RHODE ISLAND QUALITY REPORTING

IMPLEMENTATION MANUAL

Version History

Version Number	Release Date	Summary of Changes
1.0	September 1, 2022	

2.0	August 1, 2023	• Updated measures required to be reported to reflect 2022 ACO Core Measure Set:
		  ○ Updated the names of two measures (*Eye Exam for Patients with Diabetes* and *Hemoglobin A1c [HbA1c] Control for Patients with Diabetes: HbA1c Control [<8.0%]*)
		  ○ Removed one measure (*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents*)
		  ○ Added two measures (*Child and Adolescent Well-Care Visits [Adolescent Well-Care Visits only, age bands 12-17 and 18-21]* and *Controlling High Blood Pressure*)
		• Updated specifications to reflect that insurers should use NCQA-HEDIS® MY 2022 specifications for calendar year 2022 performance.

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Overview

Since 2022, the Rhode Island Office of the Health Insurance Commissioner (OHIC) has collected quality performance data from insurers for the Core Measures in OHIC's Accountable Care Organization (ACO) Aligned Measure Set. OHIC developed this program with input from its Health Care Cost Trends Steering Committee (Steering Committee). The Steering Committee, comprised of a broad range of stakeholders, recommended OHIC collect and report on quality performance data to complement annual public reporting of performance against the health care cost growth target. This implementation manual contains the technical and operational steps for collecting and reporting on the quality performance data.

For more information about OHIC's Measure Alignment work, please visit https://ohic.ri.gov/reform-and-policy/measure-alignment.

For the quality performance data submission template, please visit https://ohic.ri.gov/policy-reform/health-spending-accountability-and-transparency-program/cost-growth-target.

For more information about the Health Spending and Accountability Transparency Program and Rhode Island's cost growth target, please visit https://ohic.ri.gov/policy-reform/health-spending-accountability-and-transparency-program.

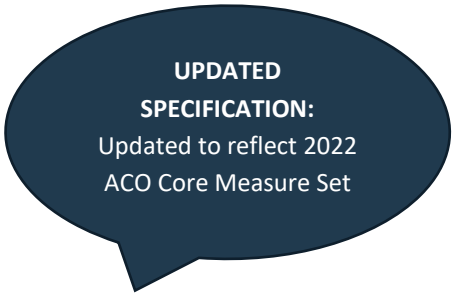
For questions about the quality reporting requirements, please contact Cory.King@ohic.ri.gov.

ACO Core Measure Set

History of ACO Core Measure Set

In 2015, as part of CMS State Innovation Model (SIM) Test Grant activity, Rhode Island initiated the creation of common sets of quality measures to be used across payer/provider contracts. The SIM Measure Alignment Work Group, comprised of insurer, provider, and consumer representatives, convened to create the first Aligned Measure Sets, including a measure set for use in ACO contracts. The SIM Measure Alignment Work Group met again in 2016 to review the measure sets and develop additional measure sets. In 2017, responsibility for the Aligned Measure Sets transitioned to OHIC after 230-RICR-20-30-4 (Powers and Duties of OHIC) was updated to require that all commercial payers use Core Measures from the Aligned Measure Sets in any contract with a financial incentive tied to quality.[1] OHIC has led the renamed OHIC Measure Alignment Work Group through additional annual reviews since 2017.[2]

List of Measures in the 2022 ACO Core Measure Set



The 2022 ACO Core Measure Set contains eight measures, addressing chronic illness, behavioral health and preventive care (see **Table 1**).

Table 1. 2022 ACO Core Measure Set Measures

Measure Name	NQF #	Steward	Data Source
Breast Cancer Screening	2372	NCQA	Admin
Child and Adolescent Well-Care Visits (Adolescent Well-Care Visits Only, age bands 12-17 and 18-21)	NA	NCQA	Admin
Colorectal Cancer Screening	0034	NCQA	Admin/Clinical
Controlling High Blood Pressure	0018	NCQA	Admin/Clinical
Developmental Screening in the First Three Years of Life	1448	OHSU	Admin/Clinical
Eye Exam for Patients with Diabetes	0055	NCQA	Admin/Clinical

[1] https://ohic.ri.gov/sites/g/files/xkgbur736/files/2022-03/230-ricr-20-30-4-final-sos.pdf
[2] In 2020 OHS conducted an abbreviated annual review process, without formal meetings, due to the pandemic.

Measure Name	NQF #	Steward	Data Source
Follow-Up After Hospitalization for Mental Illness (7-Day)	0576	NCQA	Admin
Hemoglobin A1c Control for Patients with Diabetes: HbA1c Control (<8.0%)	0575	NCQA	Admin/Clinical

NCQA = National Committee for Quality Assurance
OHSU = Oregon Health & Science University

Process for Reviewing and Updating the ACO Core Measure Set

The OHIC Measure Alignment Work Group reviews and recommends updates to OHIC's Aligned Measure Sets annually, including the ACO Core Measure Set. OHIC is required to convene the Measure Alignment Work Group by August 1st of each year to discuss changes to the Aligned Measure Sets effective for insurer contracts with performance periods beginning on or after January 1st following the annual review meetings.

During the annual review, when deciding whether to recommend adding or removing measures from OHIC's Aligned Measure Sets, the Work Group considers:

- measures with modest room for improvement;
- insurer use of measures in contracts;
- proposals to add or remove measures from Work Group participants;
- measures with major specification or endorsement status changes;
- potential new measures to fill identified gaps; and
- measures with identified inequities in performance or related health outcome by race or ethnicity, disability status, language, socioeconomic status, and education.

OHIC may choose to accept or reject the Work Group's annual recommendations for changes to the Aligned Measure Sets.

Public Reporting of Quality Performance Results

This section contains details about how OHIC will report performance on the ACO Core Measure Set, including the levels at which performance will be reported and the reporting timeline.

Levels of Reporting

OHIC will report performance on the ACO Core Measure Set at three different levels:

1. **Market-level** performance for each measure for each market (commercial[3], Medicaid[4]).
2. **Insurer-level** performance for each measure across ACO/AEs[5] for each market (commercial, Medicaid);[6] and
3. **ACO/AE-level performance** for each measure across insurers for each market (commercial, Medicaid).[7]

This manual specifies OHIC's request for commercial performance on the ACO Core Measure Set measures. In order to reduce reporting burden on insurers, OHIC will obtain Medicaid performance on the ACO Core Measure Set measures from the Rhode Island Executive Office of Health and Human Services (EOHHS). EOHHS collects this information through application of its Medicaid Comprehensive AE Common Measure Slate reporting.[8]

OHIC will compare performance at all three levels to state and national benchmarks, as appropriate and when available. OHIC will publish year-over-year performance to display changes over time.

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[3] Statewide commercial market performance will be based on a weighted average of insurer performance using membership data from OHIC's Cost Growth Target data collection, rather than performance for the full population, because of insurers submitting population samples for hybrid measures.
[4] Statewide Medicaid market performance will represent the full population for each measure because EOHHS requires that insurers submit performance for the full population.
[5] Accountable Entities (AEs) are Rhode Island Medicaid-contracting accountable care organizations.
[6] OHIC will not report insurer performance for measures with denominators less than 30, consistent with NCQA's minimum denominator size for its Effectiveness of Care measures.
[7] OHIC will not report ACO/AE performance for measures with denominators less than 30, consistent with NCQA's minimum denominator size for its Effectiveness of Care measures.
[8] For AE Common Measure Slate data reporting requirements, see the most recent version of EOHHS' Total Cost of Care Quality and Outcome Measures Implementation Manual: https://eohhs.ri.gov/initiatives/accountable-entities/resource-documents.

Timeline for Measuring and Reporting Quality Performance

OHIC will publish ACO Core Measure Set performance annually, two years after the measurement year being reported. Specifically, measurement year 2022 performance data will be collected in fall 2023 and reported in spring 2024, in alignment with OHIC's health care cost growth target reporting timeline. OHIC's timeline for collecting commercial data (as described in this manual) will also align with the Rhode Island EOHHS' timeline for collecting of AE Common Measure Slate performance from Managed Care Organizations.

Data Collection and Validation Process

Insurers Required to Submit Data

Annually, OHIC will direct applicable insurers to submit quality performance data using the specifications outlined in **Appendix A** and the template provided as **Attachment 3**. **Table 2** below lists which insurers should report commercial quality performance to OHIC and which insurers will report Medicaid quality performance to EOHHS.

Table 2. Insurers Requested to Report Quality Performance Data to OHIC by Market

Insurer	Commercial Quality Performance	Medicaid Quality Performance
Blue Cross Blue Shield of RI	*Reporting to OHIC*	N/A
Neighborhood Health Plan of RI	N/A	*Reporting to EOHHS*
Tufts Health Plan	*Reporting to OHIC*	N/A
UnitedHealthcare	*Reporting to OHIC*	*Reporting to EOHHS*

Data Submission Schedule

OHIC will annually request commercial quality performance data file(s) for the prior calendar year, and any other past years upon request. Insurers will submit performance data using an Excel template provided by OHIC (see **Attachment 3**) according to the schedule outlined in **Table 3** below.

After insurers submit their data according to the filing schedule, they will be asked to engage with OHIC as it validates the data to ensure such data were submitted using the specifications outlined in this Implementation Manual. OHIC will engage the insurers one-on-one to discuss the validation of submitted data, an initial analysis of data, and once again to review final data before its published. Additionally, OHIC requests that insurers engage in data sharing with ACOs/AEs to describe any discrepancies in performance.

Table 3. Insurers' Quality Performance Filing Schedule

Date	Files Due
October 30, 2022	MY 2021
October 27, 2023	MY 2022

Appendix A:
Insurer Quality Performance Data Specification

This insurer quality performance data specification provides technical details to assist insurers in reporting quality data to OHIC.

Definition of Key Terms

Accountable Care Organization (ACO): A provider organization contracted with one or more payers and held accountable for the of quality health care, outcomes and total cost of care of an attributed commercial or Medicare population.

Accountable Entity (AE): Rhode Island Medicaid's version of an Accountable Care Organization. A provider organization contracted with one or more Medicaid insurers and held accountable for the quality of health care, outcomes and total cost of care of an attributed Medicaid population. AEs are certified by EOHHS.

Health care cost growth target (Target): The Target is the value by which the Rhode Island Health Care Cost Trends Steering Committee has agreed to measure total health care expenditures and total medical expense against. The Target for 2019-2022 was the value of Rhode Island's Potential Gross State Product (PGSP) (3.2%) as determined in 2018. PGSP is the total value of goods produced and services provided in a state at a constant inflation rate.

Health Care Effectiveness Data and Information Set (HEDIS®): Standardized performance measures developed and maintained by the National Committee for Quality Assurance (NCQA). These measures are designed to allow consumers and purchasers to compare plans against national or regional benchmarks.

Insurer: A private health insurance company that offers one or more of the following: commercial insurance, benefit administration for self-insured employers, Medicare managed care organization (MCO) and/or are Medicaid MCO products.

Market: The highest levels of categorization of the health insurance market. For example, Medicaid Fee-for-Service and Medicaid MCO Managed Care are collectively referred to as the "Medicaid market." Individual, self-insured, small and large group markets and student health insurance are collectively referred to as the "Commercial market."

Measurement Year (MY): The measurement year is the calendar year for which quality performance is collected and reported.

National Committee for Quality Assurance (NCQA): Organization that works to improve health care quality through the administration of evidence-based standards, measures, programs and accreditation.

General Guidance for Quality Data Reporting

OHIC expects that insurers are using all ACO Core Measures in ACO/AE contracts with a financial incentive tied to quality, in accordance with 230-RICR-20-30-4 (Powers and Duties of OHIC).[9] The performance data that insurers submit to OHIC in response to this request should align with what is calculated for contractual purposes with ACOs/AEs for all measures in the ACO Core Measure Set.

Quality Data Specifications

Eligible Population for All Measures: All measures in the ACO Core Measure Set should be calculated with members attributed to ACOs/AEs during the measurement year, pursuant to contracts between the insurer and ACO/AE. Members can be attributed monthly, quarterly, annually, or at another frequency, so long as the attribution timing is consistent with the insurer contract. For clinical data measures, insurers may calculate performance using a sample rather than the full population.

Note: Unlike the health care cost growth target, which is limited to Rhode Island residents, quality performance data may include all patients attributed to an ACO/AE, including those that reside out of Rhode Island.

Eligible Population for Non-HEDIS Measures: All non-HEDIS measures in the ACO Core Measure Set (for CY 2022, this includes only *Developmental Screening in the First Three Years of Life),* should include only Active Patients in their denominator. Active Patients are individuals seen by a primary care clinician associated with the ACO/AE anytime within the last 12 months. For the purpose of these measures, "primary care clinician" is any provider defined by the reporting organization as a primary care clinician and holding a patient panel.

The following are the eligible visit codes for determining an Active Patient:

> Eligible CPT/HCPCS office visit codes: 99201-99205; 99212-99215; 99324-99337; 99341-99350; 99381–99387; 99391-99397; 99490; 99495-99496.
> Eligible telephone visit, e-visit or virtual check-in codes:
> CPT/HCPCS/SNOMED codes: 98966-98968; 98969-98972; 99421-99423; 99441-99443; 99444; 11797002; 185317003; 314849005; 386472008; 386473003; 386479004.
> Any of the above CPT/HCPCS codes in 1 or 2.a. with the following POS codes: 02.

[9] https://ohic.ri.gov/sites/g/files/xkgbur736/files/2022-03/230-ricr-20-30-4-final-sos.pdf

Any of the above CPT/HCPCS codes in 1 or 2.a. with the following modifiers: 95; GT.

ACO / AE Organization IDs

The following ACOs/AEs are to be reported on using the identification number listed in **Table 5**. This list of ACOs/AEs may be updated from time to time as the ACO/AE market changes.

Note: Unlike the health care cost growth target, OHIC is not requesting a separate category of quality performance data for members who are unattributed to an ACO/AE.

Table 4. ACO/AE Organization Identification Numbers

ACO/AE Organization	ACO/AE Organizational Identification Number for Quality Reporting
Blackstone Valley Community Health Care	101
Coastal Medical[10]	102
Integra Community Care Network	103
Integrated Healthcare Partners	104
Lifespan	105
Providence Community Health Centers	106
Prospect CharterCARE	107
Thundermist	108

Quality Reporting File Specifications

Insurers should submit one Excel file using the template provided by OHIC (**Attachment 3)** that includes its commercial quality data. This section describes the detailed information that payers should submit within the following tabs in the Excel file:

- Contents
- Reference Tables
- Commercial – 2022
- Mandatory Questions
- Validation by Market
- Validation by ACO

[10] Coastal was acquired by Lifespan in April 2021. Payers should continue to report Coastal separate from Lifespan so long as Coastal operates as an independent ACO.

Contents Tab

This tab contains information regarding what the Excel file includes. Insurers do not need to submit information within this tab.

Reference Tables

This tab includes reference tables of key codes outlined herein for ease of reference and descriptions of the ACO Core Measure Set measures. Insurers do not need to submit information within this tab.

Commercial – 2022 Tab

Insurer Commercial Performance Table

Insurer Organization ID: The OHIC-assigned organization ID as outlined in **Table 6** for the insurer submitting the file.[11]

Table 5. OHIC-assigned Insurer Organization ID

Insurer	Organizational ID
Blue Cross Blue Shield of RI	201
Neighborhood Health Plan of RI	202
Tufts Health Plan	203
UnitedHealthcare	204

Performance Period Beginning and Ending Dates: The dates for the beginning and ending of the period represented by the reported data. OHIC requests that payers submit data for the performance year **beginning January 1 and ending December 31** to remain consistent with the health care cost growth target and the payer measurement period reporting to NCQA.

Note: OHIC recognizes that some insurers may have contracts that do not align with the calendar year. Insurers with contracts that do not align with the calendar year should still submit performance but indicate performance period start and end dates in their data submission. If the performance period bridges the calendar year, insurers should use the contract period that ended in the calendar year being requested (e.g., the period ending in 2022 for MY 2022 performance).

Numerator and Denominator Data: Numerator and denominator data at the insurer level following the specifications for each ACO Core Measure listed in **Table 7**.

[11] This table may need to be updated from time to time as the insurer market in Rhode Island changes.

Table 6. 2022 ACO Core Measures and Technical Specifications

Measure Name	Steward	Data Source/Technical Specifications[12]
Breast Cancer Screening	NCQA	Admin NCQA-HEDIS® MY 2022
Child and Adolescent Well-Care Visits (Adolescent Well-Care Visits Only, age bands 12-17 and 18-21)	NCQA	Admin NCQA-HEDIS® MY 2022
Colorectal Cancer Screening	NCQA	Admin/Clinical Data NCQA-HEDIS® MY 2022
Controlling High Blood Pressure	NCQA	Admin/Clinical Data NCQA-HEDIS® MY 2022
Developmental Screening in the First Three Years of Life	OHSU	Admin/Clinical Data CMS Core Set of Children's Health Care Quality Measures for Medicaid and CHIP
Eye Exam for Patients with Diabetes	NCQA	Admin/Clinical Data NCQA-HEDIS® MY 2022
Follow-Up After Hospitalization for Mental Illness (7-Day)	NCQA	Admin NCQA-HEDIS® MY 2022
Hemoglobin A1c Control for Patients with Diabetes: HbA1c Control (<8.0%)	NCQA	Admin/Clinical Data NCQA-HEDIS® MY 2022

ACO Commercial Performance Table

ACO Organization ID: The OHIC Organization ID of the ACO, as listed in **Table 5**.

Note: Unlike the health care cost growth target, OHIC is not requesting a separate category of quality performance data for members who are unattributed to an ACO.

Numerator and Denominator Data: Numerator and denominator data at the ACO level following the specifications for each ACO Core Measure listed in **Table 7**.

Mandatory Questions Tab

[12] Admin/Clinical indicates that the measure requires the use of both administrative and clinical data.

Insurers should answer questions about their data submission to ensure the submission is in alignment with the specifications outlined in this implementation manual.

Validation by Market Tab

This tab uses insurer-provided information from the Commercial tab to flag potentially aberrant rates and numerators/denominators. These summary tables are intended to help insurers validate their own data prior to submission to OHIC.

Insurers are not required to input any data in this tab, but should review it prior to submitting to ensure the data are correct.

Validation by ACO Tab

This tab uses insurer-provided information from the Commercial tab to flag potentially aberrant rates and numerators/denominators. These summary tables are intended to help insurers validate their own data prior to submission.

Insurers are not required to input any data in this tab but should review it prior to submitting to ensure the data are correct.

File Submission

Naming Conventions

Data submissions should follow the following naming conventions:

Insurer Name_QualityPerformance_YYYY_Version.xls

YYYY is the four-digit year of submission (which will generally be one year later than the year of the data reflected in the report).

Version is optional and indicates the submission number.

The file extension must be .xls or .xlsx.

Below are examples of valid file names:

QualityPerformance_2022_01.xlsx or QualityPerformance_2022.xlsx.

Submitting Files to OHIC

Electronic files are to be submitted to Cory.King@ohic.ri.gov