: CAHPS Health Plan Survey v4.0 – Adult questionnaire • 1919: Cultural Competency Implementation Measure	• eValue8: Culturally-, Racially-, and Language-Sensitive Services • Medicare Star: Cultural Competency • NCQA: Quality Management Program Structure; Availability of Practitioners; Policies and Procedures for Complaints and Appeals; Self-Management Tools
Access to Health Plan Resources, Medical Records	Customer Service	Person- and Family-Centered Care	• 0006: CAHPS Health Plan Survey v4.0 – Adult questionnaire	• NCQA: Health Information Line; Privacy and Confidentiality • eValue8: Electronic Personal Health Records
Shared Decision-Making	Customer Service, Benefit Management, Provider Payment	Person- and Family-Centered Care		• eValue8: Decision Support Tools for Members

NATIONAL QUALITY FORUM

Organization of Measurement Information in Public Reporting Systems

Public reporting systems for health plans generally organize measurement information into these common groups:

- Summary or Overall Quality of Plan
- Scope of Benefits and Coverage
- Customer and Patient Experience, Access to Information or Satisfaction
- Customer Service or Complaints Management
- Prevention or Health Promotion Programs
- Management or Treatment of Chronic Conditions
- Cost and Efficiency

Each reporting system has a unique approach for how information is presented to consumers, varying by how information is prioritized and presented. Some of the variation can be attributed to the purpose of the reporting system and the population covered. For example, evalu8 is intended to support employers in choosing health plans to offer in employee benefit programs, so the reporting system emphasizes benefit management information. Similarly, the Medicare Health Plan Star Ratings assess Medicare plans, so the reporting system does not include measures assessing the quality of care for children, adolescents, and maternal care. The table below describes how several reporting systems organize measurement information into groups, with the high-leverage measurement opportunities listed for each group.

Reporting System	**Organization Structure- Groups of Information**	**High-Leverage Opportunities for Measurement**
Consumer Reports/NCQA	Customer Satisfaction (CAHPS) data	Getting Care Satisfaction with Physicians Satisfaction with Health Plan Services
	Prevention	Children and Adolescents Well-Care Women's Reproductive Health Cancer Screening Other Preventative Services
	Treatment	Asthma Diabetes Care Heart Disease Mental and Behavioral Health Other Treatment Measures

Reporting System	Organization Structure- Groups of Information	High-Leverage Opportunities for Measurement
	Accreditation by NCQA	Quality Management and Improvement (QI) Utilization Management (UM) Credentialing and Recredentialing (CR) Members' Rights and Responsibilities (RR) Standards for Member Connections (MEM) Medicaid Benefits and Services (MED) HEDIS/CAHPS Performance Measures
eValue8	Plan Profile	Plan Design Plan Accreditation IT Infrastructure Provider Network Management and Board Certification Culturally-, Racially-, and Language-Sensitive Services Quality and Utilization Data Reporting to Purchasers for Improvement Strategies
	Consumer Engagement	Information and Provider Choice Tools Web-based Visits and E-Mail Contact with Providers Decision Support Tools for Members Electronic Personal Health Records Relative Cost Information Provided to Members and Relative Efficiency Available to Providers
	Provider Measurement and Rewards	Use of Clinical Performance, Relative Efficiency, and Other Data Use of Reimbursement Strategies and Contractual Terms to Motivate Hospitals to Avoid Serious Errors and Infections Incentive and Benefit Design for High Performing Doctors and Hospitals Physicians Leveraging Potential of Health IT Health Plan Collaboration with other Plans to Measure and Improve Performance
	Pharmaceutical Management	Promoting Adherence to Prescription Regimens Promotion of Generic Drugs and Appropriate Use of Specialty Pharmaceuticals Formulary/Benefit Designs with Comparative Effectiveness and Member Adherence

Reporting System	Organization Structure- Groups of Information	High-Leverage Opportunities for Measurement
	Prevention and Health Promotion	Supporting Employers' On-Site Health Promotion Health Risk Assessments for Members Use of Health Risk Assessments to Guide Members Cancer Screening Rates Immunization Programs Efficacy of Programs to Prevent and Reduce Tobacco Use Capabilities to Address Obesity Pregnancy and Early Child Care Initiatives
	Chronic Disease Management	Member Identification and Support Care Coordination Patient Support Response to Gaps in Care (Missed Tests or Prescription Refills) Availability of Counseling Physician and Practice Support Member Disease Management Program Engagement Efficacy of Disease Management Programs Offered
	Behavioral Health	Plan ability to Track and Guide Members to Behavioral Health Treatment Options and Support Programs Screening Members for Behavioral Health Issues Follow-Up after Treatment in ER for Alcohol-Related Injuries Timely Emergency Clinical Support 24/7 Plan Monitoring Medication Compliance Integration of Behavioral Health and Other Medical Care Support for Behavioral Health and Non-Behavioral Health Clinicians
Medicare Star (Health Plan)	Summary Rating of Health Plan Quality	Overall score on the plan's quality on 36 different topic areas in 5 categories: Staying Healthy, Managing Chronic Conditions, Member Experience, Member Complaints, Problems Getting Services, Improvements in Plan's Performance, and Health Plan Customer Service

Reporting System	Organization Structure- Groups of Information	High-Leverage Opportunities for Measurement
	Staying Healthy	Cancer Screening Screening for Patients with Heart Disease and Diabetes Vaccinations Improving and Maintaining Physical and Mental Health Weight Management and Physical Activity
	Managing Chronic Conditions	Osteoporosis Management Diabetes Management Blood Pressure Management Arthritis Management Preventing Falls Reducing Readmissions
	Member Experience with Health Plan	Getting Needed Care and Appointments Getting Information Member's Health Plan and Health Care Quality Ratings
	Member Complaints, Problems Getting Services, and Improvement in the Health Plan's Performance	Complaints Members Leaving Plan Health Plan Performance Improvement
	Health Plan Customer Service	Appeals Cultural Competency
US News and World Report	Scope of Covered Benefits	Prescription Drugs Hospital Charges Outpatient Surgery Charges Emergency Services Mental Health and Substance Abuse Services Rehabilitation and Habilitation Services Preventive Care Medical Devices and Equipment Maternity and Newborn Care Selected Pediatric Services

Reporting System	Organization Structure- Groups of Information	High-Leverage Opportunities for Measurement
	Completeness of Coverage and Cost-Sharing	Weighted Points for Completeness of Financial Coverage of Benefits Copay Coinsurance Cost Shifting Out-of-Pocket Spending Capitation Limits on Annual Payout of Benefits Truth in Labeling and Transparency