Checkbook/CSS created the accompanying health plan quality measure inventory as part of its work with the Minnesota Health Insurance Exchange. The inventory should be considered a working document and currently contains more than 400 measures representing nine aspects of health plan quality. The purpose of the inventory is to provide the Exchange and Measurement and Reporting Work Group members with a robust list of existing measures that may be used as a resource for development of the quality rating system. Checkbook/CSS will use this inventory as its source from which to propose a set of measures to include in a health plan quality rating system.

Checkbook/CSS consulted a number of sources in order to complete the Health Plan Quality Measure Inventory. These sources include:

- National Quality Forum’s Quality Positioning System Database (NQF QPS)
- NCQA documentation on measures, accreditation, and plan rankings
- HHS Inventory from the National Quality Measures Clearinghouse
- URAC documentation on potential measures for accreditation
- A preliminary spreadsheet of quality measures compiled by Exchange staff in the spring of 2012 From this spreadsheet, the following measures were included in the Inventory: MDH Quality Assurance requirements, eValue8 measures, and ARHQ Sensitive Conditions measures.
- Health insurance carrier information about the scope of their current quality reporting activities in the commercial market

Based on these sources, the Inventory represents a robust listing of the health plan quality measures currently in use, covering a broad range of aspects of quality with minimal duplication of measures that are similar in nature. Checkbook/CSS reviewed several other plan-level public reports (CA-CalPERS, Consumer Reports, MA Health Connector, Maryland Health Care Commission, Puget Sound Health Alliance, etc.) to ensure that commonly reported quality measures were included in the Inventory.

Each measure included in the inventory is in a row in the spreadsheet with the following descriptive columns:

1. **ID**: This is a Checkbook-created unique identifier for the measure for ease of reference.
2. **NQF ID**: If the measure is NQF-endorsed, then this column will include the NQF-assigned four-digit ID.
3. **Measure Name**: This is the name of the measure as specified in one of the sources listed above. When measure names varied depending on source, Checkbook/CSS chose the name that would represent the measure well enough that those who may know the measure by another name will likely still recognize the measure.
4. **Relevant at Carrier Level**: For measures where results can be reported at the carrier level with minimum risk of obscuring variation that may be present at the product and/or QHP level, this column is flagged. This coding is preliminary and likely to be revised based on a more detailed
discussion of the methodological issues surrounding measurement at the carrier level versus the product level versus the QHP level that will take place later in the Quality Rating System development process. For example, measures regarding health plan structure and call centers were coded as appropriate at the carrier level, but may be re-coded based on more investigation and stakeholder input.

5. **HMO, PPO & Other, Medicaid, & Medicare—Analysis Applicable for Product Type:** These columns are flagged if the source specified an appropriate product type. If an appropriate product type was not indicated by the measure source, then all products were considered appropriate unless there was evidence in the measure description to the contrary (e.g., child measures not applicable to Medicare populations).

6. **HMO/PPO & Other— Number of MN Carriers that report:** This is the number of health insurance carriers reporting on the measure for commercial plans in response to a request for information from the State. This does not include carriers reporting only for Medicaid or Medicare plans. Checkbook/CSS will be investigating Medicaid reporting requirements later in this process.

7. **Measure Description:** This description is taken directly from the source of the measure, but often summarized (shortened) for the purposes of the Work Group’s review.

8. **Measure Developer:** The developer name is taken directly from the source of the measure.

9. **National Benchmark:** A national benchmark is one that includes nationally aggregated data. If a national benchmark was readily found (through Internet research of public reporting or other documentation), then this column was flagged. A blank cell does not mean necessarily that there is no national benchmark, but rather that Checkbook/CSS is currently unaware that a national benchmark exists based on its research to date.

10. **NCQA Accreditation:** This column is flagged if the measure is included in NCQA accreditation. The 2012 NCQA Accreditation Benchmarks and Thresholds documentation provided information on the HEDIS measures used for accreditation.

11. **URAC Accreditation:** This column is flagged if the measure is intended for inclusion in URAC’s 2013 QHP accreditation, based on URAC’s “Health Plan with Health Insurance Exchange Measures, Version 1.3” documentation from June 2012. As a disclaimer, URAC may update its measures to maintain measure relevancy and align measures with regulatory requirements.

12. **ICSI Variation:** ICSI is the Institute for Clinical Systems Improvement. ICSI supports and promotes the use of evidenced-based health care through the development of guidelines for certain types of medical care. Each aim and measure from the ICSI guidelines was evaluated for its relevance to measures in the Inventory. If an ICSI aim recommends that clinical care vary from the standard of care described by the Inventory measure, then this column was flagged.

13. **Aspects of Quality:** These columns are derived from Task One’s description of the aspects of quality to address in a health plan quality rating system. It is important to note that the measure sources generally do not describe measures in this level of detail, nor is there consensus among the sources on the “buckets” to use for measure categorization. Thus, these columns are largely based on interpretation of Checkbook/CSS to help the Work Group members think about the relevant aspects of quality addressed by each measure based on its description.
a. *Populations of Interest:* This column is completed if the measure relates to a particular subset of the population (seniors, minorities, children, women, etc). More than one population can be listed. If a specific population could not be determined, then the category was left blank for the measure.

b. *Diseases and Conditions:* This column is completed if the measure description, numerator, or denominator specifies a particular disease or condition (e.g., cardiovascular condition, diabetes, vision, etc.). More than one condition can be listed. If a particular disease or condition could not be determined, then the category was left blank for the measure.

c. *Stages of Care:* This column describes how the measure fits into the episodes of care framework — Staying Healthy, Living with Illness, Getting Better, or End of Life Care. If a clear category could not be determined, then the category was left blank for the measure.

d. *Effective & safe resource utilization:* This column applies to measures that address safe and effective care, particularly avoidance of unnecessary care (reduced admissions or medication errors), patient safety, and management of resource utilization.

e. *Plan programs & services:* This column highlights measures that relate to health plan programs, rewards, services, and other plan interventions that aim to improve member health, as opposed to measures of clinical care.

f. *Plan level organization & management:* This column highlights measures that describe plan-level structural elements, such as enrollment, staffing, and costs.

g. *Customer Service/Claims:* This column highlights measures that describe customer service (call centers, website, etc.) and claims processing (claim denials, appeal procedures, etc.).

h. *Network Adequacy:* This column highlights measures that describe the quality and size of the plan’s provider networks.

i. *Enrollee Experience:* This column highlights measures that describe the health plan member’s experience with the health plan. These are largely patient-reported measures such as CAHPS.