

Statement by Blair Childs, senior vice president of Public Affairs, Premier healthcare alliance, on final rule governing insurance exchanges

Network adequacy standards

We are pleased that HHS strengthened the minimum standards that health plans must meet to be certified as a “Qualified Health Plan” (QHP). Requiring that QHP issuers maintain a network of a sufficient number and type of providers is essential to assuring that all services will be accessible without unreasonable delay. However, Premier is disappointed that additional standards were not codified that would strengthen access protection in medically underserved, rural or professional shortage areas and ensure reasonable proximity of providers and out-of-network care at no additional cost when in-network care is unavailable.

Essential health provider:

Premier is pleased that HHS clarified that a “generally applicable payment rate” for providers needs to be, at a minimum, the rate offered to similarly situated providers who are not essential community providers. We agree that QHPs should not have to pay essential community providers more than they pay other providers, nor should they be allowed to pay less.

Exchange financing:

While Premier supports broad-based funding for exchanges, we strongly oppose HHS leaving open the option of imposing a provider tax to fund assessments of QHPs. QHPs are expected to benefit from exchanges, including access to markets and reduced sales and marketing costs, and they should bear the cost of these assessments.

Exchange approach: certification for QHPs:

States, health plans, providers and consumers have very little experience with exchanges. As HHS works to bring exchanges online, we believe that it would be a mistake to allow exchanges to engage in selective or negotiated arrangements with QHPs. Instead, QHPs that meet the strong standards and quality rating provisions identified by HHS should be included in the exchanges. This would foster the type of competitive, consumer choice market, informed by mandatory quality and service ratings, envisioned in healthcare reform.

Governance:

HHS's insistence on broad governance expertise is essential, but allowing up to half of an exchange governing board to consist of insurers' representatives could lead to conflicts of interest. While exchanges clearly need the expertise of health insurance issuers and agents, active and engaged advisory committees should suffice.

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