



THE PARTNERSHIP FOR MEDICAID

January 8, 2016

The Honorable Orrin G. Hatch
Chairman, Committee on Finance
United States Senate
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member, Committee on Finance
United States Senate
Washington, DC 20510

Dear Chairman Hatch and Senator Wyden:

On November 13, 2015, you sent a letter to a set of stakeholders requesting input on specific questions regarding data reporting and collection in the Medicaid program. While several members of the Partnership for Medicaid – a nonpartisan, nationwide coalition of health providers, counties, labor, and health plans dedicated to protecting and promoting the Medicaid program – were named recipients of your letter, the coalition as a whole would like to take the opportunity to provide our input on one particular area of inquiry in your letter: health care quality measurement in the Medicaid program.

The second question in your letter asks: *“As payment methodologies continue to move towards incorporating pay for performance methodologies, the development and use of standard quality indicators will become more prevalent—such as with the Adult and Pediatric Quality Measures Programs. What quality indicators should be required reporting in Medicaid and what steps should be taken to move in this direction?”*

In 2014, the Partnership released a proposal for a nationwide framework for comprehensive, standardized, and mandatory quality reporting in the Medicaid program. The Partnership believes that implementing such a framework will provide vital information to stakeholders – including Congress – regarding the quality of health care being delivered to Medicaid patients. By allowing nationwide comparison, the proposal would enable states to learn best practices from each other, and ultimately, provide policymakers the tools to improve quality for Medicaid recipients and reduce costs for taxpayers, states, and the federal government. It will also provide a powerful information source for health services researchers.

In brief, the Partnership’s proposal calls on policy makers to:

1. Develop a succinct, common reporting set of quality measures. Reporting would be phased in, beginning with a limited number of measures to guarantee reporting is manageable for providers, plans, and states.
2. Complete the federal reporting infrastructure, much of which CMS has already developed.
3. Implement federal incentives for states to report.
4. Require mandatory, meaningful reporting by all states soon thereafter.

The Partnership believes that the measures to be reported should encompass three key metrics:

1. Quality of care for Medicaid recipients
2. Access to care for these recipients
3. Patient experience among recipients

Ultimately, the measures should be comprehensive, providing meaningful information that is relevant to diverse patient populations, various settings of care, and various payment models. To facilitate the establishment and periodic refinement of the mandatory reporting set, the Partnership recommends the establishment of a Medicaid quality measurement committee to determine the appropriate number and nature of the measures to be included. This committee, perhaps under the aegis of the National Quality Forum, should include all relevant stakeholders, including providers, patient advocates, researchers, Medicaid managed care plans, states, and CMS.

The Partnership held a stakeholder roundtable discussion of the proposal attended by over 40 leading organizations in September 2014, and followed up with individual meetings with over a dozen key stakeholder groups. Members of the Partnership have also discussed the proposal with leaders on the Hill, including the Senate Finance Committee.

A full description of the Partnership's quality reporting proposal is attached to this letter. The Partnership continues to refine this proposal and we look forward to discussing the concept with you in the near future. Thank you very much for your interest in the Medicaid program and its millions of beneficiaries.

Sincerely,

America's Essential Hospitals
American Congress of Obstetricians and Gynecologists
American Dental Association
Association of Clinicians for the Underserved
Association of Community Affiliated Health Plans
Catholic Health Association of the United States
Children's Hospital Association
National Association of Community Health Centers
National Association of Pediatric Nurse Practitioners
National Council for Behavioral Health
National Health Care for the Homeless Council