



April 28, 2014

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Organizations**

Academy of Managed Care  
Pharmacy

American Association of  
Preferred Provider  
Organizations

American College of Physicians

American Health Quality  
Association

American Hospital Association

American Insurance  
Association

American Medical Association

American Nurses Association

American Psychiatric  
Association

America's Health  
Insurance Plans

Blue Cross Blue Shield  
Association

Case Management Society of  
America

National Association of  
Insurance Commissioners

National Business Coalition on  
Health

Pharmaceutical Care  
Management Association

John D. Jones, RPh, JD  
Board Chairperson

Kylanne Green  
President and CEO

Edith Ramirez, Chairman  
Federal Trade Commission  
600 Pennsylvania Avenue, N.W.  
Washington, DC 20580

**Attn: Health Care Workshop, Project No. P131207**

Dear Chairman Ramirez:

I am writing on behalf of URAC, a nationally recognized accrediting entity recognized by CMS as an accreditor of issuers of Qualified Health Plans (QHPs) participating on Health Insurance Marketplaces and as a deemed accreditor of health plans under Medicare Advantage. These comments are in response to the Federal Trade Commission's (FTC) opportunity for public comment entitled "Examining Health Care Competition" published in the *Federal Register* on February 24, 2014. URAC's comments are focused on the section of the FTC announcement entitled "Measuring and Assessing Quality and Health Care."

URAC is providing comment to a single question among those published in the notice. We have chosen the question because we are recognized for our significant expertise in the area of measurement, we believe it is an area ripe for innovation and we also believe that the government is currently engaged in a process that will significantly stifle both healthcare innovation and competition.

**Question: Have there been any recent innovations in quality measurement?**

Innovation

URAC, as a component of its health plan accreditation requirements, conducted a multi-year process involving a stakeholder advisory group to select and develop health plan quality performance measures.

Much has been said about the need in healthcare to move from process measures to outcome measures. Building on measures developed by quality organizations and professional societies, URAC developed a unique set of performance measures that are relevant to health plans, policymakers and patients; limited in number but meaningful both individually and collectively; actionable; evidence-based; and able to be substituted for substantially equivalent measures. Half of the resulting measure set consists of outcome measures which is a significant improvement over measures in use today.



The manner in which data is collected and reported is another area ripe for innovation. URAC used the All Payer Claims Database (APCD) methodology for data submission for its health plan measures. APCD involves the collection of individual data elements, rather than aggregated data. By collecting and analyzing measures at the data element level, it is possible to quickly and accurately identify trends, gaps in care and safety concerns. Measurement data can then be analyzed to tailor quality improvement programs from the population level down to the individual patient level. APCD is also a methodology familiar to many health plans as it is required reporting for health plans in 17 states.

### Competition

Recent government action, in accordance with the Affordable Care Act, has created a mandatory performance measurement set for QHPs based largely upon a set of measures (HEDIS®) that are proprietary to NCQA, one of the Health and Human Services designated QHP accreditors. HHS has also mandated a manner of reporting these measures that blocks the use of the APCD methodology. This has not only thwarted the selection of existing outcome measures but effectively ties health plans to one model of accreditation and allows one accreditor, NCQA, to dominate.

The government process for selection of measures for the Quality Rating System (QRS) that QHPs will be required to report beginning in 2016 was created under a sole source contract to Booz Allen Hamilton with NCQA acting as subcontractor. Although a Technical Expert Panel involving multiple organizations was part of the process, NCQA played a favored and significant role in the project team that chose the measures for QRS, and the manner in which these measures would be reported by QHPs. Not surprisingly, the measures chosen for the QRS are largely HEDIS® measures, and the selected methodology for reporting is copyrighted by NCQA.

URAC believes that unless HEDIS® measures are made available to all QHP accreditors at little or no charge, and reporting methodologies are made flexible, improvements made to measures and reporting will be moot, health plans and consumers will suffer, and NCQA will be granted a monopoly.

Sincerely,

Kyline Green  
President and CEO