Exchange Quality Solutions:
Ratings and Decision Support Tools

Health insurance Exchanges provide a unique opportunity to drive quality improvement and a value agenda that considers both quality and total cost of care. NCQA’s experience can support Exchanges in meeting quality requirements established under the Affordable Care Act (ACA). In order for Exchanges to improve quality and drive value, they should – at a minimum - provide enrollees with useful information displayed in a way that is easy to understand. More evolved systems could even go so far as to “nudge” enrollees towards plans that offer the best value in terms of total cost and quality, thereby driving competition. This could happen in states that have chosen to be selective purchasers and in states that allow all qualified comers.

Health insurance Exchanges must provide an internet portal for consumers to enroll in health plans. The Affordable Care Act further requires each Exchange to rate health plans on quality and price and make the ratings available for consumers on the internet portal.

Health plan quality ratings should be provided through health plan decision-support tools (web and paper based). Selecting health coverage can be intimidating and confusing for enrollees. An Exchange internet portal should provide information that helps consumers better understand the options available to them and further helps consumers select a plan that provides the most value to them, that is, high quality at an affordable cost that reflects both premium and cost sharing. The decision-support tool should allow consumers to quickly understand how plans rank on quality and cost information, but give them the opportunity to drill down into the level of detail to integrate their preferences into the choice process.

Based on our experience and research, development of a quality and price rating methodology and a decision-support tool requires three steps. First, determine how to rate plans. Rating includes selection and weighting of measures. Second, use recommended principles to design a decision-support tool for the internet portal. It is critical to integrate the health plan rating as a core component of the decision-support tool. Finally, conduct consumer testing with real quality data. NCQA plans to work through these steps to develop recommendations and options for health plan ratings and decision support tools within the framework provided by federal guidance.

What is a health plan rating?

- A health plan rating is a way to sort plans so that consumers and others can compare them on various quality and total cost of care measures.

Health plan rating approaches:

- Ranking/ordering
- Visual cues
  - Star Rating (i.e., more stars the better)
  - Grades (i.e., A, B, C, D)
  - Written statements (i.e., above average, average, below average)
Basic Rating Methodology Principles:

- Summarize health plan quality performance
- Include audited, standardized performance measures
- Include multiple quality components (i.e., preventive care, chronic care, behavioral health, consumer experience) that relate to the target audience
- Foster comparisons between plans through variability in performance (i.e., better than, above average)

What is a decision-support tool?

- A decision-support tool helps consumers make informed decisions by providing and managing information, clarifying preferences and presenting the tradeoffs involved in various choices.

Examples of Decisions-Support Tools:

- Basic – Report card displaying comparative information on the benefits of different plans offered
- Advanced – Personal worksheet that allows consumers to identify and compare specific features of available plan options
- Sophisticated – Computer-based interactive application on internet portal

Basic Design Principles for Decision-Support Tools:

- Context
  - Clearly define quality
  - Explain how quality information is meaningful in selection of a high value plan
  - Provide a framework to help consumers understand the larger concept of quality (i.e. IOM aims, overuse/underuse/misuse, Donabedian model – structure, process, outcomes)
  - Make data source available to instill trust

- Content
  - Provide a short definition and example of health insurance concept when presented
  - Use web functions (filtering) to allow consumers to customize the decision process
  - Keep quality information at high level and provide optional links for consumers to follow for more granular quality specifications
  - Integrate relatively new measures such as provider quality, network adequacy, and price
  - Ensure easy access to customer support services (i.e., call center, email, instant chat)

- Presentation
  - Display of quality information must be clear, simple and free of clutter
  - Provide guidance on how to read and understand graphs and tables to allow for easy comparison between plan performance
  - Data displays should summarize and interpret data for consumers
  - Clearly point to a high value health plan for consumer

- Ease of Use
  - Consumers must be able to comfortably and quickly navigate through quality content
  - Less information is more valuable, as consumers are traditionally inundated with too much
  - Avoid medical jargon and keep language simple for all health literacy levels
  - Educate and train customer support (navigators, agents, brokers) on quality, ratings and decision-support