



# Qualified Health Plan RFA Carrier Questionnaire

## Instructions

This questionnaire identifies the Patient Protection and Affordable Care Act (ACA) requirements that a carrier must meet prior to the time a contract is finalized between the Marketplace and the carrier. Please respond to each question and explain how you will meet the requirements.

If the space allotted does not allow for complete answers, please add additional pages or documentation. Include the document title in the explanation text field. Documents must be clearly labeled to indicate the corresponding question.

## Transparency

**Transparency** — ORS §741.001(3): “Empower Oregonians by giving them the information and tools they need to make health insurance choices that meet their needs and values.”

The Marketplace seeks to empower Oregonians by providing the information and tools customers need to make good choices, and be informed about their coverage.

1. In the space provided below, please describe how you provide enrollees with timely information about plan benefits and cost sharing, provider networks, changes to the foregoing, and the steps necessary for a member to locate this information on your website.

2. How do you communicate important information to your members about your health benefit plans and company policies in a culturally and linguistically appropriate manner?

## Quality

**Quality** — ORS §741.001(4): *“Improve health care quality and public health, mitigate health disparities linked to race, ethnicity, primary language and similar factors...”*

In order to participate in the exchange, carriers are required to implement and report on a quality improvement strategy or strategies consistent with §1311(g) of the ACA. Under §1311(g), a strategy is a payment structure that provides increased reimbursement or other incentives for:

- Improving health outcomes through the implementation of activities that include quality reporting, effective case management, care coordination, chronic disease management, medication, and care compliance initiatives, including through the use of the medical home model, for treatment or services under the plan or coverage;
- Prevention of hospital readmissions through the implementation of activities to prevent hospital readmissions through a comprehensive program for hospital discharge that includes patient-centered education and counseling, comprehensive discharge planning, and post discharge reinforcement by an appropriate health care professional;
- Implementation of activities to improve patient safety and reduce medical errors through the appropriate use of best clinical practices, evidence based medicine, and health information technology under the plan or coverage;
- Implementation of wellness and health promotional activities; and
- Implementation of activities to reduce health and health care disparities, including through the use of language services, community outreach, and cultural competency trainings.

3. Please describe your experience with the quality improvement strategies outlined in the ACA §1311(g). Specifically, tell us about any strategies that are built into your existing plans. Additionally, please describe your company's current cost saving activities and how those will change with strategies around care coordination and how those payment models will be represented.

4. Have you evaluated the impact and overall effectiveness of these quality improvement strategies? If so, please describe the methodology used to evaluate the efficacy of these strategies and the evaluation findings.

5. Please describe the strategies your Marketplace plans will use to increase health care quality. Include a discussion of how you will use the medical home model and you will reduce health disparities.

## Access

*Access – ORS §741.001(4): "...ensure access to affordable, equitable, and high-quality health care throughout the State.*

6. Are there communities within your geographic service area that heavily rely on essential community providers and would benefit from expanded contracts with such providers? Do you currently include essential community providers in your health benefit plan networks? If not, how and when do you plan to contract with them in the future?

7. Please describe your referral process and prior authorization process when an Indian Health Service or Tribal 638 facility is not a participating provider in your network

## Submission Information

Carriers must submit the attestation and questionnaire responses via e-mail to [katie.m.button@oregon.gov](mailto:katie.m.button@oregon.gov) no later than 5 p.m. PST on March 1, 2017. Please make sure the e-mail subject line reads: [CARRIER NAME] RFA Submission. The questionnaire must be complete and include complete responses. *Fax, regular mail, and physical deliveries will NOT be accepted.* You will receive an e-mail confirming your submission.

*By submitting this questionnaire, I certify that the information contained herein is true and correct to the best of my knowledge.*

Name and title of the person submitting this questionnaire: \_\_\_\_\_

For: \_\_\_\_\_ Date: \_\_\_\_\_

(Company Name)