



Quality Rating Systems in Medicaid Managed Care

Medicaid and CHIP Payment and Access Commission

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Overview

- Background
 - Existing quality rating systems (QRSs)
 - Federal requirements for Medicaid managed care
- Study approach
- Findings
- Next steps

Background: Existing Systems

- QRSs rate health plans across a variety of measures
- Existing QRSs:
 - Medicare Advantage
 - Qualified health plans (QHP)
 - Medicaid managed care in 13 states
- Potential uses:
 - Inform beneficiaries
 - Incentivize plan performance
 - Create accountability

Background: Federal Requirements

- States must adopt a QRS within three years of forthcoming guidance from the Centers for Medicare & Medicaid Services (CMS)
 - Option to adopt the federal framework and methodology or develop alternate system
 - Alternate system will require prior approval
- States must use mandatory performance measures to be identified by CMS
- Medicaid QRS will align with Medicare Advantage and QHP QRS

Study Approach

- MACPAC contracted with Mathematica to study how states are designing and using their QRSs and how they compare to Medicare Advantage plans and QHPs.
- We examined five states: Florida, Michigan, Ohio, Pennsylvania, and Texas.
- We interviewed state officials, health plans, external quality review organizations (EQROs), enrollment brokers, consumer advocates, CMS, and national experts.

Selected Characteristics of QRSs in Study

	FL	MI	OH	PA	TX	MA	QHP
Established	2015	2003	2014	2012	2013	2009	2019
Rating scale	5 stars	3 apples	5 stars	4 stars	5 stars	5 stars	5 stars
Benchmark	National	State-wide	State-wide	Regional	Regional	National	National
Display	Online	Paper/online	Paper/online	Paper/online	Paper/online	Online enroll	Online enroll
Number of measures	28	46	59	32	12/11	37	46
% measures tied to payment programs	86	61	34	31	27	100	N/A

Notes: MA is Medicare Advantage; QHP is Qualified Health Plan; N/A is non-applicable.

Source: Mathematica 2020 review of public documents related to Quality Rating Systems. MACPAC 2020.

Sample Quality Ratings

Overall Health Plan Quality	★★★★	★★★★★	★★★★★
Experience of Care	★★★★	★★★★★	★★
Children get care as soon as they need it	★★★★	★★★★	★★★★
Doctors listen carefully, explain clearly and spend enough time with people	★★★★	★★★★	★★★★
Parents give high ratings to their child's personal doctor	★★★★	★★★★	★★★★
Parents give high ratings to the health plan	★★★★	★★★★	★★★★★
Staying healthy	★★★★	★★★★★	★★★★★
Babies get regular checkups	★★★★	★★★★	★★★★★
Children and teens get regular checkups	★★★★	★★★★★	★★★★★
Children and teens get their vaccines	★★★★★	★★★★★	★★★★★
Common Chronic Conditions	★★★★	★★★★	★★★★★
Children get medicine for asthma	★★★★★	★★★★	★★★★★
Children see the doctor for ADHD (Attention Deficit Hyperactivity Disorder)	★	★★★★	★★★★

Findings

1. QRSs are designed to help beneficiaries understand performance differences among health plan options.
2. The primary goal is to help inform beneficiaries about their plan choices.
3. It is unclear whether Medicaid beneficiaries use quality ratings to select a health plan.

Findings

4. A secondary goal is to improve plan performance, and most states reported aligning measures with other payment initiatives to further these efforts.
5. Unlike Medicare Advantage, the study states do not directly use the quality rating system for oversight and accountability purposes.
6. Study states generally support greater alignment of QRSs across states and programs but would like future rulemaking to allow for flexibility.

Next Steps

- MACPAC plans to publish contractor report in 2021
- Monitor and potentially comment on future CMS rulemaking on Medicaid and CHIP QRS



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