



June 4, 2010

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: **DHHS-9997-IFC**
P.O. Box 8014
Baltimore, MD 21244-8014

Re: Health Care Reform Insurance Web Portal Requirements
Interim Final Rule with Comment Period, *Federal Register*, May 5, 2010

Dear Acting Administrator Tavenner:

The Alliance of Community Health Plans is pleased to submit comments in response to the Interim Final Rule on Web Portal Requirements, implementing Section 1103(a) of the Patient Protection and Affordable Care Act, as amended by section 10102(b).

ACHP is a national leadership organization whose members are community-based and regional health plans and provider organizations that collectively provide health care and coverage for approximately 18 million Americans, predominantly in the individual and small and mid-sized group markets. ACHP members also have a significant presence in the Medicare Advantage market and some members contract with their states to provide coverage to Medicaid beneficiaries. Our members are not-for-profit health plans or subsidiaries of not-for-profit health systems.

We appreciate the guidance, training conference calls, and related efforts by Department staff to inform and solicit feedback from health plans, especially under a difficult implementation deadline. We encourage continued efforts to provide clear definitions and explanations of why information is being requested and how it will be used. We urge the Department to release the requirements for the October 1 posting as soon as possible and to provide a sufficient amount of time for health plans to review material that will be posted and make necessary corrections.

We have received a number of recommendations or requests for clarification from our member plans, and submit those as follows:

Enrollment information as proprietary: Insurers are required to report enrollment by line of business, but they generally do not report enrollment by plan type or product line, or for closed products. We are concerned that a requirement to report enrollment in greater detail than line of business may provide an opportunity for competitors to deduce the business strategy behind the enrollment figures and lead to unfair advantage. ACHP recommends that information other than by line of business not be posted on the web portal.

Closed Plans: We recognize that the Department collected information on closed plans in the initial submission requirements, in an attempt to understand the universe of offerings, but does not plan to post this information on the web portal. Publishing closed plan information on the web portal would confuse consumers; a further problem is that insurers do not maintain current materials on benefits for these plans. If a closed plan is re-opened, then the information would be made available as part of the regular update process.

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Financial Ratings: We are concerned that use of rating systems such as A.M. Best, Moody's, or others may disadvantage not-for-profit health plans because of their emphasis on capitalization requirements. The Department should clarify the use, purposes, and limited applicability of these rating systems for consumers or develop requirements for uniform reporting of information that reflects solvency. We also suggest use of quality rating systems or reporting of quality measures. For example, the *U.S. News & World Report/NCQA* ratings of "America's Best Health Plans" annually reports on the quality of commercial products (in addition to Medicare Advantage and Medicaid) and is based on NCQA's HEDIS measures and the patient satisfaction measures captured by the CAHPS survey.

Rate Information: Our member plans have suggested the need for further guidance in the following areas:

- Development of the rate for a "standard" risk small group employer. Will there be a "straw man" or "average" small group for which all plans provide rates (e.g., 25 employees with 12 males and 12 females, with specified ages, and so forth)? Or will "standard" risk be determined by carriers based on their current book of business? From the consumer's perspective, it would appear that some type of average or benchmark group would facilitate comparisons.
- Some small group and individual plans are rated by area to reflect differences in the cost of care by county. We would like clarification that HHS will allow for rates by county and/or zip code. Similarly, HHS should recognize that some states currently allow different age-banded rates for males and females.
- We recommend that the Department clarify if full replacement files or change files should be submitted when issuers update their rates and plans. Whichever approach the Department chooses, we suggest the need for steps to reduce any confusion about which information is updated. Also, as an alternative to the requirement that changes be reported within 30 days, we suggest that the Department consider a regular reporting period, for example, monthly or bimonthly, so there is consistency and order to the updates. A regular reporting period, even to report "no change," would likely be less cumbersome operationally to health plans.

Summary of plan benefits: We suggest that the Department develop a uniform summary of plan benefits, using a template such as that developed by the Massachusetts Connector. As you know, all Massachusetts carriers display identical plan/product information in a uniform way that facilitates consumer comparisons in an easy-to-use manner. The Massachusetts model could serve as a blueprint for the benefit information that will be posted in phase 2. It is available at: www.mahealthconnector.org.

Future Updates: We are concerned about the potential misinterpretation of measures grouped under the label of "performance ratings" in the Department's plans for additional data requirements for 2011. For example, the percentage of claims denied may largely be a factor of duplicate claims rather than any reflection of performance. We urge the Department to consult further with health plans to identify a meaningful set of performance metrics for the web portal. As noted above, HEDIS and CAHPS provide indicators of clinical quality and patient satisfaction, respectively, that are well established and consistently measured across health plans.

Thank you for consideration of these recommendations. Please let me know if you have any questions or require additional information.

Sincerely,



Patricia Smith
President and CEO