Marc, Harriet and John:

We have already explained our position, but in light of the COHBE BOD action here are some further thoughts on Quality in the first two years of the exchange.

We understand the need for quality indicators in the exchange. We still do not understand how COHBE can develop any composite of CAHPS or HEDIS that will give meaningful and useful data to consumers. We are concerned that a state developed composite will create the "illusion of information" by presenting a "score" that does not truly measure "Quality" and may mislead consumers.

We think some of the measures have value for consumers but we don't know how to weight or combine them. There are many opinions about CAHPS and HEDIS measures. Realistically, CAHPS is a measurement of the members perspective at the moment they fill out the survey- only a snapshot in time. HEDIS measures are important health tests and screenings; however, these measures reflect the entire health care system and are not a direct measurement of the health plan's "quality".

- From our perspective, the CAHPS measures that most closely reflect health plan quality are rating of Customer Service and potentially Claims Processing. We think most people have a basic understanding of these two categories.

- Rating of Customer Service and Claims Processing are both on the Commercial CAHPS survey. Only Customer Service rating is on the Medicaid CAHPS survey- claims processing is not measured on the Medicaid CAHPS survey.

Other CAHPS measures that may reflect "health plan quality" are:

1. Ease of getting care (Q 27)

- 2. Written materials that provide needed information (Q 29)
- 3. Finding information about how much you will need to pay for medical or pharmacy services (Q 31, 33)
- 4. Ease of filling out forms (Q 38)
- 5. Claims Accuracy (Q 41)

You may share this with other members of the Advisory Group.

Regards, Mike

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