



December 21, 2012

Marilyn Tavenner
Acting Administrator and Chief Operating Officer
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-9962-NC
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Submitted online at www.regulations.gov

Dear Ms. Tavenner:

The National Business Coalition on Health (NBCH) appreciates the opportunity to provide comments on CMS' Request for Information Regarding Health Care Quality for Exchanges. Throughout NBCH's 20-year history, we have been committed to advancing the dissemination and use of health care quality and value information. We have been following health insurance exchange development closely, and firmly believe that exchanges have the potential to be a valuable catalyst to transforming the way health care is provided in this country.

The National Business Coalition on Health (NBCH) is a national non-profit membership organization of purchaser-led health care coalitions. NBCH and its members are dedicated to value-based purchasing of health care services through the collective action of public and private purchasers. NBCH seeks to accelerate the nation's progress towards safe, efficient, high-quality health care and the improved health status of the American population. NBCH has a membership of 54 coalitions across the United States representing over 7,000 employers and approximately 25 million employees and their dependents. These business coalitions are comprised of mostly mid- and large-sized employers in both the private and public sectors in a particular city, county, or region. NBCH member coalitions are committed to community health reform, including an improvement in the value of health care provided through employer-sponsored health plans and to the entire community.

NBCH is a member of the Consumer-Purchaser Disclosure Project, which has also submitted comments on this RFI. We would like to make specific mention of the fact that we fully support all of the points

made by Consumer-Purchaser Disclosure Project regarding the importance of recognizing the critical role exchanges can play in advancing the use of quality and value information by health care consumers.

As mentioned above, NBCH has a long history of advancing the use of cost and quality information in health care. One of the most important ways NBCH does this is through NBCH's flagship product, a health plan Request for Information (RFI) called eValue8. eValue8 was created by business coalitions and employers like Marriott and General Motors to measure and evaluate health plan performance. eValue8 asks health plans probing questions about how they manage critical processes that control costs, reduce and eliminate waste, ensure patient safety, close gaps in care and improve health and health care. Health plans provide detail on how they educate, engage and incent consumers to promote health and manage disease, as well as measure and pay providers. Plans and purchasers (i.e. employers) receive objective scores enabling comparison of plans against regional and national benchmarks and a roadmap for improvement. eValue8 has been in use since 2003 and over the course of 10 years, NBCH has gained valuable insight into how a health plan can be used by an employer as a tool to ensure that its employees are receiving high-value care. Our comments on this RFI are based on these **10** years of experience dealing first-hand with both health plans and purchasers, advising them as they work toward using data to make evidence-based decisions about the quality and value of health care.

The RFI poses 15 different questions covering a wide range of topics, from understanding the current measurement landscape, to dealing with existing gaps in measurement. As stated above, NBCH is a member of the Consumer-Purchaser Disclosure Project, and NBCH has signed the Project's letter, fully supporting the comments made in response to each of the 15 individual questions.

Rather than responding to each individual question, we wanted to use our comment letter to educate CMS and other stakeholders that eValue8 is an existing, evidence-based quality reporting tool that gathers data to create hundreds of benchmarks to determine how health plans are managing chronic conditions, reducing and eliminating waste, ensuring patient safety, closing gaps in care, promoting consumer engagement, and contributing to payment reform. In addition to including HEDIS and CAHPS measures, eValue8 goes beyond these minimum-standard measures and currently collects, and can provide exchange administrators with, concrete examples of plan activities relating to virtually all of the 15 specific questions. For example, our eValue8 database contains a wealth of information on strategies used by plans to improve health outcomes, reduce hospital readmissions, improve patient safety, implement wellness and health promotion activities, and reduce disparities. Because eValue8 has been in constant use since 2003, we can provide exchange administrators with information about the challenges in tracking improvement over time. Also based on our eValue8 experience, we can provide insight into the technology challenges and administrative burden plans face when trying to use data internally for improvement efforts, as well as provide responses to the RFI. In short, eValue8 is an existing, evidence-based quality reporting tool that can provide a simple way to track plan performance on providing high-quality and high-value health care.

We are aware that the Affordable Care Act (ACA) does not require any quality reporting requirements, beyond those used in accreditation, until 2016. We believe delaying the implementation of quality reporting in the exchanges until *two years* after they are implemented is a significant missed opportunity. While we appreciate the need to allow sufficient time for issues to be discussed around measure alignment, these new exchanges will be enrolling a significant number of individuals and families, many of whom are new to the world of health insurance and will be challenged to make important decisions related to health care coverage. We urge CMS to consider requiring at least some quality reporting when exchanges begin open enrollment on October 1, 2013. Use of portions of the

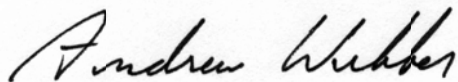
eValue8 tool, which some state-based exchanges have chosen to do, could greatly enhance the decision-making capabilities of these new marketplace participants, both the exchange administrators and the consumers purchasing plans. eValue8 is a web-based system that exists now and could be employed by exchanges without the time, expense, and burden of having to create something from scratch. Many plans across the country, including several large, nation-wide issuers, are already familiar with eValue8. Measure alignment could continue to evolve as exchanges mature and enrollees become more sophisticated in their ability to use this information. In addition, use of existing eValue8 questions could allow an exchange to signal to the market the policy issues it believes are important. For example, the Maryland Health Benefits Exchange will be using only one module of eValue8 that deals with race, ethnicity, language, and cultural competency. Using this module clearly signals to both plans and consumers, that Maryland will be monitoring these issues through the collection, tracking, and reporting of these data.

As the tool is currently used, the audience for the eValue8 data is primarily health plan administrators and purchasers (i.e. employers). However, some of our coalitions currently support consumer choice and transparency by reporting the results publicly. A significant amount of research has been done in recent years on how consumers perceive and use health care cost and quality data, and we believe we could use this research to provide useful information to consumers based on eValue8 data. Plans participating in eValue8 are already numerically scored and benchmarked. This type of objective and comparative data is already easily understood by consumers. As stated above, many exchange consumers will be new to the insurance market; eValue8 use could be an important catalyst for educating consumers about health insurance generally, while also providing relevant and valuable decision-making information. As exchanges mature, consumers will become more sophisticated in their purchasing decisions; use of eValue8 in a uniform fashion across the country will help bring much needed standardization to health plan ratings to allow this consumer sophistication to occur.

Because NBCH is unique in that we have such extensive and specialized experience with health plan quality reporting, we would welcome the opportunity to provide more detailed input to CMS on the eValue8 tool itself, how it is used, and what we are able to do with the data collected. We have already begun initial discussions with the Office of Personnel Management (OPM) regarding the possible use of eValue8 in their Multi-State Plan Program under section 1341 of the ACA.

NBCH and its members appreciate your thoughtful consideration of these comments on the RFI. If you have any questions about these comments or wish to discuss anything further, please contact Colleen Bruce, Director of Value-Based Purchasing and Public Policy at (202) 775-9300 or cbruce@nbch.org.

Sincerely,

A handwritten signature in black ink that reads "Andrew Webber". The signature is written in a cursive, flowing style.

Andrew Webber
President and CEO