



American Cancer Society ☯ Children's Defense Fund/New York ☯ Community Service Society of New York  
Institute for Puerto Rican and Hispanic Elderly ☯ Make The Road New York ☯ Medicare Rights Center  
Metro New York Health Care for All Campaign ☯ New Yorkers for Accessible Health Coverage ☯  
New York Immigration Coalition ☯ Public Policy and Education Fund of New York/Citizen Action of New York  
Raising Women's Voices ☯ Schuyler Center for Analysis and Advocacy

September 28, 2012

**VIA ELECTRONIC SUBMISSION: [exchange@health.state.ny.us](mailto:exchange@health.state.ny.us)**

Danielle Holahan  
Director of Policy  
New York State Health Benefits Exchange  
90 Church Street  
New York, NY 10007

RE: Comments on New York State Health Benefit Exchange: Developing a Quality and Satisfaction Rating Proposal

Dear Ms. Holahan:

Health Care For All New York (HCFANY) is a statewide coalition of over 130 organizations which seek to achieve affordable, quality health care for all New Yorkers. We thank you for the opportunity to comment on the State's proposal for developing a quality and satisfaction rating for the New York State Health Benefit Exchange.

At the outset, we would like to applaud the State for taking the initiative to incorporate quality ratings into the Health Benefit Exchange ahead of the federal requirement for States to do so in 2016. We believe that quality ratings will be an important factor for many consumers as they select the plan that is right for them. HCFANY strongly encourages the State to require all QHPs and Medicaid plans that participate in the Exchange to collect and report on QARR data elements. We also laud the State for reporting the data that is available for plans in their other markets, if none is available for the new QHP market (*see* page 3 of State's Proposal).



We have carefully reviewed the State’s quality proposal and we respectfully would like to highlight four issues that we believe are of concern to New York’s health care consumers and small businesses.

**1. Quality Information Should be Widely Disseminated to Consumers.**

First, HCFANY believes that Qualified Health Plan (QHP) quality data should be presented clearly and be easily accessible to all consumers. In many ways, the diagrams presented in the State’s proposal provide the consumer with multiple levels of information in a practical way that would allow consumers to choose as much or as little information as they would like.

However, we have a few recommendations that would make the data more accessible and useful to consumers. On the Overall Performance level, star ratings are a widely recognized visual that we think consumers will find easy to understand. We also believe that smiley faces used at the Performance for Domains level are also an effective visual guide for consumers. However, for Level 3, Plan Performance by Measures, we recommend that smiley faces continue to be used to indicate whether a measure is above average, average, or below average. It is confusing to introduce new symbols (i.e. arrows and “NS”) to convey the same meaning as on the Performance for Domains level. In addition, we laud the use of the actual quality scores so that those consumers who wish to have a deeper understanding of a QHP’s score may do so. However, we urge the State to clearly indicate that these scores are out of 100 possible points. In addition, each QHP’s measure (e.g. “average”) should be clearly linked with their numeric score (e.g. “85”). In the mock display provided in the State’s memorandum it is unclear that there are two columns related to one plan.

Finally, we believe that this important quality information should also be made available to all new enrollees (including special enrollment period enrollees) and each year at renewal in standardized, State-issued and user friendly “Consumer Guides” in both hardcopy and electronic form.

**2. Additional Domains and/or Measures Should be Reported on QHPs**

HCFANY urges the State to report on additional measures that are of paramount concern to consumers and small businesses.

The rate of appeals and the fiscal health of QHPs are two key measures of plan quality which must be reported. First, for each plan, the State should add a domain that reflects the number of internal appeals, External Appeals, and Fair Hearings (as appropriate) by plan. In addition, the rate of reversal should also be disclosed. The State Department of Financial Services has provided this information in its consumer materials for many years and it is



important to include this information for consumers as they make enrollment decisions. Second, the Department of Financial Services and the Department of Health should collectively determine a measure which fairly states the fiscal health of the plan. This information is also pertinent to consumers.

HCFANY supports the five proposed domains for the quality rating system. We strongly recommend the Office of Quality and Patient Safety adopt two more domains: Civil Rights Compliance and Adolescent Health. The Adolescent Health domain should include measures specific to adolescents. Adolescents not only have a higher rate of uninsurance than younger children, they tend to have lower utilization of services, such as preventive care. Therefore, we think it is important to report data on adolescents separately from other children. The Civil Rights Compliance domain should contain “Advised of the right to reasonable accommodations and how to get them” and “Advised of the right to language services and how to get them.”

For the Proposed Measures for Quality Rating Scores (2014-2015), we recommend renaming “Pregnancy” as “Pregnancy & Family Planning,” and include “Counseling for family planning” as a measure under Commercial PPO, Commercial HMO and Medicaid.

### **3. The State’s Quality Mechanisms for QHPs Should Promote Health Equity**

HCFANY has two recommendations as to how the QHP quality reporting can improve health equity.

First, we suggest that as the State seeks input from diverse groups of consumers on the user-friendliness of quality ratings as it develops how quality ratings will be presented. We recommend that quality ratings are made available in other languages, in addition to the entire Exchange portal being available in languages other than English.

Second, it is our understanding that the Department of Health is conducting an inventory of its existing databases that break down state health-related data by various demographic factors under funding in the FY 2012-13 State Budget. We urge the State to develop a comprehensive disparities data collection system that includes factors including but not limited to race, ethnicity, gender, disability, and sexual orientation. Once this happens, the quality and satisfaction ratings system could be expanded to incorporate these additional demographic factors.

The State Department of Health already is able to report a number of measures by race, ethnicity, gender, and disability status in its Medicaid Managed Care program. These measures should be displayed for all Medicaid Managed Care plans and, as they become available, for all QHPs. See “Promoting Health Equity and Quality,” Community Service Society of New York, 2009.



#### **4. Additional Information About Quality Measures Should be Easy to Access**

The consumer will have the option to “see more” at each level, which will expand the Quality Rating section for all plans. While the sidebar explains what the symbols for each level represent, consumers may be interested in how these ratings were decided. Therefore, we recommend a “Learn more about Quality Ratings” link that would lead consumers to consumer-friendly link that describes how plans earn points. We also recommend the Quality Ratings section include links to payment incentives plans have received for quality performance.

HCFANY also urges the State to take this opportunity to clearly explain to consumers that certain measures only reflect the outcomes for a sub-set of consumers who have been continuously enrolled for a year or more.

Thank you for considering our comments. If you have any questions, please contact Elisabeth Benjamin at [ebenjamin@cssny.org](mailto:ebenjamin@cssny.org) or at (212) 614-5461 or Carrie Tracy at [ctracy@cssny.org](mailto:ctracy@cssny.org) or at (212) 614-5401.

Sincerely,

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Vice President of Health Initiatives  
Community Service Society of New York