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Correspondence Memorandum

Date: July 20, 2020
To: Group Insurance Board
From: Brian Stamm, Deputy Director
Office of Strategic Health Policy
Subject: 2021 Plan Year Quality Credit

This memo is for informational purposes. No Board action is required.

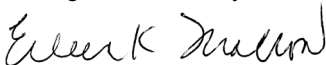
Background

As part of the annual health plan rate setting process, the Department of Employee Trust Funds (ETF) develops a quality credit rate adjustment that is applied to individual health plans' final rates, if earned. This memo serves to provide an update to the Group Insurance Board (Board) on the status of the quality credits earned for the 2021 plan year. Health plan names have been de-identified and randomized within this memo, however the Board has been provided with a key to allow for identification. While the aggregate level Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) quality scores are publicly available, the individual measurement values are not, therefore ETF has de-identified the health plan names to maintain their confidentiality.

Changes in 2020

The quality credit is a calculation comprised of data collected from each health plan. The data collected consists of Healthcare Effectiveness Data and Information Set (HEDIS) data and Consumer Assessment of Healthcare Providers and Systems (CAHPS) data. These are industry standard, validated, and independently verified data sources that provide a quantitative analysis of quality of healthcare and services provided by a health plan.

Prior to 2020, the quality credit was comprised of nine measurements (seven from HEDIS and two from CAHPS) and the calculation required the use of the National Committee for Quality Assurance's (NCQA) Quality Compass tool. This tool rates health plans' individual measurements within national percentiles, which allows health plans to gauge their quality among their national peers. There were three problems with this methodology:

Reviewed and approved by Eileen K Mallow, Director, Office of Strategic Health Policy
 Electronically Signed 7/27/20

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- 1) Basing the quality credit calculation on only nine measurements may not have provided an accurate representation of the quality provided by that health plan due to a small subset of measurements being tracked. A barrier interrupting the results for even one of the measurements could have a profound effect on the quality credit calculation, while having little effect on overall HEDIS or CAHPS scores.
- 2) The Quality Compass tool is published annually in mid-August, whereas the quality credit calculation must be completed in late June to be applied to the rate setting process. The mismatch on timing required the calculation to rely on outdated, although still relevant, data from the Quality Compass of the previous year.
- 3) The Quality Compass allows health plans to determine where their measurements rank by percentile in comparison to all other participating health plans in the nation. While this is useful for national quality rankings, the percentile categories are less useful if attempting to rank quality among only the health plans the Board contracts with.

With these problems in mind, ETF sought to change the methodology behind the quality credit calculation. To address the first problem, additional measures were added based on internal analysis of quality trends among the contracted health plans, a desire to align more quality measures with Wisconsin's Medicaid quality program, and to better match the needs of ETF's membership. In doing so, one measure was removed from the quality credit calculation, and a two-phased approach for adding thirteen new measures was adopted. The purpose of the two-phased approach is to allow for a longer transition period into the new calculation to not overburden the health plans. The changes were as follows:

Measure Removed:

- Plan All-cause Re-admissions: Age Total of Males & Females (PCR – from HEDIS)

Phase 1 Measures Added:

- Flu Vaccination (from CAHPS)
- Childhood Immunization Status: Combination 3 (CIS – from HEDIS)
- Childhood Immunization Status: Combination 10 (CIS – from HEDIS)
- Immunizations for Adolescents: Combination 2 (IMA – from HEDIS)
- Breast Cancer Screening (BCS – from HEDIS)
- Cervical Cancer Screening (CCS – from HEDIS)
- Colorectal Cancer Screening (COL – from HEDIS)
- Comprehensive Diabetes Care: HbA1c Control <8.0% (CDC – from HEDIS)

Phase 2 Measures to be Added:

- Follow-up After Hospitalization for Mental Illness: Total 30-day Follow-up (FUH – from HEDIS)
- Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: 30-day Follow-up Total (FUA – from HEDIS)
- Initiation and Engagement of AOD Abuse or Dependence Treatment Total: Engagement of AOD Treatment Total (IET – from HEDIS)
- Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC – from HEDIS)
- Prenatal and Postpartum care: Postpartum Care (PPC – from HEDIS)

To address the second and third problems, a new calculation method was developed that does not rely on NCQA's Quality Compass. Rather than assigning points for each measurement based on national percentiles, the quality calculation now uses a straightforward calculation of the measurement rate times the possible point allocation for that measurement.

For example, if a health plan's rate on measurement #1 was 75% and the measurement's total point allocation was 1 point, then that health plan will earn .75 points. Earned points from all measurements are then totaled and divided by the maximum possible point total to determine the health plan's overall percent score. These scores are then ranked from highest to lowest and the top half earn a quality credit.

It is worth noting two aspects of the calculation for full transparency. First, the point values allocated to each measurement are borrowed from NCQA's quality calculation, and therefore have been vetted and validated. ETF did not simply assign point values at random or with bias.

Secondly, there are cases in which measurements cannot be calculated with statistical significance due to low denominators, in which case the health plan's HEDIS report would list the result as "Not Reported – Low Denominator." In this case, the point value assigned to a measure that is not reported is spread evenly throughout the remaining measurements as to not negatively impact the health plan simply for being smaller than others.

Changes Due to COVID-19 Impact

Some of the measures selected as part of the quality credit calculation are "hybrid" measures. Hybrid measures require a combination of claims data and medical chart data to determine the final numerator of the calculation. Gathering of medical chart data, a process known as "chart chasing," was not possible this year due to lockdown efforts to prevent the spread of COVID-19. NCQA responded by allowing health plans to submit the previous year's rates for hybrid measures or the current year, depending on the health plan's preference. Depending on how the pandemic progresses, similar actions could be taken in the coming years. ETF staff will monitor NCQA's movements on this topic and adjust as needed.

Due to the change in data reporting allowed by NCQA this year, a plan proposed by ETF to integrate an adjustment to the quality credit calculation for year-over-year measurement score improvement/deterioration has been delayed until further notice.

Results

First and foremost, the three problems that were addressed above were successfully negotiated in the new quality credit calculation format. The expansion of measurements is providing a more holistic view of the health plans' quality, while providing a buffer against a single measurement from harming the overall score. Additionally, the calculation is no longer reliant on NCQA's Quality Compass, therefore there was no need to impute comparison values for the final calculation.

The calculation showed a year-over-year increase in overall quality scores for all nine health plans as noted by Chart 2 in the appendix. The increased scores ranged from 0.2% improvement, to 4.47% improvement. It should be noted that these improvements were achieved in a year where multiple measurements allowed for the submission of the previous years' scores. Had this not been the case, it is entirely possible that the year-over-year improvement would have been even more dramatic.

As shown in the appendix, the highest quality credit was earned by Health Plan #3 followed respectively by Health Plan #8, Health Plan #1, Health Plan #4, and Health Plan #7. The remaining health plans were below the quality credit cutoff, and therefore did not receive a quality credit. All health plans were notified of their earned quality credit during health plan negotiations. All plans are welcome to discuss their individual scores with ETF staff in a private meeting to help develop a plan for further improvement, of which one health plan has already completed at the time of writing this memo. It should be noted that health plans have been actively engaged in the transition of the quality credit methodology. Since the introduction, discussions about the new methodology have occurred individually during the Utilization Review meetings in January of 2020, during two ETF Council on Health Program Improvement (CHPI) meetings, and multiple individual meetings as requested. In general, after explaining the calculation and the reasoning for the change, health plans were receptive and understanding of the change.

Staff will be available at the Board meeting to answer any questions.

Appendix

2021 Quality Credit Outcomes

Chart 1 – Final Results

Health Plan	Controlling High Blood Pressure (cbp)	Comprehensive Diabetes Care (cdc) Blood Pressure Control (<140/90 mm Hg)	Antidepressant Medication Management (amm) Effective Continuation Phase	Medication Management for People With Asthma (mma) Total: Medication	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	Rating of Health Plan (9 + 10)	Coordination of Care (Always + Usually)	Appropriate Testing for Children with Pharyngitis (cwp)	Flu Vaccination	Childhood Immunization Status (CIS) Combination #3	Childhood Immunization Status (CIS) Combination #10	Immunizations for Adolescents (IMA) Combination #2	Breast Cancer Screening (BCS)	Cervical Cancer Screening (CCS)	Colorectal Cancer Screening (COL)	Comprehensive Diabetes Care (CDC) HbA1c Control (<8.0%)	Total	% of Points	Rank	Quality Credit
Possible Points	3	3	1	1	1	1.5	1.5	1	1	3	1	3	1	1	1	3	27			
Health Plan #1	2.4891	2.6058	0.6436	0.5834	0.3744	0.7224	1.3283	0.8610	0.5836	2.6271	0.7354	1.0971	0.7705	0.8274	0.7814	1.9050	18.9355	70.13%	3	0.750
Health Plan #2	2.1498	2.0853	0.7349	0.6087	0.5238	0.7061	1.3194	0.7278	0.5927	2.7633	0.7895	0.8946	0.8348	0.7908	0.7129	1.6098	17.8442	66.09%	7	0.000
Health Plan #3	2.3286	2.4417	0.6849	0.5457	0.8019	0.9063	1.3785	0.9592	0.7007	2.6862	0.8151	1.5765	0.7689	0.8710	0.7737	1.7901	20.0290	74.18%	1	1.000
Health Plan #4	2.1753	2.3484	0.6218	0.5614	0.6191	0.6422	1.3083	0.9147	0.6773	2.6016	0.7135	1.0950	0.7895	0.8051	0.7797	1.9599	18.6128	68.94%	4	0.625
Health Plan #5	2.4525	2.4579	0.6038	0.4220	0.2590	0.7676	1.2879	0.7497	0.5919	2.3637	0.5576	0.7098	0.8261	0.8151	0.7324	2.0748	17.6718	65.45%	9	0.000
Health Plan #6	2.2590	2.2392	0.5936	0.5241	0.4904	0.4521	1.3334	0.8283	0.7486	2.4297	0.5704	1.0644	0.7683	0.8005	0.7348	1.9161	17.7529	65.75%	8	0.000
Health Plan #7	2.2545	2.4087	0.5890	0.5797	0.4451	0.6462	1.3040	0.7922	0.5559	2.6373	0.6896	1.1169	0.7902	0.8262	0.7970	2.0256	18.4581	68.36%	5	0.500
Health Plan #8	2.2191	2.4525	0.6230	0.5330	0.5728	0.7398	1.3421	0.8757	0.6437	2.7006	0.7981	1.5315	0.8022	0.8394	0.7616	1.8393	19.2744	71.39%	2	0.875
Health Plan #9	1.9530	2.1678	0.5375	0.5521	0.5624	0.7128	1.3215	0.8220	0.5848	0.0000	0.0000	0.0000	0.8328	0.8005	0.7006	1.6788	13.2266	66.13%	6	0.000

Key for highlighted cells:

- Cells highlighted in Orange: Lowest score within the measurement category
- Cells highlighted in Blue: Highest score within the measurement category
- Cells highlighted in Salmon: No score due to low denominator/not reported

Chart 2 – Year-Over-Year Differences

Health Plan	Controlling High Blood Pressure (cbp)	Comprehensive Diabetes Care (cdc) Blood Pressure Control (<140/90 mm Hg)	Antidepressant Medication Management (amm) Effective Continuation Phase Treatment	Medication Management for People With Asthma (mma) Total: Medication Compliance 75%	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	Rating of Health Plan (9 + 10)	Coordination of Care (Always + Usually)	Appropriate Testing for Children with Pharyngitis (cwp)	Flu Vaccination	Childhood Immunization Status (CIS) Combination #3	Childhood Immunization Status (CIS) Combination #10	Immunizations for Adolescents (IMA) Combination #2	Breast Cancer Screening (BCS)	Cervical Cancer Screening (CCS)	Colorectal Cancer Screening (COL)	Comprehensive Diabetes Care (CDC) HbA1c Control (<8.0%)	Overall % Change
Health Plan #1	0.00%	0.00%	2.99%	1.82%	0.46%	9.53%	-0.48%	-6.64%	-0.41%	1.94%	6.77%	-7.79%	-0.79%	1.96%	0.00%	0.00%	0.20%
Health Plan #2	-3.75%	-12.10%	17.32%	15.85%	77.26%	6.66%	-2.35%	-18.12%	-3.20%	10.87%	31.58%	4.38%	-3.51%	0.93%	-1.34%	-10.86%	0.85%
Health Plan #3	0.00%	0.00%	3.49%	2.98%	-1.58%	13.57%	8.55%	-1.57%	0.89%	-1.07%	5.35%	1.41%	1.14%	0.00%	4.26%	0.00%	1.56%
Health Plan #4	0.00%	0.00%	0.31%	3.08%	12.26%	13.46%	0.44%	-4.17%	14.12%	0.00%	0.00%	20.03%	0.56%	0.00%	0.00%	0.00%	2.19%
Health Plan #5	5.99%	0.00%	13.77%	-13.42%	-3.93%	3.04%	-1.55%	-5.25%	3.64%	0.00%	0.00%	11.24%	0.49%	1.20%	7.12%	0.00%	1.44%
Health Plan #6	2.14%	0.00%	5.94%	6.03%	19.87%	-19.99%	3.71%	-1.59%	9.08%	3.71%	26.92%	-2.42%	-0.84%	-2.95%	8.25%	0.00%	2.20%
Health Plan #7	5.41%	0.45%	-2.47%	9.92%	50.78%	17.90%	-1.57%	-7.47%	20.27%	6.08%	7.51%	2.70%	4.55%	0.00%	9.92%	1.66%	4.47%
Health Plan #8	-7.03%	2.52%	4.41%	1.93%	19.88%	14.62%	3.90%	-1.81%	5.40%	-1.08%	7.20%	3.17%	-0.63%	-2.54%	-3.69%	-0.60%	0.99%
Health Plan #9	1.73%	0.00%	-9.28%	7.48%	-2.70%	9.04%	-0.50%	-4.05%	-1.37%	#VALUE!	#VALUE!	#VALUE!	-0.29%	2.03%	1.17%	0.00%	0.25%

Key for highlighted cells:

- Cells highlighted in Orange: Largest decrease in percent change within the measurement category
- Cells highlighted in Blue: Largest increase in percent change within the measurement category
- Cells highlighted in Salmon: No value due to low denominator/not reported