

4 Ways State Health Insurance Exchanges Can Improve Quality

Health insurance exchanges aren't just a means to expand access to health insurance. They also are designed to help improve the quality of care delivered to patients.

1

Exchanges emphasize transparency in information about quality of care. Under the Affordable Care Act, states must ensure that plans participating in the exchange meet certain quality improvement criteria. The exchanges must also provide consistent quality and cost ratings for all participating plans—enabling customers to shop more easily based on quality, price, coverage, etc.

2

Exchanges can help link quality improvement with reimbursement strategies. Exchanges can coalesce insurance purchasers throughout the state—including Medicaid, the Children's Health Insurance Program, state employee benefits programs, and private employers and their purchasing alliances—so that health plans hear consistent demands for quality that they, in turn, press upon their provider networks, sparking a tighter focus on quality care.

3

Exchanges can help consumers make more informed decisions. Exchanges' Web portals can provide consumers with relevant and actionable information, not just on the availability of affordable plans—but also on quality of care. Displaying easy-to-understand information on the quality of care provided by plans (based on the performance of their provider networks) enables consumers to make informed decisions and promotes quality-driven plans.

4

Exchanges can help fuel competitiveness, which in turn can make care more consumer-centered. By offering a choice of plans and equipping consumers with information to better understand and compare options, the exchanges can push plans to compete with each other to provide quality- and value-driven plans that work for consumers.

