

Date: January 31, 2013

To: Measurement and Reporting Work Group Members

From: Consumers' CHECKBOOK/Center for the Study of Services

Re: Proposed measures and way of organizing measures for public reporting after 2013

As we begin our work in proposing recommendations for a future Exchange quality rating system, we are proposing an initial “straw model” structure for measure categories and a proposed measure set. The purpose of this straw model is to serve as a starting point for Measurement and Reporting Work Group discussion and input. We do not intend for this work to be relevant for purposes of the October 2013 open enrollment period.

We have taken the following steps in developing this straw model structure:

- We have reviewed several hundred measures included in the inventory we prepared for the Work Group in December.
- We propose limiting consideration to measures that meet one or more of the following criteria: 1) recommended by NCQA (see attached NCQA publication) for public reporting on Exchanges, 2) used in NCQA's plan rankings (which measures are publicly reported by NCQA and Consumer Reports, 3) NQF-endorsed, 4) used in NCQA accreditation, 5) included in URAC accreditation standards, 6) included in eValue8 measures of plan programs, or 7) helps fill some other gap in quality as identified in the accompanying memo on gaps.
- About 140 measures meet one or more of these criteria. In the attached spreadsheet, we have organized these measures according to a tree of categories. This categories tree is attached (“QRS Tree”).
- Such a tree structure can also be used both for drill-down among measures that are finally selected and for potential aggregation of measures into composites.
- We believe reporting the nearly 140 measures that meet criteria 1 through 7, above, would be needlessly burdensome to plans and to consumer users. A few of these measures could be eliminated by getting rid of measures that are clearly overlapping and a few (for example, some from the long list of diabetes measures) could be eliminated by using only composites that aggregate selected individual measures. But the list would still be longer than we recommend.
- We therefore recommend that the Exchange report all measures that meet criteria 1 and/or 2, above. These are measures that experienced experts have selected for consumer reporting. We also recommend reporting on measures that help fill gaps in quality measurement, identified in the accompanying memo, that are left open using only criteria 1 and 2.
- Some of the gaps are filled by the eValue8 measures of plan programs to promote wellness, case management, shared decision-making, and similar care improvements. We favor those eValue8 measures because we think they can be directly controlled by the plan and are easily attributed to the plan by consumers. But any eValue8 measures will need refinement to make them as objective as possible and to ensure that they use wherever possible, and do not duplicate, the measures already included under criteria 1 and 2. Other measures that were

included to fill gaps left by criteria 1 and 2 include resource utilization and cost measures, as well as two network adequacy measures proposed by URAC (and not currently used by NCQA).

- In total, there are 74 recommended measures for the Quality Rating System.

We consider our recommendations as a starting point for Work Group discussion. Using the attached spreadsheet, it is possible to filter and sort these measures to help focus on those we have and have not recommended for the limited set based on the criteria (the ones we recommend are seen by filtering on the column “NCQA Recommended, NCQA Plan Rankings, or Fills Gap Identified in Memo Two”).

Members of the Work Group may have expertise that supports adding or deleting measures, and the Exchange might want to commission the exploration of measures for which more evidence (pro or con) would be desirable.