December 26, 2012

The Honorable Kathleen Sebelius
Centers for Medicare and Medicaid Services
Department of Health and Human Services
P.O. Box 8010
Baltimore, MD 21244-8010

Re: CMS–9962–NC; Request for Information Regarding Health Care Quality for Exchanges

Dear Secretary Sebelius,

Trinity Health appreciates the opportunity to comment on the Request for Information (RFI) Regarding Health Care Quality for Exchanges, published in the Federal Register on November 27, 2012. In this letter, we offer our thoughts and recommendations on how to promote health care quality in health insurance exchanges (“exchanges”) through the establishment of quality and patient satisfaction ratings, as well as how to ensure the applicability of quality measures and quality strategies to qualified health plans (QHPs) in exchanges.

Trinity Health is among the largest Catholic health care systems in the country. Based in Livonia, Michigan, Trinity Health operates 47 acute-care hospitals, 401 outpatient facilities, 31 long-term care facilities, and numerous home health offices and hospice programs in ten states – California, Idaho, Illinois, Indiana, Iowa, Maryland, Michigan, Nebraska, Ohio, and Oregon. Our hospitals and clinics employ nearly 1,000 physicians, and we work with another 7,000 physicians through our open medical staff model. Our comments below focus on six specific questions raised by the Department of Health and Human Services (HHS) in the RFI.

Applicability to the Health Insurance Exchange Marketplace

Q5. What opportunities exist to further the goals of the National Quality Strategy through quality reporting requirements in the Exchange marketplace?

Trinity Health strongly supports HHS’ proposal to improve alignment among various reporting programs. In addition, we agree with HHS’ approach of establishing exchange quality reporting requirements that are consistent with the National Quality Strategy, as this will promote necessary alignment across programs.

Q6. What quality measures or measure sets currently required or recognized by states, accrediting entities, or CMS are most relevant to the Exchange marketplace?

Trinity Health agrees with HHS’ proposal to improve alignment among various reporting programs, and recommends that HHS select relevant, National Quality Forum (NQF)-endorsed outcome measures from the National Committee for Quality Assurance’s Healthcare Effectiveness Data and Information Set (HEDIS) when developing the quality rating system for QHPs. By focusing on outcome measures, rather than simply process measures, HHS will allow plans and providers flexibility in implementing various programs to improve quality outcomes and reduce costs. Moreover, we recommend adding select measures currently in use in the Medicare Advantage Star Ratings that assess the performance of health plans in linking patients to services. In addition, measures to assess provider network adequacy should also be included. Such measures include ease of getting appointments with specialists and appointment wait times, and would provide a more comprehensive picture of plan performance.
Similarly, we recommend that, wherever possible, HHS only include quality measures that have been endorsed by NQF since these measures have been rigorously evaluated, and have been shown to produce reliable and valid results. We recommend that HHS request that the Measure Applications Partnership (MAP) review any measures that HHS plans to include, which have not yet been NQF-endorsed. MAP provides input to HHS on which measures to use in federal payment and reporting programs in advance of formal rule-making. As a result, enlisting MAP’s support would help ensure that only relevant, valid measures are selected for inclusion in exchange quality rating systems.

Q9. What methods should be used to capture and display quality improvement activities? Which publicly and privately funded activities to promote data collection and transparency could be leveraged (for example, Meaningful Use Incentive Program) to inform these methods?

We believe that the methods used to capture and display quality improvement activities should be made fully transparent to providers, and that HHS should ensure that provider performance data collected by health plans be made available to providers before being publicly reported. By ensuring transparency in the methodology used to determine ratings, and by ensuring that providers are able to view their performance prior to it being publicly available, Trinity Health believes that providers will be able to better track and improve their performance over time, and ensure that the measures being reported accurately reflect their quality performance.

Q13. Describe any strategies that states are considering to align quality reporting requirements inside and outside the Exchange marketplace, such as creating a quality rating for commercial plans offered in the non-Exchange individual market.

We recommend that HHS require QHPs to, in a combined report, detail performance on quality measures for not only the population that they cover through the exchange, but also for commercial and Medicaid members. As individuals covered by commercial coverage in exchanges and Medicaid are likely to have sufficiently similar demographics, we recommend that, at least initially, HHS require plans to collectively report on performance for all of their members. Not only will this provide a more comprehensive view of QHP performance, it will serve to increase plan accountability for addressing and measuring enrollees who are churning between exchange and Medicaid coverage.

Q15. What factors should HHS consider in designing an approach to calculate health plan value that would be meaningful to consumers? What are potential benefits and limitations of these factors? How should Exchanges align their programs with value-based purchasing and other new payment models (for example, Accountable Care Organizations (ACOs)) being implemented by payers?

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Understanding the Current Landscape

Q1. What quality improvement strategies do health insurance issuers currently use to drive health care quality improvement in the following categories: (1) improving health outcomes; (2) preventing hospital readmissions; (3) improving patient safety and reducing medical errors; (4) implementing wellness and health promotion activities; and (5) reducing health disparities?

As requirements and rating systems for QHPs are further developed, Trinity Health urges HHS to improve consistency and alignment across local, state, and federal quality reporting programs wherever possible—but, at the same to time, to also ensure that current commercial efforts to improve quality are not inadvertently invalidated.

We serve together in Trinity Health, in the spirit of the Gospel, to heal body, mind and spirit to improve the health of our communities and to steward the resources entrusted to us.

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As many leading commercial payers have already established successful quality improvement programs that encourage providers to improve care delivery, we recommend that HHS explore these ongoing initiatives, such as BlueCross BlueShield of Michigan’s Physician Group Incentive Programs. Examining successful commercial efforts may help HHS identify how best to structure plan ratings to accurately reflect payer performance. Such programs offer payment incentives to high-performing physicians who transform their practice to improve quality, reduce unnecessary utilization, and enhance capacity. Across our system, we are involved in many such quality improvement initiatives and have seen how active participation in these arrangements enhances the quality of care that we deliver, while curbing overall health care spending. By drawing on these already successful initiatives, HHS can build on strategies that are already finding success in the commercial marketplace.

Trinity Health is appreciative of the opportunity to comment on this RFI and applauds HHS for engaging with stakeholders throughout this process. We strongly support exchanges as a way of facilitating the purchase of insurance coverage and improving the transparency of information to inform consumers’ choices of plans and providers. Successful health insurance exchanges will expand access and facilitate consumer engagement with robust transparency around price, quality, and benefit designs.

Trinity Health looks forward to working with HHS toward an affordable health system that delivers high value and clinical excellence across the continuum of care. We welcome additional opportunities to provide input to HHS. If you have any questions about our comments, please feel free to contact me at 734.343.0824 or wellstk@trinity-health.org.

Sincerely,

Tonya K. Wells
Vice President, Federal Public Policy & Advocacy
Trinity Health