



December 16, 2008

**Member
Organizations**

American
Association of
Preferred Provider
Organizations

American College of
Physicians

America's Health
Insurance Plans

American Health
Quality Association

American Hospital
Association

American Insurance
Association

American Medical
Association

American Nurses
Association

American Psychiatric
Association

Blue Cross Blue
Shield
Association

Case Management
Society of America

National Association
of Insurance
Commissioners

Bernard J.
Mansheim, M.D.
*Board
Chairperson*

Alan P. Spielman
*President and
CEO*

Thomas B. Valuck, MD
Medical Officer and Senior Advisor
Center for Medicare Management
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Mail Stop C5-01-14
Baltimore MD
thomas.valuck@cms.hhs.gov
PhysicianVBP@cms.hhs.gov

Comments on the U.S. Department of Health & Human Services Plan to Transition to a Medicare Value-Based Purchasing Program for Physician Services Issues Paper

Dear Doctor Valuck:

For the past several years, URAC has been working with stakeholders in health care to align our accreditation, measurement, and education programs with health care value-based purchasing initiatives and we are pleased to announce that our programs are very much in-sync with the U.S. Department of Health & Human Services (HHS) goal to improve Medicare beneficiary health outcomes and experience of care by using transparency to encourage higher quality, more efficient professional services. In particular, our strategic plans align with the HHS objectives:

- To promote the practice of evidence-based medicine through measurement, and public reporting (evidence-based medicine);
- Encourage effective management of chronic disease by promoting the use of evidence-based care processes and improved coordination of care (coordination of care);
- Accelerate the adoption of effective, interoperable health information technology (interoperable HIT); and
- Empower consumers to make value-based health care choices and encourage health professionals to improve the value of care by disseminating transparent and useful information (transparency).

Overview of URAC

URAC is an independent, nonprofit organization whose mission is to promote continuous improvement in the quality and efficiency of health care management through the processes of accreditation and education. To support this goal, our Board of Directors represents the full spectrum of stakeholders interested in our health care system, including consumers, employers, health care providers, health insurers, purchasers, workers' compensation carriers and regulators.

Incorporated in 1990, URAC pioneered utilization management accreditation by creating a nationally recognized set of standards to ensure accountability in managed care determinations of medical necessity. As the health care industry evolves, URAC continues to address emerging issues: we now offer over 25 accreditation and certification programs across the health care spectrum (i.e., Case Management, Claims Processing, Consumer Education and Support, Core Organizational Quality, Credentialing Support, Credential Verification Organization, Disease Management, Drug Therapy Management, Health Call Center, Health Content Provider, Health Network, Health Plan, Health Provider Credentialing, Health Utilization Management, Health Web Site, HIPAA Privacy, HIPAA Security, Independent Review Organization, Medicare Advantage Deeming, Pharmacy Benefit Management, Vendor Certification, Wellness and Workers' Compensation Utilization Management). In 2008, URAC's Board of Directors approved three new accreditation programs in the area of pharmacy quality management; Mail Service Pharmacy, Specialty Pharmacy, and Workers Compensation, Property, and Casualty Pharmacy Benefit Management.

Many states have found URAC's accreditation standards helpful in meeting regulatory requirements for managed care plans and other health care organizations and functions. Thirty-eight states and the District of Columbia currently recognize one or more of URAC's accreditation programs to satisfy state requirements, making URAC the most recognized national accreditation body at the state level. At the federal level, four federal agencies recognize URAC accreditation. The Centers for Medicare and Medicaid Services recognize URAC Medicare Advantage Health Plan Accreditation for the Medicare Advantage (formerly Medicare+Choice) Program; the Office of Personnel Management recognizes all URAC accreditation programs under the Federal Employee Health Benefits Program; TRICARE/Military Health System recognizes URAC's Health Network Accreditation, Case Management, Disease Management, and Utilization Management Accreditations; and the Department of Veterans' Affairs recognizes URAC's Health Call Center Accreditation.

URAC Standards: Establishing Quality Benchmarks

URAC accreditation serves as a symbol of excellence in the health care industry, promoting prevailing industry standards and consumer protections. In the rapidly evolving field of health care, URAC standards are developed through a dynamic process that identifies best practices and promotes high quality performance measurement. All stakeholders in the health care arena actively participate with URAC in developing these quality benchmarks through an inclusive process that incorporates an opportunity for public comment.

URAC's standards development process begins with a period of careful research, debate and discussion among stakeholders. An initial set of standards is then proposed and made available for a public comment and review. URAC's Standards Committee reviews the submitted comments, makes appropriate changes, and the draft standards are then beta tested with a discrete group of companies in order to ensure that they work in practice. After beta testing, the standards may be modified again, and then they are

forwarded to URAC's Board of Directors for consideration and approval. URAC revises its standards through this process every few years.

Over the past two years, URAC has revised all of its accreditation programs with value-based purchasing initiatives in mind. The revisions include additions to URAC's Core Organizational Quality Standards that address the need for greater consumer empowerment and health care transparency. The Core Standards are foundational standards for organizational quality that are a part of all of URAC's health care management accreditation programs. The Core Standards help organizations define quality systems and set the framework for continuous quality improvement. The new standards both advance the consumer focus in health care management and continue to raise the bar on organizational quality improvement efforts. The revised Core Standards also address issues in health care designed to promote greater efficiency in the health care system, such as support for interoperable health information technology. New standards also require the use of national quality measures, where they exist, as benchmarks for quality improvement projects.

Revisions to URAC's Health Plan and Health Network standards are designed to empower consumers by requiring organizations to provide more information about financial responsibilities and resources, about how benefit programs work, and about support for special needs. The standards also encourage health plans to share with consumers the cost of covered benefits and to provide consumers with evidence-based health information. Interpretive information in the standards was added to clearly indicate the scope of provider credentialing, which is the process health plans, health networks and stand-alone credentialing organizations use to authenticate the education, training, licensure, board certification and practice history of practitioners before they become part of any provider network.

URAC's new Disease Management Standards include a requirement for accredited organizations to establish a framework that systematically provides the right information at the right time to the consumer. The standard calls for accredited organizations to:

- Have a plan addressing the delivery of health information to consumers;
- Proactively provide accurate, comprehensive information that is easy to use; and
- Evaluate consumer health information for accuracy and appropriateness for the population served.

URAC's new Case Management accreditation standards and measures align with the National Transitions of Care Coalition (NTOCC) effort to improve the quality of care coordination and communication when patients are transferred from one level of care to another. In particular, revisions to URAC's Case Management standards elaborate on the assessment process and tools an organization makes available during care transitions. Other changes to the proposed standards include promoting evidence-based case management practices, where goals established for consumers include clinical outcomes; and addressing additional patient safety issues such as medication management. The new standards also update and clarify case management and staff training to include training in evidence-based tools and care plans, as well as qualifications for case managers and

case management supervisors. The role of non-case managers in the overall case management process is also addressed.

The revised case management accreditation program also requires organizations to produce and report to URAC on a specified set of performance measures on a periodic basis. These measures can be used for internal organizational performance improvement and for reporting to customers or direct reporting to the public. In the future, URAC's accreditation process will include public reporting of these measures. The draft measures include service dimensions for health care, behavioral health, and workers compensation, as well as consumer experience, engagement, and satisfaction.

URAC pioneered Health IT accreditation in 2001 with its Health Web Site accreditation which assesses the quality and privacy practices. Rapid changes and innovation in health care raise a number of pivotal challenges for organizations providing health information to consumers via the Internet. In response to this challenge, in its recent program revisions URAC has enhanced editorial transparency, requiring health Web site providers to verify and disclose the credentials of its health content reviewers and how it conducts credentials verification. This transparency is important to consumers who need to wisely evaluate the quality of the information they are using. URAC also rolled out of significant revisions to its other health information technology standards: URAC's HIPAA Privacy and Security Standards.

In addition to all the revisions to programs highlighted in the previous pages, URAC also recently released a new set of standards and measures for its Comprehensive Wellness Accreditation program. These innovative standards reinforce and support the commitment that employers and wellness organizations have to ensuring the health and productivity of America's workforce. Comprehensive Wellness is the first new accreditation program from URAC with integrated program evaluation and performance measurement components. This program answers the need for national standards to measure the effectiveness of these programs that focus on health promotion, chronic disease prevention and health risk reduction. This program is designed to allow purchasers to use accreditation as a tool to evaluate vendors on a level playing field. The program-specific standards fall into five broad categories, in addition to the Core Organizational Quality Standards mentioned earlier, creating an evaluation framework for wellness programs that focuses on individual health improvement and risk reduction:

- **Assessment:** Includes risk identification and risk awareness program components, such as the use of Health Risk Assessments;
- **Interventions:** Addresses overall program design, health coaching, and use of consumer participation incentives, education and communications aspects of wellness programs;
- **Evaluation:** Focuses on how the wellness organization calculates, measures, and reports participant progress and overall clinical and financial program success to the client;
- **Integration:** Focuses on an organization's ability and willingness to coordinate with other organizations, operations, and programs already in place; and

- Measurement: Focuses on producing and reporting to purchasers and the public on a specified set of performance measures.

Another program of interest which is in development is URAC's Provider Performance Measurement and Public Reporting Standards. These standards support the general principles put forward by the Consumer-Purchaser Disclosure Project in its Patient Charter for Physician Performance, Measurement and Tiering Programs, and provide an avenue for organizations to publicly demonstrate compliance with the physician measurement and reporting aspects of the Patient Charter. The standards will be used as the framework for a standalone accreditation program for organizations that measure and report physician performance. They will also be used in conjunction with URAC Health Plan and Health Network accreditation for those companies that measure and publicly report physician performance. URAC's Provider Performance Measurement and Public Reporting Standards align with the principles promoted by both the U.S. Department of Health and Human Services' "Four Cornerstones" for health care improvement and the Patient Charter. Organizations that meet the standards for accreditation will also meet the criteria for the voluntary "Agreement Concerning Physician Performance Measurement, Reporting and Tiering Programs" established by the Attorney General of the State of New York, Andrew M. Cuomo.

Conclusion

URAC appreciates this opportunity to inform the Centers for Medicare and Medicaid Services about recent revisions to URAC programs which align our private sector approach to the quality assurance of consumer protection and empowerment in health care programs with the value based health care purchasing goals and objectives espoused by the Department of Health and Human Services. In particular, URAC's accreditation program revisions and new program development align with the following HHS objectives:

- To promote the practice of evidence-based medicine;
- To encourage improved coordination of care;
- To accelerate the adoption of interoperable health information technology; and
- To empower consumers to make value-based health care choices through the transparency of information.

URAC is eager to share our experiences with the Department regarding the development and our on-going efforts in assessing health insurers and the providers of health care services in comparison to these value-based purchasing policy objectives. We believe that these experiences will be informative as HHS continues to pursue its value-based purchasing goals. We look forward to opportunities to work with the Department on our shared value-based purchasing objectives in the future.

Please do not hesitate to contact me (jdumoulin@urac.org 202/962-8836) if URAC can provide any further assistance.

A handwritten signature in black ink, appearing to read "John P. DuMoulin". The signature is fluid and cursive, with the first name "John" being the most prominent.

John P. DuMoulin
Vice President
Government Relations and Product Development