

- The Quality Rating System (QRS) is a quality reporting program that compares the performance of Qualified Health Plans (QHP) offered on Exchanges and accounts for both the quality of provided healthcare services and the health plan administration.
- Health plans can offer multiple products that vary by network type (HMO, PPO, or EPO), therefore the QRS measure results for 16 total plan products are reported.
- The data is listed by measurement year such that QRS measure data reflects the time period that the service or activity occurred.
- Only data for products meeting CMS participation criteria for QRS score eligibility are displayed in the tables. Blank cells indicate one of the following: (1) CMS participation criteria were not met for scoring because the health plan did not offer a product for two consecutive years through Covered California; (2) CMS participation criteria were met but denominator size for a given measure was below the minimum threshold for scoring; (3) the health plan chose not to report the measure as documented by the HEDIS® Compliance Auditor. The HEDIS® Compliance Auditor determines reportability and accuracy per the HEDIS® Compliance Audit standards.
- The percentile values provide benchmark information for measure rates for each respective measurement year, allowing a health plan to compare its results to all other health plans products nationally. CMS reports benchmark values that include the standardized 25th, 50th, 75th, and 90th percentile values for the numerical rates across all health plan products. To create these benchmark values, CMS uses only measure rates that have met the minimum denominator size criteria for scoring.
- QRS measure results for Measurement Year 2019 are a 'best of' Measurement Year 2018 or 2019. Covered California adopted this policy recognizing the COVID-19 pandemic's impact on quality measurement and to align with the approach of DHCS and NCQA for Measurement Year 2019. In order to implement this policy Covered California reviewed each measure result per plan product for Measurement Years 2018 and 2019 and displayed the result that indicated better performance. National benchmarks for Measurement Year 2019 are from Measurement Year 2018 as CMS did not produce national benchmarks for Measurement Year 2019.
- Color codes represent national performance percentiles while the numbers in the cell represent measure results. Measure results displayed here are rounded to the nearest hundredths for readability while the color-coding of each cell is based on the unrounded results. In some cases, the color-coding may not align with the rounded result as displayed.
- In some cases, the technical specification for each measure changes from year to year. When the changes are significant enough that results cannot be meaningfully compared to previous years, measure stewards indicate that a break in trending is required. Covered California has noted on those measures where measure stewards have indicated a break in trending is required.

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# BEHAVIORAL HEALTH

## QUALITY RATING SYSTEM (QRS) MEASURE RESULTS

# Performance Metrics

## QUALITY RATING SYSTEM (QRS)

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# Annual Monitoring for Persons on Long-Term Opioid Therapy



Annual Monitoring for Persons on Long-term Opioid Therapy	MY 2018	MY 2019	MY 2020	MY 2021			
	US Benchmark	US Benchmark	US Benchmark	US Benchmark	Percent of Enrollees	Number of Enrollees	Number of Plans
Plans at 90th Percentile and Above			M-NS	Below 28	0%	0	0
Plans at 66th to 90th Percentile			M-NS	>28 to 42	39%	583,900	1
Plans at 50th to 66th Percentile			M-NS	>42 to 48	8%	127,400	2
Plans at 25th to 50th Percentile			M-NS	>48 to 57	42%	639,440	5
Plans Below 25th Percentile			M-NS	Above 57	11%	163,250	2
Covered California Plan-Specific Performance	MY 2018	MY 2019	MY 2020	MY 2021			
Anthem HMO							
Anthem EPO			50	45	5%	71,590	
Blue Shield HMO			61	56	8%	117,610	
Blue Shield PPO			59	56	21%	325,190	
Chinese Community HMO							
Health Net HMO			62	53	9%	130,890	
Health Net EPO							
Health Net PPO				51	3%	42,040	
Kaiser Permanente HMO			41	41	39%	583,900	
LA Care HMO			78	77	6%	95,860	
Molina Healthcare HMO			59	45	4%	55,810	
Oscar Health Plan EPO				66	4%	67,390	
Sharp Health Plan HMO			56	52	2%	23,710	
Valley Health Plan HMO							
Western Health Advantage HMO			43				

- The percentage of members 18 years and older who are prescribed long-term opioid therapy and have not received a drug test at least once during the measurement year
- In MY 2021, 7 out of 10 plan products scored below the 50<sup>th</sup> percentile of national performance, accounting for 53% of our enrollees
- Performance below the 50<sup>th</sup> percentile means that fewer than 57% of adults receiving long-term opioid therapy have had appropriate drug testing
- Indicator: Lower is better
- This measure was first implemented in MY 2020 and national benchmarks are new for MY 2021

# Antidepressant Medication Management



Antidepressant Medication Management	MY 2018	MY 2019	MY 2020	MY 2021			
	US Benchmark	US Benchmark	US Benchmark	US Benchmark	Percent of Enrollees	Number of Enrollees	Number of Plans
Plans at 90th Percentile and Above	73 +	73 +	76 +	79 +	0%	0	0
Plans at 66th to 90th Percentile	66 to <73	66 to <73	70 to <76	72 to <79	38%	649,030	2
Plans at 50th to 66th Percentile	64 to <66	64 to <66	67 to <70	69 to <72	3%	53,110	1
Plans at 25th to 50th Percentile	59 to <64	59 to <64	62 to <67	63 to <69	0%	3,820	1
Plans Below 25th Percentile	Below 59	Below 59	Below 62	Below 63	59%	1,003,760	10
Covered California Plan-Specific Performance	MY 2018	MY 2019	MY 2020	MY 2021			
Anthem HMO				63	4%	75,470	
Anthem EPO	52	52	55	57	5%	78,090	
Blue Shield HMO	60	60	59	59	8%	137,030	
Blue Shield PPO	56	56	57	61	21%	358,510	
Chinese Community HMO	43	50	61	68	0%	3,820	
Health Net HMO	53	55	58	59	6%	103,520	
Health Net EPO							
Health Net PPO		60	64	61	2%	39,950	
Kaiser Permanente HMO	69	71	73	74	36%	617,290	
LA Care HMO	56	56	55	61	7%	115,090	
Molina Healthcare HMO	51	51	50	52	4%	65,120	
Oscar Health Plan EPO	62	63	65	71	3%	53,110	
Sharp Health Plan HMO	67	67	78	73	2%	31,740	
Valley Health Plan HMO	84	84	56	61	1%	21,080	
Western Health Advantage HMO	61	61	50	60	1%	9,900	

- The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment
- In MY 2021, 11 out of 14 plan products scored below the 50<sup>th</sup> percentile of national performance, accounting for 59% of our enrollees
- Performance below the 50<sup>th</sup> percentile means that fewer than 69% of adults received appropriate antidepressant medication management

# Follow-Up After Hospitalization for Mental Illness (7 Days)



Trend with caution for all product lines

Follow-Up After Hospitalization for Mental Illness (7 days)	MY 2018	MY 2019	MY 2020	MY 2021			
	US Benchmark	US Benchmark	US Benchmark	US Benchmark	Percent of Enrollees	Number of Enrollees	Number of Plans
Plans at 90th Percentile and Above	59 +	59 +	58 +				
Plans at 66th to 90th Percentile	44 to <59	44 to <59	47 to <58				
Plans at 50th to 66th Percentile	38 to <44	38 to <44	41 to <47				
Plans at 25th to 50th Percentile	29 to <38	29 to <38	34 to <41				
Plans Below 25th Percentile	Below 29	Below 29	Below 34				
Covered California Plan-Specific Performance	MY 2018	MY 2019	MY 2020	MY 2021			
Anthem HMO							
Anthem EPO	27	33	31				
Blue Shield HMO	30	41	45				
Blue Shield PPO	38	38	40				
Chinese Community HMO							
Health Net HMO	40	40	37				
Health Net EPO							
Health Net PPO		43	35				
Kaiser Permanente HMO	72	72	69				
LA Care HMO	26	37	42				
Molina Healthcare HMO							
Oscar Health Plan EPO		22	38				
Sharp Health Plan HMO	35	49	46				
Valley Health Plan HMO							
Western Health Advantage HMO							

- The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider within 7 days after discharge
- Performance below the 50<sup>th</sup> percentile means that fewer than 41% of individuals 6 years and older received appropriate follow-up after hospitalization for mental illness
- The measure was updated after MY 2020. See next slide for the updated results starting in MY 2021 that contain data for follow-ups after 7 days and 30 days

# Follow-Up After Hospitalization for Mental Illness (7 and 30 Days)



Follow-Up After Hospitalization for Mental Illness (7 & 30 Days)	MY 2018	MY 2019	MY 2020	MY 2021			
	US Benchmark	US Benchmark	US Benchmark	US Benchmark	Percent of Enrollees	Number of Enrollees	Number of Plans
Plans at 90th Percentile and Above				66 +	37%	617,290	1
Plans at 66th to 90th Percentile				56 to <66	2%	39,950	1
Plans at 50th to 66th Percentile				49 to <56	49%	821,360	6
Plans at 25th to 50th Percentile				38 to <49	8%	131,200	2
Plans Below 25th Percentile				Below 38	4%	65,120	1
Covered California Plan-Specific Performance	MY 2018	MY 2019	MY 2020	MY 2021			
Anthem HMO				52	5%	75,470	
Anthem EPO				41	5%	78,090	
Blue Shield HMO				53	8%	137,030	
Blue Shield PPO				50	21%	358,510	
Chinese Community HMO							
Health Net HMO				54	6%	103,520	
Health Net EPO							
Health Net PPO				59	2%	39,950	
Kaiser Permanente HMO				74	37%	617,290	
LA Care HMO				55	7%	115,090	
Molina Healthcare HMO				30	4%	65,120	
Oscar Health Plan EPO				48	3%	53,110	
Sharp Health Plan HMO				49	2%	31,740	
Valley Health Plan HMO							
Western Health Advantage HMO							

- The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider within 7 days after discharge
- In MY 2021, three out of 11 plan products scored below the 50<sup>th</sup> percentile of national performance, accounting for 12% of our enrollees
- Performance below the 50<sup>th</sup> percentile means that fewer than 49% of individuals 6 years and older received appropriate follow-up after hospitalization for mental illness
- This is an updated measure starting in MY 2021. See previous slide for previous results: Follow-Up After Hospitalization for Mental Illness (7 Days)



# Initiation and Engagement of Alcohol & Other Drug Dependence Treatment



Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	MY 2018	MY 2019	MY 2020	MY 2021			
	US Benchmark	US Benchmark	US Benchmark	US Benchmark	Percent of Enrollees	Number of Enrollees	Number of Plans
Plans at 90th Percentile and Above	32 +	32 +	31 +	30 +	39%	617,290	1
Plans at 66th to 90th Percentile	26 to <32	26 to <32	25 to <31	25 to <30	37%	589,020	4
Plans at 50th to 66th Percentile	24 to <26	24 to <26	24 to <25	23 to <25	4%	65,120	1
Plans at 25th to 50th Percentile	19 to <24	19 to <24	20 to <24	20 to <23	9%	240,550	2
Plans Below 25th Percentile	Below 19	Below 19	Below 20	Below 20	12%	193,920	5
Covered California Plan-Specific Performance	MY 2018	MY 2019	MY 2020	MY 2021			
Anthem HMO				27	4%	75,470	
Anthem EPO	18	22	18	19	5%	78,090	
Blue Shield HMO	18	26	25	22	8%	137,030	
Blue Shield PPO	23	26	26	25	21%	358,510	
Chinese Community HMO	22	22					
Health Net HMO	20	20	19	21	6%	103,520	
Health Net EPO							
Health Net PPO		27	24	29	2%	39,950	
Kaiser Permanente HMO	34	38	42	35	36%	617,290	
LA Care HMO	19	27	34	29	7%	115,090	
Molina Healthcare HMO	17	17	19	24	4%	65,120	
Oscar Health Plan EPO	18	45	20	18	3%	53,110	
Sharp Health Plan HMO	17	17	16	18	2%	31,740	
Valley Health Plan HMO	18	18	12	17	1%	21,080	
Western Health Advantage HMO	16	16	11	17	1%	9,900	

**MY2020:** Break in trending for the Medicare product line. Trend with caution for all commercial and Medicaid product lines

**MY2021:** Trend with caution for only the Outlier Rate

- The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) misuse or dependence who initiated AOD treatment and were also engaged in ongoing AOD treatment
- In MY 2021, seven out of 13 plan products scored below the 50<sup>th</sup> percentile of national performance, accounting for 21% of our enrollees
- Between MY 2020 and MY 2021, two plan product advanced to a higher percentile range
- Performance below the 50<sup>th</sup> percentile means that fewer than 23% of adolescents and adults received appropriate initiation and engagement of alcohol and other drug use or dependence treatment

# International Normalized Ratio Monitoring for Individuals on Warfarin



International Normalized Ratio Monitoring for Individuals on Warfarin	MY 2018	MY 2019	MY 2020	MY 2021			
	US Benchmark	US Benchmark	US Benchmark	US Benchmark	Percent of Enrollees	Number of Enrollees	Number of Plans
Plans at 90th Percentile and Above			M-NS	73 +	38%	617,290	1
Plans at 66th to 90th Percentile			M-NS	63 to <73	3%	52,820	2
Plans at 50th to 66th Percentile			M-NS	57 to <63	0%	0	0
Plans at 25th to 50th Percentile			M-NS	49 to <57	37%	591,830	4
Plans Below 25th Percentile			M-NS	Below 49	22%	358,590	4
Covered California Plan-Specific Performance	MY 2018	MY 2019	MY 2020	MY 2021			
Anthem HMO							
Anthem EPO			53	46	5%	78,090	
Blue Shield HMO			41	41	8%	137,030	
Blue Shield PPO			44	50	22%	358,510	
Chinese Community HMO							
Health Net HMO			45	46	6%	103,520	
Health Net EPO							
Health Net PPO			36	41	2%	39,950	
Kaiser Permanente HMO			83	81	38%	617,290	
LA Care HMO			57	51	7%	115,090	
Molina Healthcare HMO			38	52	4%	65,120	
Oscar Health Plan EPO			38	52	3%	53,110	
Sharp Health Plan HMO			55	63	2%	31,740	
Valley Health Plan HMO			76	67	1%	21,080	
Western Health Advantage HMO							

- The percentage of members 18 years of age and older who had at least one 56-day interval of warfarin therapy and who received at least one international normalized ratio (INR) monitoring test during each 56-day interval with active warfarin therapy
- In MY 2021, eight out of nine plan products scored below the 50<sup>th</sup> percentile of national performance, accounting for 45% of our enrollees
- Performance below the 50<sup>th</sup> percentile means that fewer than 57% of individuals on warfarin who received INR monitoring
- This measure was first implemented in MY 2020 and national benchmarks are new for MY 2021