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Correspondence Memorandum

Date: July 19, 2023

To: Group Insurance Board

From: Brian Stamm, Deputy Director
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Office of Strategic Health Policy

Subject: 2024 Plan Year Quality Credit

This memo is for informational purposes only. 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, if earned, is applied to individual health plans' final rates. This memo provides an update to the Board on the status of the quality credits earned for the 2024 plan year and informs the Board of future changes to the metrics and methodology behind the quality credit calculation. Health plan names have been de-identified and randomized within this memo. While the aggregate level of the National Committee for Quality Assurance's (NCQA) 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. ETF has, therefore, de-identified the plan names to maintain confidentiality. The Board will receive a version of this memo with data identifiable by plan.

The quality credit is an incentive to focus the attention of health plans on healthcare topics affecting the ETF membership population that ETF wants to see improvement in. ETF aligns these topics with both regional and national healthcare improvement intervention topics but reserves the ability to customize measurements based on the specific needs of the ETF membership.

2024 Plan Year Calculation

There were no changes to the quality credit calculation for the 2024 plan year. The quality credit is a calculation of the HEDIS and CAHPS data submitted by each plan. These measures are standard in the industry, validated, and use independently verified data sources that provide a quantitative analysis of the quality of healthcare services a

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Reviewed and approved by Eileen Mallow, Director, Office of Strategic Health Policy
Electronically Signed 08/02/2023

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plan provides. The point values allocated for each measure are based on the NCQA quality calculation and have been vetted and validated.

In the cases where measurements could not be calculated, most frequently due to low denominators, the plans' HEDIS report listed the result as "Not Reported." In these cases, the point value assigned to the measure was not reported and the total points possible were decreased accordingly.

2024 Plan Year Results
Full results can be found in Attachment A: 2024 Plan Year Quality Credit. The calculation showed an increase in quality scores from 2022 to 2023 for all but two plans. The scores ranged from a 1.52% decrease to a 5.71% increase in the total score. Notably, all plans had a year-over-year decrease in the rate of colon cancer screenings, ranging from a 5.60% decrease to an 18.31% decrease. In 2021, U.S. Preventive Services Task Force expanded the colorectal recommended screening age range from 50-75 to 45-75 years old and the HEDIS measure was updated for the current measurement year. The expanded age range can likely explain at least a portion of the decreased screening rates reported across plans.

The quality credit, as part of the rate-setting process, is factored into all health insurance premium rates presented to the Board. The top-performing plan received a 1% credit, and the credit was gradually decreased to 0.5% for the fifth-place plan. The remaining plans scored below the quality credit cutoff and did not receive a quality credit. During rate-setting discussions, ETF staff notified all plans of their earned credit and the planned changes to the quality credit program for the 2025 plan year. All plans were invited to schedule follow-up meetings to discuss their individual scores and/or the planned changes to the quality credit program.

History of the Changes to the Quality Credit Metrics and Methodology
Originally, the quality credit program served two purposes: 1) to provide a health plan report card to help members as they shopped for a quality plan and 2) to assign a quality credit as part of the annual rate-setting process. A brief history of the changes made to both aspects of the quality credit program follow (see Figure 1).

The original quality credit report card used to communicate plan quality to members was a star-based system that awarded each plan a star rating relative to the performance of the other plans. This meant that a plan's performance could be consistent year over year, but if another plan did better or worse, or left the program, the plan's star rating could change. To address this limitation, the public-facing report card was revised in 2019. Performance for each measure was compared to a national benchmark, composite scores were calculated, and these composite scores were converted into a star ranking (Ref. GIB | 08.22.18 | 6B). Beginning in the plan year 2020, the use of a homegrown star ranking system to educate members on plan quality was discontinued,

and each plan's overall NCQA ranking was published online. This remains the current practice, and the Health Plan Quality webpage is updated annually.[1]

The quality credit scoring used during the rate-setting process has also evolved over the past 10 years based on feedback from a variety of stakeholders and to ensure alignment with ETF and the Board's priorities. The original health plan report card was redesigned in 2014 (Ref. GIB | 02.19.14 | 4C) to shift from ETF or vendor administration of CAHPS surveys to the use of the plans' CAHPS results. The quality credit was significantly redesigned for the 2018 plan year rate setting in order to focus the purpose on addressing chronic disease burden in the Group Health Insurance Program (GHIP) by targeting the areas with the most opportunity for improvement (Ref. GIB | 05.24.17 | 3C). Since 2018, ETF has utilized a small subset of measures from NCQA's HEDIS and CAHPS data which is submitted annually by the health plans. The measures included in the quality credit and the methodology for calculating the credit were revised using a phased approach for the 2021 (Ref. GIB | 08.19.20 | 5) and 2022 plan years (Ref. GIB | 08.18.21 | 4B). The number of measures in the calculation was expanded from 9 to 21 to accurately represent quality across a larger group of measures and align with Wisconsin's Medicaid quality program. Before the revision, the scoring methodology depended on the Quality Compass, which created a timing mismatch and compared performance to national percentiles, rather than local comparisons. The revised methodology addressed both concerns by eliminating the timing issues and moving to a straightforward calculation of the rate multiplied by the point allocation. The point values are aligned with NCQA's quality calculation.

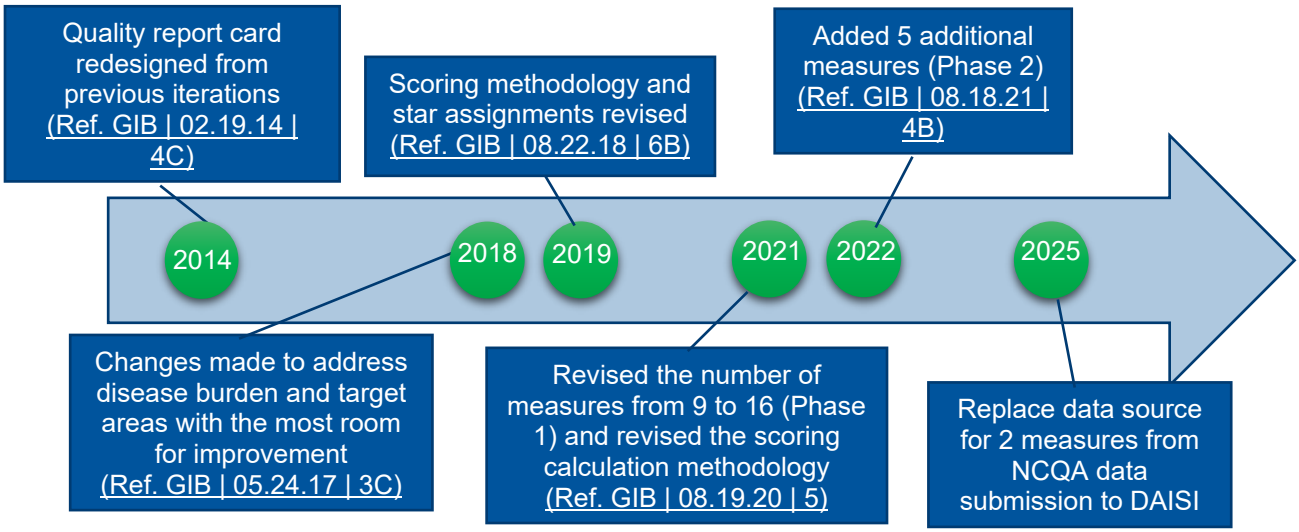

Figure 1. 10-Year History of the Quality Credit Program and changes that have been made. Note the year indicates the plan year of implementation of the change, not the year the change was communicated to the Board.

[1] https://etf.wi.gov/its-your-choice/2023/health-plan-quality

Reasons for Revising Current Quality Credit Metrics and Methodology
As the program has evolved, the intention to include GHIP member-specific data from ETF's data warehouse, Data Analytics and Insights (DAISI) has been noted in memos from 2017 (Ref. GIB | 05.24.17 | 3C) and 2018 (Ref. GIB | 08.22.18 | 6B). Merative, formerly Truven Health Analytics and IBM Watson Health, is the administrator of ETF's health data warehouse and analytic tools. ETF's goal has been to include GHIP-specific data in the quality credit to evaluate disease states of interest and have a more dynamic data set. The revised rate-setting timeline and the recent addition of NCQA-certified HEDIS measures to DAISI provided an opportunity to reevaluate the quality credit program and explore ways to incorporate dynamic, GHIP member-specific data into the quality credit program.

The HEDIS and CAHPS data submitted by the plans are for their entire books of business, not specific to the GHIP. GHIP members make up varying proportions of health plans' book of business, so it is difficult to fully analyze the experience of GHIP members specifically and identify opportunities for improvement related to the Health Care Triple Aim (Triple Aim). There are HEDIS measures available in DAISI that use the same definitions and methodology from NCQA and have been certified by NCQA. The HEDIS measures within DAISI can be run on a rolling year basis, making for a more dynamic dataset that assesses the GHIP population directly. A timelier and more specific dataset would allow for a more detailed picture of the GHIP population and areas for targeted improvement. In contrast, the NCQA data submissions are based on a January through December data collection timeframe with data submission to NCQA and ETF in the following June.

This evaluation process also provided an opportunity to ensure the program is aligned with the Triple Aim. The Triple Aim, adopted by the board in 2019 (Ref. GIB | 11.13.19 | 5D), focuses on GHIP member quality of life (health), program quality (service quality/experience), and program affordability (cost). An additional long-term plan for the quality credit program is to include measures that assess cost and program experience outside of HEDIS and CAHPS measures to better serve the members of GHIP. By using a dynamic and specific dataset, ETF and the Board will be better able to evaluate the value of the GHIP and identify areas for cost-savings and program improvement opportunities related to the Triple Aim.

Data Exploration Process
First, ETF assessed the HEDIS measures currently used in the quality credit scoring with DAISI as the data source rather than the NCQA submissions from the plans. The HEDIS tools available in DAISI were used to evaluate the numerator, denominator, and rate for each measure plan by plan. The rates derived from DAISI were compared to the rates submitted to NCQA and used in the 2022 Plan Year quality credit. The potential rationale for large discrepancies was explored and most differences could be explained by a lack of access to supplemental data for measures that are not administrative (claims) data only. The only measures that had a sufficient sample size and were primarily reliant on claims-based information available in DAISI were three cancer

screening measures. The breast cancer screen rate (BCS) and cervical cancer screen rate (CCS) are currently used in the quality credit, so the values from DAISI could be substituted for the currently used HEDIS rates submitted by the plans. Due to the long look-back period for colon cancer screening, ETF plans to wait to substitute the DAISI-derived value until 10 years of data are available within DAISI.

ETF then expanded the analysis to include all HEDIS measures available in DAISI. The percentage of non-Medicare members who met the inclusion criteria for each measure was evaluated and then detailed rate analysis by plan was performed for those with more than 3% of members in the denominator to ensure adequate sample size across plans. After evaluating more than 50 potential measures, three additional measures were identified as potential measures for inclusion. The first is the rate at which members diagnosed with an upper respiratory infection (URI) were treated without antibiotics. The second and third measures were the well-care visit rates (WCV) of 3- to 11-year-old members and 12- to 17-year-old members during the measurement year. These measures are currently under further analysis to investigate their potential utility as new scoring items in the quality credit program in future years.

Other quality metrics including risk scores, maternal health care, admissions and readmissions for chronic conditions, avoidable admissions and acute flare-ups, emergency room visits per 1000 for chronic conditions, and disease staging stability were explored, but each of these measures came with limitations and concerns, primarily from the very small numbers of members and episodes for the smaller health plans and data availability delays. After careful exploration, ETF did not find any measures that were currently usable for the quality credit program.

The final step was to evaluate the scoring and ranking differences between the NCQA data while using the BCS and CCS derived from DAISI as a substitution for the NCQA values for the three measures. No change in ranking was found for 2022 or 2023 plan year quality credit.

Solutions Identified

After careful consideration and data exploration and analyses, ETF identified three possible solutions. The first option would be to continue the current process of using the HEDIS and CAHPS measures from the plans' NCQA data submissions but on a year delay. This approach would address the timing concerns given the new rate-setting timeline. This would result in the data being repeated for one year (2025 plan year), and then moving forward, the quality credit would be assigned based on data that is delayed two years. For example, the 2026 plan year quality credit scoring would be based on HEDIS and CAHPS data from 2024. The advantages of this approach include confidence and familiarity with the data for all stakeholders, minimizing any administrative burdens. However, this option does not address the second problem as the data utilized would continue to be from the plans' book of commercial business rather than GHIP member-specific data. The use of delayed data is also a drawback to this option.

The second option considered was utilizing only HEDIS measures from DAISI that are directly aligned with the current quality credit measures. This approach would allow for timely data that is specific to the GHIP member population. The NCQA-certified HEDIS measures can be run on a rolling year basis, meaning they are available when needed. Quarterly or bi-annual reports could be run without relying on data submissions from the plans. This approach does have several limitations. Many of the current measures rely on non-claims-based data, including chart reviews or other supplemental sources. This means that ETF does not have adequate ability to run several of the measures. Additionally, many of the measures represent a very small sample of the total GHIP population, meaning the smaller plans especially do not have enough members who meet the inclusion criteria. Finally, three of the measures (rating of health plan, rating of coordination of care, and flu vaccination rate) are CAHPS measures and are not currently captured in the DAISI data.

The third option is a hybrid approach of the first two options presented. This approach would utilize a combination of HEDIS measures with DAISI as the data source with HEDIS and CAHPS data submitted by the plans with the NCQA annual survey and data submission as the source of data. BCS and CCS are the two HEDIS measures available in DAISI that were identified as useable, and they are primarily claims-based measures. Four additional measures have been identified as future potential measures to include, but they are still under evaluation. These measures include colon cancer screen rate (COL), URI, WCV for children 3-11 years of age, and WCV for children 12-17 years of age. The major advantage of this approach is introducing GHIP member-specific outcomes while maintaining a robust set of measures that are familiar to the plans. While all but two of the measures included in the calculation of the quality credit will be based on data collected two years prior to the time of quality credit calculation, this gradual change is in line with previous program changes.

Health Plan Input

All plans were provided several opportunities to provide feedback and offer measures for consideration during the quality credit revision process. During the April Council on Health Program Improvement (CHPI) meeting, ETF provided an introduction and rationale for possible changes and welcomed plans to provide measures for consideration for inclusion in the quality credit program. One plan offered suggestions and ETF met with this plan to discuss their current and planned initiatives, as well as options for measures that would be aligned with the work they are currently doing.

On May 31, 2023, ETF contacted the primary contact for each plan to offer an opportunity to discuss any initiatives or programs in which their organization is involved that might align with the quality credit program. Plans were given the chance to provide suggestions via email or meetings. Suggestions collected included consolidating measures to eliminate repetition, removing several measures, and most commonly, not changing the program at all.

Additionally, the communication sent on May 31 contained the cancer screening rates for breast, cervical, and colon cancer derived from the HEDIS measures in DAISI for the 2021 and 2022 plan years. Plans were provided the opportunity to compare DAISI-derived rates with rates for GHIP members based on their available data and provide any explanations for discrepancies. Many plans reported being unable to analyze data for only GHIP members as they lack the indicators necessary to perform this analysis. Four plans were able to run GHIP-specific analyses. One plan noted that the data was correct. Three plans reported differences ranging from 0.3%-3.64% for BCS and 1.06%-10.94% for CCS with DAISI rates being slightly lower than the book of business rates. When the HEDIS rates from DAISI for January 2022-December 2022 were compared to the book of business data of the plans submitted for the same period, the DAISI-derived rate for BSC was higher for all plans except one and was less than 10% lower for all plans except one for CCS. Most attributed differences to lack of chart review and different populations (GHIP vs book of business) being compared as the most likely sources for discrepancies between DAISI-derived HEDIS rates and submitted HEDIS rates through NCQA.

ETF also had the opportunity to discuss the proposed updates to the quality credit with the Wisconsin Association of Health Plans (WAHP) on June 28 and through several email exchanges since. ETF and WAHP had a productive conversation about how ETF developed the proposed changes, concerns related to health plans not being disadvantaged either in the quality credit calculation or in member perception, and if the changes to the Quality Credit would have any effect on the Medicare Advantage program.

Changes for 2025 Plan Year

After evaluation of the options and health plan input, ETF will move forward with Option #3 – the hybrid approach. Beginning for the plan year 2025, the NCQA-certified HEDIS measures of BCS and CCS derived from DAISI rather than the NCQA book of business rates submitted by plans will be used in the quality credit score calculation. The Childhood Immunization Combo #10 (CIS #10) will be removed based on plan feedback indicating the duplicative nature of this measure with Childhood Immunization Combo #3, which will remain as a measure. All other measures and scoring calculations will remain the same with the annual HEDIS and CAHPS submissions as the data source.

Future Measurements Under Consideration

The changes above are the start of a gradual evolution of the quality credit program to include additional GHIP member-specific data and align the quality credit with departmental and statewide health improvement initiatives. Examples of data that could be included in future iterations of the quality credit include GHIP member-specific childhood, adolescent, and flu vaccination rates. Including these measures will be possible after data from the Wisconsin Immunization Registry is integrated into DAISI, following the Insurance Administration System implementation.

Additional non-HEDIS or CAHPS measures that are related to the Triple Aim are under consideration. One example is the cost per member per month which was previously proposed in 2017 but was unusable based on data availability from the data warehouse (Ref. GIB | 08.22.18 | 6B).

ETF is also exploring how program quality measures (like health plan performance) and member experience measures (such as timeliness of care, ease of scheduling appointments, coordination and quality of care, call wait time, etc.) could be captured outside of the CAHPS survey to allow timelier and member-specific analysis. Existing reporting and the health risk assessment through Well Wisconsin have been identified as potential sources for these data. Departmental and statewide initiatives under consideration for future inclusion include maternal health care, opportunities to identify and address social determinants of health, and other disparity-related measures.

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

Attachment A: 2024 Plan Year Quality Credit (Deidentified)