AMA
AMERICAN MEDICAL ASSOCIATION

JAMES L. MADARA, MD
EXECUTIVE VICE PRESIDENT, CEO

ama-assn.org
t (312) 464-5000

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Marilyn B. Tavenner
Administrator
Centers for Medicare & Medicaid Services
US Department of Health and Human Services
Attention: CMS-3288-NC, Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244

Re: Exchanges and Qualified Health Plans, Quality Rating System Framework Measures and Methodology

Dear Administrator Tavenner:

The American Medical Association (AMA) appreciates the opportunity to comment on the Centers for Medicare & Medicaid Services' (CMS) notice on "Exchanges and Qualified Health Plans, Quality Rating System (QRS), Framework Measures and Methodology." There are significant opportunities to improve the delivery of health care services in the United States, and the AMA believes that the QRS is an important tool to assess current care. However, the Affordable Care Act (ACA) brings about a new paradigm by extending health care coverage and benefits to millions of individuals who are currently uninsured or underinsured. Therefore, before CMS embarks upon a new tool to assess care, it must first focus on health plan adequacy before rating providers.

The AMA understands that at this time CMS is not proposing measures for use and assessment at the physician level. However, many of the measures on the proposed measure list can be attributed to a physician and require action by a physician, but attribution may be inappropriate due to network inadequacy. We also have numerous questions regarding the selection of measures and measure attribution. Many of the exchange health plans are creating narrow networks and none of the proposed measures addresses this issue. Health plans that narrow networks should only have the ability to do so after full transparency on the QRS. For example, if it is on a cost basis or measurement basis, then at what costs or what level of measurement? Does the narrowing of services occur with inpatient, outpatient, pharmacy use, chronic care, and/or readmissions? The AMA believes that we currently do not have measurement adequacy (reliability, validity, and depth of measurement) that assures rankability of delivery systems and physicians without significant risk of misclassification. Patients deserve to understand those

limitations when they are facing health care selections based on narrow networks. Physicians need to know the information when they are applying for hospital privileges or seeking employed physician status. The QRS provides an avenue to address those issues.

We are also concerned with the handling of the QRS proposal. CMS contracted with the National Quality Forum (NQF) to serve as an advisor and make recommendations on the structure and measures for QRS. The NQF released its recommendations on December 23, 2013, and provided less than 10 business days (over the holidays) to comment. NQF specifically highlighted at their January 8, 2014 Measure Application Partnership (MAP) meeting that they only received a total of seven comments, including only two comments from NQF member organizations. Furthermore, by only reading the notice and not reviewing the recommendations of the NQF, a stakeholder does not get a full sense and understanding on the direction of the QRS. **We, therefore, recommend that CMS reopen the opportunity to comment on NQF's recommendations.**

Due to the reasons stated above, the AMA would like to directly engage and discuss with CMS the design and direction of the QRS. Any quality measurement system needs to include the recognition and understanding that physicians and patients ultimately drive treatment decisions. The AMA looks forward to working with CMS to help advance these important efforts. For more information, please contact Koryn Rubin, Assistant Director of Federal Affairs, at koryn.rubin@ama-assn.org or 202-789-7408.

Sincerely,

James L. Madara, MD