March 18, 2019

Re: Department of Health and Human Services, Centers for Medicare and Medicaid Services (Draft 2019 Call Letter for the Quality Rating System and Qualified Health Plan Enrollee Experience Survey)

Submitted via email to Marketplace_Quality@cms.hhs.gov

Dear CMS Marketplace Quality Staff:

The Association for Community Affiliated Plans (ACAP) thanks you for the opportunity to comment on the Draft 2019 Call Letter for the Quality Rating System (QRS) and Qualified Health Plan (QHP) Enrollee Experience Survey published in February 2019 that communicates changes and requests comments on the Centers for Medicare & Medicaid Services’ proposed refinements to the QRS and QHP Enrollee Survey programs.

ACAP is an association of 60 nonprofit and community-based Safety Net Health Plans located in 29 states. Our member plans provide coverage to more than 20 million individuals enrolled in Medicaid, the Children’s Health Insurance Program (CHIP), the Marketplaces, and Medicare Special Needs Plans for dually-eligible individuals, including over 765,000 Marketplace enrollees. Sixteen of ACAP’s SNHP members offer qualified health plans (QHPs) or basic health plans (BHPs) in the Marketplaces, including one that newly entered the Marketplace for 2019.

Please find ACAP’s comments below:

- **Potential Removal of Measures**
  - *Removing Annual Monitoring for Patients on Persistent Medication (MPM)* – ACAP supports the removal of this measure due to consistently high performance and lack of NQF endorsement. Please note that this change will cause PCR to have an increased weight in the Patient Safety QRS domain, which may negatively affect non-health system Marketplace plans.
  
  - *Removing Follow-Up Care for Children Prescribed ADHD Medication (ADD)* – ACAP supports the removal of this measure due to insufficient denominator rates, which results in a high frequency of missing data impacting a health plan’s ability to obtain a valid QRS score. Please note that this change may reduce the overall weight of the Behavioral Health QRS composite within the Clinical Effectiveness QRS domain.
• **Potential Addition of Measures**
  
  o **Adding International Normalized Ratio (INR) Monitoring for Individuals on Warfarin (INR)** – In general, ACAP supports the addition of this measure – these are data that are currently not collected and are important to patient safety. However, we would like CMS to confirm that it is possible to identify patients performing INR at home using administrative data. In addition, we are concerned with the establishment of the INR clinical measure due to a denominator of at least 56 days of warfarin therapy in a two-month period and a numerator of one INR monitoring test within the same period. The article, *Guidance for the practical management of warfarin therapy in the treatment of venous thromboembolism* (Witt et al, 2016, doi: 10.1007/s11239-015-1319-y), suggests monitoring for stable patients may occur every 12 weeks, which is outside this measure’s range. Finally, this measure would replace MPM in the Patient Safety domain, yet no weight was noted in CMS guidance, and this measure will not be included in scoring until 2021.

  o **Adding Annual Monitoring for Patients on Chronic Opioid Therapy (COT)** – In general, ACAP supports the addition of this measure yet is concerned that the high enrollment criteria (11/12 months) may weaken the effectiveness of measurement data obtained and recommends a lower threshold for the denominator. CMS data suggest that Marketplace plans experience variation in Membership between benefit years due to a variety of factors. Plan experiential data suggest that enrollment continues to decline during a measurement year, thus the high threshold requirement will eliminate those members being included in the measure. (Source: https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/2018-07-02-Trends-Report-2.pdf). We are also concerned that this information would support other Behavioral Health measures that we currently analyze, such as IET. While this information would be of use to health plans for both quality of care and fraud, waste, and abuse purposes, the data may reveal behaviors such as diversion of prescription opioids, and therefore could be sought by law enforcement to identify illegal behavior. Health plans will need to consider whether public display of this information could result in investigations by law enforcement officials who would request access to the underlying data.
• **QHP Enrollee Survey Modifications in Future Years**

CMS is exploring the removal of some questions beginning with the 2020 administration of the QHP Enrollee Survey due to low to moderate statistical reliability among Exchange enrollees over the last three years. Specifically, CMS notes that it is considering questions with reliability below 0.7 for possible removal.

Based on ACAP’s analysis, almost three-quarters of current questions have a reliability below 0.7. We do not think that is an appropriate cut-point to considering removal of questions; we think that it may be more appropriate to consider questions with reliability below 0.5 for removal. Our plans note that these measures also have very high non-response rates as well. See below:

- Q11: In the last 6 months, when you needed an interpreter at your doctor’s office or clinic, how often did you get one? (0.43)
- Q23: In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists? (0.49)
- Q29: In the last 6 months, how often did you get the help you needed from your personal doctor’s office to manage your care among these different providers and service (0.24)
- Q37: In the last 6 months, how often were you able to find out from your health plan how much you would have to pay for a health care service or equipment before you got it? (0.45)
- Q39: In the last 6 months, how often were you able to find out from your health plan how much you would have to pay for specific prescription medicines? (0.36)
- Q46: In the last 6 months, how often did the health plan explain the purpose of a form before you filled it out? (0.41)
- Q49: In the last 6 months, how often were the forms that you had to fill out available in the format you needed, such as large print or braille? (0.47)

Again, we thank you for this opportunity to comment on your Call Letter. Please feel free to contact me (mmurray@communityplans.net, 202-204-7509), Enrique Martinez-Vidal, Vice President for Quality and Operations (emartinez-vidal@communityplans.net, 202-204-7527) or Heather Foster, Vice President for Marketplace Policy (hfoster@communityplans.net, 202-204-7510), if you would like to discuss any of these issues in greater depth.

Sincerely,

/s/

Margaret A. Murray
Chief Executive Officer