

---

# MEASURE ALIGNMENT IN RHODE ISLAND



CORY KING

DIRECTOR OF POLICY

RHODE ISLAND OFFICE OF THE HEALTH  
INSURANCE COMMISSIONER

OCTOBER 16, 2019

# ABOUT OHIC

The Office of the Health Insurance Commissioner (OHIC) was created by the Rhode Island General Assembly in 2004. The agency is charged with protecting consumers, ensuring fair treatment of health care providers, guarding the solvency of insurers, and improving the health care system as a whole.

RIGL 42-14.5-2 <http://webserver.rilin.state.ri.us/Statutes/TITLE42/42-14.5/42-14.5-2.HTM>



# AGENDA

- Rhode Island's Rationale for Measure Alignment
- Foundational Efforts
- Structure of the Measure Sets
- Annual Review Process – Review Committee
- Annual Review Cycle
- Compliance Reviews
- Reflections



Proliferation of  
value-based  
contracts.



Reduce  
administrative  
burden faced by  
providers.



Channel clinical  
focus on core  
dimensions of care  
delivery.



Fulfill the  
requirements of the  
SIM Model Test  
Grant.

## RHODE ISLAND'S RATIONALE FOR MEASURE ALIGNMENT

# FOUNDATIONAL EFFORTS

- **August 2015 – October 2016:** OHIC convened a Measure Alignment Work Group.
  - The Work Group developed measure sets for:
    - Accountable Care Organizations;
    - Hospitals;
    - Primary Care Providers
    - Maternity Care
    - Behavioral Health (MH/SUD)
- **August 2016:** OHIC conditioned the approval of individual and group market premiums on adherence to the aligned measure sets.
- **January 2017:** OHIC promulgated regulations mandating adherence to the measure sets and formally constituting an annual review process.

# WORK GROUP MEMBERS

BCBSRI	UnitedHealthcare	Tufts Health Plan	Neighborhood Health Plan of Rhode Island	Lifespan	Care New England	RIPCPC
Integrated Healthcare Partners	CTC-RI	HealthCentric Advisors	RI Health Center Association	Coastal Medical	RIDOH	EOHHS/Medicaid
BHDDH	Blackstone Valley CHC	Hospital Association of RI	Prospect/Charter CARE	Providence Community Health Centers	RI Medical Society	RI Parent Information Network

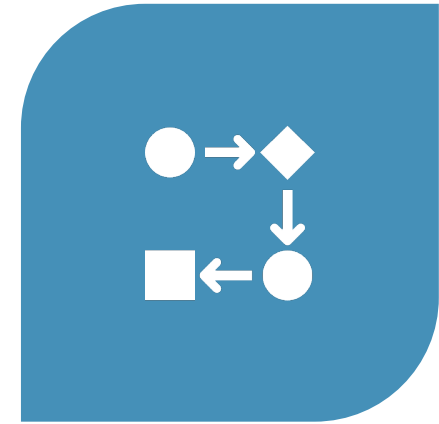
# STRUCTURE OF THE MEASURE SETS



CORE MEASURES

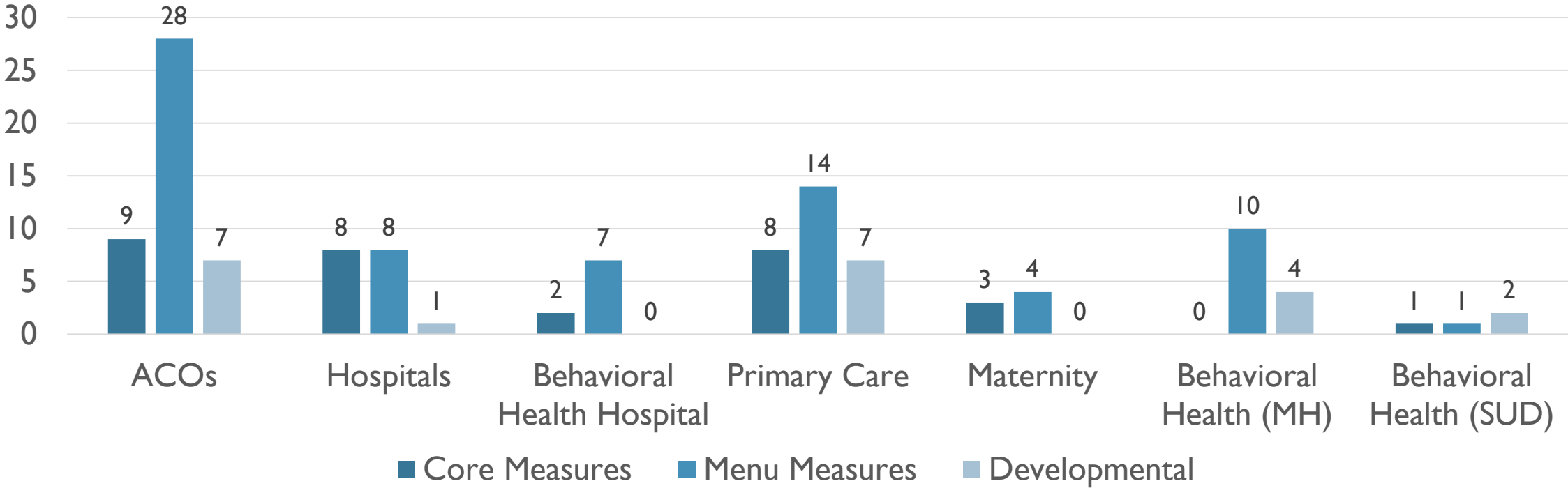


MENU MEASURES



DEVELOPMENTAL  
MEASURES

### Number of Measures Across Measure Sets





## ANNUAL REVIEW PROCESS - REVIEW COMMITTEE

- In July OHIC convenes the Quality Measure Alignment and Review Committee.
- The Committee is charged with developing recommendations for the Commissioner that propose:
  - Modifications to the aligned measure sets.
  - Measures as core or menu measures.
  - The creation of other measure sets.
- The Review Committee completes its work by the end of August.
- The Commissioner reviews the recommendations of the Committee and issues final measure sets, measure specifications, and guidance by October 1.
- Measure sets become effective for contracts subject to amendment or renewal on or after January 1 of the following year.



The diagram shows a horizontal timeline with an arrow pointing to the right. Five green circular markers are placed along the timeline. From left to right, they are connected to text boxes: 1. 'January–March' (top) with 'Developmental work and planning.'; 2. 'May–June' (bottom) with 'Survey payers and interested parties on measures.'; 3. 'July–September' (top) with 'Hold meetings of Review Committee'; 4. 'October' (bottom) with 'Commissioner issues measures sets and guidance.'; 5. 'Post-October' (top) with 'Health insurers implement the modified measure sets in their contracts which are amended or renewed on or after January 1.' The timeline is set against a background of three horizontal bars at the top: dark blue, light blue, and grey.

## January–March

Developmental work and planning.

## July–September

Hold meetings of Review Committee

## Post-October

Health insurers implement the modified measure sets in their contracts which are amended or renewed on or after January 1.

## May–June

Survey payers and interested parties on measures.

## October

Commissioner issues measures sets and guidance.

# ANNUAL REVIEW CYCLE

# COMPLIANCE

- OHIC possesses statutory authority to examine health insurer contracts with providers.
- Compliance with the measure sets will be assessed in 2020.
- Noncompliant health insurers are subject to administrative penalties.

# REFLECTIONS

- Measure alignment has been a very collaborative experience in Rhode Island.
- Medicaid has voluntarily adopted the measure sets and plays a role the annual review.
- Stakeholder feedback:
  - “Stakeholders offered mostly positive feedback about OHIC’s effort to create alignment across measure sets. Stakeholders believe that movement towards measure alignment will reduce some of the administrative burden on providers. They also support the use of a core measure set.” — *from Evaluation Report.*
  - “Having the quality measures gets people more focused on quality performance. Gets doctors to focus in and use the measures for improvement.” — *from Evaluation Report.*



# QUESTIONS

