

# Session on Quality



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS for MEDICARE & MEDICAID SERVICES  
Center for Consumer Information and Insurance Oversight



State Exchange Grantee Meeting  
September 19-20, 2011



The material in this presentation should not be viewed as having any independent legal effect, or relied upon as an interpretation or modification of the related proposed rule or statute. Not all issues or exceptions are fully addressed.

# Purpose of Exchange Quality Standards

## *Quality assurance*

- Ensure that high-quality plans participate in the Exchanges through a plan certification process

## *Quality improvement*

- Drive improvements in quality of care over time through reporting to consumers and evolving certification standards

# Basic Exchange Quality Functions

- Assess plan quality to certify Qualified Health Plans (QHPs)
- Provide quality information to consumers for QHP selection (quality rating)
- Monitor QHP quality during the plan year

*Note: Reporting requirements will be aligned with current Medicare, Medicaid, commercial and State reporting as well as related forthcoming Affordable Care Act requirements*

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# Exchange Quality Provisions

Objective	Statutory Requirements
<b>Inform Plan Certification</b>	<ul style="list-style-type: none"><li>• Sec. 1311(c)(1) requires the following for certification:<ul style="list-style-type: none"><li>• Qualified Health Plans must be <b>accredited</b></li><li>• Submit information on health <b>plan performance</b> (TBD under Sec. 399JJ)</li><li>• Report <b>pediatric quality</b> reporting measures</li><li>• Implement a <b>quality improvement strategy</b> (defined in Sec. 1311(g))</li></ul></li><li>• Sec. 1311(h) directs plans to contract only with hospitals that utilize a <b>patient safety</b> evaluation system and implements a mechanism to ensure that each patient receives a comprehensive program for hospital discharge (required in 2015)</li></ul>
<b>Provide Information to Consumers for Plan Selection</b>	<ul style="list-style-type: none"><li>• Sec. 1311(c)(3) directs the Secretary to develop a <b>quality rating</b> based on quality and price and publicly report information to consumers</li><li>• Sec. 1311(c)(4) directs the Secretary to develop an <b>enrollee satisfaction survey</b> and publicly report information to consumers</li></ul>
<b>Monitoring of Plan Quality</b>	<ul style="list-style-type: none"><li>• Sec. 1311(c)(1)(D) requires accreditation to include <b>complaints and appeals</b></li><li>• Sec. 1311(e)(3) directs health plans to submit data including, disenrollment information and denied claims.</li></ul>

# Preliminary Planning for Approach to Exchange Quality per FOA

- **Reach out to stakeholders**
  - Quality improvement groups, large employers, insurers, State employee benefit programs
- **Scan current quality activities**
  - For example, quality improvement/monitoring requirements for State Medicaid program or State licensure
- **Develop quality approach through Establishment Grants**
  - For example, plan approach for collecting quality data and assessing plan quality

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# Discussion

## Discussion Questions:

- What current quality measurement and reporting activities is your State involved with that you expect to leverage in the Exchange?
- What operational challenges do you foresee in regards to implementing the quality provisions?
- What factors do you feel will influence your Exchange's quality policy?