



January, 4, 2013

Rear Adm. Christine Hunter  
U.S. Office of Personnel Management  
National Health Care Operations  
Healthcare and Insurance  
1900 E Street, NW  
Room 2347  
Washington, DC 20415

***Submitted online at [www.regulations.gov](http://www.regulations.gov)***

Dear Adm. Hunter:

The National Business Coalition on Health (NBCH) appreciates the opportunity to provide comments on OPM's proposed rule for the Multi-State Plan Program for the Affordable Insurance Exchanges under the Affordable Care Act. 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.

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 purpose of our comment letter is to educate OPM, as NBCH has started to do throughout late 2012, 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 – topics that go beyond mere accreditation requirements and network adequacy standards, which eValue8 also collects. In addition to including accreditation information, as well as 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 relevant plan management topics. 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.

The proposed rule indicates that OPM will base the MSPP reporting requirements for health plans on the FEHBP, and will issue sub-regulatory guidance to provide more details on reporting things like financial information, premium payment information, enrollment, and quality assurance information. NBCH stands ready and willing to provide input and assistance to OPM as it develops this guidance. As stated above, we have 10 years of experience with plan reporting of this type of information, in addition to more substantive cost and quality information that would help consumers make value-based decisions when shopping for health care. We believe that our experience with eValue8 could be invaluable to OPM as it develops this guidance, both for the individual market plans and the SHOP plans.

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 OPM to be a leader in exchange development by requiring at least some quality reporting under the MSPP 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. 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.

Perhaps most importantly, OPM requests comment on how to reduce administrative burden in collecting information from MSPP participants and facilitating information exchange between OPM and the states. Many plans across the country, including several large, nation-wide issuers, are already familiar with eValue8. Some plans have been responding to the eValue8 RFI for multiple years. Use of eValue8 in the MSPP would be far less burdensome than OPM creating a tool or mechanism from scratch. If OPM chose to use eValue8 in the MSPP, it would send a very strong signal to the entire health insurance marketplace, and allow measure alignment to happen much more rapidly than we have seen in recent years. Again, eValue8 is an existing, evidence-based tool that could be used by OPM *today* with little to no effort on the part of OPM, and also several large nation-wide health plans that would have responded to eValue8 regardless of participation in the MSPP.

Because NBCH is unique in that we have such extensive and specialized experience with health plan quality reporting, we would welcome the opportunity to continue to provide more detailed input to OPM on the eValue8 tool itself, how it is used, and what we are able to do with the data collected.

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](mailto: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