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
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### NCQA History

- More than 21 years working with federal, state, businesses and consumers to measure and improve quality and value
- Mission: to improve health care quality
- Vision: to transform health care through quality measurement, transparency, and accountability
  - Indiana requires NCQA accreditation and HEDIS/CAHPS data for Medicaid plans
  - Indiana deems accredited commercial plans and requires them to submit HEDIS/CAHPS data



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
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### NCQA Tools

- Health Plan Accreditation:
  - Over 500 plans covering more than 107 million lives
  - Plan Rankings: in *Consumer Reports*
- HEDIS measures of proven, effective care
  - Includes wellness/prevention, waste/resource use
  - Drives continuous improvement
- Patient-Centered Medical Homes
  - Coordinate care, improve access
  - Reduce preventable ER/Hospital admissions
- New ACO Accreditation Program
- Building Exchanges to Get Value



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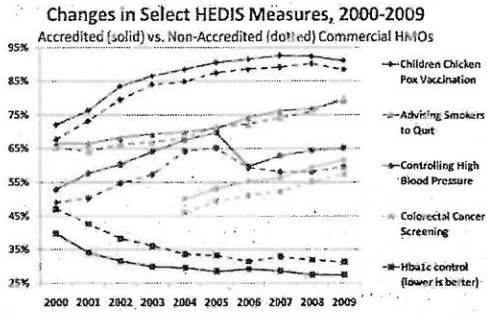
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## What Gets Measured Gets Improved



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## Relative Resource Use Measures

- Rate how intensely plans use resources (physician, hospital, etc) vs. similar plans
  - Covers 5 chronic conditions that account for over 50% of all health spending: asthma, cardiac, COPD, diabetes, hypertension
- With HEDIS quality measures, RRUs begin to show quality & cost together: value
  - Results show very little correlation between quality of care and how many resources are used (cost)!
  - Helping people find and select high-quality, low-resource use plans can yield better health and significant savings over time

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## Resource Use and Quality Results

Plan D Achieves the Highest Quality with Low Resource Use

Sample Diabetes Relative Resource Use in a Single State - HEDIS 2008:

Plan	Diabetes Quality Composite	Diabetes Medical Components Resource Use				Pharmacy Resource Use
		Combined Medical	Inpatient Facility	Evaluation & Mgmt	Surgery & Procedures	
Plan A	1.06	1.14	1.32	1.00	0.89	1.14
Plan B	1.10	0.85	0.96	0.74	0.73	1.12
Plan C	1.10	0.80	0.84	0.79	0.71	1.16
Plan D	1.14	0.74	0.77	0.85	0.56	1.13
Plan E	0.97	0.73	0.79	0.76	0.54	1.19

Note: 1.00 = average, Less than 1.00 = below average, Greater than 1.00 = above average

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### Building Exchanges to Get Value

- States Exchanges can encourage plans to compete based on value
  - 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
- Value-based competition can yield better outcomes and lower costs because plans work to keep people healthy and prevent the need for costlier care

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### How Exchanges Can Promote Value

- Help consumers understand importance of total cost and quality over premiums
- Ensure that plans provide standardized data on total cost and quality
- Rate plans on total cost and quality to help consumers find high-value plans
- Craft 'choice architecture' to promote competition based on value
- Enroll people who do not want to choose their own plan into high-value plans

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### How Plans Can Improve Value

When plans compete on value, they can:

- **Lower cost sharing for high-value care**
  - Prevention and coordinated chronic care
  - Patient-Centered Medical Homes and other high quality, efficient providers
- **Raise cost sharing for low-value services**
  - Unproven/overused treatments, low quality/inefficient providers
- **Promote other tools to enhance value**
  - Disease Management, Wellness Programs
  - Benefit/Network Design
  - Shared Decision Making

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## New Value Results from CIGNA

### Initiative with Medical Clinic of North Texas

- Clinic has highest level NCQA Recognition as a Patient-Centered Medical Home (PCMH)

#### Results :

- Avoidable ER visits 7% better than market
- Adherence to evidence-based medicine 6% better than market
- Diabetics blood control up 3%
- Hospital readmission rate declined 2%
- Net: medical cost trend >2% below market

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