April 28, 2014

Ms. Marilyn B. Tavenner  
Administrator  
Centers for Medicare & Medicaid Services  
VIA E-MAIL: Marketplace_Quality@cms.hhs.gov

RE: QRS Scoring Specification Comments

Dear Ms. Tavenner,

As a nationally recognized accrediting entity, and one of the three approved accrediting organizations of issuers of Qualified Health Plans (QHPs) participating on Health Insurance Exchanges, the Accreditation Association for Ambulatory health Care (AAAHC) is pleased to have the opportunity to submit these comments in response to the request for comments regarding the Quality Rating System (QRS) Scoring Specifications.

As a quality improvement organization, AAAHC supports a framework that allows for accurate reporting of the measures with the ultimate goal of providing more approachable and understandable information to both consumers and employers. AAAHC applauds CMS for its efforts in developing a statistically rigorous process that ensures adequate sample sizes for measurement and scoring. AAAHC further supports the categorical rating system and appreciates CMS providing guidance to consumers and employers in the specified domains as well as the global rating of QHPs.

AAAHC would like to request specific clarification on the overall weighing of the member experience measures. AAAHC respectfully requests that weighting methodologies related to those measures that are specifically member perceptions be carefully evaluated by CMS to ensure a fair evaluation of health plans. The AAAHC stresses that perceptions of members should not be disproportionately weighted as subjective factors affect perception and ultimately the QHP’s score.

In regard to the three Summary Indicators proposed to measure health plan performance that align with CMS priority areas, AAAHC recommends that the Summary Indicator used to demonstrate the efficiency, affordability & management of a QHP require concrete measures. As currently proposed, member experience, patient safety, and/or clinical effectiveness measures are used in this category. These are inappropriate evaluations or measurements of a health plan’s efficiency, affordability & management and would be more appropriately placed in either of the other two Summary Indicators. Other measures should be identified or developed to measure the efficiency, affordability & management of a QHP. Further the capture of member experience is a measure of member perceptions and should not be used as a measure of the efficiency, affordability & management of a QHP.

It is necessary to mention once again that a preponderance of the proposed measures were developed by NCQA, a measure steward that is also recognized to accredit issuers of QHPs. AAAHC does not have equal access to these measures which remain the copyrighted intellectual property of NCQA. Since
AAAHC must collect a separate set of clinical quality measures as part of their accreditation activities. QHPs would then be required to report two various measure sets if they choose to be accredited by AAAHC. Federally mandated reporting of measures owned by an approved accrediting organization will create an unfair advantage in the accreditation marketplace. Further, requiring issuers to report on different sets of quality measures, imposes a significant reporting and data collection burden on the QHPs.

In light of the above mentioned concerns, the AAAHC notes that the Quality Rating Scoring Specifications do not include proposed processes regarding how the measures will be collected and validated. Because NCQA imposes fees for their certified data validators and for reporting HEDIS measures, the AAAHC urges CMS to require an accrediting organization neutral process for submitting and validating the QRS measures. As previously noted in the AAAHC comment to Patient Protection and Affordable Care Act; Exchange and Insurance Market Standards for 2015 and Beyond, the QRS quality measures should be aligned with the clinical quality measure reporting requirements for the accrediting organizations. In order to achieve this goal, the AAAHC recommends that CMS provide open access to the QRS measures for the all recognized accrediting entities for issuers of QHPs. Only by removing these competitive advantages for one recognized accreditor will the QHPs truly have the opportunity to choose their own accrediting organization and decrease administrative costs and burden.

Thank you for the opportunity to provide input into the proposal regarding the Quality Rating System Scoring Specifications. We look forward to continuing to assist CMS in its mission to advance health care quality and value. Please do not hesitate to contact me or Carolyn Kurtz, General Counsel & Vice President, Government Affairs (847) 853-6072 or c.kurtz@aaahc.org, if we can be of further assistance.

Sincerely,

John E. Burke, PhD
President & CEO, AAAHC