

DC HBX Quality Working Group: Revised Draft Recommendations

May 7, 2013

DC HBX Quality Recommendations for 2014

- The Exchange should consider assigning the Working Group's recommendations on quality reporting and strategies to an existing or new advisory group for further discussion and development. This advisory group should include representation from across spectrum of stakeholder groups, e.g. plans, providers -- including essential community providers and public health officials -- quality researchers/analysts, health data specialists. Such an advisory group would meet on an as-needed basis.

Quality Improvement Strategies

- Participating Qualified Health Plan Issuers will be required to submit a Qualified Improvement Plan (QIP) annually starting in 2014.
 - The Exchange should specify the requirements and format for a standardized Quality Improvement Plan (QIP). These specifications should account for Affordable Care Act requirements.
 - The Exchange should also coordinate with their counterparts in Maryland and Virginia to standardize the information health plans collect and report on their tri-state area enrollees in their QIPs.
- The Exchange will make the QIPs available to the public on the Exchange website.

Quality Reporting

- In time for the 2015 open enrollment period, the Exchange should work with Qualified Health Plan issuers on the format to report off-the-shelf quality measures – e.g., Consumer Assessment of Health Plan Providers and Systems (CAHPS), NCQA or URAC accreditation and HEDIS – based on their existing commercial or Medicaid products.
 - The Exchange should provide recommendations for a) what quality measures will be publically reported to consumers; and b) how they should be reported on the Exchange website.
- The Exchange should provide technical guidance to health plans on an ongoing basis regarding quality reporting.
- The Exchange should review any subsequent federal guidance on the quality rating system for possible implementation and impact on Exchange quality reporting initiatives.

DC HBX Quality Recommendations for 2015

Quality Improvement Strategies

- The Exchange should coordinate with public and private payers and other stakeholders to update the requirements for the QIP based on a) initiatives to address urgent health issues (such as HIV/AIDS care, tobacco cessation, perinatal healthcare and accident and gun violence) and b) updated federal guidance on the quality improvement strategies.

Quality Reporting

- The Exchange should implement the public reporting to consumers via Exchange web portal readily available ('off the shelf') measures and tools, including: accreditation status, CAHPS survey results, HEDIS measures, and Children's Health Insurance Program Reauthorization Act (CHIPRA) measures
- The Exchange should explore developing DC Exchange-specific quality reporting requirements and/or quality rating system for implementation in 2016. In doing so, the Exchange should consider:
 - Federal guidance pertaining to the HHS-developed quality rating system
 - Existing measurement systems like NCQA or URAC accreditation, CAHPS, HEDIS, and measures in the CHIPRA and Medicaid Adult core sets
 - The health needs of district residents and urgent DC quality of care concerns
 - How data will be audited, collected and reported to the Exchange;
 - How the Exchange would review and provide feedback to plans
 - Burden on plans (e.g., cost) in reporting measures
 - How rating system would be displayed on the Exchange website (i.e. designed to support improved consumer purchasing)
 - Gaps in current quality and patient experience measures and plan to address those gaps

DC HBX Quality Recommendations for 2016

- Continue implementation of data collection to support quality measures; begin data collection and public reporting of quality measures for the DC Exchange population (as opposed to commercial and or Medicaid populations) where possible.
- Respond to additional federal guidance & requirements related to Exchange quality reporting and improvement activities.

Working Group members determined that recommendations beyond 2016 are not necessary at this time given that a number of factors will affect the Exchange's quality activities in future years (e.g. inclusion of business with greater than 50 employees in the Exchange, additional federal guidance, and possible legislative changes to the ACA).