



COLORADO  
**HEALTH  
BENEFIT**  
EXCHANGE

Quality Metric Options  
COHBE Board Meeting  
October 8, 2012

# Role of Quality Metrics

Gives plan performance and outcomes information in a standardized fashion that can inform plan selection

# Considerations for COHBE

- There are two major measurement tools—CAHPS and HEDIS.
- It is likely the federal exchange will be using some components of CAHPS and HEDIS, although no decisions have been finalized.
- Quality Metrics are evolving.
- As part of the COHBE certification requirements plans will have to be accredited or move toward accreditation in 2 years with either URAC or NCQA.



# Considerations for COHBE (cont.)

- The quality data we have now is not an “apples to apples” comparison to what will be sold on the Exchange
- New carriers entering the market and some existing carriers will not have data to populate rating the first couple years
- Research shows a person’s self-reported experience with the health care system does not correlate closely to his/her outcomes; it is important to distinguish between patient experiences and their outcomes when displaying quality information
- Data used to populate quality rating usually lags 1.5-2 years.

# Quality and Consumer Satisfaction Metrics

## Consumer Assessment of Healthcare Providers and Systems (CAHPS)

- Patient survey asks people to report and evaluate their experience with health care
  - Customer service, getting apt when needed, handled claims correctly, clear communication from doctor
- Managed by the federal Agency for Healthcare Research and Quality (AHRQ)
- Questions are organized by domains and then rolled up into composite scores. Overall scores are also developed, such as Overall Healthcare rating and Overall Health Plan rating.
  - Research indicates these two overall ratings are closely correlated
- Respondents can answer questions on scale of 1 (poor) to 5 (excellent) and this can be easily translated into star rating



## Underlying Composite Items Most Correlated to Overall Rating

### Provider Communication

- Q15 Doctor explained things in a way you could understand
- Q16 Doctor listened carefully to you
- Q18 Doctor spent enough time with you

### Access to Care

- Q27 Easy to get care believed necessary
- Q6 Getting appointment as soon as needed

### Information & Communication

- Q29 Communication provided information needed
- Q31 Obtained information on cost of services/equipment
- Q33 Informed of cost of specific Rx

### Customer Service

- Q35 Got information or help you needed
- Q36 Treated you with courtesy and respect



Overall  
Healthcare Rating



Overall  
Health Plan Rating

Morpace, May 2012

# Quality and Consumer Satisfaction Metrics

## Healthcare Effectiveness Data and Information Set (HEDIS)

- Measures capture information about the care delivered in health plans in a wide range of areas, such as preventive care, diabetes care, asthma care, etc.
- Developed and managed by NCQA
- Results are stratified by type of coverage (i.e. Commercial, Medicare, Medicaid)



# Accrediting Organizations

## National Committee for Quality Assurance (NCQA)

- NCQA Accreditation ratings summarize overall plan performance on a number of standards and measures
- NCQA is comprised of consumer satisfaction (CAHPS 25%), Clinical measures (HEDIS 60%) and NCQA Accreditation standards (15%)



New Search

## Accreditation Ratings

NCQA Accreditation ratings summarize overall plan performance on a number of standards and measures. Plans with a higher NCQA Accreditation status can be generally expected to provide better care and service than plans with lower accreditation statuses. **Plans with Health Plan Accreditation (HMO, POS or PPO) can receive a maximum of 4 stars in each category because HEDIS//CAHPS results are scored for these programs.** View more information [about Accreditation ratings.](#)

Accreditation Rating Criteria

Note: NCQA retired the Quality Plus Distinction listing for surveys effective July 1, 2010. NCQA Health Plan Accreditation incorporated the standards previously covered by the NCQA Quality Plus Distinction program starting with the 2008 Standards and Guidelines. Physician and Hospital Quality is now a certification program, click [here](#) to view statuses.

[Why is my plan not listed?](#)

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Plan Name ?	Plan Type ?	Accredited Product ?	Accreditation Type ?	Access and Service ?	Qualified Providers ?	Staying Healthy ?	Getting Better ?	Living with Illness ?	Overall Accreditation Status ?
<a href="#">Aetna Health Inc. (Pennsylvania) - Colorado</a>	Commercial	HMO/POS Combined	Health Plan Accreditation	★★★★☆	★★★★☆	★★★★☆	★★★★☆	★★★★☆	Commendable
<a href="#">Aetna Life Insurance Company (Colorado)</a>	Commercial	PPO	Health Plan Accreditation	★★★★☆	★★★★☆	★★★★☆	★★★★☆	★★★★☆	Commendable
<a href="#">Cigna Health and Life Insurance Company - Colorado</a>	Commercial	PPO	Health Plan Accreditation	★★★★★	★★★★★	★★★★☆	★★★★☆	★★★★☆	Commendable
<a href="#">Cigna HealthCare of Colorado</a>	Commercial	HMO/POS Combined	Health Plan Accreditation	★★★★★	★★★★★	★★★★★	★★★★★	★★★★☆	Excellent
<a href="#">Connecticut General Life Insurance Company - Colorado</a>	Commercial	PPO	Health Plan Accreditation	★★★★★	★★★★★	★★★★☆	★★★★☆	★★★★☆	Commendable



# Accrediting Organizations (cont.)

## Utilization Review Accreditation Commission (URAC)

- Accredits many types of health care organizations depending on the functions they carry out.
- URAC has a number of different accreditation programs
- The Health Plan Accreditation program is for organizations that want a comprehensive review of their operations.
- There are five sections in the Health Plan standards: Network Management; Quality Improvement; Credentialing; Member Protection and Utilization Management (UM). The applicant must pass all of these sections. The standards are appropriate for HMOs and other integrated health plans.
- URAC accreditation process incorporates CAHPS and allows but does NOT require HEDIS measures as proof of meeting plan performance improvement requirements.

# Quality Metric Options for COHBE

1. NCQA star rating (combination of HEDIS, CAHPS and accreditation standards scores)

Additional considerations:

Some issuers in CO will not have data to display for initial 2 years because they are not accredited with NCQA and don't have standard scores

2. COHBE develop a star rating that is a composite of quality measures from CAHPS or HEDIS or both

Additional considerations:

COHBE would need to develop methodology and identify source(s) to pull the data

3. CAHPS composite rating and link to HEDIS

Additional considerations:

COHBE would need to identify what question(s) to use or combine and/or an overall composite score to populate the rating

