

Consumer-Purchaser DISCLOSURE PROJECT

Better information. Better decisions. Better health.

May 6, 2013

Marilyn Tavenner
Director
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard, Baltimore MD 21244

RE: CMS-9955-P: Patient Protection and Affordable Care Act: Exchange Functions - Standards for Navigators and Non-Navigator Assistance Personnel

Dear Ms. Tavenner:

The 21 undersigned organizations – all participants in the Consumer-Purchaser Disclosure Project (CPDP) – appreciate the opportunity to comment on the proposed rule for the Health Insurance Exchange Standards for Navigators and Non-Navigator Assistance Personnel. CPDP is a collaboration of leading consumer, labor, and employer organizations committed to improving quality and affordability of health care through the use of performance information to inform consumer choice, payment, and quality improvement

Our comments below reflect the following concerns:

- **The proposed rule’s discussion of Navigator and Non-Navigator Assistance Personnel lacks any reference to the importance of quality and value information.** We believe it is critical that Navigators and Non-Navigator Assistance Personnel must understand the importance of comparing Qualified Health Plans (QHPs) on quality – and not just cost – and be trained in how to direct consumers to find and use that information.
- **Strong oversight is needed to ensure that providers who serve in the Navigator role do not “steer” enrollees into QHPs with which they may have preferential relationships.** Given that providers – including hospitals and health systems – are eligible to serve as Navigators, we recommend that strong oversight rules be put in place in the final rule to flag patterns that indicate a provider is steering Exchange consumers a particular plan based on the provider’s relationship with the plan, versus the consumer’s needs and preferences.
- **All Navigators and Non-Navigator Assistance Personnel, regardless of their funding source, should be held to the same training and certification standards.** We do not agree with the language in the proposed rule which says state Exchanges have the *option* of holding Navigators and Non-Navigator Assistance Personnel that do not receive Section 1311 funding to the same certification and training standards as those who do receive federal funding. We believe all consumers should have access to equally certified and trained assistors.

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Inclusion of Quality and Value Information in Training and Certification

Navigators and Non-Navigator Assistance Personnel can play an enormous role in helping consumers understand both the need for using information on value, and direct them on where to find and how to interpret that information. **If that does not become defined as a key role for Navigators and other assistance personnel to play, then CMS will be foregoing an opportunity to create a new generation of consumers who are seeking care from the highest value providers and health plans.** The preamble to the proposed rule notes that part of the role of the Exchange is to educate consumers about this new marketplace in order to encourage participation. This education cannot be solely on affordability; it must also include considerations of quality and value. In the end, it is critical that consumers be provided with the information that they need to assess which plan offers the best value for the health care dollar.

Exchanges have the potential to significantly transform the health care marketplace, but to achieve this goal requires providing consumers and employers with meaningful information on how health plans and providers perform on measures of clinical quality and patient experience, as well as how they compare on cost. **Navigators and non-navigator assistance personnel are in a position to both educate consumers on the importance of considering this information, as well as helping them understand how to compare Qualified Health Plans (QHPs) based on value.** This is precisely why we are so concerned by the absence of a proposal within Sections 155.210 or 155.215 to ensure that Navigators and Non-Navigator Assistance Personnel understand the importance of using value data, and are trained to show consumers how to use it. The vague language stating that Navigator training modules would be designed so as to further “understanding differences among health plans” should be made more specific, indicating how those differences can be identified. In this respect, we recommend CMS look to examples in the private sector for successful programs that help consumers understand their options. For example, General Electric Company offers a “health coach” program that works with individuals and families to provide meaningful quality and cost data, as well as assistance in translating this information to informed decisions about treatment options and provider selection.

Beginning in 2014, the Federally-facilitated Exchange – and hopefully state Exchanges as well – will provide, as part of their consumer assistance tools, data on patients’ experiences with their health plans based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. This information, along with a health plan’s accreditation status, can provide consumers with significant insight into differences in health plan performance, particularly for patients with chronic conditions such as asthma or diabetes. The amount and value of information on quality will increase over time with collection of quality measures from plans (to reflect their experience covering Exchange populations) and the use of the Quality Rating System (QRS) and the patient/consumer satisfaction survey that the Affordable Care Act requires Exchanges to administer. In addition, consumers in many states have access to other sources of health care quality data, including HEDIS scores and provider-level quality information.

These resources will be invaluable to all consumers, particularly to those who will simultaneously be new to the experience of purchasing health coverage and faced with multiple plans from which to choose. But without a navigator to help them understand why that information is important, and to help guide them through the use of it, these resources may not be optimally leveraged and many consumers would simply gravitate towards the cheapest plan without a solid understanding of whether the plan will meet their needs. Thus, Navigators and Non-Navigator Assistance Personnel must be trained to:

- **Communicate** with consumers about 1) the basic terms of health insurance (benefits, cost sharing, etc.); and 2) the importance of using quality together with cost information (as opposed to cost information alone) when purchasing coverage and choosing providers;
- **Understand and interpret** quality and cost data at the QHP level, as well as at the provider level if available;
- **Translate** that data into useful information for consumers; and
- **Help identify** the highest value options for a consumer's individual and family needs.
- **Create an Entry Point** for all consumers including those with low English proficiency, low literacy, low health literacy, from diverse cultural backgrounds, and with little or no experience maneuvering through the health care system.

Oversight of Provider Navigators

The Affordable Care Act allows for providers to serve in the Navigator role. However, we are concerned this creates the potential for conflict of interest issues that go beyond whether a Navigator receives financial compensation from a QHP or issuer. The fact that some providers are integrated with health plans, and/or providers may be included in a QHP's tiered product line, raise concern about potential incentives for provider Navigators to steer consumers into a particular QHP. We recommend that strong oversight processes be put in place to both track whether this type of steering is occurring, and to take steps to eliminate it.

Funding of Navigators and Non-Navigator Assistance Personnel

Finally, we urge CMS to require that the same training modules, and certification/recertification standards, apply to all Navigators and Non-Navigator Assistance Personnel, regardless of whether or not they are funded through Federal Section 1311(a) Exchange Establishment Grants. Consumers in the Exchanges will not – nor shall they be expected to – know the myriad funding streams that are operating behind the scenes of this complex program. We cannot stress strongly enough the fact that all consumers, regardless of which Navigator/Non-Navigator Assistance Personnel door through which they may enter, deserve the same level of assistance and certification rigor. To suggest – rather than require – that those who are not funded through the Exchange Establishment Grants use these modules and standards automatically creates an uneven playing field for consumers.

On behalf of the millions of Americans represented by the undersigned organizations, we appreciate the opportunity to provide comments on the proposed Health Insurance Exchange regulations. If you have any questions, please contact either of the Consumer-Purchaser Disclosure Project's co-chairs, Debra L. Ness, President of the National Partnership for Women & Families, or Bill Kramer, Executive Director for National Health Policy at the Pacific Business Group on Health.

Sincerely,

American Heart Association
 American Hospice Foundation
 Caregiver Action Network
 Childbirth Connection
 Citizen Advocacy Center
 Employers' Coalition on Health
 Equity Healthcare
 Health Policy Corporation of Iowa

Iowa Health Buyer's Alliance
Lamaze International
Mid-Atlantic Business Group on Health
Midwest Business Group on Health
National Business Coalition on Health
National Partnership for Women & Families
New Jersey Health Care Quality Institute
Northeast Business Group on Health
Pacific Business Group on Health
Puget Sound Health Alliance
PULSE of America
St. Louis Area Business Health Coalition
The Leapfrog Group