

December 19, 2012

Office of Management and Budget
Office of Information and Regulatory Affairs
Attention: CMS Desk Officer

Submitted via email to: OIRA_submission@omb.eop.gov

Re: Form Number CMS-10433

Dear Sir or Madam:

Kaiser Permanente appreciates the opportunity to provide comments in response to the *Initial Plan Data Collection to Support Qualified Health Plan (QHP) Certification and Other Financial Management and Exchange Operations* (“Proposed Data Collection”), published November 21, 2012 in the Federal Register.¹ As a prospective QHP issuer in some states likely to be served by Federally Facilitated Exchanges (“FEEs”), Kaiser Permanente expects to be subject to the data collection requirements for QHP certification. Therefore, we wish to ensure that the information required by the Department of Health and Human Services (“HHS”) is useful and no more burdensome than necessary to support the effective and efficient operation of FEEs and state-based Exchanges.

Kaiser Permanente is the largest private integrated healthcare delivery system in the U.S., delivering health care to more than 9 million members in nine states and the District of Columbia. Kaiser Permanente comprises Kaiser Foundation Health Plan, Inc., the nation’s largest not-for-profit health plan, and its health plan subsidiaries outside California and Hawaii; the not-for-profit Kaiser Foundation Hospitals, which operates 37 hospitals and more than 600 medical offices and other clinical facilities; and the Permanente Medical Groups, independent physician group practices that contract with Kaiser Foundation Health Plan to meet the health needs of Kaiser Permanente’s members. Kaiser Permanente also includes Permanente Dental Associates, a prepaid multispecialty dental care program, in the Northwest.

As a prospective QHP issuer, we are concerned that the Proposed Data Collection with respect to essential community providers (“ECPs”) will impose a heavier burden on integrated care delivery systems like Kaiser Permanente than is justified by the need for or usefulness of the information collected. In the “Establishment of Exchanges and Qualified Health Plans” final rule, HHS recognized the unique contracting structure of integrated delivery systems, such as Kaiser Permanente, when it promulgated Section 156.235 relating to essential community providers. In the preamble to the final rule, HHS recognized that requiring integrated delivery systems to contract with ECPs could require major changes to their business models. For that

¹ 77 Fed. Reg. 69846.

reason, HHS established an “alternate standard” for staff model HMOs and integrated delivery systems to meet the ECP requirements for Exchanges.²

Kaiser Permanente agrees with HHS’ alternate standard requiring QHP issuers such as Kaiser Permanente to “have a sufficient number and geographic distribution of employed providers and hospital facilities, or providers of its contracted medical group and hospital facilities to ensure reasonable and timely access for low-income, medically underserved individuals in the QHP’s service area, in accordance with the Exchange’s network adequacy standards.”³ However, we are concerned that the Proposed Data Collection’s ECP data elements, which include highly-individualized, provider-specific information, will be of little value to the Exchanges, as the required information is not relevant to whether we provide “reasonable and timely access to low-income, medically underserved individuals in the QHP’s service area.” More relevant, and much less financially and administratively burdensome, would be a requirement that the QHP issuer eligible to comply with the alternate standard identify the locations of the issuer’s facilities, number and type of providers in each facility and other documentation necessary to ensure access for low-income and underserved populations in the intended service areas. Such documentation should include a statement of how the issuer’s network addresses the special needs of low-income underserved individuals and a system to monitor the ability of low-income underserved individuals to access care.

We recommend that HHS amend the Proposed Data Collection, Appendix A.1 (QHP Issuer Application Data Requirements) to include a separate paragraph specifying the data and supporting information that will meet the alternate ECP standard. Specifically, we propose the following changes (in redline) to Appendix A.1:

Essential Community Provider (ECP) Data Elements

Number and type of participating Essential Community Providers participating in an issuer’s provider network and other documentation necessary to demonstrate that that an issuer has an adequate range of ECPs for the intended service areas. ~~For issuers qualifying for the alternate ECP standard, the number and type of providers in the issuer’s network and other documentation necessary to ensure access for low income and underserved populations in the intended service areas.~~ Data will be pre-populated from HIOS or other templates whenever possible.

1. National Provider Number (NPN)
2. Provider Name
3. Provider Type
4. ECP Type
5. Street Address
6. City
7. State
8. Zip
9. 340B Participant
10. State + Network ID

² See 77 Fed. Reg. 18421-2.

³ 42 CFR §156.235(b).

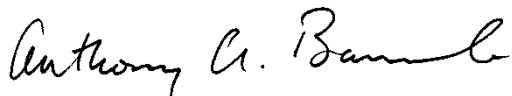
11. On ECP List or Write-In?
12. Write-In Explanation
13. National Provider Number (NPI)
14. Provider or Facility Name
15. Health Profession Shortage Area (HPSA)
16. In or Contiguous to HPSA?

For issuers qualifying for the alternate ECP standard, the locations of the issuer's facilities, number and type of providers in each facility and other documentation necessary to ensure access for low-income and underserved populations in the intended service areas, including a statement of how the issuer's network addresses the special needs of low-income underserved individuals and a system to monitor the ability of low-income underserved individuals to access care.

Kaiser Permanente believes that the ECP data elements recommended above will provide HHS assurances that integrated care systems will meet the alternate standard specified in the regulations while preventing a burdensome data reporting process that would be of limited utility to the Department.

We appreciate the opportunity to provide feedback in response to the Proposed Data Collection. If you have questions or concerns, please contact me at 510.271.6835 (email: anthony.barrueta@kp.org) or Patricia Lynch at 510.271.2652 (email: patricia.m.lynch@kp.org).

Sincerely,



Anthony A. Barrueta
Senior Vice President, Government Relations
Kaiser Permanente