

# Minnesota Health Insurance Exchange Measurement and Reporting Technical Work Group

## Meeting Summary

March 8, 2012

### I. Welcome and Introductions

Co-chairs Ms. Katie Burns and Ms. Dannette Coleman welcomed members of the Measurement and Reporting Technical Work Group. Members introduced themselves to the group.

### II. Review Scope of Work Group

Ms. Burns reviewed the Work Group Summary document, which includes the following related Affordable Care Act requirements for Exchanges:

- 1) develop a quality rating system that accounts for cost and quality of insurers<sup>1</sup> and qualified health plans<sup>2</sup> (QHPs) and publish ratings on the Exchange website;
- 2) develop an enrollee satisfaction survey system and publish results on the Exchange website;
- 3) ensure navigators and call center staff are knowledgeable about quality and enrollee satisfaction measures and can explain information to consumers; and
- 4) oversee quality improvement strategies of health insurers and/or QHPs.

Members were encouraged to think about these issues in terms of the consumer, with a focus on who the end-user will be.

Minnesota also intends to incorporate health care provider value-related metrics from the Minnesota Statewide Quality Reporting and Measurement System and Provider Peer Grouping into the Exchange to facilitate and promote value-based decisions as consumers make choices about QHPs and health care providers.

Additionally, Ms. Burns noted that members will have an opportunity to interact with the contractor hired to develop options for a QHP rating system and provide input on methodology issues. Members will also have the opportunity to interact with the contractor hired to build the public reporting display functionality for the Exchange. Specifically, members will be provided with the opportunity to provide input on display options.

Future meetings will minimally address the following issues:

- What dimensions of quality should be considered in designing a quality rating system for insurers and qualified health plans (QHPs)? How should cost be factored in to the quality rating system?

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<sup>1</sup> Insurers are the entities that sell health insurance policies.

<sup>2</sup> QHPs are the insurance policies that consumers will purchase through the Exchange.

- What measures are available and where are there measurement gaps?
- Should measures be combined to form a composite rating for insurers and QHPs? If so, how?
- What measurement tool should be used to measure enrollee satisfaction with insurers and QHPs?
- How should information on insurer and QHP quality ratings be effectively publicly reported on the Exchange website?
- How should provider value-related metrics (quality and provider peer grouping) results be effectively publicly reported?

### III. Discussion of Other Potential Issues and Questions for the Work Group's Consideration

The following issues and additional considerations were identified:

- Comparing QHPs will be difficult in the outset as these plans will be brand new. The work group will need to consider strategies for moving from insurer level information to QHP level information and over what time period this can/should occur.
- "Small numbers" issues will be an additional complication for reporting quality data at the QHP level as QHPs get up and running.
- The U.S. Department of Health and Human Services (HHS) has not yet published proposed rules related to quality rating systems or measuring enrollee satisfaction. The work group will need to ensure its deliverables are consistent with federal rules as those rules evolve.
- It isn't clear what data may be available on quality for the fall 2013 open enrollment process for the 2014 coverage year. Can Minnesota publish insurer level information during the 2013 open enrollment period? How will this affect new insurers who may not have quality data available to publish?
- The information for consumers might be different from the information to be provided for the Small Business Health Options Program (SHOP).
- Plans outside of the Exchange are not within scope of this work group.
- The Medicaid modified adjusted gross income (MAGI) eligible population will be able to enroll in Medicaid plans through the Exchange. The work group will need to consider the type of quality data which will be useful to measure and compare Medicaid plan choices.
- Given all the substantial work related to getting an Exchange up and running, the group should consider what can realistically be accomplished as it thinks through the various issues. It will likely be useful to explicitly consider which components are absolutely necessary at the launch of the Exchange, as well as those that *could be accomplished* and those that *would be desirable*, but are not absolutely necessary.

### IV. Ms. Burns also encouraged members to contact her with any additional considerations they identified. Review of Background materials

Ms. Burns and Ms. Coleman reviewed a couple of articles and slides provided as general background for members. These materials are available at the following links:

- Building State Exchanges to Get Better Value, National Committee for Quality Assurance (NCQA):  
<http://www.ncqa.org/LinkClick.aspx?fileticket=eeHZOSsiOD0%3d&tabid=36>
- Exchange Quality Solutions: Rating and Decision Support Tools, National Committee for Quality Assurance (NCQA):  
<http://www.ncqa.org/LinkClick.aspx?fileticket=RNqdq-GjOnU%3d&tabid=61>
- Health Insurance Exchange Overview from the November 8, 2011 Minnesota Health Insurance Exchange Advisory Task Force meeting:  
<http://mn.gov/commerce/insurance/images/ExchangeTaskForceOverviewSlides.pdf>

V. Discussion of principles to guide the work group's deliverables

The work group will need to consider which principles will guide its work. The following principles were proposed:

- There are already many quality measures for which insurers report data. The work group should look to existing measures rather than building new measurements and imposing additional administrative requirements on insurers.
- The work group should consider the appropriateness of the measures. For example, the work group should consider whether they are comparing the right products.
  - It may be most appropriate to compare commercial plans to each other and Medicaid plans to each other rather than as part of one large group. It may also be helpful to compare more similar product types within these broad categories. Ultimately, the work group needs to be sure consumers are receiving the right information to make a decision.
- The work group should consider copay and deductibles and how this can be displayed in a useful manner. This is especially important in helping people understand their total out-of-pocket costs.
- It is possible the provided information will simplify some things and make others more complicated. Having summary data may be useful, but users must be able to drill down into the details as well.
- Even after developing a web-tool which is extremely consumer friendly, there will be individuals that will not be able to use it. Thus navigators will be extremely important for this population. Navigators will need to be knowledgeable about how consumers can use this information.
- The Exchange may not be the appropriate place to do an overall composite measure as that has not been done before. We need to be careful not to misinform people.
- The work group should consider that composite measures have their own intrinsic value judgments in terms of the weighting involved in a composite calculation. Users should also be allowed to compare based on their own values.

- Most sites do summarize information, but they also allow users to see the underlying data if they choose. Summarizing data is always going to require some decisions. It will be important to be transparent about the underlying data.
- It will be important to gain a consumer perspective through testing.
- It will be helpful to have the Exchange remember user preference and steer the user toward the most appropriate options for that particular individual based on that individual's preferences.

Additional background requested:

- During the discussion about principles, it was noted that work group members might find background information about the national UX 2014 project (related to building the optimal Exchange consumer use experience) and federal requirements regarding the Summary of Benefits and Coverage useful.

The followings issues were identified and briefly discussed:

- Plan selection should be as pleasant as possible for the user.
- A definition regarding what is meant by the terminology "value measure" will be particularly important. It would be helpful to ensure individuals recognize cost and quality do not always correlate as individuals anticipate they will. For example, high cost does not always equal high quality and low cost does not always equal low quality.

#### VI. Wrap Up and Next Steps

Ms. Burns noted that the work group will meet monthly for two hours during 2012. At the end of the year the work group will reassess where they are with the various topics. Exchange staff will follow up with members to set a standard meeting time for the coming year.

Potential agenda items for the next meeting include:

- Exchange staff providing additional information about existing data sources and health plan quality measures.
- Members may provide input on desired components of the health plan quality rating system request for proposals (RFP).

**Next Meeting:** April 16, 2012, Noon – 2 p.m.