

**Consumer-Purchaser Disclosure Comments:
NCQA 2013 Accreditation and Certification Products Update
April 1, 2012**

General Comments

The Consumer-Purchaser Disclosure project appreciates the opportunity to comment on the proposed update to the NCQA Accreditation and Certification process. Overall, we support the proposed updates. In regard to the statement on page 4 of the overview document, we look forward to NCQA's future efforts to align its quality measure data collection, reporting, and accreditation scoring with federal quality reporting requirements for qualified health plans operating in the Exchanges. When this move to align requirements begins, we hope that NCQA will support states in going above and beyond minimum standards to develop innovative, state-specific QHP certification criteria that will raise the bar for driving value and quality in health insurance.

Eliminate NHP and Restructure HPA to Accommodate New Plans: SUPPORT

The Consumer-Purchaser Disclosure Project supports the proposed concept of eliminating the current standalone New Health Plan accreditation product and create multiple pathways via the health plan accreditation product to reflect the entry of new products in the market, particularly in the context of the Health Insurance Exchanges.

Require HEDIS/CAHPS Survey Reporting During 3rd Year of First Survey: SUPPORT WITH CHANGES. The Consumer-Purchaser Disclosure Project urges NCQA to reserve "commendable" or "excellent" status for those plans that report HEDIS/CAHPS survey data earlier in the survey process, or by the second year at the latest.

Cap Plans at "Accredited" if Not Scored on HEDIS/CAHPS: SUPPORT

The Consumer-Purchaser Disclosure Project strongly supports the proposal to cap plans that do not submit HEDIS/CAHPS data at an "Accredited" status, as opposed to allowing these plans to achieve a "Commendable" rating. Having information on the quality of care provided to members is critical to assessing health plan performance, and to determining whether a given plan can be considered "commendable" or "excellent." Perhaps more importantly, it is critical that those who use and pay for health care coverage have access to information about health plan performance. We ask for clarification regarding how already-accredited plans that may be labeled commendable or excellent but are not scored on HEDIS/CAHPS would be distinguished from new plans. In other words, would this proposed change result in disparities in how rankings are determined for newly accredited plans and those that are already accredited? We ask for a change to the Update that makes it clear that "commendable" plans would lose that status if they do not report HEDIS/CAHPS, and would not be grandfathered in.

For Renewal Survey reduce documentation requirements: SUPPORT WITH CHANGES

The Consumer-Purchaser Disclosure Project feels that the proposed policy to reduce documentation requirements is reasonable in theory, but may lead to some unintended consequences due to the ambiguity with which the following statement is written: "write a brief narrative in the Survey tool stating if their policy has changed significantly since it was last submitted." There is little guidance on what is considered a significant policy change. Instead of offering health plans the opportunity to write a narrative on the change, we ask that the update be revised to require that plans be allowed to forgo document submission during a Renewal Survey only in cases where documents are entirely unchanged

from their prior submission. If there are any changes, NCQA should request new versions of documents so that NCQA can review and decide whether a significant change has occurred.

Require reporting on exchange population in second year: DO NOT SUPPORT

The Consumer-Purchaser Disclosure Project fully supports required reporting on the Exchange population. We strongly urge NCQA to require QHPS that operate in the commercial population to report their quality data for this population from day one of their entry into an Exchange, with explanations provided to consumers that the data reflect a potentially different population than those who are eligible for subsidies through an Exchange. This is particularly appropriate since many exchange plans are likely to be sold by carriers that have been in business for years and have extensive experience with HEDIS, CAHPS, and other measures.

Automatic accreditation for accredited plans' exchange products: SUPPORT

In cases where there is no difference whatsoever – in benefits or costs – between an accredited health plan's commercial product and the product that it is putting forward for consideration as a QHP in an Exchange, the Consumer-Purchaser Disclosure Project supports the concept of automatic accreditation. We do feel, however, that if this policy is implemented, NCQA should also make it clear that accreditation is only one component of exchange (QHP) plan certification. States should be innovative in developing processes to select only high-value plans that are priced competitively and deliver care most efficiently for exchange participation. Any automatic accreditation status must not undermine the impetus for states to allow only high-value plans to sell through exchanges and to be selective about which plans may or may not participate in exchanges based on value, when possible.

Automatic "accredited" status for accredited exchange product: SUPPORT

The Consumer-Purchaser Disclosure Project supports the policy of not extending anything above "accredited" to exchange products that receive an automatic accreditation." This will ensure that automatically accredited plans still go through the full review process before being potentially awarded "commendable" or "excellent" status.

Apply some MEM standards to exchange products: SUPPORT

The Consumer-Purchaser Disclosure Project supports the application of some of the MEM standards to the exchange products as to products in the non-exchange market. In our advocacy work regarding QHP certification, we support the implementation of standards that require health plans to demonstrate the use of innovative member engagement strategies such as use of shared decision-making tools and other patient-centered tools (such as tiered networks) designed to discourage the use of expensive services that do not add value when good alternatives exist. MEM standards that reflect these types of activities would add significant value to the survey process for Exchange products. At the same time, we feel the policy should be written in a way that ensures protection of member privacy and access to affordable care. For example, the health appraisals (MEM 1) is worrisome due to concerns that the resulting information on health and health risks provided to carriers could potentially be used for purposes such as underwriting or risk selection that are unrelated to improving a member's health. We are also concerned with MEM 8, providing incentives for health encouragement, which could have the adverse consequence of restricting access to care by imposing varied cost-sharing on members. We know that incentives tied to the cost of care can make it harder for consumers to maintain or improve their health by making needed care less affordable for those who are unable to obtain the incentive, thereby negating the point of the engagement activity. Finally, recognizing that health plans will take different paths toward engaging members, we believe NCQA's MEM standards should be used alongside

additional standards that states may seek to establish to ensure that QHPs are able to drive better member engagement and quality care delivery

Frequency requirement for physician directory updates: SUPPORT

The Consumer-Purchaser Disclosure Project strongly supports a physician directory update requirement for NCQA accredited plans. To ensure access to high-quality providers and that provider networks are sufficient not just on paper but in practice, we recommend that plans be required to update their provider directories quarterly to identify providers that are not accepting new patients or are no longer part of the network as a minimum national standard. We believe that NCQA has a critical role in ensuring this aspect of health plan quality and would urge NCQA to both work with plans to implement these standards and to work with states to implement NCQA and additional standards to ensure accurate information for consumers about provider networks. In the end, the availability of providers to serve all of the newly insured who enter in the market via the Exchanges will be critical to how well this program operates.

Frequency requirement for physician directory validation: SUPPORT

The Consumer-Purchaser Disclosure Project supports making physician directory validation a requirement for NCQA accredited plans. Having an accurate physician directory is critical to consumer access to care. As described in our comments pertaining to physician directory update frequency, inaccurate provider directories are a common consumer problem. As part of the validation process, we strongly suggest NCQA require that provider directories include basic accessibility information and an accurate listing of the languages spoken in a provider's office.