NATIONAL QUALITY FORUM

Measure Applications Partnership Input on the Quality Rating System for Qualified Health Plans in the Health Insurance Marketplaces

DRAFT REPORT

December 23, 2013

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Introduction

The Measure Applications Partnership (MAP) is a public-private partnership convened by the National Quality Forum (NQF) to provide input to the Department of Health and Human Services (HHS) on the selection of performance measures for public reporting, performance-based payment programs, and other purposes. MAP is designed to facilitate alignment of public- and private-sector uses of performance measures to further the National Quality Strategy's (NQS) three-part aim of creating better, more affordable care and healthier people (see MAP Background—Appendix A). MAP's careful balance of interests—across consumers, businesses and purchasers, labor, health plans, clinicians, providers, communities and states, and suppliers—ensures the Department of Health and Human Services (DHHS) will receive varied and thoughtful input on performance measure selection.

The Affordable Care Act (ACA) calls for the first national infrastructure to offer citizens health insurance through Affordable Insurance Exchanges, also known as Health Insurance Marketplaces. ACA also requires HHS to develop a Quality Rating System (QRS) for Qualified Health Plans (QHP) offered through the marketplaces.[1] MAP has been tasked with providing input on the hierarchical structure, organization, and measures proposed for the Marketplaces QRS. The primary purpose of the QRS is to enable consumer selection of QHPs by providing quality and cost information.

MAP convened a time-limited Health Insurance Exchange-Quality Rating System (HIX-QRS) Task Force, drawn from the membership of the MAP Coordinating Committee and workgroups, to advise the MAP Coordinating Committee on recommendations for the QRS (see MAP Coordinating Committee and HIX-QRS Task Force Rosters—Appendix B). The 26-member HIX-QRS Task Force convened via three web meetings and one two-day in-person meeting to develop its input to the Coordinating Committee. All MAP meetings are open to members of the public; the agendas and materials for the task force and Coordinating Committee meetings can be found on the NQF website.

On November 15, 2013, HHS released the Notice with Comment on the Patient Protection and Affordable Care Act; Exchanges and Qualified Health Plans, Quality Rating System (QRS), Framework Measures and Methodology. HHS provided MAP with supporting documentation on the proposed QRS hierarchical structure, organization, and measures for the family and child core sets.

In this report, MAP defines a vision for the QRS, delineating MAP's recommended structure and types of measures that should be used. With MAP's recommended vision established, MAP then provides input on HHS' proposed structure and measures for the QRS.

[1] ACA 1311(c)(3) http://housedocs.house.gov/energycommerce/ppacacon.pdf

Vision for Enabling Consumer Choice in the Health Insurance Marketplaces

MAP defined its vision for the Quality Rating System for the Health Insurance Marketplaces taking into consideration the characteristics of the Marketplace population (see population profile—Appendix C). As a primary focus of the QRS is to enable consumer choice of health plans, MAP's vision articulates how information can be most accessible to consumers (i.e., how information is structured in the QRS), what information is most meaningful to consumers (i.e., the performance measures that support consumer decision-making), and how the QRS should be implemented over time. MAP's Quality Rating System Guiding Principles (Appendix D) summarize MAP's vision and serve as guidance for providing input on HHS' proposed structure and measures for the QRS.

Making Information Accessible to Consumers

Recognizing the diverse population that will enter the Marketplaces, the QRS should be interactive and customizable, allowing consumers to emphasize what is most important to them. For example, consumers with a chronic condition should be able to easily access quality information for that condition. Current consumer reporting tools (e.g., Patients Like Me and Consumer Reports) serve as models for providing customizable information to consumers. In addition to providing options for customizing information, the QRS should be accessible, providing information in consumer-friendly terms and summarizing information so that it can be viewed at-a-glance.

The QRS represents a unique opportunity to educate the public on quality of care and how this information can inform health care decisions, as many consumers entering the Marketplaces will have minimal experience with the health care system. Accordingly, the QRS should use plain language to explain quality information and provide consumer decision-support tools. To ensure that information can be easily digested, the QRS should provide an overall score for each QHP, summary scores of meaningful topic areas for each QHP, and the ability to drill down to performance scores for individual measures. Recognizing that consumers will become more accustomed to using quality information over time, MAP recommends that the QRS include feedback loops; that is, systematic mechanisms for collecting information on the use and usefulness of information used in the QRS. This information would provide insight into new strategies for reporting quality information in increasingly meaningful ways.

Making Information Meaningful for Consumers

In considering the measure information needed to enable consumer choice, MAP looked to its Measure Selection Criteria (see MAP MSC—Appendix E), which define the characteristics of an ideal measure set.

Measures in the QRS should focus on cost, experience, and quality outcomes

In considering the information consumers desire, MAP identified and prioritized high-leverage opportunities for measurement and determined how best to organize the opportunities. The high-leverage opportunities represent areas of consumer interest and improvement gaps, and areas of greatest cost and prevalence. MAP defined the five highest priority measurement areas as: (1) patient and family experience or satisfaction, (2) cost (including total out of pocket costs, costs for specific medical services and prescription medications, shared financial responsibility, and affordability), (3) care coordination and case management, (4) medication management, and (5) quality of providers in the health plan. Similarly, when considering how best to organize information in the QRS, MAP identified three overarching categories that are most important to consumers—experience, cost and quality.

Measures in the QRS should address both plan and provider performance

MAP recognizes that consumers seek information on both plans and providers. When identifying high-leverage opportunities, MAP reviewed the functions of plans (e.g., network maintenance, benefit design, managing costs) and the services rendered by providers, considering the overlap and distinctions between plan and provider functions and which should be accountable for various functions. Notably, MAP members had divergent perspectives on how the QRS should address plan and provider performance. Consumer and purchaser representatives asserted that plans should be held accountable for all care provided by providers in plans' networks; thus all information that can be attributed to providers can also be attributed to plans. Plan representatives noted they have limited ability to control provider behavior as providers contract with multiple plans and variation in provider performance cannot be solely attributed to a single plan. In light of these differing views, additional work is needed to determine the best approach for including provider performance in the QRS. For example, would a summary of the performance of all providers in a network be sufficient or is performance information for individual providers needed?

Regardless of the approach for including provider performance, MAP noted that the experience and quality high-leverage opportunities for measurement are similar for plans and providers; however, the specific measures to assess these high-leverage opportunities may vary. Ideally, MAP envisions aligned measurement across plans and providers; for example, a care coordination measure for health plans may assess plans' efforts to provide patient information to multiple providers; whereas, a care coordination measure for providers may assess providers' timeliness in transferring information to the plan or other sites of care. Regarding cost, MAP emphasized that cost should be addressed from the consumer's perspective—providing relevant information on out of pocket cost of services, prescription costs, and premiums.

Phased Approach to Implementation

MAP recognizes that many aspects of its vision for the QRS might not be feasible for initial implementation in 2016. As initial implementation may be limited to health plan reporting on existing quality measures, MAP sought to define the structure and types of measures that are feasible in the first two years of implementation. MAP considered alignment among measurement activities as a critical aspect of feasibility.

QHPs are required to be accredited or become accredited; accreditation includes assessment of local plan performance on clinical quality measures, experience, and other plan functions such as access, utilization management, quality assurance, provider credentialing, complaints and appeals, network adequacy and access, and patient information. To avoid unnecessary duplication, MAP recommends that measurement opportunities for the QRS align with ACA and QHP reporting requirements, synchronizing data collection and reporting. Additionally, some information required by QHPs in ACA provisions or accreditation may be useful and meaningful to consumers and should be publicly reported. For example, high-leverage opportunities such as member access to information and cultural competency may be best assessed through accreditation standards, and the results of the assessment should be made publicly available on the QRS.

MAP's recommended initial structure (Appendix F) presents high-leverage opportunities for measurement organized by experience, cost, and quality.

Input on Proposed Marketplaces QRS

Hierarchical Structure for the Quality Rating System

HHS' proposed family and child QRS hierarchical structure aligns closely with MAP's recommended structure; the differences highlight areas for future enhancement of the QRS. A side-by-side comparison of MAP's recommended structure and HHS' proposed structure is included in Appendix G. Generally, MAP supports the use of an overall summary score and a hierarchical structure that allows consumers to view high level summaries of health plan quality and obtain more detailed performance results in the QRS. As previously mentioned, the QRS should be tested with consumers to ensure the information is present in a consumer-friendly manner.

The first tiers of both the proposed and recommended structures address experience, cost, and quality. For the experience and quality tiers, MAP recommends including information on both plan performance and provider performance. MAP recognizes that the initial years of the QRS will be limited to health plan information; however, provider information should be included over time. Provider information should include all providers in the care team and not be limited to physicians. For the cost tier, MAP recommends expanding beyond plan efficiency to include information on affordability that consumers find most valuable such as out of pocket costs and premiums.

MAP recommends enhancements to HHS' proposed structure, specifically:

- The proposed structure included member experience with health plan as a component of plan efficiency and affordability. MAP recommends placing this information in the experience tier.
- The proposed structure subcomponents within clinical quality management are care coordination, clinical effectiveness, patient safety, and prevention. MAP recommends slightly altering these components by incorporating safety into care coordination and renaming clinical effectiveness "living with chronic illness."
- The proposed structure combines several measures into composites, whereas MAP's recommendation includes subdomains. MAP agrees with the use of composite measures within the QRS; however, those composites should be tested and endorsed as a composite.

Measures for the Quality Rating System

Throughout its work, MAP uses its Measure Selection Criteria to assess the adequacy of program measure sets. Overall, the measure sets that HHS proposed for the family and child QRS address most of the criteria. The measures in the proposed family and child QRS core sets are mostly NQF-endorsed and are a balance of process and outcome measures, including patient experience outcome measures. The proposed sets align with measures in a variety of Federal, State, and private performance measurement programs. The sets primarily address the NQS aim of better care and prevention and well being, while affordable care is a significant gap.

MAP reviewed 42 measures HHS proposed for inclusion in the family core set and 25 measures proposed for inclusion in the child core set. For each proposed measure, MAP provided rationale for one of the following recommendations:

- Support: Indicates measures under consideration that should be added to the QRS.

- Conditional Support: Indicates measures, measure concepts, or measure ideas that should be phased into the QRS over time, subject to contingent factor(s).
- Do Not Support: Indicates measures that are not recommended for inclusion in the QRS.

Overall, the task force supported the use of most of the measures in HHS' proposed family and child core sets for the Marketplaces QRS (47 for the family core set and 25 for the child core set). MAP conditionally supported measures (9 for the family core set and 4 for the child core set) that were found to be not ready for implementation and need further experience or testing before being added to the QRS. Additionally, MAP conditionally supported measures where HHS proposed a single rate within an NQF-endorsed measure, preferring use of complete endorsed measures instead. MAP did not support certain measures for the QRS that should be assessed at the provider level of analysis or could be better addressed by other measures (6 for the family core set and 2 for the child core set). See Appendix H for individual measure recommendations.

Recognizing that HHS' proposed core sets were limited to currently available measures specified for the health plan level of analysis, MAP suggests that the measure set be expanded over time. MAP reviewed NQF-endorsed measures specified for use in health plans that could potentially address gaps in the QRS measure set. Map identified one measure that HHS should consider adding to the measure set, NQF #0541 Proportion of Days Covered (PDC): 5 Rates by Therapeutic Category. MAP also identified two additional measures that could be phased into the program over time, NQF #1560 Relative Resource Use for People with Asthma and NQF #1561 Relative Resource Use for People with COPD, once additional experience has been gained with similar resource use measures (for cardiovascular conditions and diabetes) that HHS proposed and MAP supported for the QRS. Additionally, MAP noted that the anticipated Marketplace populations are expected to be different than current privately insured populations. MAP encourages testing the proposed measures for reliability and validity and performance in the Marketplaces prior to public reporting.

MAP's recommended reorganization of the proposed structure is demonstrated in Table 1 below. In addition, the table includes the measures that HHS proposed for the QRS and that MAP supports or conditionally supports. The measures are listed below the relevant high-leverage opportunity; measure gaps, where no measures are available for a high-leverage opportunity, are italicized.

Table 1: MAP's Recommendation for the QRS Structure: Organization of High-Leverage Opportunities and Supported Proposed Measures

Summary Indicator	Domain	Subdomain	High-Leverage Opportunity/Proposed Measures Supported by MAP
Experience	Plan Experience	Experience with Health Plan	• Patient and Family Experience/Satisfaction o CAHPS – Customer Service o CAHPS – Global Rating of Health Plan • *Shared Decision-Making* • *Quality of Providers* • *Member Complaints and Grievances*

Summary Indicator	Domain	Subdomain	High-Leverage Opportunity/Proposed Measures Supported by MAP
		Access to Plan Resources	• Member Access to Information o CAHPS – Plan Information on Costs • *Member Education* • Cultural Competency o CAHPS – Cultural Competency • *Access to Health Plan Resources, Medical Records*
		Access to Care	• Access to Care, Specialists, and Network Adequacy o CAHPS – Getting Care Quickly o CAHPS – Getting Needed Care o Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life o Well-Child Visits in the First 15 Months of Life (Child Core Set Only) o Children and Adolescents' Access to Primary Care Practitioners (Child Core Set Only) • *Covered Services/Benefits*
	Provider Experience	Provider Experience	• Patient and Family Experience/Satisfaction o CAHPS – Rating of All Health Care o CAHPS – Rating of Personal Doctor o CAHPS – Rating of Specialist Seen Most Often • *Shared Decision-Making* • *Access to Medical Records*
Cost	Cost	Cost	• Out of pocket costs • Premiums • Efficient Resource Use o Appropriate Testing for Children With Pharyngitis o Appropriate Treatment for Children with Upper Respiratory Infection o Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (Family Core Set Only) o Relative Resource Use for People with Cardiovascular Conditions – Inpatient Facility Index (Family Core Set Only) o Relative Resource Use for People with Diabetes – Inpatient Facility Index (Family Core Set Only) o Use of Imaging Studies for Low Back Pain (Family Core Set Only)

Summary Indicator	Domain	Subdomain	High-Leverage Opportunity/Proposed Measures Supported by MAP
Quality	Health Plan Quality	Staying Healthy	• Maternal Health o Prenatal and Postpartum Care: Postpartum Care (Family Core Set Only) o Prenatal and Postpartum Care: Timeliness of Prenatal Care (Family Core Set Only) • Well-Infant, Child, Adolescent Care o Childhood Immunization Status o Immunizations for Adolescents • Behavioral/Mental Health o Antidepressant Medication Management (Family Core Set Only) o Follow – Up After Hospitalization for Mental Illness: 7 days (Family Core Set Only) o Follow – Up Care for Children Prescribed ADHD Medication: Initiation Phase o Follow-Up Care for Children Prescribed ADHD Medication: Continuation Phase (Child Core Set Only) • Screening, Immunization, and Treatment of Infectious Disease o CAHPS – Flu Shots for Adults (Family Core Set Only) o Chlamydia Screening in Women (Ages 16-20) (Child Core Set Only) o HPV Vaccination for Female Adolescents (Child Core Set Only) • Cancer Screening o Breast Cancer Screening (Family Core Set Only) o Cervical Cancer Screening (Family Core Set Only) o Colorectal Cancer Screening (Family Core Set Only) • Tobacco, Alcohol and Substance Use o CAHPS – Medical Assistance With Smoking and Tobacco Use Cessation (Family Core Set Only) • Weight Management and Wellness Counseling o Weight Assessment and Counseling for Nutrition and Physical Activity Children and Adolescents: BMI Percentile Documentation • Dental and Vision Care o Annual Dental Visit

Summary Indicator	Domain	Subdomain	High-Leverage Opportunity/Proposed Measures Supported by MAP
		Living with Chronic Illness	• Cardiovascular Care o Controlling High Blood Pressure (Family Core Set Only) • Diabetes Care o Diabetes Care: Eye Exam (Retinal) Performed Screening (Family Core Set Only) o Diabetes Care: Hemoglobin A1c (HbA1c) Control <8.0% Screening (Family Core Set Only) • *Asthma and Respiratory Care* o Medication Management for People with Asthma • *Cancer Treatment*
		Coordination	• Care Coordination and Case Management o CAHPS – Coordination of Members' Health Care Services • Medication Management o Annual Monitoring for Patients on Persistent Medications (Family Core Set Only) • *Advanced Illness Care* • *Care for Older Adults* • Readmissions o Plan All – Cause Readmissions (Family Core Set Only)
	Provider Quality	Staying Healthy	• *Maternal Health* • *Well-Infant, Child, Adolescent Care* • *Behavioral/Mental Health* • *Screening, Immunization, and Treatment of Infectious Disease* • *Tobacco, Alcohol and Substance Use* • *Weight Management and Wellness Counseling* • *Dental and Vision Care*
		Living with Chronic Illness	• *Cardiovascular Care* • *Diabetes Care* • *Asthma and Respiratory Care* • *Cancer Screening and Treatment*
		Coordination	• *Care Coordination and Case Management* • *Medication Management* • *Advanced Illness Care* • *Care for Older Adults* • *Readmissions*

Path Forward

The Quality Rating System for the new Health Insurance Marketplaces is an opportunity to engage consumers across the country in innovative and dynamic ways. MAP encourages continual progression in the QRS and has identified several opportunities for its enhancement. Specifically, MAP recommends that HHS:

Begin addressing measure gaps in the QRS immediately. Significant gaps remain in health plan level performance measurement. Available measures do not fill the gaps completely, may assess only a portion of the issue, or may not be relevant to consumers. Over time, MAP encourages additional measures to be developed and submitted for NQF endorsement at the health plan level of analysis and for the purpose of enabling consumer decision-making. The highest priority gaps include measures of shared decision-making and cost (i.e., total out of pocket costs).

Test the QRS with consumers prior to initial implementation. While the existing measures have been previously used in public reporting systems, the structure and measures may not resonate with the anticipated Marketplace population. Additionally, testing can help refine consumer-friendly language, explanations, and displays needed throughout the QRS.

Include provider level quality information in the QRS within three years following initial implementation. As indicated in MAP's vision, the QRS should provide information about provider performance. As a starting place, HHS could include provider registries for all plans, enabling customers to identify a provider of their choice while selecting plans.

Provide functionality for customized information in the QRS within five years following initial implementation. MAP's vision articulates that the QRS should include functionality for consumers to access the information most important to them.

Appendix A: MAP Background

Purpose

The Measure Applications Partnership (MAP) is a public-private partnership convened by the National Quality Forum (NQF) for providing input to the Department of Health and Human Services (HHS) on selecting performance measures for public reporting, performance-based payment, and other programs. The statutory authority for MAP is the Affordable Care Act (ACA), which requires HHS to contract with NQF (as the consensus-based entity) to "convene multi-stakeholder groups to provide input on the selection of quality measures" for various uses.[2]

MAP's careful balance of interests—across consumers, businesses and purchasers, labor, health plans, clinicians, providers, communities and states, and suppliers—ensures HHS will receive varied and thoughtful input on performance measure selection. In particular, the ACA-mandated annual publication of measures under consideration for future federal rulemaking allows MAP to evaluate and provide upstream input to HHS in a more global and strategic way.

MAP is designed to facilitate progress on the aims, priorities, and goals of the National Quality Strategy (NQS)—the national blueprint for providing better care, improving health for people and communities, and making care more affordable.[3] Accordingly, MAP informs the selection of performance measures to achieve the goal of **improvement, transparency, and value for all**.

MAP's objectives are to:

1. **Improve outcomes in high-leverage areas for patients and their families**. MAP encourages the use of the best available measures that are high-impact, relevant, and actionable. MAP has adopted a person-centered approach to measure selection, promoting broader use of patient-reported outcomes, experience, and shared-decision making.
2. **Align performance measurement across programs and sectors to provide consistent and meaningful information that supports provider/clinician improvement, informs consumer choice, and enables purchasers and payers to buy on value**. MAP promotes the use of measures that are aligned across programs and between public- and private-sectors to provide a comprehensive picture of quality for all parts of the healthcare system.
3. **Coordinate measurement efforts to accelerate improvement, enhance system efficiency, and reduce provider data collection burden**. MAP encourages the use of measures that help transform fragmented healthcare delivery into a more integrated system with standardized mechanisms for data collection and transmission.

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[2] U.S. Government Printing Office (GPO). Patient Protection and Affordable Care Act (ACA), PL 111-148 Sec. 3014. Washington, DC: GPO; 2010, p.260. Available at www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf. Last accessed August 2011.

[3] http://www.healthcare.gov/law/resources/reports/nationalqualitystrategy032011.pdf

Coordination with Other Quality Efforts

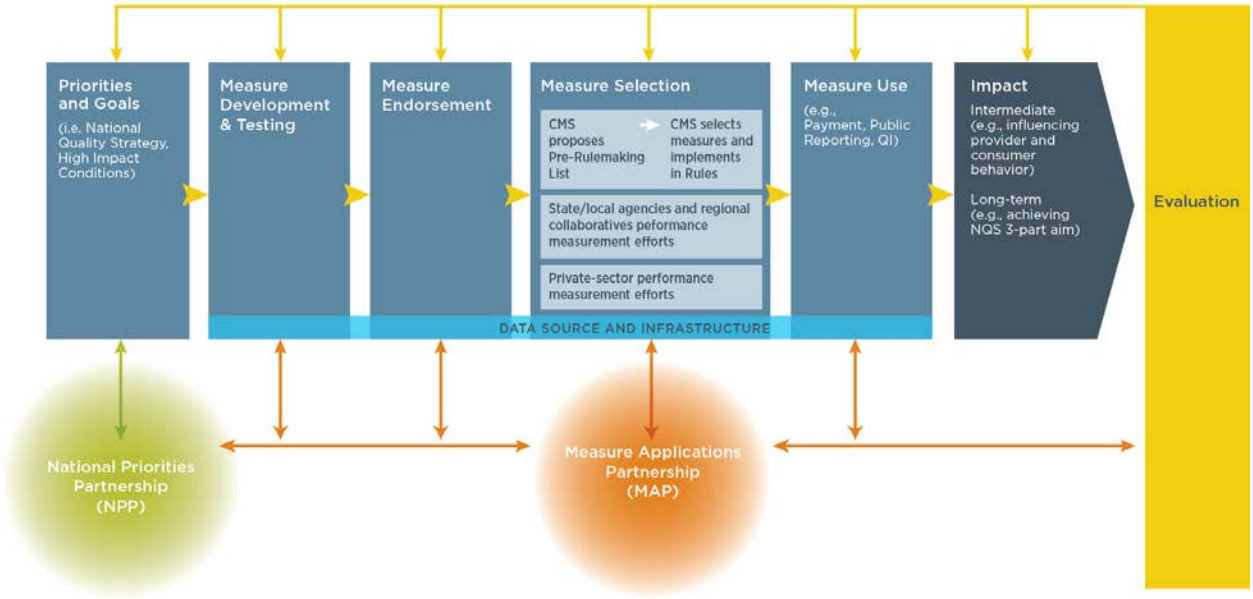
MAP activities are designed to coordinate with and reinforce other efforts for improving health outcomes and healthcare quality. Key strategies for reforming healthcare delivery and financing include publicly reporting performance results for transparency and healthcare decision-making, aligning payment with value, rewarding providers and professionals for using health information technology (health IT) to improve patient care, and providing knowledge and tools to healthcare providers and professionals to help them improve performance. Many public- and private-sector organizations have important responsibilities in implementing these strategies, including federal and state agencies, private purchasers, measure developers, groups convened by NQF, accreditation and certification entities, various quality alliances at the national and community levels, as well as the professionals and providers of healthcare.

Foundational to the success of all of these efforts is a robust Quality Enterprise (see Figure 1) that includes:

- **Setting priorities and goals.** The National Priorities Partnership (NPP) is a multi-stakeholder group convened by NQF to provide input to HHS on the NQS, by identifying priorities, goals, and global measures of progress. The priorities and goals established serve as a guiding framework for the Quality Enterprise.
- **Developing and testing measures.** Using the established NQS priorities and goals as a guide, various entities develop and test measures (e.g., PCPI, NCQA, The Joint Commission, medical specialty societies).
- **Endorsing measures.** NQF uses its formal Consensus Development Process (CDP) to evaluate and endorse consensus standards, including performance measures, best practices, frameworks, and reporting guidelines. The CDP is designed to call for input and carefully consider the interests of stakeholder groups from across the healthcare industry.
- **Measure selection and measure use.** Measures are selected for use in a variety of performance measurement initiatives conducted by federal, state, and local agencies; regional collaboratives; and private sector entities. MAP's role within the Quality Enterprise is to consider and recommend measures for public reporting, performance-based payment, and other programs. Through strategic selection, MAP facilitates measure alignment of public- and private-sector uses of performance measures.
- **Impact.** Performance measures are important tools to monitor and encourage progress on closing performance gaps. Determining the intermediate and long-term impact of performance measures will elucidate if measures are having their intended impact and are driving improvement, transparency, and value.
- **Evaluation.** Evaluation and feedback loops for each of the functions of the Quality Enterprise ensure that each of the various activities is driving desired improvements.

MAP seeks to engage in bi-directional exchange (i.e., feedback loops) with key stakeholders involved in each of the functions of the Quality Enterprise.

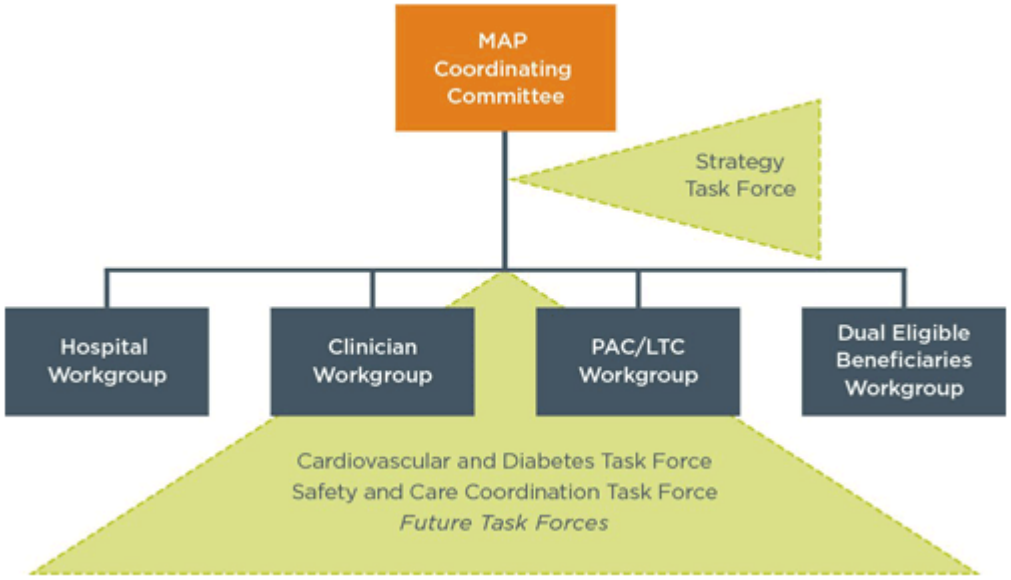
Figure 1. Functions of the Quality Enterprise.



Structure

MAP operates through a two-tiered structure (see Figure 2). The MAP Coordinating Committee provides direction to the MAP workgroups and task forces and final input to HHS. MAP workgroups advise the Coordinating Committee on measures needed for specific care settings, care providers, and patient populations. Time-limited task forces charged with developing "families of measures"—related measures that cross settings and populations—and a multi-year strategic plan, provide further information to the MAP Coordinating Committee and workgroups. Each multi-stakeholder group includes representatives from public- and private-sector organizations particularly affected by the work and individuals with content expertise.

Figure 2. MAP 2012 Structure



The NQF Board of Directors oversees MAP. The Board will review any procedural questions and periodically evaluate MAP's structure, function, and effectiveness, but will not review the Coordinating Committee's input to HHS. The Board selected the Coordinating Committee and workgroups based on Board-adopted selection criteria. Balance among stakeholder groups was paramount. Because MAP's tasks are so complex, including individual subject matter experts in the groups also was imperative.

All MAP activities are conducted in an open and transparent manner. The appointment process includes open nominations and a public comment period. MAP meetings are broadcast, materials and summaries are posted on the NQF website, and public comments are solicited on recommendations.

MAP decision-making is based on a foundation of established guiding frameworks. The NQS is the primary basis for the overall MAP strategy. Additional frameworks include the high-impact conditions determined by the NQF-convened Measure Prioritization Advisory Committee, the NQF-endorsed® Patient-Focused Episodes of Care framework,[4] the HHS Partnership for Patients safety initiative,[5] the

[4] NQF, Measurement Framework: Evaluating Efficiency Across Patient Patient-Focused Episodes of Care. Washington DC: NQF; 2010. Available at www.qualityforum.org/Publications/2010/01/Measurement_Framework__Evaluating_Efficiency_Across_Patient-Focused_Episodes_of_Care.aspx. Last accessed March 2012.

[5] Department of Health and Human Services (HHS), Partnership for Patients: Better Care, Lower Costs. Washington, DC: HHS; 2011. Available at www.healthcare.gov/center/programs/partnership. Last accessed March 2012.

HHS Prevention and Health Promotion Strategy,[6] the HHS Disparities Strategy,[7] and the HHS Multiple Chronic Conditions framework.[8]

Additionally, the MAP Coordinating Committee has developed Measure Selection Criteria to help guide MAP decision-making. The MAP Measure Selection Criteria are intended to build on, not duplicate, the NQF endorsement criteria. The Measure Selection Criteria characterize the fitness of a measure set for use in a specific program by, among other things, how the measure set addresses the NQS's priority areas and the high-impact conditions, and by whether the measure set advances the purpose of the specific program without creating undesirable consequences.

Timeline and Deliverables

MAP convenes each winter to fulfill its statutory requirement of providing input to HHS on measures under consideration for use in federal programs. MAP workgroups and Coordinating Committee meet in December and January to provide program-specific recommendations to HHS by February 1. (MAP 2012 Pre-Rulemaking Report submitted to HHS February 1, 2012 and MAP 2013 Pre-Rulemaking Report submitted to HHS February 1, 2013).

Additionally, MAP engages in strategic activities throughout the spring, summer, and fall to inform MAP's pre-rulemaking input. To date MAP has:

- Engaged in **Strategic Planning** to establish MAP's goal and objectives. This process identified strategies and tactics that will enhance MAP's input.
    - MAP Approach to the Strategic Plan, submitted to HHS on June 1, 2012
    - MAP Strategic Plan, submitted to HHS on October 1, 2012
- Identified **Families of Measures**—sets of related available measures and measure gaps that span programs, care settings, levels of analysis, and populations for specific topic areas related to the NQS priorities and high-impact conditions—to facilitate coordination of measurement efforts.
    - MAP Families of Measures: Safety, Care Coordination, Cardiovascular Conditions, Diabetes, submitted to HHS on October 1, 2012
- Provided input on **program considerations and specific measures** for federal programs that are not included in MAP's annual pre-rulemaking review.
    - MAP Expedited Review of the Initial Core Set of Measures for Medicaid-Eligible Adults, submitted October 15, 2013

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[6] HHS, National Prevention, Health Promotion and Public Health Council (National Prevention Council). Washington, DC: HHS; 2011. Available at www.healthcare.gov/center/councils/nphpphc/index.html. Last accessed March 2012.
[7] HHS,. National Partnership for Action to End Health Disparities, Washington, DC: HHS; 2011. Available at http://minorityhealth.hhs.gov/npa/. Last accessed March 2012.
[8] HHS, HHS Initiative on Multiple Chronic Conditions, Washington, DC: HHS: 2011. Available at www.hhs.gov/ash/initiatives/mcc/. Last accessed March 2012.

- Provided a measurement strategy and best available measures for evaluating the quality of care provided to Medicare/Medicaid **Dual Eligible Beneficiaries**.
    - Measuring Healthcare Quality for the Dual Eligible Beneficiary Population, submitted to HHS on June 1, 2012)
    - Further Exploration of Healthcare Quality Measurement for the Dual Eligible Beneficiary Population, submitted to HHS on December 21, 2012
- Developed **Coordination Strategies** intended to elucidate opportunities for public and private stakeholders to accelerate improvement and synchronize measurement initiatives. Each coordination strategy addresses measures, gaps, and measurement issues; data sources and health information technology implications; alignment across settings and across public- and private-sector programs; special considerations for dual-eligible beneficiaries; and path forward for improving measure application.
    - Coordination Strategy for Clinician Performance Measurement, submitted to HHS on October 1, 2011
    - Readmissions and Healthcare-Acquired Conditions Performance Measurement Strategy Across Public and Private Payers, submitted to HHS on October 1, 2011
    - MAP Coordination Strategy for Post-Acute Care and Long-Term Care Performance Measurement, submitted to HHS on February 1, 2012
    - Performance Measurement Coordination Strategy for PPS-Exempt Cancer Hospitals, submitted to HHS on June 1, 2012
    - Performance Measurement Coordination Strategy for Hospice and Palliative Care, submitted to HHS on June 1, 2012

Appendix B: Measure Applications Partnership Rosters

MAP Coordinating Committee Roster

CO-CHAIRS (VOTING)
George Isham, MD, MS
Elizabeth McGlynn, PhD, MPP

ORGANIZATIONAL MEMBERS (VOTING)	REPRESENTATIVES
AARP	Joyce Dubow, MUP
Academy of Managed Care Pharmacy	Marissa Schlaifer, RPh, MS
AdvaMed	Steven Brotman, MD, JD
AFL-CIO	Gerry Shea
America's Health Insurance Plans	Aparna Higgins, MA
American College of Physicians	David Baker, MD, MPH, FACP
American College of Surgeons	Frank Opelka, MD, FACS
American Hospital Association	Rhonda Anderson, RN, DNSc, FAAN
American Medical Association	Carl Sirio, MD
American Medical Group Association	Sam Lin, MD, PhD, MBA
American Nurses Association	Marla Weston, PhD, RN
Catalyst for Payment Reform	Suzanne Delbanco, PhD
Consumers Union	Lisa McGiffert
Federation of American Hospitals	Chip Kahn
LeadingAge (formerly AAHSA)	Cheryl Phillips, MD, AGSF
Maine Health Management Coalition	Elizabeth Mitchell
National Alliance for Caregiving	Gail Hunt
National Association of Medicaid Directors	Foster Gesten, MD, FACP
National Business Group on Health	Shari Davidson
National Partnership for Women and Families	Alison Shippy
Pacific Business Group on Health	William Kramer, MBA
Pharmaceutical Research and Manufacturers of America (PhRMA)	Christopher Dezii, RN, MBA,CPHQ

EXPERTISE	INDIVIDUAL SUBJECT MATTER EXPERT MEMBERS (VOTING)
Child Health	Richard Antonelli, MD, MS
Population Health	Bobbie Berkowitz, PhD, RN, CNAA, FAAN
Disparities	Marshall Chin, MD, MPH, FACP
Rural Health	Ira Moscovice, PhD
Mental Health	Harold Pincus, MD

EXPERTISE	INDIVIDUAL SUBJECT MATTER EXPERT MEMBERS (VOTING)
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Appendix C: Health Insurance Marketplace Population Description

Of the more than 47 million uninsured non-elderly people in the US (aged 0-64), 30 million are anticipated to be eligible for health insurance coverage under the Affordable Care Act (ACA) through Health Insurance Marketplaces, also known as exchanges. Individuals gaining coverage or newly insured through the marketplaces will be a combination of those who do not have insurance and those who purchase insurance in the individual market.

- Approximately 17 million people will be newly insured in 2014.[9]
- 90% of individual marketplace enrollees will receive federal subsidies.
- The total marketplace population is projected to reach 29 million in 2021 (25 million in the individual marketplace and 4 million through the SHOP marketplace).[10]
- More than 50% of the marketplace population is expected to be unmarried adults, with a median age of 33.

Geography

Americans throughout the country will make up the marketplace population.

- Individuals in the South and West regions of the United States are most likely to be uninsured.
- Approximately 40% of the expected individual marketplace enrollees will come from five states: California, Texas, Florida, New York, and Illinois.[11][12]

Race and Ethnicity

The marketplace population is anticipated to be more ethnically diverse than the currently insured population.

- Currently, individuals of ethnic minority (Black, Asian, or Hispanic) make up the majority of uninsured individuals in the United States: 66.4% in 2011.
- African American, Asian, Native American, and multi-racial individuals are estimated to make up to 25% of the new insurance marketplaces, compared to 21% of the currently insured population.
- Insurance coverage among ethnically diverse groups is estimated to increase by 32.3%.
- Over 30% of the expected marketplace population will speak a language other than English in the home compared to only 12% of the currently insured market.

Family Status

The newly insured are more likely to be unmarried adults.

- The current insurance market is made up of 40% married and 29% single adults, and 31% children.
- The proportion of the newly insured that is made up of single adults is expected to be 52%.
- Children are currently the least likely to be uninsured because they are more likely to qualify for Medicaid or the Children's Health Insurance Program (CHIP).[13]

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[9] http://www.cbo.gov/sites/default/files/cbofiles/attachments/44190_EffectsAffordableCareActHealthInsuranceCoverage_2.pdf

[10] http://pwchealth.com/cgi-local/hregister.cgi/reg/pwc-health-insurance-exchanges-impact-and-options.pdf

[11] HRI Analysis; US Census Bureau, Current Population Survey, March 2011 Supplement; CBO, "Estimates for the Insurance Coverage Provisions of the Affordable Care Act Updated for the Recent Supreme Court Decision," July 2012.

[12] http://www.census.gov/hhes/www/hlthins/data/historical/HIB_tables.html

- 90% children in the US have either public or private health insurance coverage.
- Children enrolled in Medicaid and CHIP are more likely to have a usual source of care, had a well-child visit in the past year, and been seen by a specialist in the past year, and less likely to have had their medical care delayed than uninsured children.[14]
- Rates of young adults without insurance have recently decreased due to early ACA provisions allowing them to remain on a parent's private health plan until age 26, but the uninsured rates continue to remain high compared to other age groups.

Education

Individuals who do not have a high school degree are less likely to be currently insured and will make up a majority of the newly insured population.

- 32% of the currently insured population is made up of people with high school education or less, compared to the expected 61% of the newly insured population.
- 37% of the currently insured population has a college degree, compared to only 14% of the newly insured population.

Employment

Individuals with full-time employment are currently more likely to have insurance than those who do not have full-time employment.

- The anticipated marketplace population has a median income of 166% of the federal poverty level (FPL), compared to the currently insured population medium income of 333% of the FPL.[15]
- 59% of individuals in the current insurance market have full-time employment, compared to 42% of the newly insured.
- Across industries, more than 80% of uninsured workers are in blue-collar jobs; the gap in rates of coverage between blue- and white-collar workers is two-fold or greater.
- More than 50% of currently uninsured individuals have at least one full-time worker in their family, and only 15% have only part-time workers in their family.
- Most uninsured workers are either self-employed or work for small firms less likely to offer health benefits.[16]
- Partially employed individuals are expected to cycle coverage between Medicaid and the marketplaces, a phenomenon known as "churn."

Health Status

The marketplace population is less likely to report excellent or very good health than the traditional market.[17]

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[13] Medicaid and CHIP currently restrict eligibility for many lawfully residing immigrants during their first five years in the US, though nearly 20% of the uninsured are non-citizens (both lawfully present and undocumented immigrants). Some states are taking up recent federal options to eliminate this waiting period for children and pregnant women. Undocumented workers are ineligible for Medicaid and CHIP coverage.

[14] http://www.nashp.org/sites/default/files/keeping.children's.coverage.strong.pdf

[15] ACA originally required the expansion of Medicaid to 138% of federal poverty level (FPL) in all states, or $11,490 for an individual and $23,550 for a family of four in 2013. However, the Supreme Court ruling in June 2012 made this expansion optional. The result is that some individuals could fall between the cracks of Medicaid eligibility levels in states that do not expand Medicaid and limits for exchange subsidies, leaving them uninsured.

[16] http://kaiserfamilyfoundation.files.wordpress.com/2013/01/7806-05.pdf

[17] HRI Analysis 2012

- 26% of the newly insured population is estimated to report being in excellent health, and 29% is estimated to report being in very good health, compared to 37% and 33% of the currently insured population, respectively.
- 16% of people with a disability in the US are estimated to be uninsured.
- Leading causes of death in the US for non-elderly adults include malignant neoplasms, diseases of the heart, unintentional injuries, suicide, chronic lower respiratory diseases, chronic liver disease, diabetes mellitus, and homicide.[18]
- Lack of insurance increases mortality rate by 25%. Risk of death from some preventable and treatable diseases (including heart disease and certain types of cancer) is also higher for people without health insurance.[19]

Access to Care

In 2011, 75% of the non-elderly uninsured population was without insurance for more than a year, during which 43% report having no health care visits within the past 12 months, compared to 12% of the continuously insured population who report having no health care visits.

- More than 25% of uninsured adults forgo needed care each year, and they are less likely than those with insurance to receive preventative care and services for major health conditions and chronic conditions.[20]

[18] CDC/NCHS, National Vital Statistics System, 2012

[19] http://www.urban.org/UploadedPDF/411588_uninsured_dying.pdf

[20] CDC/NCHS, National Vital Statistics System, 2012

Appendix D: MAP's Quality Rating System Guiding Principles

The MAP Health Insurance Exchange (HIX) Quality Rating System (QRS) Task Force developed these principles to serve as guidance for applying performance measures to support consumer decision-making in Qualified Health Plans (QHPs). The principles are not absolute rules; rather, they are meant to guide measure selection decisions. The principles are intended to complement the statutory requirements for QHPs in the Affordable Care Act (ACA) and the MAP Measure Selection Criteria.

- QRS structure should focus on consumer needs by providing information that is:
    - Usable and of interest to consumers in comparing plan performance
    - Accessible and can be easily and quickly interpreted by consumers
    - Interactive and customizable, allowing consumers to emphasize their values

- Measures within the QRS should:
    - Focus on cost, experience, clinical quality outcomes, and patient-reported outcomes
    - Address core plan functions, including quality of providers, managing costs, additional benefits
    - Drive improvement for plans and providers by measuring quality at the proper level of accountability (i.e., attributable and actionable by plans, attributable and actionable by providers)
    - Be NQF-endorsed, or build on existing structural information
    - Be aligned and parsimonious, taking into consideration existing plan reporting requirements

- A phased approach to implementation is needed:
    - Initially limited to existing information
        - Time is needed for meaningful comparisons as new plans entering market will require time to become established
        - Begin with few categories of measures (e.g., roll-ups aligned with triple aim)
    - Over time, expand beyond existing health plan-level quality measures

Appendix E: 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)

Appendix F: MAP's Recommended Structure for the QRS and High-Leverage Opportunities for Measurement

Summary Indicator	Domain	Subdomain	High-Leverage Opportunity
Experience	Plan Experience	Experience with Health Plan	• Patient and Family Experience/Satisfaction • Shared Decision-Making • Quality of Providers • Member Complaints and Grievances
		Access to Plan Resources	• Member Access to Information • Member Education • Cultural Competency • Access to Health Plan Resources, Medical Records
		Access to Care	• Access to Care, Specialists, and Network Adequacy • Covered Services/Benefits
	Provider Experience	Provider	• Patient and Family Experience/Satisfaction • Shared Decision-Making • Access to Medical Records
Cost	Cost	Cost	• Out of pocket costs • Premiums • Efficient Resource Use
Quality	Health Plan Quality	Staying Healthy	• Maternal Health • Well-Infant, Child, Adolescent Care • Behavioral/Mental Health • Screening, Immunization, and Treatment of Infectious Disease • Tobacco, Alcohol and Substance Use • Weight Management and Wellness Counseling • Dental and Vision Care
		Living with Chronic Illness	• Cardiovascular Care • Diabetes Care • Asthma and Respiratory Care • Cancer Screening and Treatment
		Coordination	• Care Coordination and Case Management • Medication Management • Advanced Illness Care • Care for Older Adults • Readmissions

Summary Indicator	Domain	Subdomain	High-Leverage Opportunity
	Provider Quality	Staying Healthy	• Maternal Health • Well-Infant, Child, Adolescent Care • Behavioral/Mental Health • Screening, Immunization, and Treatment of Infectious Disease • Tobacco, Alcohol and Substance Use • Weight Management and Wellness Counseling • Dental and Vision Care
		Living with Chronic Illness	• Cardiovascular Care • Diabetes Care • Asthma and Respiratory Care • Cancer Screening and Treatment
		Coordination	• Care Coordination and Case Management • Medication Management • Advanced Illness Care • Care for Older Adults • Readmissions

Appendix G: MAP's Recommended and HHS' Proposed Structure- Side by Side Comparison

EXPERIENCE

Tier 1	Proposed QRS Indicator	Tier 2	Proposed QRS Domain	Subdomain/High-Leverage Opportunity	Proposed QRS Composite
Experience	Member Experience	Plan Experience	Access	<u>Access to Care</u> • Access to Care, Specialists, and Network Adequacy • Covered Services/Benefits <u>Access to Plan Resources</u> • Member Access to Information • Member Education • Cultural Competency • Access to Health Plan Resources, Medical Records <u>Experience with Health Plan</u> • Patient and Family Experience/ Satisfaction • Shared Decision-Making • Quality of Providers	<u>Access to Care</u> • CAHPS – Getting Care Quickly • CAHPS – Getting Needed Care <u>Access Preventive Visits</u> • Adolescent Well-Care Visits • Adults' Access to Preventive and Ambulatory Health Services • Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life
		Provider Experience	Doctor and Care	• Patient and Family Experience/ Satisfaction • Shared Decision-Making • Access to Medical Records	<u>Doctor and Care</u> • CAHPS – Cultural Competency • CAHPS – Rating of All Health Care • CAHPS – Rating of Personal Doctor • CAHPS – Rating of Specialist Seen Most Often

COST

Tier 1	Proposed QRS Indicator	Tier 2	Proposed QRS Domain	High-Leverage Opportunity	Proposed QRS Composite
Cost	Plan Efficiency, Affordability and Management	Cost	Plan Service	Cost Task force members further defined the cost to include: • Efficient Resource Use • Out of pocket costs • Premiums • Covered Services/Benefits	Member Experience with Health Plan • CAHPS – Customer Service • CAHPS – Global Rating of Health Plan • CAHPS – Plan Information on Costs
			Efficiency and Affordability		Efficient Care • Appropriate Testing for Children With Pharyngitis • Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis • Relative Resource Use for People with Cardiovascular Conditions – Inpatient Facility Index • Relative Resource Use for People with Diabetes – Inpatient Facility Index • Use of Imaging Studies for Low Back Pain

QUALITY – HEALTH PLAN QUALITY

Tier 1	Proposed QRS Indicator	Tier 2	Proposed QRS Domain	High-Leverage Opportunity	Proposed QRS Composite
Quality	Clinical Quality Management	Health Plan Quality (Identical HLOs to Provider Quality)	Care Coordination	Coordination • Care Coordination and Case Management • Medication Management • Advanced Illness Care • Readmissions	No Composite • CAHPS – Coordination of Members' Health Care Services
			Patient Safety (Not on Child Structure)		No Composite • Annual Monitoring for Patients on Persistent Medications • Plan All – Cause Readmissions

Tier 1	Proposed QRS Indicator	Tier 2	Proposed QRS Domain	High-Leverage Opportunity	Proposed QRS Composite
			Prevention	<u>Prevention/Staying Healthy</u> • Maternal Health • Well-Infant, Child, Adolescent Care • Behavioral/Mental Health • Screening, Immunization, and Treatment of Infectious Disease • Tobacco, Alcohol and Substance Use • Weight Management and Wellness Counseling • Dental and Vision Care <u>Chronic Management</u> • Cardiovascular Care • Diabetes Care • Asthma and Respiratory Care • Cancer Screening and Treatment	<u>Checking for Cancer (Not on Child Structure)</u> • Breast Cancer Screening • Cervical Cancer Screening • Colorectal Cancer Screening <u>Maternal Health (Not on Child Structure)</u> • Prenatal and Postpartum Care: Postpartum Care • Prenatal and Postpartum Care: Timeliness of Prenatal Care <u>Staying Healthy Adult (Not on Child Structure)</u> • Adult BMI Assessment • CAHPS – Aspirin Use and Discussion • CAHPS – Flu Shots for Adults • CAHPS – Medical Assistance With Smoking and Tobacco Use Cessation <u>Staying Healthy Child</u> • Annual Dental Visit • Childhood Immunization Status • Immunizations for Adolescents • Weight Assessment and Counseling for Nutrition and Physical Activity Children and Adolescents: BMI Percentile Documentation

Tier 1	Proposed QRS Indicator	Tier 2	Proposed QRS Domain	High-Leverage Opportunity	Proposed QRS Composite
			Clinical Effectiveness		Behavioral Health • Antidepressant Medication Management • Follow – Up After Hospitalization for Mental Illness: 7 days • Follow – Up Care for Children Prescribed ADHD Medication: Initiation Phase Cardiovascular Care (Not on Child Structure) • Cholesterol Management for Patients With Cardiovascular Conditions: LDL-C Control (<100 mg/Dl) • Cholesterol Management for Patients With Cardiovascular Conditions: LDL-C Screening • Controlling High Blood Pressure Diabetes Care (Not on Child Structure) • Diabetes Care: Eye Exam (Retinal) Performed • Diabetes Care: Hemoglobin A1c (HbA1c) Control <8.0% No Composite • Medication Management for Asthma

QUALITY – PROVIDER QUALITY

Tier 1	Proposed QRS Indicator	Tier 2	Proposed QRS Domain	High-Leverage Opportunity	Proposed QRS Composite

Tier 1	Proposed QRS Indicator	Tier 2	Proposed QRS Domain	High-Leverage Opportunity	Proposed QRS Composite
Quality	Clinical Quality Management	Provider Quality (Identical HLOs to Health Plan Quality)	Care Coordination	<u>Coordination</u> • Care Coordination and Case Management • Medication Management • Advanced Illness Care • Readmissions	<u>No composite</u> • CAHPS – Coordination of Members' Health Care Services
			Patient Safety (Not on Child Structure)		<u>No Composite</u> • Annual Monitoring for Patients on Persistent Medications • Plan All – Cause Readmissions

Tier 1	Proposed QRS Indicator	Tier 2	Proposed QRS Domain	High-Leverage Opportunity	Proposed QRS Composite
			Prevention	<u>Prevention/Staying Healthy</u> • Maternal Health • Well-Infant, Child, Adolescent Care • Behavioral/Mental Health • Screening, Immunization, and Treatment of Infectious Disease • Tobacco, Alcohol and Substance Use • Weight Management and Wellness Counseling • Dental and Vision Care <u>Chronic Management</u> • Cardiovascular Care • Diabetes Care • Asthma and Respiratory Care • Cancer Screening and Treatment	<u>Checking for Cancer (Not on Child Structure)</u> • Breast Cancer Screening • Cervical Cancer Screening • Colorectal Cancer Screening <u>Maternal Health (Not on Child Structure)</u> • Prenatal and Postpartum Care: Postpartum Care • Prenatal and Postpartum Care: Timeliness of Prenatal Care <u>Staying Healthy Adult (Not on Child Structure)</u> • Adult BMI Assessment • CAHPS – Aspirin Use and Discussion • CAHPS – Flu Shots for Adults • CAHPS – Medical Assistance With Smoking and Tobacco Use Cessation <u>Staying Healthy Child</u> • Annual Dental Visit • Childhood Immunization Status • Immunizations for Adolescents • Weight Assessment and Counseling for Nutrition and Physical Activity Children and Adolescents: BMI Percentile Documentation

Tier 1	Proposed QRS Indicator	Tier 2	Proposed QRS Domain	High-Leverage Opportunity	Proposed QRS Composite
			Clinical Effectiveness		<u>Behavioral Health</u> • Antidepressant Medication Management • Follow – Up After Hospitalization for Mental Illness: 7 days • Follow – Up Care for Children Prescribed ADHD Medication: Initiation Phase <u>Cardiovascular Care (Not on Child Structure)</u> • Cholesterol Management for Patients With Cardiovascular Conditions: LDL-C Control (<100 mg/Dl) • Cholesterol Management for Patients With Cardiovascular Conditions: LDL-C Screening • Controlling High Blood Pressure <u>Diabetes Care (Not on Child Structure)</u> • Diabetes Care: Eye Exam (Retinal) Performed • Diabetes Care: Hemoglobin A1c (HbA1c) Control <8.0% <u>No Composite</u> • Medication Management for Asthma

Appendix H: MAP's Recommendations and Rationale on HHS' Proposed Family and Child QRS Measures

Proposed QRS Set	Measure # and NQF Status	Measure Title	MAP Task Force Recommendation and Rationale	MAP Additional Findings
Family and Child Core Sets	NQF# 0006 *Endorsed*	CAHPS - Customer Service	**Support** NQF-endorsed measure Addresses program goals/requirements Promotes alignment across programs, settings, and public and private sector efforts	
Family and Child Core Sets	NQF# 0006 *Endorsed*	CAHPS - Global Rating of Health Plan	**Conditional Support** Not ready for implementation; measure needs further experience or testing before being used in the program	Task force recommends delaying implementation of this measure until there is additional testing. While this information highly valued by consumers, testing needs to determine what factors (e.g., cost) consumers consider when rating their health plan.
Family and Child Core Sets	NQF# 0006 *Endorsed*	CAHPS - Plan Information on Costs	**Support** NQF-endorsed measure Addresses program goals/requirements Promotes alignment across programs, settings, and public and private sector efforts	
Family and Child Core Sets	Not Endorsed	CAHPS - Cultural Competency	**Conditional Support** Not ready for implementation; measure needs further experience or testing before being used in the program	Task force expressed concerns that this measure assesses provider performance rather than health plan performance
Family and Child Core Sets	NQF# 0006 *Endorsed*	CAHPS - Getting Care Quickly	**Support** NQF-endorsed measure Addresses program goals/requirements Promotes alignment across programs, settings, and public and private sector efforts	
Family and Child Core Sets	NQF# 0006 *Endorsed*	CAHPS - Getting Needed Care	**Support** NQF-endorsed measure Promotes alignment across programs, settings, and public and private sector efforts Promotes person- and family-centered care	

Proposed QRS Set	Measure # and NQF Status	Measure Title	MAP Task Force Recommendation and Rationale	MAP Additional Findings
Family and Child Core Sets	*Not Endorsed*	Adolescent Well-Care Visits	**Do Not Support** Measure does not adequately address any current needs of the program	This measure assesses if adolescents have an annual visit; however, evidence does not exist to support annual visits for adolescents.
Family and Child Core Sets	NQF# 1516 *Endorsed*	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	**Support** NQF-endorsed measure Addresses National Quality Strategy aim or priority not adequately addressed in program measure set Promotes alignment across programs, settings, and public and private sector efforts	
Child Core Set	NQF# 1392 *Endorsed*	Well-Child Visits in the First 15 Months of Life	**Support** NQF-endorsed measure Addresses National Quality Strategy aim or priority not adequately addressed in program measure set Addresses program goals/requirements	
Family Core Set	*Not Endorsed*	Adults' Access to Preventive and Ambulatory Health Services	**Do Not Support** Measure does not adequately address any current needs of the program	This measure assesses if adults over 20 have an annual visit; however, evidence does not exist to support annual visits for adults.
Child Core Set	Not Endorsed	Children and Adolescents' Access to Primary Care Practitioners	**Do Not Support** Measure does not adequately address any current needs of the program A 'Supported' measure under consideration addresses as similar topic and better addresses the needs of the program	The task force prefers NQF# 1516 Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life. This measure assesses if children had any visit with a primary care practitioner--evidence supports PCP visits for children under 6, that care will be captured in NQF# 1516.
Family and Child Core Sets	NQF# 0006 *Endorsed*	CAHPS - Rating of All Health Care	**Support** NQF-endorsed measure Addresses program goals/requirements Promotes alignment across programs, settings, and public and private sector efforts	

Proposed QRS Set	Measure # and NQF Status	Measure Title	MAP Task Force Recommendation and Rationale	MAP Additional Findings
Family and Child Core Sets	NQF# 0006 *Endorsed*	CAHPS - Rating of Personal Doctor	**Support** NQF-endorsed measure Promotes alignment across programs, settings, and public and private sector efforts Promotes person- and family-centered care	The task force suggested that the measure be revised to account for the entire health care team, rather than just the doctor.
Family and Child Core Sets	NQF# 0006 *Endorsed*	CAHPS - Rating of Specialist Seen Most Often	**Support** NQF-endorsed measure Promotes alignment across programs, settings, and public and private sector efforts Promotes person- and family-centered care	
Family and Child Core Sets	NQF# 0002 *Endorsed*	Appropriate Testing for Children With Pharyngitis	**Support** NQF-endorsed measure Addresses National Quality Strategy aim or priority not adequately addressed in program measure set Promotes alignment across programs, settings, and public and private sector efforts	
Child Core Set	NQF# 0069 *Endorsed*	Appropriate Treatment for Children with Upper Respiratory Infection	**Support** NQF-endorsed measure Addresses National Quality Strategy aim or priority not adequately addressed in program measure set Addresses a measure type not adequately represented in the program measure set	
Family Core Set	NQF# 0058 *Endorsed*	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	**Support** NQF-endorsed measure Addresses National Quality Strategy aim or priority not adequately addressed in program measure set Promotes alignment across programs, settings, and public and private sector efforts	

Proposed QRS Set	Measure # and NQF Status	Measure Title	MAP Task Force Recommendation and Rationale	MAP Additional Findings
Family Core Set	NQF# 1558 *Endorsed*	Relative Resource Use for People with Cardiovascular Conditions - Inpatient Facility Index	**Conditional Support** Use complete NQF-endorsed measure	The measure should be used as endorsed; the measure cannot be reported without considering outpatient costs. The task force expressed caution using this measure for consumer decision-making; consumer education is needed so that consumers can interpret resource use measures.
Family Core Set	NQF# 1557 *Endorsed*	Relative Resource Use for People with Diabetes - Inpatient Facility Index	**Conditional Support** Use complete NQF-endorsed measure	The measure should be used as endorsed; the measure cannot be reported without considering outpatient costs. The task force expressed caution using this measure for consumer decision-making; consumer education is needed so that consumers can interpret resource use measures.
Family Core Set	NQF# 0052 *Endorsed*	Use of Imaging Studies for Low Back Pain	**Support** NQF-endorsed measure Addresses National Quality Strategy aim or priority not adequately addressed in program measure set Promotes alignment across programs, settings, and public and private sector efforts	
Family Core Set	NQF# 1517 *Endorsed*	Prenatal and Postpartum Care: Timeliness of Prenatal Care	**Support** NQF-endorsed measure Addresses National Quality Strategy aim or priority not adequately addressed in program measure set Promotes alignment across programs, settings, and public and private sector efforts	

Proposed QRS Set	Measure # and NQF Status	Measure Title	MAP Task Force Recommendation and Rationale	MAP Additional Findings
Family Core Set	NQF# 1517 *Endorsed*	Prenatal and Postpartum Care: Postpartum Care	**Support** NQF-endorsed measure Addresses National Quality Strategy aim or priority not adequately addressed in program measure set Promotes alignment across programs, settings, and public and private sector efforts	
Family and Child Core Sets	NQF# 0038 *Endorsed*	Childhood Immunization Status	**Support** NQF-endorsed measure Addresses National Quality Strategy aim or priority not adequately addressed in program measure set Promotes alignment across programs, settings, and public and private sector efforts	
Family and Child Core Sets	NQF# 1407 *Endorsed*	Immunizations for Adolescents	**Support** NQF-endorsed measure Addresses National Quality Strategy aim or priority not adequately addressed in program measure set Promotes alignment across programs, settings, and public and private sector efforts	
Family Core Set	NQF# 0105 *Endorsed*	Antidepressant Medication Management	**Support** NQF-endorsed measure Addresses National Quality Strategy aim or priority not adequately addressed in program measure set Promotes alignment across programs, settings, and public and private sector efforts	
Family Core Set	NQF# 0576 *Endorsed*	Follow - Up After Hospitalization for Mental Illness: 7 days	**Support** NQF-endorsed measure Addresses National Quality Strategy aim or priority not adequately addressed in program measure set Included in a MAP family of measures	

Proposed QRS Set	Measure # and NQF Status	Measure Title	MAP Task Force Recommendation and Rationale	MAP Additional Findings
Family and Child Core Sets	NQF# 0108 *Endorsed*	Follow-Up Care for Children Prescribed ADHD Medication: Initiation Phase	**Conditional Support** Use complete NQF-endorsed measure	The measure should be used as endorsed, including the rate that assesses continuation and management. In the family core set.
Child Core Set	NQF# 0108 *Endorsed*	Follow-Up Care for Children Prescribed ADHD Medication: Continuation Phase	**Conditional Support** Use complete NQF-endorsed measure	
Family Core Set	NQF# 0039 *Endorsed*	CAHPS - Flu Shots for Adults	**Support** NQF-endorsed measure Addresses program goals/requirements Promotes alignment across programs, settings, and public and private sector efforts	The task force recommended that the denominator population be expanded, flu shots are recommended for all age groups.
Child Core Set	NQF# 0033 *Endorsed*	Chlamydia Screening in Women (Ages 16-20)	**Support** NQF-endorsed measure Addresses National Quality Strategy aim or priority not adequately addressed in program measure set Addresses program goals/requirements	
Child Core Set	NQF# 1959 *Endorsed*	HPV Vaccination for Female Adolescents	**Support** NQF-endorsed measure Addresses National Quality Strategy aim or priority not adequately addressed in program measure set Addresses program goals/requirements	
Family Core Set	NQF# 0031 *Not Endorsed*	Breast Cancer Screening	**Conditional Support** Not ready for implementation; should be submitted for and receive NQF endorsement	The measure is being updated to reflect guideline changes; implementation should be delayed until the measure is endorsed.
Family Core Set	NQF# 0032 *Endorsed*	Cervical Cancer Screening	**Conditional Support** Not ready for implementation; should be submitted for and receive NQF endorsement	The measure is being updated to reflect guideline changes; implementation should be delayed until the measure is endorsed.

Proposed QRS Set	Measure # and NQF Status	Measure Title	MAP Task Force Recommendation and Rationale	MAP Additional Findings
Family Core Set	NQF# 0034 *Endorsed*	Colorectal Cancer Screening	**Support** NQF-endorsed measure Addresses National Quality Strategy aim or priority not adequately addressed in program measure set Promotes alignment across programs, settings, and public and private sector efforts	
Family Core Set	NQF# 0027 *Endorsed*	CAHPS - Medical Assistance With Smoking and Tobacco Use Cessation	**Support** NQF-endorsed measure Addresses program goals/requirements Promotes alignment across programs, settings, and public and private sector efforts	
Family and Child Core Sets	NQF# 0024 *Endorsed*	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: BMI Percentile Documentation	**Conditional Support** Use complete NQF-endorsed measure	The measure should be used as endorsed, including the rate that assesses follow-up.
Family Core Set	*Not Endorsed*	Adult BMI Assessment	**Do Not Support** Measure does not adequately address any current needs of the program Measure previously submitted for endorsement and was not endorsed	Documentation of BMI assessment is insufficient; measurement should include evidence-based intervention and outcome.
Family and Child Core Sets	NQF# 1388 *Endorsed*	Annual Dental Visit	**Support** NQF-endorsed measure Addresses National Quality Strategy aim or priority not adequately addressed in program measure set Promotes alignment across programs, settings, and public and private sector efforts	

Proposed QRS Set	Measure # and NQF Status	Measure Title	MAP Task Force Recommendation and Rationale	MAP Additional Findings
Family Core Set	*Not Endorsed*	Controlling High Blood Pressure	**Support** NQF-endorsed measure Addresses National Quality Strategy aim or priority not adequately addressed in program measure set Promotes alignment across programs, settings, and public and private sector efforts	The measure is undergoing updates to address current guidelines.
Family Core Set	*Not Endorsed*	CAHPS - Aspirin Use and Discussion	**Do Not Support** Measure does not adequately address any current needs of the program	The measure does not address recent guideline changes and does not have a method for determining if respondents are clinically indicated for aspirin.
Family Core Set	*Not Endorsed*	Cholesterol Management for Patients With Cardiovascular Conditions: LDL-C Control (<100 mg/Dl)	**Do Not Support** Measure does not adequately address any current needs of the program	The measure is undergoing updates to address recent guideline changes; implementation should be delayed until the measure is endorsed.
Family Core Set	*Not Endorsed*	Cholesterol Management for Patients With Cardiovascular Conditions: LDL-C Screening	**Do Not Support** Measure does not adequately address any current needs of the program	The measure is undergoing updates to address recent guideline changes; implementation should be delayed until the measure is endorsed.
Family Core Set	NQF# 0055 *Endorsed*	Diabetes Care: Eye Exam (Retinal) Performed	**Support** NQF-endorsed measure Addresses National Quality Strategy aim or priority not adequately addressed in program measure set Promotes alignment across programs, settings, and public and private sector efforts	

Proposed QRS Set	Measure # and NQF Status	Measure Title	MAP Task Force Recommendation and Rationale	MAP Additional Findings
Family Core Set	NQF# 0575 *Endorsed*	Diabetes Care: Hemoglobin A1c (HbA1c) Control <8.0%	**Support** NQF-endorsed measure Addresses National Quality Strategy aim or priority not adequately addressed in program measure set Promotes alignment across programs, settings, and public and private sector efforts	
Family and Child Core Sets	*NQF# 1799 Endorsed*	Medication Management for People With Asthma	**Support** NQF-endorsed measure Addresses National Quality Strategy aim or priority not adequately addressed in program measure set Promotes alignment across programs, settings, and public and private sector efforts	
Family and Child Core Sets	*Not Endorsed*	CAHPS - Coordination of Members' Health Care Services	**Support** Addresses program goals/requirements Promotes alignment across programs, settings, and public and private sector efforts Addresses National Quality Strategy aim or priority not adequately addressed in program measure set	
Family Core Set	D0021 *Endorsement Withdrawn*	Annual Monitoring for Patients on Persistent Medications	**Conditional Support** Not ready for implementation; should be submitted for and receive NQF endorsement	The measure is undergoing updates and will be submitted for endorsement; implementation should be delayed until the measure is endorsed.
Family Core Set	NQF# 1768 *Endorsed*	Plan All - Cause Readmissions	**Support** NQF-endorsed measure Addresses National Quality Strategy aim or priority not adequately addressed in program measure set Promotes alignment across programs, settings, and public and private sector efforts	