



October 4, 2012

Ms. Patti Fontneau
Executive Director and CEO
Colorado Health Benefit Exchange
3773 Cherry Creek North Drive Suite 1025
Denver, Colorado 80209

Dear Ms. Fonteau,

While we at Denver Health Medical Plan understand and appreciate the need to provide quality information to consumers on each QHP, we are also very concerned about consistent reporting as well as providing meaningful and relevant information to the consumer.

Understanding that the COHBE board has voted to display quality data for each QHP, it is not clear what quality data will be displayed or whether each QHP will be able to provide it. CCIIO has indicated that CAHPS and HEDIS data need to be in place by 2016 for coverage year 2017. It should be recognized that some QHPs have not historically captured CAHPS or HEDIS data and there will be some new QHPs in the market that will not have any data to display. How will this be treated on the website? What will consumers think if a QHP does not have any data- will it be perceived negatively or with a bias? If a QHP has very good CAHPS scores, then obviously they would want to display it. Conversely, if a QHP does not have as favorable CAHPS and HEDIS scores today, they will be at a disadvantage to both the higher scoring QHP and the QHPs that do not have any data to display. Has the board considered these situations? Therefore, Denver Health Medical Plan would strongly urge the board to consider displaying only quality data that is consistent across all QHPs, whether a long time carrier in the market, or a new entrant. The board should not choose to display any quality data that would distort or wrongly bias any of the QHPs in the eyes of the consumers.

Second, and of equal concern, is the display of CAHPS and HEDIS data that is not the consistent with the population that is being served. Specifically, the exchange population will be a hybrid of commercial and Medicaid type members for which quality data does not exist today. There are two versions of CAHPS and HEDIS data sets- one for commercial and one for Medicaid. Most QHPs will not have both sets of data and even if they do, it is unlikely that they could be melded into an agreed upon set of data for the website.

Based on these two significant concerns, Denver Health Medical Plan would recommend a very simple approach to this for the first two years of the Exchange- to display on the website that a plan is URAC or

NCQA accredited or that they have applied to be reviewed by URAC or NCQA and list the date of the pending review. This approach, though not robust, provides a more accurate presentation of each QHP's commitment to quality for the first 2 years. Providing more data has the likely potential to wrongly bias a consumer.

Thank you for the opportunity to provide our perspective on this important issue.

Respectfully submitted,



LeAnn Donovan,
CEO, DHMP, Inc. and
Executive Director of Managed Care, Denver Health