HEALTH INSURANCE EXCHANGES: PREPARING FOR QUALITY RATING SYSTEM (QRS) SUCCESS
WHO IS GORMAN HEALTH GROUP?

_Gorman Health Group_ is the leading solutions and consulting firm for government-sponsored health programs.

**Government Programs**
Leading enterprise of national consulting services and software solutions for payers and providers.

**Our Mission**
Our mission, as the industry's most active professional services consultancy and provider of technology-based solutions, is to empower health plans and providers to deliver higher quality care to beneficiaries at lower costs, while serving as valued, trusted partners to government health agencies.

**Washington, DC**
Headquartered in Washington, DC with more than 200 staff and contractors nationwide with over 2,000 combined years of Government Programs experience.

**Leadership**
Deep payer and provider knowledge coupled with Centers for Medicare & Medicaid Services (CMS) regulatory expertise.

**Privately Owned**
Founded in 1996
Our clients have one-stop access to expert advice, guidance, and support, in every strategic and operational area for government-sponsored programs, across seven verticals.

**CLINICAL**
Changing how you approach Medical Management, Quality and Stars

**PHARMACY**
Leading experts in Part D, PBM, formulary and pharmacy programs

**HEALTHCARE ANALYTICS & RISK ADJUSTMENT SOLUTIONS**
implementing cross-functional risk adjustment programs for medical trend management and quality improvement

**PROVIDER INNOVATIONS**
Supporting network design and medical cost control implementation

**COMPLIANCE**
Offering guidance and support in every strategic and operational area to ensure alignment with CMS

**OPERATIONS**
Bringing excellence to every aspect of your implementation from enrollment to claims payment

**STRATEGY & GROWTH**
Leading experts in Marketing, Sales and Strategy development that create short and long-term profitable growth
MEDICAID SERVICES

Dedicated to assisting Medicaid Managed Care Organizations achieve strategic, operational and quality goals across five verticals.

CLINICAL
Blending medical and pharmacy to improve care coordination, outreach and utilization management to meet the complex needs of your membership.

FINANCIAL ALIGNMENT
Providing health economic solutions for the needs of the Medicaid population including long-term care, behavioral health, and chronic condition management.

STRATEGIC POSITIONING
Analyzing and evaluating organizational adaptability, and readiness for change in new policy and population management environments.

QUALITY PROGRAM OVERSIGHT
Guidance and support to achieve the results your members and regulators expect while attaining compliance with State and Federal rules.

OPERATIONS
Creative solutions to maximize cost effectiveness, and deliver lasting results from eligibility to provider contract management, and claims.
STRATEGIES FOR SUCCESS: THE EXCHANGE QUALITY RATING SYSTEM

• Key Elements of the QRS Program
  o Measures
  o Timeline

• Lessons Learned:
  Medicare Advantage Star Ratings

• Establishing a Foundation for Success
  o Providers
  o Enrollees

• Tips for Success with QRS
# THE QRS BASICS

## Who?
- All FFM and SBM QHPs will report QRS ratings.
- QRS will help consumers make informed choices.

## What?
- A standardized rating and measurement system for QHPs.
- A mechanism which will allow transparent regulatory oversight.
- A tool to enable plans to target QI efforts and activities where most needed.

## When?
- Spring 2015: QHPs gather, validate, and report data to CMS.
- Summer 2015: CMS calculates ratings.
- Fall 2015: CMS provides FFMs and SBMs with QRS ratings.

## Why?
- To ensure access to care and improve health outcomes.
- To enable positive enrollee experiences.
- To allow QHPs to differentiate themselves within the market.

## Where?
- QRS ratings will be reported publicly on QHP websites.
THE QRS MEASUREMENTS

Total QRS Measurement Program
- 32 Clinical Measures
- 11 Survey Measures

2015 Measurements
- 20 Clinical Measures
- 9 Survey Measures

2016 Additional Measurements
- 12 Clinical Measures
- 2 Survey Measures
### KEY ELEMENTS OF THE QRS RATINGS

| Clinical Quality | • Patient Safety  
| | • Prevention  
| | • Clinical Effectiveness  
| Enrollee Experience | • Access  
| | • Doctor and Care  
| | • Care Coordination  
| Plan Efficiency, Affordability, and Management | • Plan Service  
| | • Efficiency  
| | • Affordability |
QRS ORGANIZATION AND HIERARCHICAL STRUCTURE

<table>
<thead>
<tr>
<th>Global Rating</th>
<th>Summary Indicators</th>
<th>Domains</th>
<th>Composites</th>
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<tbody>
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<td>Clinical Effectiveness</td>
<td>Asthma Care</td>
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<td>Patient Safety</td>
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<td>Cardiovascular Care</td>
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<td>Clinical Quality Management</td>
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<td>Care Coordination</td>
<td>Checking for Cancer</td>
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<td>Doctor and Care</td>
<td>Maternal Health</td>
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<td>Efficiency and Affordability</td>
<td>Staying Healthy Adult</td>
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<td>Staying Healthy Child</td>
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<td>Enrollee Experience with Health Plan</td>
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</table>
# DRAFT QRS SCORING SPECIFICATIONS

## Global
- **Continuous Score**: Apply thresholds to create stars
- **Global Rating**

## Summary Indicators (3 total)
- **(Continuous Score) Clinical Quality Management**
- **Member Experience**
- **Plan Efficiency, Affordability, and Management**
- **Summary Indicator Ratings**

## Domains (8 total)
- **Continuous Score**
- **Domain Ratings**

## Composites (12 total)
- **Continuous Score**
- **Composite Ratings**

## Staged Measures
- **Standardized measure scores (42 total)**
- **Calculate standardized scores**
- **Unstandardized scores (42 total)**

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## THE QRS MEASURE SET

### Clinical Measures

<table>
<thead>
<tr>
<th>Measure</th>
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QRS IMPLEMENTATION TIMELINE

**Beta QRS Test**

- **1st Qtr 2015**
  - HEDIS data collected
  - Enrollee survey conducted

- **Spring 2015**
  - HEDIS data collection ends

- **Summer 2015**
  - HEDIS data submitted to NCQA
  - CMS computes survey scores

- **Fall 2015**
  - Survey scores provided to QHPs
  - QRS preview ratings provided to QHPs
  - QHPs review and submit inquiries to CMS

**Official QRS Measurements**

- **1st Qtr 2016**
  - HEDIS data collection ends

- **Spring 2016**
  - HEDIS data submitted to NCQA

- **Summer 2016**
  - CMS computes survey scores

- **Fall 2016**
  - CMS provides QRS preview ratings to QHPs
  - QRS ratings posted on FFM/SBM websites

- **HEDIS data** collected
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- **CMS computes survey scores**
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- **CMS provides QRS preview ratings to QHPs**
- **QRS ratings** posted on FFM/SBM websites
LESSONS LEARNED: MA STAR RATINGS

• Achieving 5-Star performance is a challenge. There are no shortcuts.
• Success requires engagement from all teams: Quality, Provider Relations, Actuarial, Finance, Marketing, Claims, IT, Customer Service.
• Achieving 5-Star performance is easier when flexible, robust, and sustainable Quality infrastructure, strategy, and work plan are established in a plan’s ‘infant stage.’
• Success is most easily sustained through effective processes rather than projects.
• Regulatory compliance does not always translate to 5-Star performance.
• Health plans must tailor and customize their Quality initiatives to meet the specific needs of their local providers/enrollees.
Population health strategies can help identify the RIGHT intervention for the RIGHT
provider at the RIGHT time.
- Provider P4P programs can provide a solid foundation for success.
- Engaging providers in impactful ways often requires engagement with providers in new ways.
- The “ask” of, and support needed by, each provider is often unique.

Population health strategies can help identify the RIGHT intervention for the RIGHT enrollee at the RIGHT time.
- Case management, disease management, and medication management programs can provide a solid foundation for success.
- Engaging enrollees and impacting behavior often require engagement with enrollees in supportive, clinically-competent ways.

LESSONS LEARNED:
MA STAR RATINGS (CONTINUED)
ESTABLISHING A FOUNDATION FOR SUCCESS

**Process**
- Tools, Data, and Dashboards
- Case Mgmt, Disease Mgmt and Medication Mgmt
- Delegation Oversight
- Regular Audits and Remediation
- Proactive Service

**Leadership**
- Engaged Leadership
- Chief Performance Officer
- Focused, Strategic Action Plan
- Aligned QI and RA Strategies
- Key Providers

**Engagement**
- Executives and leaders
- Internal Managers and Staff
- Vendor Managers and Staff
- Providers and Pharmacies
- Enrollees and Caregivers
THE CULTURE OF QUALITY IMPROVEMENT

Strong Clinical Programs
- Effective QI work plans
- Clinical and operational work streams to remediate barriers
- Leverage best practices from other product lines

Effective Provider Relationships
- Strategic alignment with key partners
- Robust, efficient provider support toolkit and infrastructure
- Focused, prioritized interventions
- Alignment across product lines

 increments
CREATING A CONSUMER-CENTRIC CULTURE

• Focus on enrollees as customers & patients
• Partner with providers to ensure high-quality healthcare services
• Prioritize clinically-competent interventions with enrollees
  o Allow for enrollee preferences and flexible timing of interventions
  o Leverage enrollee interactions to improve outcomes and build brand loyalty
• Develop culturally-competency among staff and workstreams
• Remain sensitive to health literacy and “healthcare overload”
POPULATION HEALTH

• Incorporate flexible, robust reporting & analytics into clinical and operational work streams

• Leverage predictive analytics to focus on high-ROI enrollees, providers, health systems

• Integrate RA/encounter/medication/survey data to enable seamless, contextual interventions

• Focus on actionable intelligence which enables the RIGHT discussions at the RIGHT time with the RIGHT providers and enrollees
**PROVIDER “INFLUENCERS”**

**PCP’s (including OB/GYN’s serving as PCP’s)**
- Adult BMI Assessment
- Annual Dental Visit
- Annual Monitoring for Patients on Persistent Medications*
- Antidepressant Medication Management*
- Appropriate Treatment for Children with Upper Respiratory Infection
- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
- Breast Cancer Screening*
- Cervical Cancer Screening*
- Chlamydia Screening in Women
- Colorectal Cancer Screening
- Comprehensive Diabetes Care: HbA1c Control*
- Comprehensive Diabetes Care: HbA1c Testing*
- Comprehensive Diabetes Care: Medical Attention for Nephropathy*
- Controlling High Blood Pressure*
- Medication Management for People with Asthma*
- Plan All-Cause Readmissions*
- Proportion of Days Covered: Diabetes All Class*
- Proportion of Days Covered: RAS Antagonists*
- Proportion of Days Covered: Statins*
- Relative Resource Use for People with Diabetes*
- Use of Imaging Studies for Low Back Pain*
- Access to Care
- Aspirin Use and Discussion
- Care Coordination
- Flu Vaccinations for Adults Ages 18-64
- Medical Assistance with Smoking and Tobacco Use Cessation
- Rating of Health Plan
- Rating of Personal Doctor
- Rating of Specialist

**PCP's and/or Specialists**
- Annual Monitoring for Patients on Persistent Medications*
- Antidepressant Medication Management*
- Comprehensive Diabetes Care: HbA1c Control*
- Comprehensive Diabetes Care: HbA1c Testing*
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- Access to Care
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- Flu Vaccinations for Adults Ages 18-64
- Medical Assistance with Smoking and Tobacco Use Cessation
- Rating of Health Plan
- Rating of Personal Doctor
- Rating of Specialist

**OB/GYN and/or Family Planning Sites**
- Breast Cancer Screening*
- Cervical Cancer Screening*
- Chlamydia Screening in Women*
- Prenatal and Postpartum Care
- Access to Care
- Care Coordination
- Flu Vaccinations for Adults Ages 18-64
- Medical Assistance with Smoking and Tobacco Use Cessation
- Rating of Health Plan
- Rating of Personal Doctor
- Rating of Specialist

**Pediatricians**
- Appropriate testing for Children with Pharyngitis
- Childhood Immunization Status (Combination 3)
- Follow-up Care for Children Prescribed ADHD Medication
- Human Papillomavirus Vaccination for Female Adolescents
- Immunizations for Adolescents (Combination 1)
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- Access to Care
- Care Coordination
- Flu Vaccinations for Adults Ages 18-64
- Rating of Health Plan
- Rating of Personal Doctor
- Rating of Specialist

**FACTORS TO CONSIDER**
- Network Adequacy & Network Quality
- Provider Support Resources & Tools
- Care Coordination
- Enrollee Support Resources & Tools
OPTIMIZING PROVIDER CONTRIBUTION

- Collaborate with high-volume and under-performing providers
- Tailor cross-functional solutions that meet your providers’ needs
- Engage nurses, case managers, and other key provider staff
- Provide coordinated, actionable information
- Prepare for provider exhaustion
- Develop capabilities to educate, coach, and motivate providers
MEASURES WITH HISTORICAL PERFORMANCE CHALLENGES

- Diabetes – Blood Sugar Controlled
- Medication Adherence (Diabetes)
- Flu Vaccine
- Plan All-Cause Readmissions
- Care Coordination
- Getting needed tests, treatment, specialist appointments, and care
- Rating of Health Plan

There are a variety of factors that cause our challenges with these measures. Let’s look at a few challenging measures in depth...
FACTORS IMPACTING PERFORMANCE CHALLENGES

- Diabetes – Blood Sugar Controlled
- Medication Adherence (Diabetes)
- Flu Vaccine
- Plan All-Cause Readmissions
- Care Coordination
- Getting needed tests, treatment, specialist appointments, and care
- Rating of Health Plan

- Enrollee lifestyle modifications
- Medication adherence
- Treatment for co-morbid conditions
- Health literacy
- Patient engagement
- Provider coding/billing/encounter data submissions
FACTORS IMPACTING PERFORMANCE CHALLENGES

- Diabetes – Blood Sugar Controlled
- Medication Adherence (Diabetes)
- Flu Vaccine
- Plan All-Cause Readmissions
- Care Coordination
- Getting needed tests, treatment, specialist appointments, and care
- Rating of Health Plan

- Forgetfulness
- Side effects
- Treating an asymptomatic condition
- Lack of provider follow-up
- Health literacy
- Lack of disease knowledge
- Uncaptured claims for no/low-cost generic medications
- Perception of relative value of the medication
EXECUTION AND ENGAGEMENT
ENROLLEES, PROVIDERS AND PHARMACIES

Population Health
- Focus analytics & reporting
- Assess & stratify population
- Identify outliers & intervene with appropriate resources

Engagement & Improvement
- Target those with greatest impact
- Collaborate for mutual benefit & ongoing trust
- Address clinical & non-clinical issues

“Make It Work” Innovation
- Integrate CM/DM/MTM for maximum success
- Customize support/services for chronically ill to control costs & improve QRS ratings

INTEGRATION and COORDINATION
THE KEYS TO GET STARTED

• Review Beta Measurement Results
• Assess Operations, Network, and Infrastructure
  o Potential risks
  o Operational gaps and opportunities
• Develop and Implement a Strategic QRS Work Plan
  o Strategy and Tactics
  o Clinical Infrastructure and Programs
  o Enrollee/Provider Targeting and Interventions
  o Population Health Technology and Analytics
• Engage and Educate Staff and Providers
NEXT STEPS: WHERE DO WE GO FROM HERE?

Leadership
- Establish QRS leadership
- Designate QRS Leader
- Develop QRS Strategy and Work Plan

Engagement
- Deploy provider strategy
- Deploy enrollee strategy
- Train staff/providers
- Evaluate vendor impact

Process
- Develop reporting tools
- Deploy Pop Health strategy
- Incorporate QRS into operations
- Deploy targeted interventions
Gorman Health Group, LLC (GHG) is a leading consulting and software solutions firm specializing in government health programs, including Medicare managed care, Medicaid and Health Insurance Exchange opportunities. For nearly 20 years, our unparalleled teams of subject-matter experts, former health plan executives and seasoned health care regulators have been providing strategic, operational, financial, and clinical services to the industry, across a full spectrum of business needs. Further, our software solutions have continued to place efficient and compliant operations within our client’s reach.

GHG offers software to solve problems not addressed by enterprise systems. Our Valencia™ software reconciles the capitation payment of more than six million Medicare beneficiaries and continues to support customers participating in the Health Insurance Exchanges. Nearly 3,000 compliance professionals use the Online Monitoring Tool™ (OMT), our complete Medicare Advantage and Part D compliance toolkit, while more than 45,000 brokers and sales agents are certified and credentialed using Sales Sentinel™. In addition, hundreds of health care professionals are trained each year using Gorman University™ training courses.

We are your partner in government-sponsored health programs