

June 4, 2010

The Honorable Kathleen Sebelius  
Secretary, U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, DC 20201

Mr. Jay Angoff  
Director, Office of Consumer Information and Oversight  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, DC 20201

**File code:** DHHS-9997-IFC

**RE: HHS Interim Final Rule on Implementing a Web Portal  
Comments on Behalf of Consumer, Labor, and Employer Organizations**

Dear Secretary Sebelius and Director Angoff:

The Consumer-Purchaser Disclosure Project is an initiative that is improving health care quality and affordability by advancing public reporting of provider performance information so it can be used for improvement, consumer choice, and as part of payment reform. The Disclosure Project is a collaboration of leading national and local employer, consumer, and labor organizations. We appreciate the opportunity to comment on the U.S. Department of Health and Human Services' (HHS) interim final rule for implementing a "Web portal" to help individuals and small businesses identify affordable health insurance coverage in any state.

We believe that the Web portal can play an important role in making transparent what the different coverage options mean for consumers and purchasers of care – so that they can make the best decisions possible about what coverage option works best for them. We applaud the thought that has gone into the interim final rule to facilitate informed consumer choice of health care coverage. Notably, we support HHS' decision to provide information on coverage options across multiple insurance markets (i.e. private plans, Medicaid, CHIP, and high risk pools) and committing to make all the information on the Web portal available for others to use and "repurpose." However, the interim final rule can be strengthened in the following ways to advance consumer and purchaser decisions around coverage selection:

- Require that health plans submit information on accreditation and quality for posting on the Web portal;
- Display the health improvement services that health plans offer to their members;
- Supply information on quality and value of care at the individual provider level;
- Help consumers to easily determine which provider networks include their preferred physicians;
- Provide meaningful and interactive information on cost-sharing; and
- Advance usability of the Web portal for those with limited English proficiency.

This comment letter is informed by the deep experiences of consumer and employer groups in placing information on coverage, quality, and value into the hands of patients.

### **Require that health plans submit information on accreditation and quality for posting on the Web portal**

Consumers and purchasers of care want and need to know about health plan quality and level of accreditation. In the interim final rule, HHS proposes to allow, but not require, health plans to submit information about their accreditation for display on the Web portal. We believe that accreditation information should be required, not optional. If health plans are not accredited, this should be reported, along with information on what accreditation means. Health plans should also be required to submit their HEDIS and CAHPS scores to be posted on the Web portal. Conversely, if a health plan does not publicly report HEDIS and CAHPS scores, it should be reported that the health plan does not currently measure quality. While HHS awaits submission of health plan quality and accreditation data, it can link consumers and purchasers to existing websites that provide trusted information about health plans. For example, the State of California, through the Office of the Patient Advocate website, has information on quality ratings of HMOs, PPOs, Medicare, the State Medicaid program, and other health coverage options.

### **Display the health improvement services that health plans offer to their members**

Different consumers have different health needs. Understanding what services health plans offer to their members when it comes to improving their daily health will help consumers make better decisions about their choice of coverage. The Web portal should provide consumers information on which health improvement services (e.g., smoking cessation and health risk reduction programs, disease management support) each health plan offers in uniform, specific, and easily understood language.

### **Supply information on quality and value of care at the individual provider level**

Equally, if not more important to consumers and purchasers, is the quality of care offered by individual providers (e.g., hospitals, physicians, etc.). In the interim final rule, HHS does not make any mention of connecting consumers and purchasers of care with information on how well individual providers care for their patients. Having this information is an important part of coverage decisions (e.g., a consumer who is contemplating surgery wants to know the frequency of health care acquired infections at each hospital within the coverage option's network of providers).

The Web portal architecture should include content and ways to connect users to provider-specific performance information for the insurance products' provider networks. HHS should make information on individual provider performance an interactive feature on the Web portal. As HHS builds this capacity over the next several months it can link consumers and purchasers to available resources. Currently, information on hospital quality of care is publicly available through the Centers for Medicare & Medicaid Services' (CMS) Hospital Compare website as well as through many state-sponsored websites. While information on individual physician performance is not widely available at this time, there is a fair amount of publicly available information at the level of the physician practice site. For example, the Informed Patient Institute website provides a listing of various websites about physician performance as well as a helpful assessment of the strengths and weaknesses of these websites. Furthermore, information on individual physician performance will likely become more widespread with the release of Medicare data and the Physician Compare website, as required by the Affordable Care Act. Additionally, many health plans currently give their members access to information on how well providers within their networks care for their patients; unfortunately, the information is not available to the public. We encourage HHS to work with health plans to link users of the Web portal with this information.

### **Help consumers to easily determine which provider networks include their preferred physicians**

Consumers often want to select a plan that has their current physician(s) in the network. To help consumers maintain their relationship with their preferred physician(s), the Web portal could be structured to allow consumers to easily search for coverage options that include their physician(s) of choice. For example, consumers could first choose their preferred physician from a catalogue of physicians, and in response to the selection, the Web portal would generate a listing of the coverage options that include the physician in their provider networks.

### **Provide meaningful and interactive information on cost-sharing**

Patients have become more price-conscious as they are being asked to carry a larger share of health care costs. We applaud HHS's decision to help consumers and purchasers of care understand the cost of coverage and the cost of using their coverage (e.g., deductibles and out-of-pockets cost). We also encourage HHS to make cost-sharing information interactive so that consumers can estimate their out-of-pocket costs for services and treatments that they might need.

### **Advance usability of the Web portal for individuals with limited English proficiency**

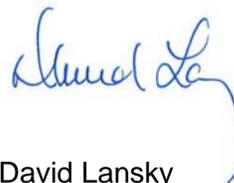
Making decisions about coverage can be a complicated endeavor; we appreciate that HHS seeks to provide information to consumers in a "clear, salient, and easily navigated manner" and plans to "minimize the use of technical language, jargon, or excessive complexity." However, HHS must also consider how to meet the needs of individuals with limited English proficiency (LEP), which number over 23 million Americans. We recommend that the Web portal be offered in a range of languages. HHS should ensure that the Web portal's general materials are translated into at least the 15 languages the Social Security Administration translates its documents into. Where the Web portal offers regional information, it should meet the language needs of that locality, either by translating the information or explaining how to get the information in other languages. Having access to the Web portal in multiple primary languages will facilitate better understanding of health care coverage for the diverse populations the Web portal is intended to reach. The Web portal should also include information on the health plan's interpretive and other language services.

On behalf of consumers and purchasers across the country, thank you for your efforts and your responsiveness to our comments. If you have any questions, please don't hesitate to contact either of the Disclosure Project's co-chairs.

Sincerely,



Debra L. Ness  
President  
National Partnership for Women & Families  
Co-chair, Consumer-Purchaser Disclosure Project



David Lansky  
President & CEO  
Pacific Business Group on Health  
Co-chair, Consumer-Purchaser Disclosure Project