

Quality Transformation Initiative (QTI) Memo

The purpose of this memo aims to:

- 1) Release the static benchmarks for the 2023-2025 QTI.
- 2) Provide a comparative analysis of commercial benchmarks set by NCQA (National Committee for Quality Assurance) and the benchmarks established by CMS (Centers for Medicare & Medicaid Services) QRS (Quality Rating System) and to gain insights into their distinctions. This research is intended to elucidate the reasons behind QTI's fidelity to CMS QRS benchmarks.
- 3) Share QTI Core measure stability in response to QRS and QHP Enrollee Survey Call Letters.

QTI Static Benchmarks

The table below presents the QRS percentile benchmarks for QTI for contract years 2023-2025. According to the program guidelines from Attachment 4, the benchmark year for Hemoglobin A1c (HbA1c) Control (<8.0%), Colorectal Cancer Screening, and Controlling High Blood Pressure will be MY2021, while MY2022 will be used for Childhood Immunization Status (Combination 10).

Table 1 QRS National Score at Percentile

Percentile	HbA1c < 8%	COL	CBP	CIS-10
25 th	51.8	47.4	54.5	36.6
66 th	62.3	62.9	66.5	49.6

CMS QRS and NCQA Commercial Benchmarks

Covered California has chosen to utilize CMS QRS as the primary benchmark source for its Quality Transformation Initiative (QTI) program. CMS QRS is uniquely tailored to the specific focus of evaluating healthcare plans participating in the Health Insurance Marketplace, which is the primary arena in which Covered California operates. This alignment ensures that the assessment criteria are finely tuned to address the needs and preferences of the populations seeking coverage through the Marketplace. It enables Covered California to provide beneficiaries with information that empowers them to make informed choices and select healthcare plans based on quality ratings that are particularly relevant to their circumstances.

While Covered California has taken into account the possibility of using NCQA commercial benchmarks, the significant differences, as highlighted in Table 2 (MY2021 QTI Core Measures 66th Percentile Benchmark Comparison), emphasize the limitations

of utilizing them as a substitute in cases where exchange benchmarks are unavailable. The broader scope of NCQA commercial benchmarks, encompassing on a wide range of commercial health plans, including HMOs and PPOs, may not effectively address the nuances and specific requirements of the beneficiaries served by Covered California.

A detailed comparison table can be found in the appendix, providing further insights into the distinctions between CMS QRS and NCQA commercial benchmarks.

Table 2 MY2021 QTI Core Measures 66th Percentile Benchmark Comparison

Measure	NCQA Commercial	CMS QRS
Colorectal Cancer Screening NQF #0034	65.8	62.9
Controlling High Blood Pressure NQF #0018	60.2	66.5
Diabetes HbA1c<8% NQF #0575	58.6	62.3
Child Immunization Combo 10 NQF #0038*	65.1	49.6

Sources: Quality Compass for NCQA Commercial; Public Use Files (PUF) for CMS QRS

*CIS10 is data is MY2022

QTI Core Measure Stability in Response to the Final 2022 and 2023 QRS and QHP Enrollee Survey Call Letters

Proposed Refinements to the Colorectal Cancer Screening Measure

The percentage of members 50–75 years of age who had appropriate screening for colorectal cancer. The update will incorporate members 45-49 years of age which expands the denominator for colorectal screening to encompass individuals 45-75 years of age. CMS anticipates introducing the refined measure, which includes the revised age range 45-75, for QRS scoring in the 2024 ratings year.

Covered California acknowledges the CMS technical update. Covered California has proposed that the 50-75 age band should be used for QTI scoring until the 45-75 age band has an established QRS benchmark. As per the current language, MY2021 remains the benchmark year for COL for the current contract period (MY2023-MY2025).

Proposed Transition of the Hemoglobin A1c (HbA1c) Control for Patient with Diabetes: HbA1c control (<8.0%) Measure to the HbA1c Control for Patient with Diabetes: HbA1c poor control (>9.0%) Measure

Covered California acknowledges the CMS proposed transition. Covered California has proposed that the HbA1c control (<8.0%) measure should be used for QTI scoring until

the HbA1c poor control (>9.0%) measure has an established QRS benchmark. As per the current language, MY2021 remains the benchmark year for HbA1c control (<8.0%) for the current contract period (MY2023-MY2025).

As an element of the proposal, QHP Issuers will submit HbA1c control (<8.0%) and HbA1c poor control (>9.0%) measure data to Covered California using plan-reported Patient Level Data (PLD) files.

Sources:

<https://www.qualitycompass.org/> NCQA 2021 and 2022 Commercial Benchmarks

<https://www.cms.gov/files/document/final-2022-call-letter-qrs-qhp-enrollee->

<https://www.cms.gov/files/document/final-2023-call-letter-quality-rating-system-and-qualified-health-plan-enrollee-experience-survey.pdf>

<https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/qualityinitiativesgeninfo/aca-mqi/downloads/mqi-downloads>

Appendix:

Table 3 Benchmark Comparison

Element	NCQA Commercial	CMS QRS
Purpose and Focus	Designed to evaluate the quality of care across various commercial health plans, including HMOs and PPOs	Specific focus to evaluate the quality of healthcare plans participating in the Health Insurance Marketplace
	Assist in assessing how well plans are meeting specific quality standards in areas such as preventive care, chronic disease management, and member satisfaction	Provide beneficiaries with information to compare and select plans based on quality ratings
Type of Plans Evaluated	Apply to a wider range of commercial health plans, including HMOs, PPOs, and other types of private health plans	Target healthcare plans participating in federal programs like the Health Insurance Marketplace, serving specific populations such as individuals seeking coverage through the Marketplace

Metrics and Measures	Cover a variety of measures related to clinical quality, patient experience, and administrative processes.	Incorporate quality measures specifically relevant to the Health Insurance Marketplace population
	Measures are developed by NCQA adhering to industry standards and evidence-based practices	Measures focus on areas of care that are important to this particular groups, ensuring that the assessments are tailored to their needs
Regulatory Alignment	Offer valuable insights and align with specific industry standards, however they are not tied to any particular federal regulations	Align with federal regulations and guidelines set by CMS for plans participating in federal healthcare programs; the alignment ensures consistency with government requirements
Public Reporting and Ratings	May contribute to an overall rating or assessment of a commercial health plan's quality, but they do not generate a standardized rating system similar to CMS QRS.	Generate standardized quality ratings for Health Insurance Marketplace plans, which are publicly reported and accessible to beneficiaries during the plan selection process