

### **Measure Applications Partnership**

# Health Insurance Exchange Quality Rating System Task Force In-person Meeting

#### November 20-21, 2013

An in-person meeting of the Measure Applications Partnership (MAP) Health Insurance Exchange Quality Rating System (HIX QRS) Task Force was held on Wednesday and Thursday, November 20-21, 2013. Meeting recordings and materials are available at the <u>MAP HIX QRS webpage</u>.

### **Task Force Members in Attendance**

Elizabeth Mitchell, Task Force Chair	
George Andrews, Humana, Inc.	Robert Krughoff, Consumers' CHECKBOOK
Richard Antonelli; subject matter expert: Child Health	Samuel Lin, American Medical Group Association
Andrew Baskin, Aetna	Cynthia Pellegrini, March of Dimes
Steven Brotman, The Advanced Medical Technology Association	Lance Roberts, Iowa Healthcare Collaborative
Joyce Dubow, American Association of Retired Persons	Debra Saliba; subject matter expert: Measure Methodology
Tom Granatir, American Board of Medical Specialties	Marissa Schlaifer, Academy of Managed Care Pharmacy
Deborah Greene, Centers for Medicare and Medicaid Services (CMS)	Gail Stuart; subject matter expert: Nursing
Rachel Grob, Center for Patient Partnerships	Chandra Torgerson, SNP Alliance
Aparna Higgins, America's Health Insurance Plans	Christie Upshaw Travis, Memphis Business Group on Health
Emma Kopleff, National Partnership for Women and Families	Thomas von Sternberg; subject matter expert: Health IT

# **Review of Meeting Objectives**

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

- Finalize task force's decision-making framework for the Health Insurance Exchange Quality Rating System (HIX QRS).
- Provide input on the proposed measures for the family and child QRS.
- Provide input on the proposed domains, hierarchical structure, and organization of measures for the QRS.
- Define MAP's vision for the QRS and a pathway for achieving MAP's vision.

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Aisha Pittman, Senior Director, NQF, provided an overview of the agenda for both days and a recap of the final report outline. Additional background materials on Health Insurance Exchanges, also known as Marketplaces, established by the Affordable Care Act, and a description of the population anticipated to enroll in Qualified Health Plans (QHPs) are available on the <u>MAP Task Force Webpage</u>.

### **HIX QRS Task Force Decision-Making Framework**

Aisha Pittman reviewed the revised MAP Measure Selection Criteria (MSC), draft guiding principles, the process of identifying high leverage opportunities (HLO) for measurement and presented the task force pre-meeting exercise results.

Task force members were asked to rank 26 high leverage opportunities during a pre-meeting exercise. The top five priorities were:

- Patient Experience/Satisfaction
- Cost
- Care Coordination and Case Management
- Medication Management
- Quality of Providers

In discussion, the task force reiterated the importance of addressing both patient and family experience, outcomes that matter to consumers, and access to primary care and specialists. In addition the group noted there is a need to design benefits that will incentivize healthy behavior and to educate the public on what quality of care means.

# **Define Ideal Organization of the QRS**

Megan Duevel Anderson, Project Analyst, NQF presented a scan of the literature available on the organization of health care quality information to support consumer decision-making. The task force suggested future studies including focus groups from the Marketplace population.

Lance Roberts, Iowa Healthcare Collaborative, Marissa Schlaifer, CVS Caremark, and Nancy Morris, Maine Health Management Coalition, presented the results of recent consumer surveys. The presenters shared results on the most important factors for choosing a health plan reported by consumers which were price, quality of service and providers, and enrollee satisfaction. Furthermore, consumers' awareness will need to be raised around the Marketplaces.

# Task force Breakout Session and Report-Outs

The taskforce was divided into four groups to review and discuss for the ideal structure and organization of the high-leverage opportunities for the QRS for consumer decision-making. Elizabeth Mitchell facilitated report outs from each breakout group; results emphasized the structure requires 3 overarching categories of information:

- **Experience**, with a focus on enrollee satisfaction, availability of quality providers and member's access to health plan information;
- **Cost**, including out-of-pocket total costs and efficient resource use;

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• **Quality** including access to preventive care and specialists, prevention, and chronic disease management. The workgroup noted the structure needs to address both plan quality and provider quality.

#### **Task Force Input on Proposed QRS Structure and Measures**

Deborah Greene, Centers for Medicare and Medicaid Services, presented the proposed QRS child and family structure and measures sets. Karen Pace, Senior Director, NQF reviewed measure aggregation considerations that are potentially relevant to the structure of the QRS. The task force reviewed each of the proposed 42 measures for the family and 25 measures for the child core sets considering the MAP Measure Selection Criteria (MSC) and MAP HIX-QRS Guiding Principles. The task force developed measure specific recommendations and identified gaps in the measure sets throughout the discussion.

In discussion of the proposed structure and measures, the task force noted the importance of valid and reliable performance measures for consumer decision-making. In particular, it will be important to test measures in the new Marketplace population prior to implementation.

### **QRS Path Forward**

Aisha Pittman provided a high level comparison of the ideal state and proposed structure of the QRS. Jeff Rideout, Covered California and Jay Himmelstein, University of Massachusetts Medical School, contributed to the task force discussion of future enhancements to the QRS and highlighted current measurement challenges and successes in their state Exchanges. In discussion, the task force highlighted:

- Consumers are most interested in the providers in health plan networks. Although provider directories are highly valuable to consumers when selecting health plans, consolidating directories of multiple qualified health plans is labor intensive and requires ongoing maintenance.
- Health plans have the ability to choose high quality providers to include in their plans and consumers assume that providers in their plans provide high quality care. Health plans should be transparent about the quality of providers available in plans.
- Marketplaces will create an opportunity to educate consumers about quality of health.
- Quality information available on the marketplaces needs to be meaningful to consumers, be accessible, and include plain language explanations.

Additional presentations were given by task force members Rachel Grob, University of Wisconsin-Madison on current work to enhance consumer decision-making through direct consumer commenting tools.

Rachel Grob, Center for Patient Partnerships, presented on efforts to develop reliable and valid methods for obtaining direct consumer comments and incorporating this information into public reporting systems. Robert Krughoff, Center for the Study of Services/Consumers' CHECKBOOK, demonstrated Consumers' CHECKBOOK tool that allows users to customize and prioritize quality information. The task force noted these efforts provide guidance for the future development of the QRS.

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#### **Next Steps**

The task force will convene via teleconference on December 20<sup>th</sup>, 2013 from 10:00am-12:00pm (ET) to finalize its recommendations to the MAP Coordinating Committee. A draft report will be posted to NQF website for a two-week public comment period in late December. The MAP Coordinating Committee will review draft recommendations and public comments during the January 7-8, 2014 in-person meeting. HIX QRS Task Force members will be invited to join this discussion by phone. A final report will be submitted to CMS in January 2014.