

November 26, 2012

Request for Information Seeks Public Comment Regarding Health Plan Quality Management in Exchanges

On November 23, the U.S. Department of Health and Human Services (HHS) posted a Request for Information (RFI) that reconfirms that there will be no federal requirements with respect to quality reporting and other quality-related issues in the health insurance exchanges until 2016, and seeks public comment on 15 questions regarding quality improvement through the exchanges.

The RFI will be published in the Federal Register on November 27, and comments are due by December 27, 2012 (30-day period).

Summary of Request for Information (RFI)

This RFI reinforces HHS's previous statements in its May 2012 "General Guidance" on Federally-facilitated Exchanges:¹ HHS intends to engage in future rulemaking on quality issues, with quality reporting by insurers to start in 2016. State-based exchanges have the option to defer quality reporting until federal regulations are issued or implement their own quality reporting standards in advance of federal guidance.

The ten-page RFI has two short sections: a background section that identifies the quality-related provisions of the Affordable Care Act (ACA) that pertain to exchanges, and a solicitation section that requests information on 15 questions.

The ACA, under Section 1311, requires insurers offering qualified health plans ("QHPs") in exchanges to implement quality improvement strategies, enhance quality through specific contracting strategies, and publicly report quality data. The ACA also requires HHS to develop quality rating and enrollee satisfaction survey systems for consumers shopping in the exchanges. ACA Section 2717 requires quality reporting by health insurers across the marketplace, including how they are using their contracting authority to improve health outcomes, prevent hospital readmissions, improve patient safety, reduce medical errors, and improve wellness programs.² Additionally, ACA Section 10329 requires HHS to develop a methodology for calculating the value of a health plan, including consideration of the quality of care provided for under the plan, among other factors. Rather than discuss the details of these ACA requirements, the RFI outlines the broader context in which those requirements fit with HHS's national quality strategy, first published in March 2011.³ HHS also notes that there are existing quality measures and rating systems, including some that are used by accrediting entities such as NCQA and URAC, that have been recognized by HHS to accredit insurers under the ACA provisions requiring insurer accreditation.

Finally, the RFI articulates 15 questions soliciting public comment on three broad topics:

¹ CMS/CCIIO. "General Guidance on Federally-facilitated Exchanges," pp. 11-12. Available at http://ccio.cms.gov/resources/files/FFE_Guidance_FINAL_VERSION_051612.pdf (accessed November 26, 2012).

² ACA Section 2717 required HHS to develop reporting requirements by March 2012, but none have been published to date.

³ CMS. "Report to Congress: National Strategy for Quality Improvement in Health Care." Available at <http://www.healthcare.gov/law/resources/reports/quality03212011a.html> (accessed November 26, 2012).

- **Current practices.** What quality improvement strategies are being used in the marketplace today? How is quality measured and tracked over time? What public reporting or other transparency initiatives are in use today?
- **Alignment.** To what extent can and should quality initiatives in the exchanges be aligned with other quality improvement efforts, such as the national quality strategy, Medicare's five-star quality rating system, value-based purchasing initiatives, and accountable care organizations? What current data collection and transparency activities could be leveraged? What current state efforts are most relevant for the exchanges?
- **New challenges.** Are there gaps in current clinical measures of quality? What are priority areas for quality rating in the exchanges? How can the exchanges best further quality improvement? What are methodological challenges to public reporting of quality data?

Conclusion

The RFI provides little new information related to HHS's plan for implementing ACA quality standards and reporting requirements, but provides an important opportunity for stakeholders, through the public comment process, to weigh in on quality improvement and reporting standards, alignment with other quality initiatives in the market, and other related topics that will influence HHS's future guidance on quality.

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