Quality Activities in a Federally-facilitated Exchange

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS for MEDICARE & MEDICAID SERVICES

Center for Consumer Information and Insurance Oversight

Health Insurance Exchange System-Wide Meeting

May 21-23, 2012

QHP Certification Requirements *

Reporting Requirement	Reporting Begins
Quality Improvement Strategy Measures	Established in future guidance
Plan Performance Measures	Established in future guidance
Pediatric Performance Measures	2016
Enrollee Satisfaction Survey Implementation	2016
Quality Rating Measures	2016
Patient Safety	Established in future guidance
Accreditation	*See next slide*

- *HHS intends to propose these in future rulemaking*

Accreditation Requirement *

Certification Year	QHP Issuers Without Existing Accreditation	QHP Issuers With Existing Commercial/Medicaid Accreditation in the State
Year 1 (2013)	Schedule Accreditation Review	Attest that Accredited Policies and Procedures Comparable to QHP
Years 2 and 3 (2014 & 2015)	Accredited QHP Policies and Procedures	Attest that Accredited Policies and Procedures Comparable to QHP
Year 4 (2016)	QHP product type is accredited; QHP product type performance data has been submitted	

Note that in Years 1-3, issuers will also need to attest that they will submit performance data on the QHP product type when these data are available.

Partnership States must follow the same accreditation timeline.

* HHS intends to propose this timeline in future rulemaking

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Accreditation Verification

- An FFE will verify accreditation status with NCQA and URAC*

- Issuers must authorize the release of accreditation data from the accrediting entity

- Accrediting entities will send data to an FFE, including CAHPS results (if available)

*HHS intends to propose in future rulemaking that NCQA and URAC be recognized as accrediting entities for the purposes of QHP certification. The rulemaking will recognize NCQA and URAC as accrediting entities for QHP's in all Exchanges, whether State-based or Federally-Facilitated.

Quality Display in an FFE

<u>2013-2015</u>

- Display set of composite CAHPS measures administered as part of existing NCQA accreditation
- Map CAHPS results from commercial and/or Medicaid product lines to the same QHP product types and adult/child populations
  - HMO Adult CAHPS→ HMO QHP
  - PPO Adult CAHPS→ PPO QHP
  - Child HMO CAHPS→ Child Only HMO QHP
- FFE States can also choose for a link to existing quality data (such as health plan report cards) to be displayed

<u>2016+</u>

- Quality Rating*
- Enrollee Satisfaction Survey (ESS) Results*

HHS will support all Exchanges in calculating the quality rating and ESS.

*HHS intends to propose these in future rulemaking

Quality Reporting and Display Discussion Session

National Quality Strategy

Three Aims:

- Better Care: Improve the overall quality, by making health care more patient-centered, reliable, accessible, and safe.
- Healthy People/Healthy Communities: Improve the health of the U.S. population by supporting proven interventions to address behavioral, social and, environmental determinants of health in addition to delivering higher-quality care.
- Affordable Care: Reduce the cost of quality health care for individuals, families, employers, and government.

Six Priorities:

- Making care safer by reducing harm caused in the delivery of care.
- Ensuring that each person and family are engaged as partners in their care.
- Promoting effective communication and coordination of care.
- Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.
- Working with communities to promote wide use of best practices to enable healthy living.
- Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models.

Available at:
http://www.healthcare.gov/law/resources/reports/quality03212011a.html