

Marketplace Quality



CMS

CENTERS FOR MEDICARE & MEDICAID SERVICES

November 2014

DC Health Benefit Exchange Authority Board Meeting

Marketplace Quality Affordable Care Act Provisions

Objective	Statutory Requirements
Inform Plan Certification	<ul style="list-style-type: none"> ▪ Sec. 1311(c)(1) requires the Secretary to develop QHP certification standards, which include the following requirements (among others): <ul style="list-style-type: none"> • Must be accredited • Submit information on health plan performance (TBD under Sec. 399JJ) • Report pediatric quality reporting measures • Implement a quality improvement strategy (defined in Sec. 1311(g)) ▪ Sec. 1311(h) provides that QHPs offered through Exchanges may contract with hospitals with greater than 50 beds only if the hospital utilizes a patient safety evaluation system and implements a mechanism to ensure that each patient receives a comprehensive program for hospital discharge (required in 2015)
Provide Information to Consumers for Plan Selection	<ul style="list-style-type: none"> ▪ Sec. 1311(c)(3) directs the Secretary to develop a quality rating for each QHP offered through the Exchange, based on quality and price, and for the Exchange to publicly report this information to consumers ▪ Sec. 1311(c)(4) directs the Secretary to develop an enrollee satisfaction survey for QHPs offered through the Exchange with more than 500 enrollees in the prior year, and for the Exchange to publicly report this information to consumers
Monitoring of Plan Quality	<ul style="list-style-type: none"> ▪ Sec. 1311(c)(1)(D) requires QHP accreditation programs to include complaints and appeals ▪ Sec. 1311(e)(3) directs QHPs seeking certification to submit data including, but not limited to disenrollment and denied claims information

Patient Safety Legislative Requirements

- **Section 1311 (h) QUALITY IMPROVEMENT.—**
 - (1) **ENHANCING PATIENT SAFETY.—**Beginning on January 1, 2015, a qualified health plan may contract with—
 - (A) a hospital with greater than 50 beds only if such hospital—
 - (i) utilizes a patient safety evaluation system as described in part C of title IX of the Public Health Service Act; and
 - (ii) implements a mechanism to ensure that each patient receives a comprehensive program for hospital discharge that includes patient-centered education and counseling, comprehensive discharge planning, and post discharge reinforcement by an appropriate health care professional; or

Patient Safety Legislative Requirements (cont'd)

(B) a health care provider only if such provider implements such mechanisms to improve health care quality as the Secretary may by regulation require.

(2) EXCEPTIONS.—The Secretary may establish reasonable exceptions to the requirements described in paragraph (1).

(3) ADJUSTMENT.—The Secretary may by regulation adjust the number of beds described in paragraph (1)(A).

Quality Public Reporting Requirement: Consumer Experience Surveys

- Section 1311(c)(4) directs the Secretary to develop an **Enrollee Satisfaction Survey** for QHPs offered through the Marketplace with more than 500 enrollees in the prior year, and for the Marketplaces to publicly report information to consumers

Consumer Experience Surveys

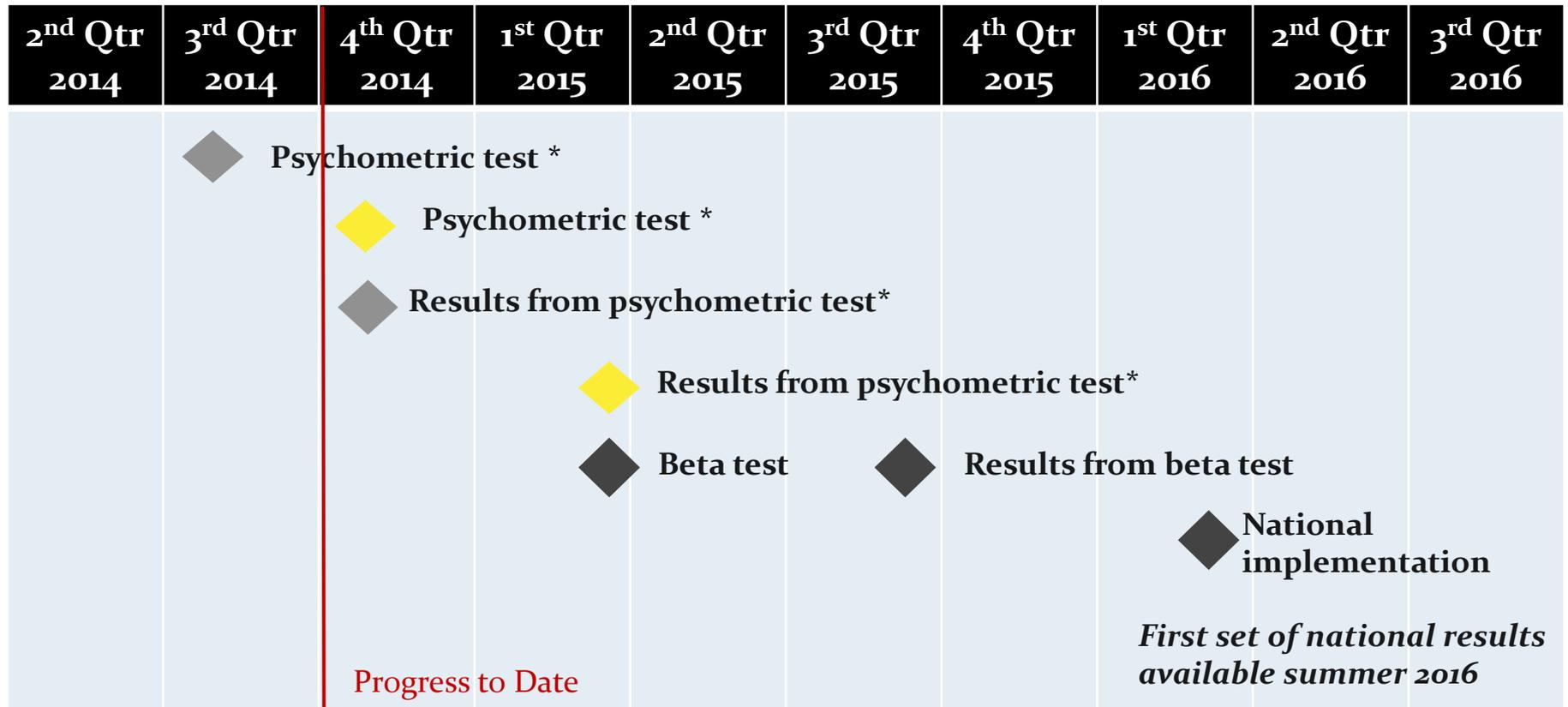
Health Insurance Marketplace Survey (Marketplace Survey)

- Consumer experience with using Marketplace services (via the website, telephone, or in-person consultations)

Enrollee Satisfaction Survey or Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey)

- Enrollees' perspectives of the services provided by QHPs

Draft Survey Testing and Reporting Timeline



*National Federally-facilitated Marketplace (FFM) and State Partnership Marketplace (SPM) psychometric test results only

◆ Marketplace Survey

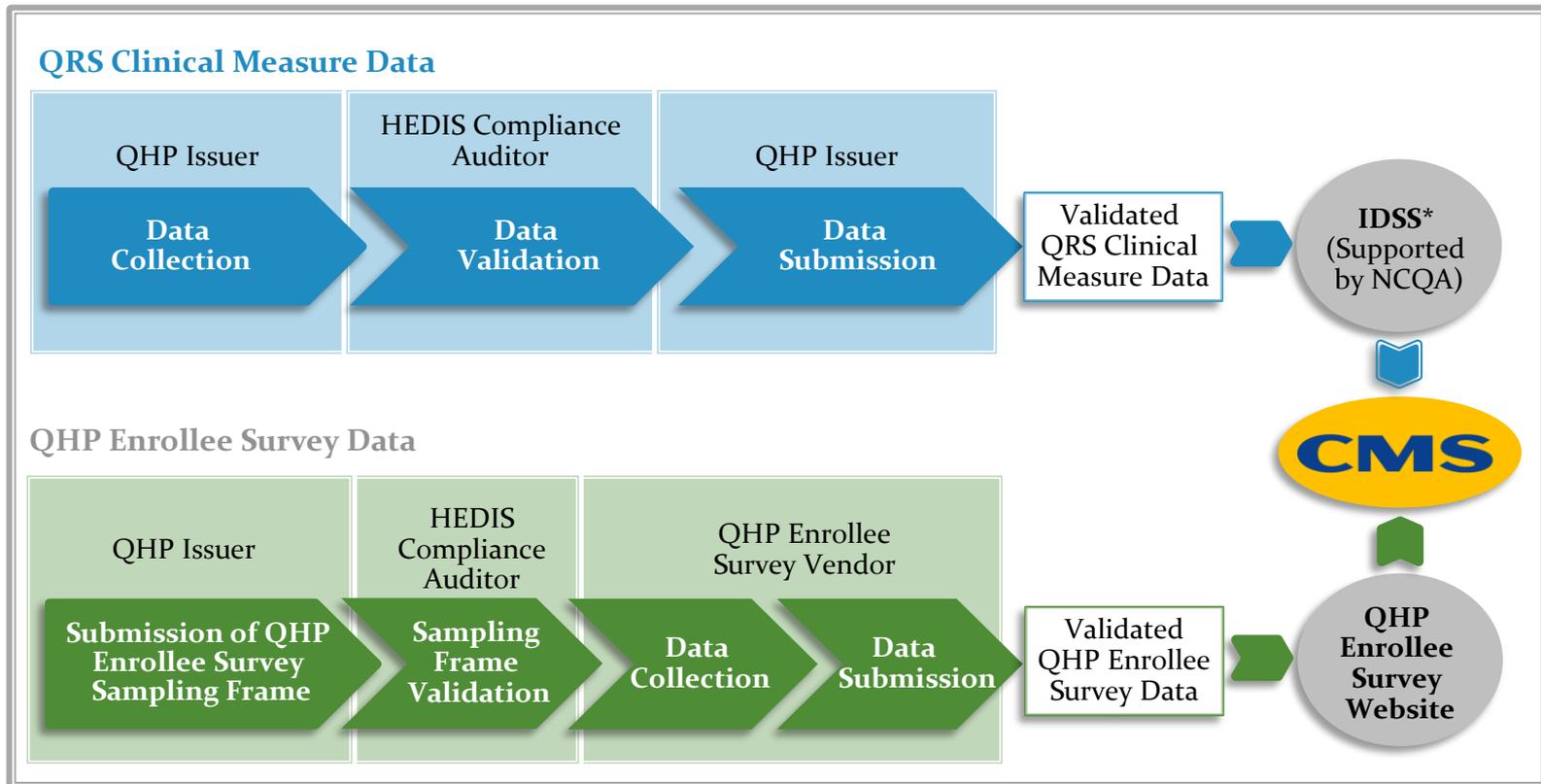
◆ QHP Enrollee Survey

◆ Both surveys

Quality Public Reporting Requirements: Quality Rating System (QRS)

- Section 1311(c)(3) directs the Secretary to develop a **Quality Rating System** which is based on quality and cost, for each QHP offered through the Marketplace, and for the Marketplaces to publicly report information to consumers

QRS 2015 Beta Test Data Process Flow

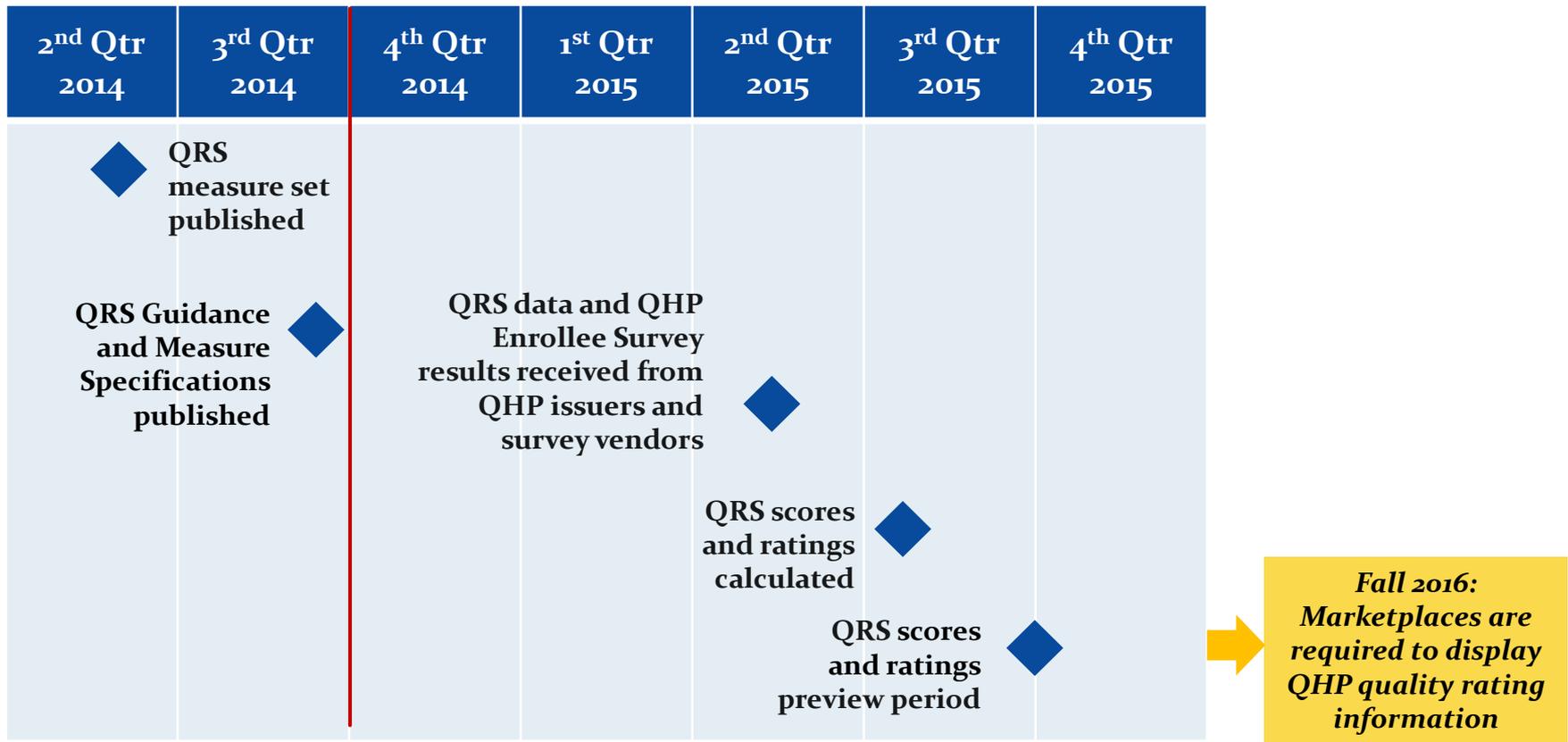


* No cost to access/use the system

Role of State-based Marketplaces for the QRS

- Beginning in 2015:
 - Monitor QHP compliance with QRS and QHP Enrollee Survey requirements, including reporting of data for purposes of meeting QHP certification standards
- Beginning in 2016:
 - Display quality rating information on the Marketplace website in the fall of 2016 (for 2017 coverage year open enrollment)
- *Note:* On behalf of SPMs and the FFM, CMS will monitor QHP compliance with QRS and QHP Enrollee Survey requirements, as well as QHP compliance with the quality reporting certification standards. Beginning in 2016, CMS will display quality rating information for QHPs operating in the SPMs and in the FFM on the HealthCare.gov website.

QRS 2015 Beta Test Implementation Timeline



Progress to Date

Quality Improvement Strategy (QIS) Legislative Requirements

- **Section 1311(g) -- Rewarding Quality Through Market-Based Incentives**
 - (1) **STRATEGY DESCRIBED** — A strategy described in this paragraph is a payment structure that provides increased reimbursement or other incentives for-
 - (A) **improving health outcomes** through the implementation of activities that shall include quality reporting, effective case management, care coordination, chronic disease management, medication and care compliance initiatives, including through the use of the medical home model, for treatment or services under the plan or coverage;

Quality Improvement Strategy

Legislative Requirements (cont'd)

- (B) the **implementation of activities to prevent hospital readmissions** through a comprehensive program for hospital discharge that includes patient-centered education and counseling, comprehensive discharge planning, and post discharge reinforcement by an appropriate health care professional;
- (C) the implementation of activities to **improve patient safety and reduce medical errors** through the appropriate use of best clinical practices, evidence based medicine, and health information technology under the plan or coverage;
- (D) the **implementation of wellness and health promotion** activities; and
- (E) the implementation of **activities to reduce health and health care disparities**, including through the use of language services, community outreach, and cultural competency trainings.

Quality Improvement Strategy Legislative Requirements (cont'd)

- Section 1311(g)(2) directs the Secretary to **develop guidelines**, in consultation with health care quality experts and stakeholders, concerning the matters described in paragraph (1).
- Section 1311(g)(3) provides that the guidelines developed under paragraph (2) shall **require the periodic reporting to the applicable Exchange** of the activities that a **qualified health plan has conducted to implement a strategy** described in paragraph (1).

Quality Improvement Strategy Existing Regulatory Requirements

- **45 C.F.R. § 155.200(d)** requires the Exchange to evaluate QHP quality improvement strategies and oversee implementation of enrollee satisfaction surveys, assessment and ratings of health care quality and outcomes, information disclosures, and data reporting in accordance with sections 1311(c)(1), 1311(c)(3), and 1311(c)(4) of the Affordable Care Act.
- **45 C.F.R. § 156.200(b)(5)** requires QHP issuers participating in Exchanges to “implement and report on a quality improvement strategy or strategies...consistent with the standards of section 1311(g) of the Affordable Care Act.”
- In addition, under 45 C.F.R. § 156.200(h), as a condition of certification of a QHP, a QHP issuer must attest that it will comply with (among other requirements) the quality improvement strategy regulations.

QRS and QHP Enrollee Survey Guidance Resources

- ***2015 Beta Test for the Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2015***
 - Includes detailed QRS and QHP Enrollee Survey requirements for QHP issuers and also includes information relevant to other stakeholders (e.g., third-party data validators, HHS-approved survey vendors)
- ***Quality Rating System Measure Technical Specifications***
 - Includes detailed QRS clinical measure specifications and guidelines for data collection that QHP issuers will need in order to collect and submit measure data to CMS
- ***Quality Assurance Guidelines and Technical Specifications for the 2015 QHP Enrollee Survey***
 - Includes detailed specifications and protocols for HHS-approved survey vendors to conduct the QHP Enrollee Survey

Resources for Additional Information

- **Exchange Operations Support Center (XOSC) Help Desk (reference “Marketplace Quality Initiatives”):**
CMS_FEPS@cms.hhs.gov or 1-855-CMS-1515 (1-855-267-1515)
- **Marketplace Quality Initiatives Website:**
<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html>
- **QHP Enrollee Survey Website:**
<http://qhpcahps.cms.gov>