



MEMORANDUM

To: All Authorized Carriers
From: Maryland Health Benefit Exchange
Date: December 19, 2014
Subject: Plan Quality Reporting

Thank you for your continued participation as a carrier offering qualified health and dental plans through Maryland Health Connection (MHC). This memo will provide you with important information on how Authorized Carriers participating in MHC should report plan quality data in 2015.

All Authorized Carriers who participate in MHC are required to report quality metrics to the State using Maryland Health Care Commission's (MHCC's) Quality and Performance Evaluation System, which is comprised of the following five quality reporting tools:

- Healthcare Effectiveness Data and Information Set (HEDIS)
- Consumer Assessment of Healthcare Providers and Systems (CAHPS)
- Maryland Plan Behavioral Health Assessment (BHA)
- Maryland Health Plan Quality Profile (QP)
- Maryland Race/Ethnicity, Language, Interpreters, and Cultural Competency Assessment (RELICC)

Carriers with one or more legal entity(ies) in Maryland that meet the MHCC's regulatory requirements for quality reporting described in COMAR 10.25.08, must report separately for each legal entity using each of the five quality reporting tools noted above. This will ensure that each licensed entity has its own unique 5-Star Rating for the MHBE's public reporting of quality on MHC.

In accordance with the Code of Maryland Regulations COMAR 10.25.08, carriers are required to participate in the Health Benefit Plan Quality and Performance Evaluation System if they meet the following criteria:

- Hold a certificate of authority in the State of Maryland from the Maryland Insurance Administration
- Have a premium volume in Maryland for each category of health benefit plan that exceeds \$1,000,000
- Have 65 percent or fewer of its Maryland enrollees covered through the Medicaid and Medicare Programs (as reported in an annual statement submitted by a carrier to the MHCC that includes premium volume and enrollment percentages for the calendar year preceding the reporting year)

To stay informed on current reporting requirements, we invite all carriers participating in MHC to participate in all MHCC Carrier meetings and teleconferences.

In addition, pursuant to CFR 45 §156.1120 a QHP issuer must submit data to HHS and MHC to support the calculation of quality ratings for each QHP that has been offered in an Exchange for at least one year. Technical submission requirements for this data can be found at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/2015-QRS-Measure-Technical-Specifications.pdf>

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