NCQA History

• NCQA – a non-profit that for 21 years has worked with federal, state, consumer and business leaders to measure, improve and hold plans accountable for quality

  Our Mission
  – To improve health care quality

  Our Vision
  – To transform health care through quality measurement, transparency and accountability
Tools Help People Find The Best Health Plan Value

- **Health Plan Accreditation:**
  - Over 500 health plans/107M lives

- **HEDIS Quality Measures**
  - 76 measures of effective, quality care & resource use, plus CAHPS survey of patient experience

  Exchange plans must have accreditation and report on both quality and consumer experience

- **Plan Report Cards & Rankings**
- **Patient-Centered Medical Homes (PCMH)**

What Is Accreditation?

- “Seal of approval” that plans meet specific quality care and service criteria
  - Measuring, analyzing, reporting and improving quality
  - Ensuring member Rights and Responsibilities

- **NCQA scores quality for each plan:**
  - Determines accreditation level
    - Accredited, Commendable, Excellent
  - Results translated in report cards
    - Compare plans in terms consumers understand and care about
  - Basis for plan rankings in Consumer Reports
42 States* Use or Recognize NCQA Accreditation

Plan Report Cards & Rankings

- **Report Cards**: star ratings on plan performance in terms consumers understand and care about:
  - Access and Service
  - Qualified Providers
  - Staying Healthy
  - Getting Better
  - Living with Illness
  - By state/product line @ reportcard.ncqa.org

- **Plan Rankings**: in Consumer Reports
Building Exchanges to Get Value

• Promoting competition based on value, not just premiums, will get better results
  – Competition based on low premiums alone can increase costs long-term by promoting plans with low-quality care or high cost-sharing barriers to needed care, leading to costly, preventable complications
  – Competition based instead on value encourages plans work to keep people healthy and prevent the need for costlier care, which will lower costs in the long-term

How Exchanges Can Promote Value

1. Choice architecture
   – “Nudge” consumers towards best value
2. Benefit design
   – Foster value-based designs that steer people to better treatment options
   – Integrate patient activation tools
3. Network design
   – Tier providers based on quality and cost data
4. Health plans as “market makers”
   – Health plans can be change agents, supporting (with data) and driving (with payment) improvements in care delivery
1. Choice Architecture

- Make it easy to see and pick plans that provide the best value by presenting cost and quality together up front!
- Educate consumers that value means both quality and total cost (including deductibles and copays) together, not just premiums
- Make sure brokers and navigators use this information to help people pick plans
- Give people who don’t want to pick their plan option of default to high-value plans

Choice Architecture: Decision Support

Promote informed consumer decisions by:
- Providing and managing information
- Clarifying preferences
- Presenting tradeoffs among choices

Examples
- Basic – Report card displays comparative information on the benefits of different plans
- Advanced – Personal worksheets let consumers identify/compare specific features of plan options
- Sophisticated – Computer-based interactive application on internet portal
2. Benefit design

- Exchanges create an opportunity to use cost sharing to “nudge” people toward better value services
  - Reduce or eliminate cost sharing to encourage prevention, chronic care and maintenance medications
  - Raise cost sharing for unproven and over-used services with less benefit
  - Reward use of decision aids to engage and inform patients about options

3. Tiering and limited network products

- Tier providers on cost and quality ratings
  - Charge less for high-value providers
  - Charge more for low-value providers

- Limit plan networks
  - To promote use of high-value providers
  - To reduce use of providers that charge high prices not justified by value
4. Health Plans as Market Makers

- Exchange health plans have tools to promote value:
  - Population perspective - data on overall patterns of service use, quality of care
  - Payment leverage
  - Benefit design to reinforce incentives for enrollees

- Models of plans working on delivery system reforms
  - Patient centered medical home
  - Alternative quality contract
  - Accountable care organizations
  - Care transitions

Health Plans Can Improve Value

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<th>Health Plan Functions</th>
<th>Results</th>
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<td>Admin. costs, Strategic considerations, etc</td>
<td>Premium</td>
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States Can Support Quality to Get Better Value in Exchanges

1. Build on existing quality reporting
2. Demand standardized performance data
3. Align Exchange quality strategy with existing public and private quality initiatives