NATIONAL QUALITY FORUM

Agenda

MAP Health Insurance Exchange Quality Rating System Task
Force
September 26, 2013
11:00 am – 1:00 pm ET

Participant Instructions:

Follow the instructions below 15 minutes prior to the scheduled start time.
1. Direct your web browser to the following URL: nqf.commpartners.com
2. Under "Enter a meeting," type in the meeting number **771709** and click on "Enter."
3. In the "Display Name" field, type in your first and last name and click on "Enter Meeting."
4. Task Force Members: Dial **1-888-799-0466** and use confirmation code **65189496**. Remember to turn off
   your computer speakers during the presentation. Note: All task force members have an open line.
5. Public Participants: Dial **1-855-452-6871** and use confirmation code **65189496**. Remember to turn off your
   computer speakers during the presentation.

If you need technical assistance, you may press *0 to alert an operator or send an email to:
nqf@commpartners.com.

Meeting Objectives:

- Review task force charge, role within MAP, and plan to complete tasks
- Review health insurance exchanges/marketplaces and Quality Rating System (QRS) background
- Consider health care quality information available to consumers, and define scope of MAP's
  input

11:00 pm Welcome and Review of Meeting Objectives
Elizabeth Mitchell, Task Force Chair
Ann Hammersmith, NQF General Counsel
Aisha Pittman, Senior Director, NQF Measure Applications Partnership
- Introductions and disclosures of Interest
- Review the task force charge and approach

11:30 pm Orientation to the Health Insurance Marketplaces and the QRS
Megan Duevel Anderson, Project Analyst, NQF Measure Applications Partnership

- Overview
- Population description
- Discussion

12:00 pm Consider Quality Information Needed to Enable Consumer Decision-Making
Elizabeth Mitchell
Aisha Pittman
Megan Duevel Anderson

- Current state of quality information available to consumers
- Define scope of MAP's Input

12:40 pm   **Opportunity for Public Comment**

12:50 pm   **Next Steps**
                 Aisha Pittman

1:00 pm   **Adjourn**

MAP HEALTH INSURANCE EXCHANGE-QUALITY RATING SYSTEM TASK FORCE ROSTER

CHAIR (VOTING)
Elizabeth Mitchell

ORGANIZATIONAL MEMBERS (VOTING)	REPRESENTATIVES
Academy of Managed Care Pharmacy	Marissa Schlaifer, RPh, MS
The Advanced Medical Technology Association	Steve Brotman, MD, JD
Aetna	Andrew Baskin, MD
America's Essential Hospitals	David Engler, MD
America's Health Insurance Plans	Aparna Higgins, MA
American Association of Retired Persons	Joyce Dubow, MUP
American Board of Medical Specialties	Lois Nora, MD, JD, MBA
American Medical Group Association	Samuel Lin, MD, PhD, MBA, PA, MS
Center for Patient Partnerships	Rachel Grob, PhD
CIGNA	David Ferriss, MD, MPH
Consumers' CHECKBOOK	Robert Krughoff, JD
Humana, Inc.	George Andrews, MD, MBA, CPE, FACP
Iowa Healthcare Collaborative	Lance Roberts, PhD
March of Dimes	Cynthia Pellegrini
Memphis Business Group on Health	Christie Upshaw Travis, MSHA
National Business Coalition on Health	Colleen Bruce, JD
National Partnership for Women and Families	Emma Kopleff, MPH
SNP Alliance	Chandra Torgerson, MS, RN, BSN
The Brookings Institute	Mark McClellan, MD, PhD

EXPERTISE	INDIVIDUAL SUBJECT MATTER EXPERT MEMBERS (VOTING)
Child Health	Richard Antonelli, MD, MS
Health IT	Thomas Von Sternberg, MD
Measure Methodologist	Debra Saliba, MD, MPH
Medicaid ACO	Ruth Perry, MD
Nursing	Gail Stuart, PhD, RN

FEDERAL GOVERNMENT MEMBERS (NON-VOTING, EX OFFICIO)	REPRESENTATIVES
Centers for Medicare & Medicaid Services (CMS)	Deborah Greene, MPH
Health Resources and Services Administration (HRSA)	Terry Adirim, MD, MPH

MAP COORDINATING COMMITTEE CO-CHAIRS (NON-VOTING, EX OFFICIO)
George J. Isham, MD, MS
Elizabeth A. McGlynn, PhD, MPP

MAP Health Insurance Exchange and Quality Rating System Task Force Charge

The charge of the Measure Applications Partnership (MAP) Health Insurance Exchange (HIX) and Quality Rating System (QRS) Task Force is to advise the MAP Coordinating Committee on recommendations for the hierarchical structure, organization, and measures proposed for the child and family core sets to address the QRS' purpose of informing consumer choice of Qualified Health Plans (QHP).

The task force is time-limited and consists of current MAP members from the MAP Coordinating Committee and all MAP Workgroups with relevant interests and expertise, particularly consumer and health plan representatives.

MAP will convene the task force September through November, 2013, with a final report due to the Department of Health and Human Services by January, 2013.

Health Insurance Marketplace Population Description

Of the more than 47 million uninsured non-elderly people in the US (aged 0-64), 30 million are anticipated to be eligible for health insurance coverage under the Affordable Care Act (ACA) through Health Insurance Marketplaces, also known as exchanges. Individuals gaining coverage or newly insured through the marketplaces will be a combination of those who do not have insurance and those who purchase insurance in the individual market.

- Approximately 17 million people will be newly insured in 2014.[1]
- 90% of individual marketplace enrollees will receive federal subsidies.
- The total marketplace population is projected to reach 29 million in 2021 (25 million in the individual marketplace and 4 million through the SHOP marketplace).[2]
- More than 50% of the marketplace population is expected to be unmarried adults, with a median age of 33.

Geography:

Americans throughout the country will make up the marketplace population.

- Individuals in the South and West regions of the United States are most likely to be uninsured.
- Approximately 40% of the expected individual marketplace enrollees will come from five states: California, Texas, Florida, New York, and Illinois.[34]

Race and Ethnicity:

The marketplace population is anticipated to be more ethnically diverse than the currently insured population.

- Currently, individuals of ethnic minority (Black, Asian, or Hispanic) make up the majority of uninsured individuals in the United States: 66.4% in 2011.
- African American, Asian, Native American, and multi-racial individuals are estimated to make up to 25% of the new insurance marketplaces, compared to 21% of the currently insured population.
- Insurance coverage among ethnically diverse groups is estimated to increase by 32.3%.
- Over 30% of the expected marketplace population will speak a language other than English in the home compared to only 12% of the currently insured market.

Family Status

The newly insured are more likely to be unmarried adults.

- The current insurance market is made up of 40% married and 29% single adults, and 31% children.
- The proportion of the newly insured that is made up of single adults is expected to be 52%.
- Children are currently the least likely to be uninsured because they are more likely to qualify for Medicaid or the Children's Health Insurance Program (CHIP).[5]
- 90% children in the US have either public or private health insurance coverage.

- Children enrolled in Medicaid and CHIP are more likely to have a usual source of care, had a well-child visit in the past year, and been seen by a specialist in the past year, and less likely to have had their medical care delayed than uninsured children.[6]
- Rates of young adults without insurance have recently decreased due to early ACA provisions allowing them to remain on a parent's private health plan until age 26, but the uninsured rates continue to remain high compared to other age groups.

Education

Individuals who do not have a high school degree are less likely to be currently insured and will make up a majority of the newly insured population.

- 32% of the currently insured population is made up of people with high school education or less, compared to the expected 61% of the newly insured population.
- 37% of the currently insured population has a college degree, compared to only 14% of the newly insured population.

Employment

Individuals with full-time employment are currently more likely to have insurance than those who do not have full-time employment.

- The anticipated marketplace population has a median income of 166% of the federal poverty level (FPL), compared to the currently insured population medium income of 333% of the FPL.[7]
- 59% of individuals in the current insurance market have full-time employment, compared to 42% of the newly insured.
- Across industries, more than 80% of uninsured workers are in blue-collar jobs; the gap in rates of coverage between blue- and white-collar workers is two-fold or greater.
- More than 50% of currently uninsured individuals have at least one full-time worker in their family, and only 15% have only part-time workers in their family.
- Most uninsured workers are either self-employed or work for small firms less likely to offer health benefits.[8]
- Partially employed individuals are expected to cycle coverage between Medicaid and the marketplaces, a phenomenon known as "churn."

Health Status

The marketplace population is less likely to report excellent or very good health than the traditional market.[9]

- 26% of the newly insured population is estimated to report being in excellent health, and 29% is estimated to report being in very good health, compared to 37% and 33% of the currently insured population, respectively.
- 16% of people with a disability in the US are estimated to be uninsured.
- Leading causes of death in the US for non-elderly adults include malignant neoplasms, diseases of the heart, unintentional injuries, suicide, chronic lower respiratory diseases, chronic liver disease, diabetes mellitus, and homicide.[10]
- Lack of insurance increases mortality rate by 25%. Risk of death from some preventable and treatable diseases (including heart disease and certain types of cancer) is also higher for people without health insurance.[11]

Access to Care

In 2011, 75% of the non-elderly uninsured population was without insurance for more than a year, during which 43% report having no health care visits within the past 12 months, compared to 12% of the continuously insured population who report having no health care visits.

- More than 25% of uninsured adults forgo needed care each year, and they are less likely than those with insurance to receive preventative care and services for major health conditions and chronic conditions.[12]

[1] http://www.cbo.gov/sites/default/files/cbofiles/attachments/44190_EffectsAffordableCareActHealthInsuranceCoverage_2.pdf

[2] http://pwchealth.com/cgi-local/hregister.cgi/reg/pwc-health-insurance-exchanges-impact-and-options.pdf

[3] HRI Analysis; US Census Bureau, Current Population Survey, March 2011 Supplement; CBO, "Estimates for the Insurance Coverage Provisions of the Affordable Care Act Updated for the Recent Supreme Court Decision," July 2012.

[4] http://www.census.gov/hhes/www/hlthins/data/historical/HIB_tables.html

[5] Medicaid and CHIP currently restrict eligibility for many lawfully residing immigrants during their first five years in the US, though nearly 20% of the uninsured are non-citizens (both lawfully present and undocumented immigrants). Some states are taking up recent federal options to eliminate this waiting period for children and pregnant women. Undocumented workers are ineligible for Medicaid and CHIP coverage.

[6] http://www.nashp.org/sites/default/files/keeping.children's.coverage.strong.pdf

[7] ACA originally required the expansion of Medicaid to 138% of federal poverty level (FPL) in all states, or $11,490 for an individual and $23,550 for a family of four in 2013. However, the Supreme Court ruling in June 2012 made this expansion optional. The result is that some individuals could fall between the cracks of Medicaid eligibility levels in states that do not expand Medicaid and limits for exchange subsidies, leaving them uninsured.

[8] http://kaiserfamilyfoundation.files.wordpress.com/2013/01/7806-05.pdf

[9] HRI Analysis 2012

[10] CDC/NCHS, National Vital Statistics System, 2012

[11] http://www.urban.org/UploadedPDF/411588_uninsured_dying.pdf

[12] CDC/NCHS, National Vital Statistics System, 2012