August 3, 2012

Peter V. Lee
Executive Director
California Health Benefit Exchange
1000 G Street, Suite 100
Sacramento, CA 95814

Re: Qualified Health Plan Criteria – Comments on Staff Recommendations for the Board

Mr. Lee,

The National Committee for Quality Assurance (NCQA) appreciates the opportunity to respond to the recommendations presented to the Board on July 19th and reviewed in subsequent webinars. As noted in each of these forums, NCQA stands ready to support the California Health Benefit Exchange in achieving its goals of value and transparency.

eValue8 In response to the potential use of the eValue8 tool, NCQA supports its use as a complimentary tool for selecting qualified health plans for the Exchange. Given the potential overlap between the eValue8 and Exchange health plan review criteria, we believe incorporating the results from eValue8 would aid the Exchange staff by streamlining the review process and helping to distill critical pieces of information presented by each plan. Additional reasons why eValue8 is an effective tool for the Exchange to incorporate include:

- The tool has embedded priority issues of the Exchange which include NCQA programs in the following areas: Health Plan Accreditation, Disease Management, Physician & Hospital Quality, audited HEDIS and CAHPS reporting for both PPOs and HMOs, how Physician Recognition Programs (e.g., diabetes and heart-stroke) are used, and which plans are promoting and supporting medical home initiatives using NCQA Recognition.
- The expectations outlined in eValue8 are supported by employers/coalitions of all sizes and in varying market environments around the country. It reinforces the idea that it is better to speak with one voice when setting expectations for entities you want to hold accountable.
- It is continuously refined by NBCH based on its' annual member coalition experience and feedback.
- It pushes beyond expectations that can be incorporated into core accreditation requirements and where the Exchange may be interested in exploring innovations that do not yet have a history of effectiveness.
- It facilitates employers and coalitions to work with health plans on improvement.
- It has proven to be appropriate for many community-based health improvement initiatives.
- It incorporates the expertise of many well-qualified health research organizations such as: AHRQ, CDC, CMS, ABIM, JCAHO, and NCQA.

<u>Responses to Board questions</u>**:**

1. Which modules and/or questions are critical for use in assessing and monitoring Qualified Health Plans? *eValue8 overall is well designed to assess QHPs. Those "Sections" of eValue8 that are most critical, if forced to rank, would be: Chronic Disease Management, Prevention & Health Promotion,*

Pharmaceutical Management, Provider Measurement and its' embedded Patient-Centered Medical Home.

2. What areas might HBEX weight most to achieve its vision and goals? *Same areas noted in Question #1.*
3. Should HBEX establish absolute or relative scoring criteria for its QHP standards? *We believe it is important to consider 'relative' scoring since the tool changes every year including both the content and the weights within each section of the RFI. If the Exchange locks into an absolute scoring methodology it may run into problems with plans not being able to meet the expectation due only to the fact that the tool changed too much to be comparable. This could result in problems if the Exchange wanted to compare health plan performance over time on the tool.*
4. Are there additional topics or questions you recommend? *Additional topics might include: Approach to overall and specialty network management, leadership in pay-for-performance, experience and future plans for involvement in ACOs and standards by which such will be developed, and research and success to date in consumer engagement and value-based benefit design.*
5. Are some modules more important than others to you? If so, identify which ones and explain why they are more important. *See response to Question #1.*

Recommendation on use of accreditation status levels: NCQA recommends use of the accreditation statuses directly for scoring QHPs. As noted in the RFI section on 1.4 Services and Compliance Reviews, there are numerous categories of accreditation that can be scored. Viewing the details of those responses will provide a more complete picture of a plan's use of accreditation in the areas relevant to the Exchange. NCQA's fundamental framework for evaluating plans includes a stratified range of performance statuses that for Exchanges are likely to be implemented in 2016 when clinical and patient experience performance data on a state's Exchange populations are first available.

QHP Criteria. We agree with the recommendations for QHP criteria and have included our perspective and experience in evaluating plans in each of these areas below and in the response form.

- Accreditation – Accreditors should have clear processes, transparent review criteria and ensure solid firewalls to avoid conflicts of interest with plans they accredit.
- Performance measure reporting – Accreditors with experience creating, collecting, analyzing and reporting performance measures are better equipped to support quality improvement.
- Value based insurance design (VBID)/plan innovations – Plans demonstrating creative methods to promote and enable positive healthcare choices should be highlighted.
- Delivery System Reform: Plans supporting more coordinated models of care – such as Patient-Centered Medical Homes or Accountable Care Organizations – which provide higher quality should also be highlighted
- Wellness programs- Plans should offer comprehensive wellness programs from health appraisals, to health coaching to encouraging prevention.

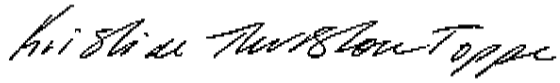
Culturally and Linguistic Appropriate Services. In addition, we know issues of disparities are front and center priorities for the Exchange and they are for NCQA as well. While not listed as a specific recommendation, having culturally and linguistically appropriate services is an embedded assumption among many of the recommendations to the Board. NCQA's Multicultural Health Care (MHC) distinction program is a new area of evaluation that highlights organizations that engage in efforts to improve culturally and linguistically appropriate services and reduce health care disparities. It was built with support from the California Endowment which has sponsored other disparities projects with NCQA as well. Currently, two California plans, HealthNet of California and Kaiser of Southern California hold this Distinction.

Alignment. As background, 90% of non-Medicare insured Californians are in plans that hold NCQA accreditation (current list of accredited plans and products attached). NCQA is actively engaged in California initiatives, including serving at the data aggregator to the IHA P4P program, and as the contractor for the

OPA report card. NCQA accreditation is required for plans that participate in the CalPERS program and by a number of California's major employers. The federal government recognizes NCQA for both federal employees and Medicare Advantage. We have long history supporting quality improvement and streamlining activities in California dating back to 1999 working with the California Healthcare Foundation, Medi-Cal Managed Care Division, Department of Managed Health Care, the Pacific Business Group on Health, CMS and many of the state's health plans and provider groups.

We appreciate the opportunity to share our comments and look forward to supporting the work of the California Health Benefit Exchange in whatever way we can as it advocates for quality, value, accountability and transparency.

Sincerely,



Kristine Thurston Toppe
Director, State Affairs
NCQA

NCQA Health Plan Report Card: California Results – June 30, 2012
Produced from NCQA's Health Plan Report Card
www.ncqa.org

Plan Name	Plan Type	Accredited Product	Overall Accreditation Status
Aetna Health of California, Inc. Aetna Choice POS, Aetna HMO, Aetna Open Access HMO, Aetna Quality Point of Service (QPOS), Aetna Value Network HMO	Commercial	HMO/POS Combined	Commendable
Aetna Life Insurance Company (California) Aetna Open Choice® PPO	Commercial	PPO	Commendable
Anthem Blue Cross Life and Health Insurance Company Lumenos (CDHP), Power Select, PPO Basic, PPO Saver, PPO SmartSense, Prudent Buyer, Tonik	Commercial	PPO	Commendable
Blue Cross of California dba Anthem Blue Cross Advantage HMO, Blue Cross HMO, Blue Cross Plus, Blue Cross HMO Plus, Blue Cross POS, CaliforniaCare, CaliforniaCare Plus, HMO Saver, Individual HMO, Select HMO	Commercial	HMO/POS Combined	Commendable
Blue Cross of California dba Anthem Blue Cross Lumenos (CDHP), Power Select, PPO Basic, PPO Saver, PPO Smart Sense, Prudent Buyer, Tonik	Commercial	PPO	Commendable
Blue Shield of California Access+ Baja HMO, Access+ HMO, Access+ Value HMO, Added Advantage POS, Core Flex HMO HFP HMO MRMIP HMO, HMO SaveNet / Local Access+ HMO, NetValue HMO	Commercial	HMO/POS Combined	Excellent
Blue Shield of California Blue Shield PPO Plan (Preferred Plan), Shield Spectrum PPO Plans	Commercial	PPO	Scheduled
Cigna Health and Life Insurance Company - California Cigna OAP, Cigna PPO	Commercial	PPO	Commendable
Cigna HealthCare of California, Inc. HMO, HMO Open Access, HMO POS, HMO POS Open Access, Network, Network Open Access, Network POS, Network POS Open Access	Commercial	HMO/POS Combined	Excellent
Connecticut General Life Insurance Company - California CIGNA OAP, CIGNA PPO	Commercial	PPO	Commendable
Health Net Life Insurance Company Health Net PPO, Health Net PPO First Advantage, Health Net PPO HRA, Health Net PPO HSA Compatible PPO, Health Net PPO HSA EZ Access, Salud con Health Net PPO, Salud con Health Net PPO Plus	Commercial	PPO	Commendable
Health Net of California, Inc. Health Net Elect, Health Net Elect Open Access, Health Net Elect Open Access Silver, Health Net HMO Bronze Network, Health Net HMO of California, Health Net HMO Silver Network, Health Net Salud HMO Plus, Health Net Salud HMO y mas, Health Net Salud Mexico, Health Net Select, Health Net Small Business Group HMO, Health Net Variable Hospital HMO Copay, Salud con Health Net HMO Plus of California	Commercial	HMO/POS Combined	Commendable
Kaiser Foundation Health Plan Inc. - Southern California Kaiser Permanente (Commercial)	Commercial	HMO	Excellent
Kaiser Foundation Health Plan, Inc. - Northern California Kaiser Foundation Health Plan - N. CA	Commercial	HMO	Excellent
Sharp Health Plan Sharp Blue Choice, Sharp Gold Value	Commercial	HMO	Scheduled
United HealthCare Services, Inc. (California) Choice, Choice Plus, PPO with differential, PPO without differential, Select EPO, Select Plus POS, UnitedHealthcare Navigate Balanced SM, UnitedHealthcare	Commercial	PPO	Excellent

Navigate Plus SM, UnitedHealthcare Navigate SM			
UnitedHealthcare Insurance Company (California) Choice, Choice Plus, PPO with differential, PPO without differential, Select EPO, Select Plus POS, UnitedHealthcare Navigate Balanced SM, UnitedHealthcare Navigate Plus SM, UnitedHealthcare Navigate SM	Commercial	PPO	Excellent
Western Health Advantage	Commercial	HMO	Excellent
Blue Cross of California Partnership Plan Medi-Cal Managed Care (MCMCP)	Medicaid	HMO	Accredited
Care1st Health Plan	Medicaid	HMO	Commendable
Community Health Group Healthy Families, Medi-Cal	Medicaid	HMO	Commendable
Health Net of California, Inc.	Medicaid	HMO	Commendable
Inland Empire Health Plan Healthy Families, Medi-Cal	Medicaid	HMO	Commendable
Local Initiative Health Authority, dba L.A. Care Health Plan Healthy Families, Healthy Kids, Medi-Cal	Medicaid	HMO	Commendable
Molina Healthcare of California Partner Plan, Inc. Molina Healthcare of California	Medicaid	HMO	Accredited
Orange County Health Authority - dba CalOptima CalOptima	Medicaid	HMO	In Process
Aetna Health of California, Inc. Aetna Medicare Plan (HMO)	Medicare	HMO	Commendable
Aetna Life Insurance Company (California) Aetna Medicare Plan (PPO)	Medicare	PPO	Commendable
Anthem Blue Cross Life and Health Insurance Company	Medicare	PPO	Commendable
Blue Cross of California dba Anthem Blue Cross Blue Cross Senior Secure Plan I, Senior Secure	Medicare	HMO	Commendable
Blue Shield of California Blue Shield 65+ (Medicare Advantage), Blue Shield 65+ Choice Plan HMO	Medicare	HMO	Commendable
Care1st Health Plan	Medicare	HMO	Commendable
Health Net of California, Inc. Health Net Healthy Heart, Health Net Seniority Plus Amber CHF, Health Net Seniority Plus Amber I, Health Net Seniority Plus Amber II, Health Net Seniority Plus Green, Health Net Seniority Plus Ruby, Salud con Health Net Medicare Advantage	Medicare	HMO	Excellent
Kaiser Foundation Health Plan Inc. - Southern California Kaiser Permanente-Medicare, Kaiser Permanente-Medicare Senior Advantage	Medicare	HMO	Excellent
Kaiser Foundation Health Plan, Inc. - Northern California Kaiser Foundation Health Plan - Northern CA, Medicare Advantage - Kaiser Permanente Senior Adva	Medicare	HMO	Excellent
UnitedHealthcare of California AARP MedicareComplete (HMO), AARP MedicareComplete Plan 1 (HMO), AARP MedicareComplete Plan 2 (HMO), AARP MedicareComplete Plan 3 (HMO), AARP MedicareComplete Premier (HMO), AARP MedicareComplete Value (HMO), Evercare Plan DH (HMO SNP)	Medicare	HMO	Excellent