

Minnesota Health Insurance Exchange Measurement and Reporting Work Group

Guiding Principles

- *The work group will approach its work from a consumer perspective and consider what is meaningful and useful information for consumer decision-making purposes.*
- *The work group will actively seek out and consider opportunities to reduce health disparities over the course of its work.*
- *The work group will consider how its work will promote health literacy across diverse populations. This conceptualization of health literacy includes health literacy in terms of issues related to an individual's health, the purpose of health insurance, and health care value.*
- *Cost and quality metrics should be developed and reported as part of a system that learns and improves over time.*
- *There are already many quality measures for which data is reported. The work group should draw upon existing measures as a starting place for its work whenever possible, with the goal of minimizing administrative burden on the health care system as a whole.*
- *The work group will consider all of the available options and evidence before it makes a decision on a composite measure (a method of summarizing information across an array of individual quality measures).*
- *In designing the insurer/qualified health plan quality rating system, the work group should consider the appropriateness and comparability of the measures. (For example, the work group should consider whether they are comparing the right products.)*
- *Even if the web portal 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 and must be knowledgeable about how consumers can use this information. Therefore, the work group should consider the needs of consumers and navigators over the course of its work.*

Proposed Strategies and Tactics

- *Preliminary reporting of health plan value related metrics will be based on information currently available. The eventual goal for reporting this information will be at the qualified health plan (QHP) level when applicable and meaningful. We need to be practical in our decisions about what can be reported initially and how our strategies can evolve over time.*
- *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.*
- *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.*
- *Potential measures should be evaluated for their understanding and use for a consumer audience through use case testing, including testing with diverse populations.*
- *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.*
- *It is possible that summarized 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 individual components as well. When data is summarized it will be important to be transparent about the underlying data.*
- *Consumers should be able to see cost and quality components of a quality rating system.*
- *The work group will consider options which help steer consumers toward information which is most applicable for them. The work group should consider whether consumers should be able to customize this information according to their own preferences and the advantages and disadvantages associated with such customization.*
 - *This could include having the Exchange capture and recall the user's preferences and steer the user toward the most appropriate options based on that individual's previous preferences.*
- *The work group should also consider future evaluation mechanisms to determine whether the information being displayed is truly useful for consumers. For example, it will be important to know which pieces of information are being utilized as consumers compare and choose QHPs.*
- *The display of insurer/QHP and provider information must be integrated in a meaningful way.*
- *The work group will consider methods for improving the education of consumers on these cost and quality information over time, including engaging them to be more active in their own care.*

- *We should be clear about why we are collecting data on certain dimensions of quality and what goals we hope to achieve by reporting this information. Over time, we need to evaluate the extent to which we are achieving our stated goals.*