

# Exchanges: Opportunities for Reporting on Quality

Measurement and Reporting Work Group  
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Katie Burns  
Exchange Measurement and Reporting Director  
Minnesota Department of Commerce



# What is an Exchange?

online marketplace where Minnesotans can find, compare, choose, and purchase health care coverage that best fits their personal and family needs

The image displays two overlapping screenshots of the Minnesota Health & Human Services Exchange website. The left screenshot shows the main homepage with a family photo and navigation links. The right screenshot shows a 'Minnesota Exchange Prototype' page with a login form and a calculator for household impact.

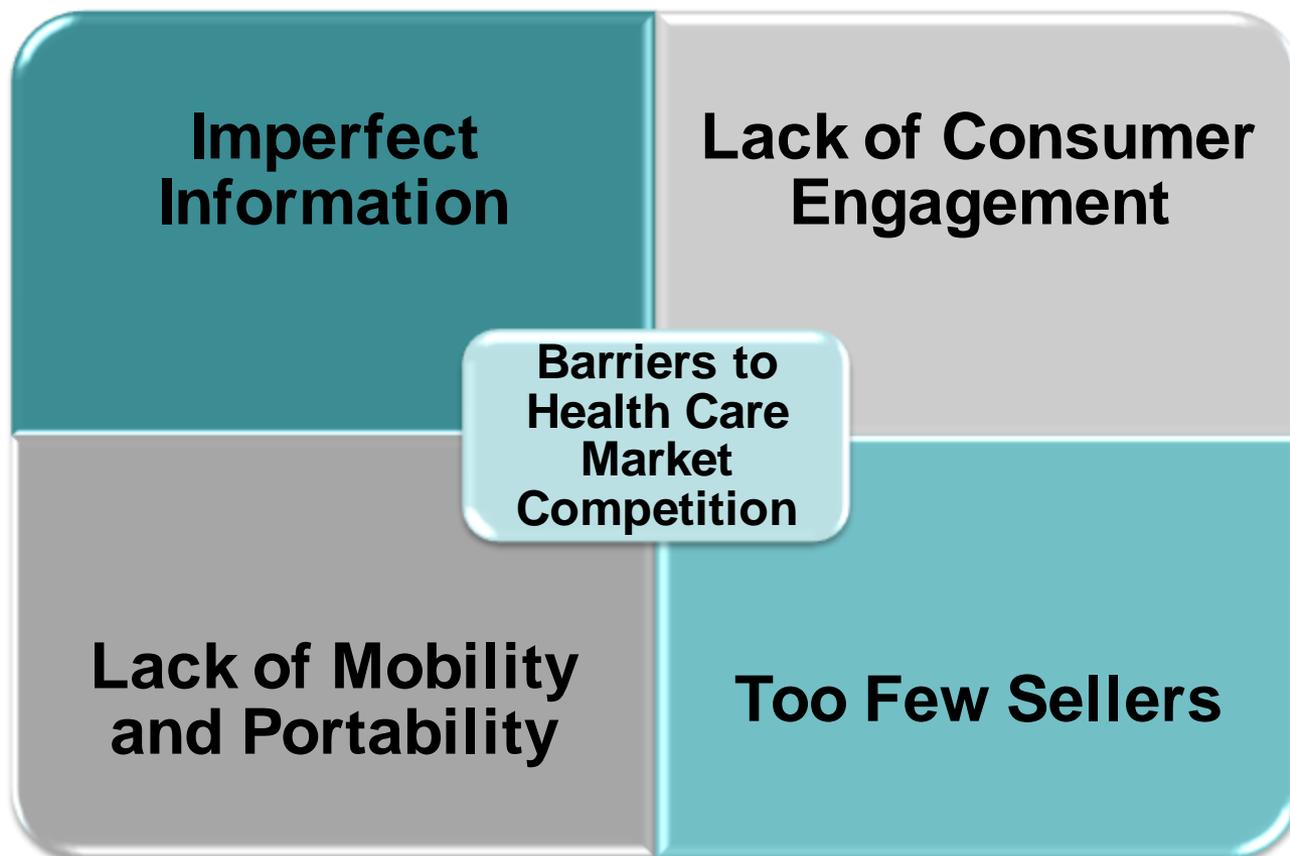
**Left Screenshot (Main Page):**

- Language dropdown
- MINNESOTA HEALTH INSURANCE EXCHANGE logo
- Home | How to Use | Request Exemption | Health Insurers | About the Exchange
- Welcome to the Health Insurance Exchange
- Use this site to shop for and compare health plans from our major health in
- What would you like to do?
- Choose insurance for me
- GET STARTED
- Login to an existing account
- User ID:
- Password:
- Forgot User ID
- LOGIN

**Right Screenshot (Prototype Page):**

- Minnesota Health & Human Services Exchange Prototype
- HOME | 24/7 HELP | PRINT
- START HERE: Click the '?' icon to view detailed Guidance on the Prototype Homepage
- Welcome to the Minnesota Exchange Prototype
- Find out if you are eligible for assistance and purchase your health plan online.
- Open Enrollment now until March 1, 2012.
- Apply for Assistance & Purchase Plans | Purchase Plans | Get Cash/Food Assistance
- Request an Exemption
- Username:
- Password:
- Forgot password? Click here.
- Log In
- How this Site Works
- You can check eligibility for assistance, shop for and compare assistance offerings, and apply for assistance. Alternatively you can go straight to purchase health plan online.
- Frequently Asked Questions | View a Demo
- What is Health Care Reform?
- Health care reform makes health care more affordable, holds insurers more accountable, expands coverage to all Americans and makes our health system sustainable.
- Health Care Reform Act | Health Care Insurance Explained
- Quality Assured Health Care Providers
- Information on the standards and practices that providers need to meet in order to participate in the exchange.
- View list of qualified providers
- How will the Health Reform Act affect my household?
- The calculator below estimates how the Health Care Reform Act will affect you.
- How many people are in your household?
- Adults:  Children:
- What is the annual income of your household?
- 
- Check >
- How you might be affected.
- Answer the questions on the left to see how you might be affected.

# Why an Exchange?



# Why an Exchange?

More Choice

Consumer has many plans to pick from and can pick the one that best fits their needs

Lower Costs for Consumer

Multiple plans in one place means greater market incentives for competition on quality & cost

Simple One-Stop Shop

Makes it easier to search, select and enroll, plus greater mobility and portability

Quality Ratings

Consumer can find transparent comparison information on the plans and health providers

# What's Been Done to Date

**Federal Grant of \$1 M**  
February 2011

**Federal Grant of \$4.2 M**  
August 2011

**Federal Grant of \$23 M**  
February 2012



## **Purpose**

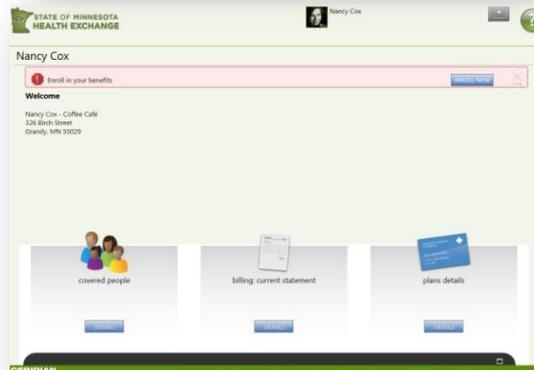
- Analyze the impact of Exchange requirements and options
- Estimate the level of upfront and ongoing funding for implementation and operation
- Determine whether to establish an Exchange or defer to federal government
- Develop a work plan and budget for federal implementation funds if the state decides to establish an Exchange

## **Components**

- Background Research
- Program Integration
- Governance
- Technical Infrastructure
- Legal and Regulatory
- Stakeholder Engagement
- Resources and Capabilities
- Financing
- Business Operations

# What's Been Done to Date

## Technical Infrastructure



- Visual presentation and back-end support for an online marketplace
  - Need innovative, flexible designs that can accommodate any policy decision
- Consulted with numerous stakeholder groups
- Two-stage “proof of concept” RFP
  - Sample modules for 7 web components
  - Solicited public feedback by posting samples online and gathering comments via survey

# What's Been Done to Date

- Commissioner of Commerce convened a multi-stakeholder Exchange Advisory Task Force in fall 2011
- Measurement and Reporting is one of 10 Technical Work Groups providing information to Advisory Task Force

# What's Been Done to Date

## Advisory Task Force Recommendations

Voted on January 18 and presented to Governor Dayton

### Adverse Selection

Recommendations to ensure a well-functioning market that provides a level playing field and encourages greater market competition on value

### Governance

Recommendations to ensure a sustainable governance structure that is responsive and accountable

### Finance

Recommendations to ensure fair and equitable long-term financing starting in 2015

### Navigators & Brokers

Recommendations to ensure all consumers and businesses served by a Minnesota-made exchange will get the assistance they need and want

# ACA Exchange Quality Requirements

- 1) Develop a quality rating system that accounts for cost and quality of insurers/qualified health plans 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
- 4) Oversee quality improvement strategies of health insurers and/or QHPs.

# Today's Discussion Topic

**What dimensions of quality should be incorporated into a quality rating system for insurers/health plans?**

# Sources of Existing Insurer Quality Data

# National Committee for Quality Assurance (NCQA)

- **Accreditation Organization**

  - Process Involves:

    - Detailed evaluation
    - Star rating

- **Produce and Maintain the Health Care Effectiveness Data and Information Set (HEDIS)**

  - Categories:

    - Effectiveness of care
    - Access and availability of care
    - Utilization and relative resource use
    - Health plan descriptive information

# Minnesota Department of Health (MDH) Managed Care Quality Assurance Examination

- **Assessment of MN Health Maintenance Organizations and County Based Purchasers**
- **Required for Plans to Maintain Licensure and Accreditation**

## Areas of Evaluation:

- Quality program administration
  - Internal complaints and appeals
  - Provider availability and accessibility
  - Compliance with Minnesota's utilization review law
- **Audit Additional Requirements Applicable to Managed Care Organizations Serving Medical Assistance and MinnesotaCare enrollees**

# Minnesota Department of Human Services (DHS) Minnesota Health Care Programs Quality Evaluations

- **Conduct Annual Quality Assurance Evaluations which include:**
  - **HEDIS Measures**
  - **Consumer Satisfaction Survey**
  - **Agency for Health Care Research and Quality (AHRQ)  
Ambulatory Care Sensitive Conditions Measures**

*These are conditions “for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease.” (AHRQ 2004)*

# National Business Coalition on Health (NBCH) eValue8 Survey

- **Comprehensive Review of Key Drivers of Health Care Quality**

*eValue8 “gets behind a plan’s performance on HEDIS and gives purchasers an insight into the key drivers of health care quality.”  
(NBCH 2010)*

## Areas of Evaluation

- Plan profile
- Consumer engagement
- Provider measurement
- Pharmaceutical management
- Prevention and health promotion
- Chronic disease management
- Behavioral health

# Dimensions of Insurer Quality

- **Clinical Care**
- **Compliance**
- **Consumer Engagement**
- **Resource Management**
- **Health Plan Characteristics**
- **Network Adequacy and Provider Performance**
- **Enrollee Satisfaction**
- **Future Data**

# Clinical Care

- **Measures whether effective treatment or preventative measure was received**

*For example, whether patients with an asthma diagnosis received appropriate treatment.*

## Healthcare Effectiveness Data and Information Set (HEDIS) Measures

### Effectiveness of Care (42) examples:

- Appropriate breast cancer screening in women
- Appropriate medication for people with asthma
- Appropriate treatment for adults with bronchitis
- Glaucoma screening in older adults

# Compliance

- **Meeting expectations of those who grant money, pay for services, and regulate the health care industry**  
*(Health Care Compliance Association 2012)*

## **Minnesota Department of Health (MDH) Managed Care Quality Assurance Examination**

### Quality Program Administration (5) examples:

- Quality assurance plan and work plan
- Quality studies and activities

### Complaints and Grievance Systems (11) examples:

- Complaint resolution
- Appeal of the complaint decision

## **National Committee for Quality Assurance (NCQA) Accreditation**

### Quality Management and Improvement (12) examples:

- Program structure and operations
- Clinical practice guidelines

### Credentialing and Recredentialing (12) examples:

- Credentialing policies
- Ongoing monitoring

# Consumer Engagement

- **Engaging consumers in their care**

Examples:

- Wellness assessments
  - Prevention programs
  - Self-management tools
- 
- **Engaged consumers have the potential to improve health care quality and their own health outcomes as they take a more active role in their care.**

# Consumer Engagement

## eValue8 Survey

### Behavioral Health examples:

- Whether and how plans help providers screen members for behavioral health issues
- How the plan monitors medication compliance

### Chronic Disease Management and Member Identification examples:

- How effectively a plan helps coordinate care for patients with multiple conditions
- Whether the plan supports patients with a wide variety of tools and interventions that are activated when needed to avoid adverse events and help members understanding their conditions

### Consumer Engagement examples:

- Shared decision making
- Self-management tools
- Encouraging the use of quality data
- Performance on CAHPS survey

### Pharmaceutical Management examples:

- How the plan promotes adherence to prescription regimens
- Identifying and closing gaps in care by monitoring and influencing patient compliance and adherence

### Prevention and Health Promotion examples:

- Strategies for getting members to complete health risk assessments
- Plan programs for using health risk assessment information to guide members to needed care

## NCQA Accreditation

### Member Connections (9) examples:

- Self-Management tools
- Encouraging wellness and prevention

# Resource Management

- **Utilization Management**

*“Evaluation of the medical necessity, appropriateness, and efficiency of the use of health care services, procedures, and facilities under the provisions of the applicable health benefits plan.” (Utilization Review Accreditation Commission 2012)*

- **Relative Resource Use**

*Represent a health plan’s spending for members with a specific condition compared to a risk-adjusted average.*

# Resource Management

## Ambulatory Care Sensitive Condition Measures

### Use of Services (16) examples:

- Uncontrolled diabetes admission rates
- Dehydration admission rates
- Congestive heart failure admission rates
- Diabetes lower extremity amputation rate

## HEDIS Measures

### Utilization and Relative Resource Use (16) examples:

- Frequency of ongoing prenatal care
- Mental health utilization
- Adolescent well-care visits
- All-cause readmissions

## MDH Managed Care Quality Assurance Examination

### Utilization Review (10) examples:

- Procedures for review determination
- Confidentiality
- Staff and program qualifications

## NCQA Accreditation

### Utilization Management (15) examples:

- Clinical criteria for utilization management decision
- Document and reasons for denying services

# Health Plan Characteristics

- **Descriptive data about the health plan**

*Provides consumers with more detailed general information about the health plan and its enrollees (e.g., enrollee demographics).*

## eValue8 Survey

### Health Plan Profile examples:

- Whether and at what level the plan has been accredited
- Plan's information technology structure and how effectively it is used to coordinate care and make it safer

## HEDIS Measures

### Health Plan Description Information (7) examples:

- Race/Ethnicity diversity of membership
- Enrollment by product line

# Network Adequacy and Provider Performance

- Enrollees access to primary, specialty, and other types of care
- Measurement of provider performance and how the health plan incentives use of high quality providers

## HEDIS Measures

### Access/Availability of Care (7) examples:

- Adults with ambulatory or preventative care visits
- Children with a primary care provider visit
- Adolescence or adults with alcohol or drug dependence who received certain types of treatment

## MDH Managed Care Quality Assurance Examination

### Access and Availability (8) examples:

- Geographic location of providers
- Coordination of care activities

## eValue8 Survey

### Provider Performance examples:

- Whether and how effectively a plan uses incentives to promote high performing providers
- How plans use clinical performance, relative efficiency and other data to differentiate among doctors and hospitals

# Enrollee Satisfaction

- **Reflects the enrollee's satisfaction with the care they received.**

*Patients report on and evaluate their experiences with health care.*

## **Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey**

There are health plan CAHPS surveys in the following areas:

- Commercial population (adults and children)
- Medicaid population (adults and children)

Additional item sets in the following areas:

- Children with chronic conditions
- Adults with mobility impairments

The survey tool includes questions in the following areas:

- Getting Needed Care
- Getting Care Quickly
- How Well Doctors Communicate
- Health Plan Information and Customer Service
- Overall Rating

# Future Data

- **Transparency in Coverage**

*Non-grandfathered health plans will be required to submit information which inform consumers about key features of their benefit plan.*

## Transparency in Coverage (§156.220)

Documentation in the following areas (8) will be reported:

- Claims payment policies and practices
- Periodic financial disclosures
- Data on enrollment
- Data on disenrollment
- Data on number of claims that are denied
- Data on rating practices
- Information on cost-sharing and payments with respect to any out-of-network coverage
- Information on enrollees rights under title I of the Affordable Care Act

# Future Data

- **Medical Loss Ratio**

*Health plans and insurers will be required to report the percentage of premium dollars spent on health care, quality improvement, and other activities.*

## **Medical Loss Ratio Reporting (§158.150)**

Quality improvement costs in the following areas (5) will be reported:

- Improve health outcomes
- Activities to prevent hospital readmissions
- Wellness and health promotion activities
- Improvement patient safety and reduce medical errors
- Health information technology supporting the designated quality improvement areas