



## MAP Health Insurance Exchange Quality Rating System Task Force Web Meeting October 18, 2013 | 10:00 am – 12:00 pm ET

---

The National Quality Forum (NQF) convened a web meeting of the Measure Applications Partnership (MAP) Health Insurance Exchange (HIX) Quality Rating System (QRS) Task Force on Friday, October 18, 2013. An online archive of the meeting is available by clicking [here](#).

### Task Force Attendance

Elizabeth Mitchell, Task Force Chair	Robert Krughoff, Consumers' CHECKBOOK
George Andrews, Humana, Inc.	Samuel Lin, American Medical Group Association
Richard Antonelli; subject matter expert: Child Health	Mark McClellan, The Brookings Institute
Andrew Baskin, Aetna	Cynthia Pellegrini, March of Dimes
David Engler, America's Essential Hospitals	Susan Resnick, American Board of Medical Specialties (substitute for Lois Nora)
David Ferriss, CIGNA	Lance Roberts, Iowa Healthcare Collaborative
Deborah Greene, Centers for Medicare and Medicaid Services (CMS)	Marissa Schlaifer, Academy of Managed Care Pharmacy
Rachel Grob, Center for Patient Partnerships	Gail Stuart; subject matter expert: Nursing
Aparna Higgins, America's Health Insurance Plans	Chandra Torgerson, SNP Alliance
Emma Kopleff, National Partnership for Women and Families	Christie Upshaw Travis, Memphis Business Group on Health

### Welcome and Review of Meeting Objectives

Elizabeth Mitchell, Task Force Chair, welcomed the task force members and public to the web meeting and reviewed the meeting objectives:

- Review the MAP Measure Selection Criteria and establish the task force's decision-making framework;
- Define the highest-leverage measurement opportunities for the Marketplaces; and
- Consider the ideal organization of measures to best support consumer decision-making.

Ms. Mitchell reviewed the task force charge and the project's timeline.

### Lessons from the Field – Covered California

Jeff Rideout, Senior Medical Advisor, Covered California provided the task force with an overview of the performance measurement challenges in the Marketplace. Jeff noted:

- Past health plan performance has not been a good an indicator of current performance because the Marketplace population is different than the traditional commercial population.
- Consumer experience is challenging given the lag time in Consumer Assessment of Health Plans Survey (CAHPS) data collection and reporting.
- Ensuring access to care (which can be assessed through quality measures, CAHPS, and Accreditation standards) is highly important as much of the Marketplace population has not

## PAGE 2

previously sought health care; access to care is particularly important to identify and address the needs of underserved populations.

- Health plan performance is strongly influenced and driven by network provider behavior.
- Health plan performance in the Marketplaces should benchmark similar plans against each other.
- The state has found value in health plan quality assessment tools such as eValue8; while this tool indicates provide insight to the direction of plans it is burdensome to complete.

Jean Yang, Executive Director, Massachusetts Health Connector provides us with a brief look at to the needs of the consumers.

- To improve quality in the Marketplace, focus on health plan carrier contracts and establish expectations for performance.
- Feedback on the usefulness of quality measures to consumers is not yet available, but consumer access to features such as dynamic provider search tools and summaries of plan coverage is critical.
- Quality measurement should be implemented through a phased, incremental approach; alignment with information already collected and reported is needed; and baseline quality should be established for easier consumer comparisons.

### **MAP Measure Selection Criteria and Task Force Decision-Making Framework**

Severa Chavez, Project Analyst, NQF provided an overview of the revised MAP Measure Selection Criteria (MSC). Ms. Mitchell led the task force in a discussion to determine additional principles for the decision-making framework.

- The QRS needs to meaningfully engage consumers in providing feedback on the function and information on health plan quality to enable decision-making.
- Two priorities are ensuring information is consumer-oriented information and aligning measurement with existing data collection requirements and quality reporting programs.
- Other reporting priorities include health plan coverage, cost to consumers, and provider performance.

### **Highest-Leverage Measurement Opportunities for the Marketplaces**

Ms. Anderson reviewed the highest-leverage measurement opportunities for Marketplace qualified health plans, noting available measures to address the opportunity and how the opportunities address health plan functions.

- The purpose of the QRS is to enable consumer decision-making so it should include information that is meaningful, of interest, and useful to consumers.
- The QRS should support the consumer decision-making with an interactive interface that allows consumers to identify what that is important to them and explains performance results.
- Health plan performance should include access to care; self-care; provider communication and patient education; outcomes that are meaningful to consumers and patient reported outcomes (PROs); consumer satisfaction and experience; patient safety; disease prevention and management; and total out-of pocket costs and potential financial risks of the consumer.

**PAGE 3**

**Ideal Organization of Measures to Best Support Consumer Decision-Making**

Aisha Pittman, Senior Director, NQF provided a brief overview of the organization and structure of current reporting programs. The task force members expressed the importance of organizing performance information that is customizable by consumers and enables meaningful comparisons of health plans on benefits coverage, quality, and cost. The task force will continue to discuss the ideal organization of measures in the QRS to support consumer decision-making during the next convening.

**Next Steps**

The task force will convene for an in-person meeting on November 20-21, 2013 at the NQF offices in Washington, DC to develop recommendations on the proposed QRS structure, organization, and measures for the QRS family and child core sets. A public comment period on the draft recommendations will be held in December. Following the MAP Coordinating Committee review of the draft recommendations and public comments, final recommendations will be submitted to CMS in January, 2014.