



The Role of Health Insurance Exchanges in Fostering Transparency on Health Plan Cost and Quality

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Quality Improvement in the ACA

- Medical Loss Ratio Standard
- Transparency and Data Collection
 - Improving health outcomes
 - Hospital readmissions
 - Patient safety
 - Wellness
 - Health care disparities
- Qualified Health Plan Certification
- Plan Ratings
- Enrollee Satisfaction



Quality Improvement and Exchanges

Federal Implementation

- Rule Making Delays
- Accreditation, Quality Data Reporting, Disclosure: Phased Approached
- Quality Ratings Available 2016



State Exchanges

- States staging exchange development
 - Given complexity, states are focusing on core functionality before moving to incorporate optional components
 - Exchanges want to build enrollment for a robust population base
 - States will use early experience to add functionality and drive value, based on consumers' needs
 - States also look to move the delivery system as part of multipayer efforts

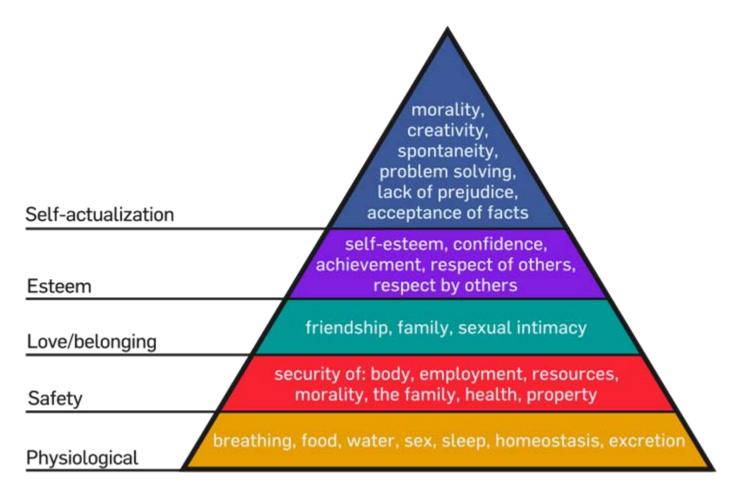


Exchange 2.0

- Maximizing the potential of exchanges
 - Minnesota to consider active purchaser model for 2015
 - Oregon aligning quality metrics across public and private programs and exploring common public-private programs approaches to cost containment
 - NY Planning for Medicaid managed care shopping through exchange
 - Many State-based Exchanges plan to expand quality reporting and make it easier for consumers to sort by quality



Maslow's Hierarchy of Needs





Exchange Hierarchy of Goals

