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The Honorable Diana Dooley, Chair
Peter Lee, Executive Director
California Health Benefit Exchange
2535 Capitol Oaks Drive Suite 120
Sacramento, CA 95833

RE: Qualified Health Plan Policies and Strategies to Improve Care, Prevention and Affordability

The National Health Law Program and the Health Consumer Alliance of California are pleased to present our input on Qualified Health Plan policies and strategies under the Board's consideration. Our recommendations are laid out in significant detail in the attached table.

We would like to take the opportunity to highlight a few of our most important recommendations:

- With respect to **plan design standardization**, we generally agree with recommendations to standardize design to allow plan choice based on cost, quality, provider networks and customer service. We suggest that the Exchange require QHPs to further standardize cost-sharing, benefit exclusions and limits, drug formularies and out-of-network benefits to facilitate consumer choice. We also suggest specific limits on value-based benefit design to ensure that flexibility in this area does not undermine the goal of improving health outcomes while lowering cost.
- On the question of **provider network adequacy standards**, we urge the Exchange both to adopt more stringent standards, and to provide for more robust monitoring. We identify four key areas where existing standards are insufficient, and suggest specific standards in each: provider ratios, timely access, language access, and disability access. In addition, we believe that the existing statutory and regulatory mechanisms for oversight and monitoring of health plans are not sufficient to identify network adequacy concerns and therefore urge the Exchange to ensure more regular and robust assessments of plans' compliance with adequacy standards.
- Finally, on the issue of **aligning the Exchange with state-funded health programs**, we support the recommended approach to ensuring alignment and overlap between the Exchange and other public programs like Medi-Cal. We remind the Exchange to account for the possibility that California will enact a Basic Health Program. We support the proposal that the Exchange make provisions for plan and provider overlap between QHPs and Medi-Cal, Healthy Families, a Basic Health Program and other public programs to promote continuity of care. In general, we urge the Exchange to provide for robust monitoring of its alignment with other programs, to ensure that alignment successfully reduces churning and improves continuity of care.

Thank you for the opportunity to comment. We look forward to further discussion of these matters.

Sincerely,

Kim Lewis

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