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Bob Thompson, Chairman | Margaret A. Murray, Chief Executive Officer

January 13, 2011

Mr. Brian Chiglinsky
Office of Consumer Information and Insurance Oversight, HHS
200 Independence Ave. SW
Washington, DC 20201

Subject: Association for Community Affiliated Plans Comments to the Consumer Oriented and Operated Plan (CO-OP) Program Advisory Committee

I am offering comments on behalf of the Association for Community Affiliated Plans (ACAP), an association of 53 not-for-profit and community-based Safety Net Health Plans (SNHPs.) Our member plans provide coverage to over 7 million individuals enrolled through Medicaid, the Children's Health Insurance Program (CHIP) and Medicare Special Needs Plans for dual eligibles. Nationwide ACAP plans serve one of every four Medicaid managed care enrollees. The strong support and participation of SNHPs has played a critical role in the expansion of health coverage.

SNHPs are interested in exploring how they can meet the goals and criteria of the CO-OP program given their nonprofit status and community focus. SNHPs already serve many of the needs that CO-OPs are intended to serve and several already have indicated they may be interested in applying for the CO-OP program loans and grants. ACAP's plan members or emerging safety net plans and provider groups are exploring the CO-OP option as it may be a more viable pathway to participate in the Exchange and help ensure the continuity of high-quality affordable coverage for low income individuals. For example, ACAP's "incubator plan," the Maine Primary Care Association (MEPCA), applied for private grant funding to explore options regarding formation of a CO-OP program. ACAP supported this application and the MEPCA's vision and other efforts for creating a CO-OP that would meet the unique health insurance coverage needs of Maine's residents.

Support certain flexibilities for CO-OPs entering the Exchange

Given that the CO-OP must meet all the standards of a qualified health plan within the newly-created Exchanges, we thought it would helpful to provide the Advisory Board with the enclosed comments that ACAP sent to the Office of Consumer Information and Insurance Oversight (OCIIO) regarding the Exchange-related provisions of the Affordable Care Act (ACA.) Of specific note, the legislation states that HHS will set minimum standards for accreditation. ACAP recommends that OCIIO include in regulation appropriate accreditation policies that are inclusive of the different types of plans that wish to participate. For example, ACAP believes that certain health plans, including CO-OPs and existing Medicaid health plans operating in states that do not require NCQA or URAC accreditation, should be allowed a grace period until 2017 during which they can work toward the necessary accreditation. This grace period will remove barriers to participation by new, community-based plans.



Recognize and encourage partnerships with SNHPs

Based on issues raised at a November 24th meeting with stakeholders convened by the Center for American Progress, it is clear that SNHPs could play a beneficial role in either serving as or partnering with CO-OPs. For example, many SNHPs are already at scale in terms of capitalization and have robust provider networks. They have strong and trusted relationships with existing enrollees that could be carried over as a model into the CO-OP entity. In addition, SNHPs are well-positioned to serve as be valuable partners to entities establishing CO-OPs. For example, existing SNHPs could be instrumental in providing or establishing the necessary infrastructure and administrative functions essential for participation in the Exchange, such as contractors for system services.

We appreciate the opportunity to provide comments as the Advisory Board begins the work of developing recommendations to HHS. We look forward to working with you as these recommendations are developed. Please do not hesitate to contact me at scox@communityplans.net if ACAP can be of further assistance.

Sincerely,

Margaret Murray
CEO, ACAP

Enclosure: *ACAP Comments to OCHIO Regarding Exchange-related Provisions of the Affordable Care Act (October 2010)*