



Centers for Medicare & Medicaid Services,  
Department of Health and Human Services,  
Attention: QRS Scoring Specification Comments

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## Re Covered California Feedback: CMS Proposed Federal Quality Rating System (QRS) Scoring Specifications, March 29, 2014

1. The QRS measure set consists of 42 measures: 29 clinical measures and 13 CAHPS survey measures.

**Covered California Feedback:** *No comment*

2. The measure scores are standardized using percentile ranks based on all QHPs nationwide -- combines all product types (i.e., HMO, POS, PPO) for all reportable QHPs into one national, exchange-specific peer group. Once the measure scores are standardized, measures are aggregated into composites and higher level summary indicators.

**Covered California Feedback:** *The geographic benchmarks should be implemented using a regional-national phase-in formula (e.g. year 1: 66% regional/33% national; year 2: 50% regional/50% national; year 3: 33% regional/66% national; year 4: 100% national).*

3. The composite and other summary scores are not standardized – that is, once these results are computed, the QHPs are not rank-ordered based on relative scores. As such, QHP performance is not categorized based on percentile rankings.

**Covered California Feedback:** *Given the uncertainties of the Exchange Issuers' performance levels and distribution in the early years, this methods element should not be finalized until the beta test results have been analyzed. The best test should be structured to ensure that a sufficient number, and diverse set, of clinical measures with 12-month measurement periods are included. A particular concern is the performance of new market entrants whose performance levels may be more heavily influenced by information deficits rather than true performance weaknesses. And, given the range of cost-sharing products, the beta test work should give particular attention to quality levels by metal tier to detect any measures that are more sensitive to enrollee financial obligations. Also of note, several new market entrants have small number of members so measuring across metal tiers may be challenging; attention to metal tier vs. product vs. preferred language are important considerations. To support further discussion and vetting of the proposed scoring, CMS should explain and illustrate the scoring approach, separately, for two audiences: i) SBMs, Issuers and other professionals, and ii) consumers. The rationale for the scoring appears to be: a) place all measures on a common scale, and b) use a hybrid approach that blends elements of relative and absolute scoring.*

*The proposal is silent on any year-to-year formula changes. Given that the reportable ratings require a QHP to achieve consistent performance across multiple measures, with increasingly higher standards at each cutpoint, the formula should reward QHPs that improve over time by maintaining the same cutpoint values for some number of years.*

4. Use a five-star scale for the display of the ratings. Convert scores at all levels to categorical ratings using cut-point values of 25, 50, 75, and 90.

**Covered California Feedback:** *The cutpoint construction is not clearly explained. Presumably the cutpoints are defined by combining the measures-level standardized values (averaging the percentile rankings) but clarification and examples are needed.*

*The Exchange Issuer accreditation programs' performance scoring should use the same scoring methods as those used for the QRS for any performance requirements or reporting involving these measures.*

5. Establish the requirements for the QRS measures' minimum sample sizes based on actual Marketplace measure data when available in mid-2015.

**Covered California Feedback:** *The proposed average percentile rank scoring method amplifies the importance of reliable measure-level scores; the measure reliability levels should be incorporated into the methods specifications. Given the potential for some number of non-reportable clinical measures for smaller QHPs due to insufficient sample size, CMS should provide an option to report the CAHPS-only domain results (e.g., Plan Service, Doctor and Care and Access).*