



March 1, 2011

Nancy Wilson
Immediate Office of the Director, Room 3028
540 Gatiher Road
Rockville, MD 20850

Dear Ms. Wilson:

On behalf of Medicaid Health Plans of America (MHPA), I am submitting comments on the Initial Core Set of Health Quality Measures for Medicaid-Eligible Adults proposed in Federal Register Notice CMS-2420-NC.

Our comments and recommendations fall into three categories:

1. MHPA recommends that CMS and AHRQ consider the scope of managed care and the existing managed care quality measurement reporting structure in finalizing the initial core set and continually through the work of the Medicaid Quality Measurement Program.
2. MHPA recommends that CMS and AHRQ consider measures that can be standardized for national benchmarking to truly assess the quality of care in Medicaid and ease the burden for Medicaid health plans and other organizations in the Medicaid quality reporting space.
3. MHPA recommends that the initial core set focus on measures that states are currently using in their Medicaid populations and measures that can be collected administratively.

About MHPA

MHPA is a national nonprofit organization and the leading trade association solely focused on representing Medicaid health plans. MHPA's 26 member plans range from large multi-state plans to small community-based plans and partner with 35 states for the delivery of Medicaid benefits and services.

Scope of Medicaid Managed Care

As of 2009, 35 states and the District of Columbia have contracted with Medicaid managed care plans to provide benefits to over 23 million enrollees – 46% of the Medicaid population. As states prepare for the expansion of Medicaid to individuals at or below 133% FPL authorized by the Patient Protection and Affordable Care Act, not only will the number of states utilizing Medicaid health plans increase, but it is anticipated that states will enroll additional Medicaid populations (i.e. dual eligibles, aged/blind/disabled) into health plans.

As health plan data will represent a significant portion of information states are likely to report to CMS, Medicaid health plans are uniquely positioned to comment on issues affecting states' reporting capabilities and the effectiveness of measuring clinical performance on impacting health care quality.

Existing Reporting Efforts

Health plans invest significant resources into the reporting of HEDIS measures to NCQA and working with states and External Quality Review Organizations (EQROs) to report additional measures that may be required by state laws or contracts. Collection and reporting includes, but is not limited to, data systems, certified software, auditing, human resources, and quality improvement expertise. The existing reporting requirements often lead to duplicative work for health plans and states (duplicative measurement reporting; EQRO measure validation and HEDIS compliance audits).

MHPA and its member health plans remain committed to quality improvement in the Medicaid program. However, we encourage CMS and AHRQ to consider the existing burden of measurement reporting and work to ensure that the initial core set does not significantly increase that burden.

Given the prevalence of Medicaid health plans in the Medicaid program, *we strongly recommend that CMS and AHRQ provide specific and clear guidance to states on the expectations of reporting and data collection from Medicaid health plans.*

Standardized Measures

Per the Federal Register notice, "the initial core set of adult quality measures will serve as the groundwork for creating a standardized approach to better understand the quality of care adults in Medicaid receive." It is MHPA's position that without standardized measure reporting across all states we will not be able to truly assess the quality of care of care in the Medicaid program.

MHPA feels that the Medicaid Quality Measurement Program and the initial core set of quality measures presents an opportunity to improve the quality of the data that states and health plans laboriously collect and report, by providing the appropriate tools and guidance to states to collect standardized measures.

MHPA recommends that states reporting measures should be required to report on their full Medicaid and CHIP populations, including health plans, PCCM, and fee-for-service. States should also be required to adhere to measure specifications.

Proposed Measures

MHPA recommends that measures included in the initial core set should be only those with detailed specifications, rigorous testing and clearly defined processes for measure maintenance and reevaluation.

- MHPA is supportive of the inclusion of NCQA's HEDIS measures that are currently specified for use in the Medicaid population.
- MHPA is supportive of the inclusion of the CAHPS survey in the initial core set.

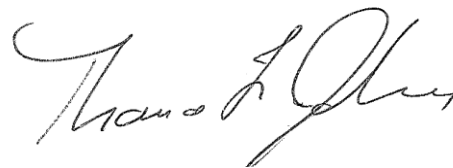
MHPA recognizes that some priority measurement areas will require measures that cannot be collected administratively, however *MHPA recommends that the initial core set avoid measures that require medical record review when possible.*

MHPA also recognizes the need for quality improvement in areas that have been difficult to measure (i.e. mental health). However, *MHPA recommends that measures not currently in use by Medicaid programs be tabled for analysis as part of the Medicaid Quality Measurement Program.* The following measures are not in broad use or may not be feasible for collection given small denominators.

- 5. Alcohol Misuse: Screening, Brief Intervention, Referral for Treatment
- 7. Screening for Clinical Depression and Followup Plan
- 23. HBIPS – 2 Hours of physical restraint use
- 25. Appropriate Use of Antenatal Steroids
- 26. Elective delivery prior to 39 completed weeks gestation
- 38-42: Bipolar Disorder and Schizophrenia measures
- 44. Proportion of Days Covered

We appreciate your consideration of these comments. For more information, please contact me at TJohnson@mhpa.org or 202-857-5725 or Alix Love, Medicaid Policy Manager, at alove@mhpa.org or 202-857-5726.

Sincerely,



Thomas L. Johnson
President & CEO