



May 22, 2009

Senator Max Baucus, Chairman
Senator Chuck Grassley, Ranking Minority Member
U.S. Senate
Committee on Finance
Washington, D.C. 20510

Dear Chairman Baucus and Senator Grassley:

The National Committee for Quality Assurance (NCQA) appreciates the opportunity to provide comments on the Senate Finance Committee's policy options for "Expanding Health Care Coverage: Proposals to Provide Affordable Coverage to All Americans." We applaud your continuing leadership in this critical area of public policy and look forward to working with you as you shape this important legislation.

For 20 years, NCQA has been working to identify and eliminate the gaps in health care quality. We know from our work and that of others that too many Americans fail to receive the evidence-based care that they need to preserve and restore their health. This failure to provide consistent quality care harms the health of millions of people and adds tremendously to the rising cost of coverage and care. NCQA estimates that the current quality gaps in care lead to as many as 88,000 unnecessary deaths each year and adds up to \$3.5 billion in avoidable hospital costs alone. Poor-quality care also makes us less competitive as a nation: workers and employers lose more than 51 million days of work each year owing to suboptimal care. That is the equivalent of removing 206,000 full-time employees from America's workforce.

Providing coverage to the millions of Americans who live without it and securing good coverage for the millions more who are underinsured must be the primary goal of health care reform. But this expansion of coverage must be coupled with tangible efforts to improve quality and costs in order to achieve lasting improvement. The Committee's options provide some important ideas for how we can achieve these goals. Our comments are aimed at strengthening those ideas as the Committee moves toward considering legislation.

Health Insurance Exchange

Creating a National Insurance Exchange is an essential step toward expanding coverage and improving quality and affordability. The Massachusetts Health Insurance Connector Authority is an informative model. A national exchange must serve as a change agent to improve the insurance market in ways that will lead to better, more affordable care. NCQA recommends the following:

- All licensed insurers in the small-group and non-group markets should be required to participate in an Exchange. While regional Exchanges could also be created, there should be a central Exchange with the authority described by the Committee.

- All insurers participating in an Exchange should be required to report both clinical quality measures and patient experience measures. In 2008, more than 800 health plans reported data from the Healthcare Effectiveness Data and Information Set (HEDIS[®]) and the Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]) covering 106 million Americans. Health plans that collect and report these data have achieved remarkable improvements in the quality of care delivered to their members. Expanding this zone of accountability to include all plans participating in an Exchange will promote similar improvement across the entire health care system.
- To protect patients' rights, all plans participating in an Exchange should be required to maintain accreditation by a nationally recognized organization. Nearly half of all Americans with private insurance are enrolled in a health plan that is accredited by NCQA and 40 states currently recognize NCQA Accreditation as meeting or exceeding their requirements in the commercial and/or Medicaid market. Requiring accreditation will ensure a floor of protection for all enrollees while allowing states to enact additional guards if they are deemed necessary..
- The Exchange should develop national, regional and local report cards for consumers and employers to use in selecting a health plan. This information, which should be made available online and in print, should include summary results from the quality data referenced above.

We are concerned that the naming convention proposed for benefit options may lead to confusion among consumers. Designations of “Gold,” “Silver” and “Bronze” are frequently interpreted by consumers as an indication of quality. Yet quality is not a factor in that designation. Consumers need to take benefits, costs and quality into account as they consider their health care coverage options. Plans should either receive a rating for each of these categories or a combined rating of overall value. A variety of report card approaches are in use across the country and each provide consumers with this type of information in an approachable format. We urge the Committee to include language in legislation directing the new Exchange authority to work with experts like NCQA to develop such consumer friendly information.

Finally, we would like the Committee to consider providing consumers with rewards for taking a more active role in their health and health care. Engaged consumers often have lower health care costs and better outcomes, the current system contains few incentives for patients to become actively engaged in their care. Health care reform can address that in a number of ways. For example, deductibles could be lowered for consumers who complete a health risk assessment (HRA); participate in programs for weight loss, smoking cessation; or join a recognized medical home. Consideration also should be given to the development of shared decision making tools and rewards for providers and patients who use them.

Quality of Care in Medicaid and CHIP

We strongly support extending the quality reporting provisions of the Children’s Health Insurance Program Reauthorization Act of 2009 (Public Law 111-3) to the Medicaid program. NCQA’s annual State of Health Care Quality report indicates that the quality of care for Medicaid beneficiaries enrolled in private health plans continues to lag behind that of people enrolled in commercial plans and has been stagnant for the past two years. More consistent reporting of quality data would stimulate quality improvement. NCQA recommends the Congress go further and require states to report the core set of quality measures for children identified by the Secretary under CHIPRA. While states could collect additional measures, a consistent, comparable set of core measures would be invaluable in benchmarking the quality of care delivered to beneficiaries. The Committee also should consider a similar process of identifying core measures for adults – including the disabled – served by Medicaid.

Dual Eligibles

Individuals who are enrolled in both Medicare and Medicaid are some of our most vulnerable citizens. They often live with multiple chronic medical conditions. For the past two years, NCQA has reviewed the quality of care delivered by Special Needs Plans, many of whose members are dually eligible. While initial results of these reviews are encouraging, much needs to be done to further improve the quality of care for these beneficiaries and make participation in both programs seamless for these vulnerable beneficiaries. We strongly support the Committee's proposal to establish a special demonstration authority to test new ways to improve this area of care. Similarly, we support the proposal to establish an Office of Coordination for Dually Eligible Beneficiaries within the Centers for Medicare and Medicaid Services.

Promotion of Prevention and Wellness in Medicare

NCQA strongly supports the Committee's proposal to base Medicare preventive coverage decisions on the evidence provided by the U.S. Preventive Services Task Force. NCQA has long used the Task Force's consensus-based decision process to help guide development of quality measures in this key area of care.

Options to Prevent Chronic Disease and Encourage Healthy Lifestyles

NCQA applauds the Committee for including options to prevent disease and encourage healthier lifestyles. Too much of our health care system is focused on treating illness and little attention is focused on preventing illness in the first place. In 2008, NCQA launched the nation's first Wellness & Health Promotion Accreditation program. So far, 16 wellness companies have agreed to be reviewed against these standards.

The Committee's proposal to provide Prevention and Wellness Innovation Grants would spur both innovation and dissemination of approaches to prevention. The proposals to provide Employer Wellness Credits would be a huge step forward in advancing wellness through the workplace and we enthusiastically support it. Many employers across the country have already made wellness programs a priority for their employees and have stayed the course despite the economic pressures of the day. The proposed credits would expand these efforts, especially among small to mid-sized companies.

We agree that companies should be required to prove they are operating a qualified wellness program. We recommend allowing programs to qualify if they are accredited by a nationally recognized organization.

The criteria for qualification described by the Committee seem appropriate and are consistent with NCQA's accreditation program. The foundation for effective employee wellness and disease prevention is the completion of a health risk assessment. Similarly, focusing on opportunities for behavioral and environmental change are key parts of a successful wellness program.

Options to Address Health Disparities

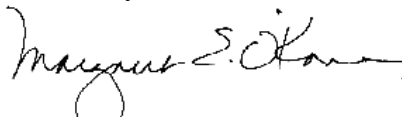
Addressing the continuing disparities in health care and health status between Americans based on race, ethnicity, gender and other factors needs to be a priority for health care reform. Research by NCQA and others has documented the persistent differences in the quality of care delivered to people of different backgrounds. NCQA has also been working to identify best practices by health plans and physician practices in reducing disparities and improving delivery of culturally and linguistically appropriate services (CLAS). Based on this research, NCQA recently developed a set of voluntary standards for health plans to follow to improve CLAS. We, therefore, strongly support the Committee's proposal to establish CLAS standards for private insurers participating in the Health Insurance Exchange.

We agree with the goal of collecting race, ethnicity, language and gender data and using it to stratify performance data. Understanding the diversity of a population and how the patterns of access and quality vary across different demographic groups is critical for directing and evaluating quality improvement efforts. However, it is not always possible or perhaps even necessary to include all quality measures stratified by race, ethnicity, language and gender. There are methodological reasons, including issues about the size of subgroups and the ability to make sound and statistically significant comparisons that will limit the results and render them less valuable. This challenge highlights the need to identify a meaningful and efficient strategy to understand the quality provided to different demographic groups.

We also support the Committee's proposal to adopt and enforce the use of uniform categories for collecting data on race and ethnicity, and language. The OMB should work with the HHS Secretary to consider how the upcoming recommendations of the Institute of Medicine committee which is investigating the topic of race, ethnicity and language categories for health quality reporting should augment or improve on the OMB Directive 15 standards. Requirements for improving the SSA data should extend to updating data for existing Medicare beneficiaries as well as improving collection from new beneficiaries. We also support extending the MIPPA provisions regarding the collection of data to allow investigation of potential health care disparities to the Medicaid and CHIP populations as well as other federal health care programs.

Thank you again for the opportunity to review and comment on the Committee's policy options for expanding health care coverage. We appreciate the open process that the Committee and its staff have adopted and look forward to working with you as part of this important effort to reform our health care system.

Sincerely,



Margaret E. O'Kane
President