Meeting Summary
April 16, 2012

I. Welcome and Preview of the Agenda
Co-chairs Ms. Katie Burns and Ms. Dannette Coleman welcomed members back to the Measurement and Reporting Technical Work Group. Ms. Burns provided an overview of the meeting agenda.

II. Discussion of Initial Proposed Principles for Work Group Deliberations
Ms. Burns and Ms. Coleman reviewed the proposed principles from the work group’s initial discussion at the March 8, 2012 meeting which included the following considerations:

- There are already many quality measures for which insurers report data. The work group should look to existing measures rather than building new measurements and imposing additional administrative requirements on insurers.
- The work group should consider the appropriateness and comparability of the measures. For example, the work group should consider whether they are comparing the right products.
- It may be most appropriate to compare commercial plans to each other and Medicaid plans to each other rather than as part of one large group. It may also be helpful to compare more similar product types within these broad categories. Ultimately, the work group needs to be sure consumers are receiving the right information to make a decision.
- The work group should consider copay and deductibles and how this can be displayed in a useful manner. This is especially important in helping people understand their total out-of-pocket costs.
- It is possible the provided information will simplify some things and make others more complicated. Having summary data may be useful, but users must be able to drill down into the details as well.
- Even after developing a web-tool which is extremely consumer friendly, there will be individuals that will not be able to use it. Thus navigators will be extremely important for this population. Navigators will need to be knowledgeable about how consumers can use this information.
- The Exchange may not be the appropriate place to do an overall composite measure as that has not been done before. We need to be careful not to misinform people.
- The work group should consider that composite measures have their own intrinsic value judgments in terms of the weighting involved in a composite calculation. Users should also be allowed to compare based on their own values.
- Most sites do summarize information, but they also allow users to see the underlying data if they choose. Summarizing data is always going to require some decisions. It will be important to be transparent about the underlying data.
- It will be important to gain a consumer perspective through testing.
- It will be helpful to have the Exchange remember user preference and steer the user toward the most appropriate options for that particular individual based on that individual’s preferences.

Ms. Coleman encouraged the work group members to consider whether they wanted to remove, revise, or add to the above list. The work group reflected on these points and made the following observations:
• A central guiding principle should be that Work Group members think from a consumer perspective and to make cost, quality, and patient satisfaction useful for consumer decision-making purposes.

• The work group should draw upon existing useable measures and information whenever possible. Concerns about reporting burdens should be considered for both insurers and health care providers in the interests of promoting health care system-wide efficiencies.

• The health plan and provider information displayed on the Exchange should be useful for both consumers and navigators.

• The work group should actively seek out and consider opportunities to reduce health disparities through the course of its work.

• The work group should not establish principles that limit its choices on a particular topic.

• There is national work being done around reporting on health plan cost and quality information. The work group should be mindful to draw from these sources as it moves forward with its work.

• Affordable Care Act (ACA) requirements for a quality rating system are related to Qualified Health Plans (QHPs) rather than to insurers. Some data, however, is only available at an insurer level. The QHPs will be new products; thus, there will not be data available for these specific products during the initial launch of the Exchange. The work group will need to consider this issue as it makes recommendations on what should be reported initially and in the future. Initial quality reporting for the 2013 open enrollment period will have to be based on available information with a transitional strategy for reporting data at the QHP level in the future.

• We need to be practical in our decisions about what can be reported initially and how our strategies can evolve over time.

• As previously discussed, the Exchange will display both health plan and provider cost and quality information. The display of insurer/QHP and provider information must be integrated in a meaningful way for consumers.

• A parsimonious, streamlined set of measures may be most useful for consumers. Consumers must be able to readily access data on individual measures that feed into any summary-level data.

• The ACA requires that a quality rating system include cost and quality information. In building a quality rating system, Minnesota may want to present cost and quality simultaneously rather than attempt to merge cost and quality into a combined metric. Consumers must be able to see cost and quality information as separate components.

• We need to be clear about why we are collecting data on certain dimensions of quality and what goals we hope to achieve by reporting this information. Over time, we need to evaluate whether we are achieving our stated goals. How will we systematically evaluate what is useful to consumers? How does information inform and change consumer and insurer behavior over time?

• We should track how effectively consumers are able to use cost and quality information for decision making purposes. Information should be collected in regards to what
specific information consumers used as they compared QHP options and enrolled in a QHP. Ultimately, it will be important to know what information was used and its utility in the decision making process.

- The quality measures reported on the Exchange should be tested and affirmed with some type of focus group testing (e.g., use case testing).
- It will be important to help steer consumers toward the measures that are most applicable to them based on information they are willing to share with an optional decision support tool available on the Exchange. For example, if an individual shares information with the Exchange that she has diabetes, the system would ideally make diabetes-specific quality information readily available. [Note: individuals will also be able to compare quality ratings and enroll in Qualified Health Plans without answering these types of questions.]
- The work group should consider how the Exchange and its approach to developing and reporting on cost and quality is built as a system that learns and improves over time.
- The work group should think about how it can educate consumers and encourage them to be more active in their own care.

Additionally, clarification was provided on the following points:

- The distinction between the terminology “insurer” and “QHP” was further defined for the work group. These terms are not synonymous. The “insurer” is the entity selling the health insurance product. The “QHP” is the product.
- Clarification around the scope of the work group as it relates to provider value-related metrics (quality and provider peer grouping information) was provided. The work group will not determine which provider value-related metrics are collected by the Minnesota Department of Health. However, this group will consider how to display this information on the Exchange. In terms of health plan value metrics the group will provide input related to the methodology and design of a quality rating system for insurers and QHPs, as well as on how to display this data.
- This work group will have the opportunity to consider and discuss detailed methodological issues in a more structured and thorough way through work with an external contractor. The request for proposal (RFP) process related to this work is still in the initial phases. Therefore, the first few meetings of the work group will focus more on level setting and ensuring all members have familiarity with the topic.
- While federal rules related to multiple aspects of this group’s work will be forthcoming, the Exchange will be required to report health plan cost, quality, and consumer satisfaction information. The work group will continue to work through issues related to these components at future meetings.

III. Presentation

Ms. Burns gave a presentation on Exchange activities to date, requirements related to a quality rating system, types of health insurer quality metrics, and available data sources. Work group
members had an opportunity to ask questions and provide comments. The following issues were identified for clarification:

- This data is not reported on a market-wide basis at the present time.
- The work group felt it would be useful to have some additional information about the different data sources highlighted during this presentation; specifically, additional information was requested related to the Minnesota Department of Health (MDH) Managed Care Quality Assurance Examination and the Minnesota Department of Human Services (DHS) Minnesota Health Care Programs (MHCP) Quality Evaluations. The group concluded it would be useful to discuss these programs in further detail in the future so members can better understand how useful information gathered during these processes may be in comparing QHPs.

Future considerations:

- Work group members discussed the extent to which variance exists on HEDIS clinical measures at a plan level on the basis of broad provider networks and the potential for trending toward greater use of tiered networks in the future. It was also acknowledged that carriers have different strategies for working with their provider networks and those interactions influence performance on clinical HEDIS measures.
- The work group should be aware that there is some discrepancy between a small number of the HEDIS measures and current guidelines used in Minnesota based on work of the Institute for Clinical Systems Improvement (ICSI). It will be important to consider this disconnect as the work group considers individual measures for inclusion in a quality rating system. If the National Committee for Quality Assurance (NCQA) HEDIS definitions do not match ICSI practice guidelines used in Minnesota, it may not make sense to include the NCQA measure in the quality rating system.
- As Exchange staff move forward with contracts related to the IT Infrastructure for this data and the methodological components related to the quality rating system, staff should be mindful of how these two pieces relate to each other in terms of the ultimate display for consumers. The work group will need to think about the end goal of producing meaningful consumer-friendly information as it weighs methodological options for a quality rating system.

IV. **Wrap Up and Next Steps**

The Exchange will conduct a competitive procurement process to hire a vendor to develop methodological options for a quality rating system. Work group members are invited to provide input about issues or tasks to be included in the scope of the request for proposals. The work group had a brief discussion about this agenda item. Exchange staff will solicit input from work group members via email. Input will be needed within the next two weeks to inform the procurement process.

**Next Meeting:** Monday, May 14th 1:30 p.m. – 3:30 p.m.