NATIONAL QUALITY FORUM

1030 15TH STREET, NW, SUITE 800
WASHINGTON, DC 20005
202 783-1300 MAIN 783-3434 FAX

January 7, 2015

Re: Medicaid Data Reporting Letter

The Honorable Orrin Hatch, Chairman
The Honorable Ron Wyden, Ranking Member
United States Senate
Committee on Finance
Washington, DC 20510-6200

Dear Chairman Hatch and Ranking Member Wyden:

Thank you for your November 13, 2015 letter requesting input from the National Quality Forum (NQF) about how federal and state policies can improve quality, enhance value and further transparency in state Medicaid programs. We appreciate the opportunity to respond.

NQF is a not-for-profit membership organization that works to catalyze quality improvements in health and healthcare through measurement. Since 2008, NQF has had a formal role in endorsing and recommending quality measures for use in the Medicare program. We also have done work recently at the request of the Centers for Medicare and Medicaid services on quality metrics related to the Adult Medicaid and Child Medicaid/Children's Health Insurance Program (CHIP) programs. Specifically, NQF has convened private stakeholders to recommend Core Measure Sets for voluntary reporting in Medicaid and CHIP.

Clearly Medicaid has evolved since its founding in 1965, and now provides health and long-term coverage to more than 72 million Americans. As you mentioned in your letter, Medicaid program guidelines for data and quality measures are ripe for updating and streamlining, particularly as compared to commercial and other public programs. We look forward to assisting you and the Committee as you consider different approaches to leveraging data and quality measures to improve Medicaid in tandem with state policy makers.

NQF'S CONTRIBUTION TO CORE MEASURE SETS

Beginning in 2009 and annually thereafter, The Centers for Medicare and Medicaid Services (CMS) adopted a core set of children's healthcare quality measures, known as the Child Core Set; the agency followed with the publication of an Adult Core Set in 2012. These Core Sets, which have been utilized voluntarily by the vast majority of states, serve to guide state

Medicaid programs with respect to selection of quality measurement for voluntary reporting. The idea behind the Core Sets was to spur the reporting of a more standardized set of measures to allow for state to state comparisons and benchmarking.

Since 2012, NQF's Measure Applications Partnership (MAP)–which includes more than 150 healthcare leaders and experts from nearly 90 private and public-sector organizations–has provided guidance at the request of the Department of Health and Human Services (HHS) on these Core Sets, as well as guidance on measures to assess the quality of care for Americans who are eligible for both Medicaid and Medicare (dual eligible). It is our hope that future Medicaid and CHIP measures will also be subject to multi-stakeholder review to ensure all stakeholders have a seat at the table in reviewing and recommending measures for use in these programs.

As part of its work, MAP considers feedback from the states about collecting and reporting measures as key inputs into its recommendations. MAP reports also detail measure-specific recommendations to fill high-priority measurement gaps.

CORE SETS: MILESTONES AND CHALLENGES

With respect to Core Sets, MAP generally favors measures that are able to be implemented at the state level, promote efficiency and alignment, and address conditions that are most prevalent and/or have the greatest impact on the health and well-being of Medicaid and CHIP beneficiaries. MAP reviews both endorsed and non-endorsed measures that focus specifically on the National Quality Strategy priorities in order to address clinical areas of high-priority for the nation and the specific populations served by Medicaid and CHIP.

There have been several milestones since the creation and implementation of these Core Sets that should be noted:

- The number of states voluntarily reporting on Core Set measures increased for both programs, as have the number of measures reported;
- In 2014, 41 states reported Child Core Set measures to CMS, a notable increase from 34 states in 2011 – with the median number of measures reported by states increasing from 12 to 16;
- In its first year of reporting, 30 states voluntarily reported a median of 16.5 measures for the Adult Core Set in 2013; and
- HHS has been assisting Medicaid agencies in building capacity to participate in the collection and reporting of the Core Set via grants.

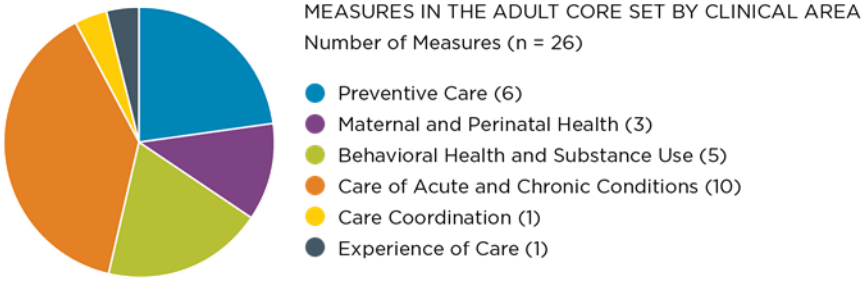
While more states are reporting Medicaid and CHIP core measures, there is a lack of consistency in what they report. This stymies state to state comparisons, benchmarking, and alignment with respect to use of the same measure across public and private programs. More standardized reporting could help state and federal policymakers as well as private sector leaders meet goals related to quality improvement, enhanced value and greater transparency. Moreover, greater consistency could assist and empower consumers, purchasers, states and other stakeholders. Without greater guidance and incentives at the federal level, these inconsistencies will continue to persist regardless of the strides that are

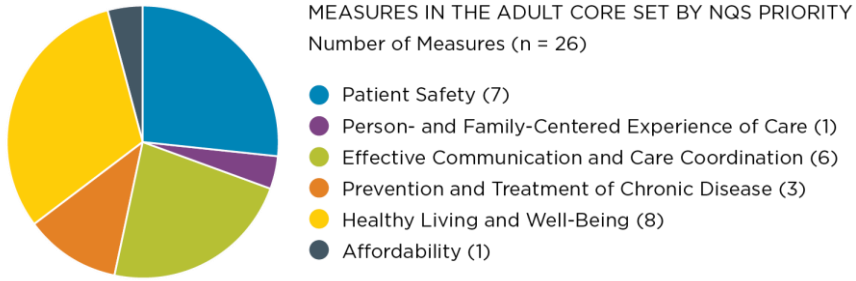
made at the individual state level. Voluntary efforts by the National Association of Medicaid Directors or other national organizations to standardize measures are an uphill climb given the diversity that exists across the states with respect to data infrastructure and capabilities. We see merit in requiring some core set of measures for both Adult Medicaid and Child Medicaid/CHIP programs.

MEASURES AND MEASURES GAPS

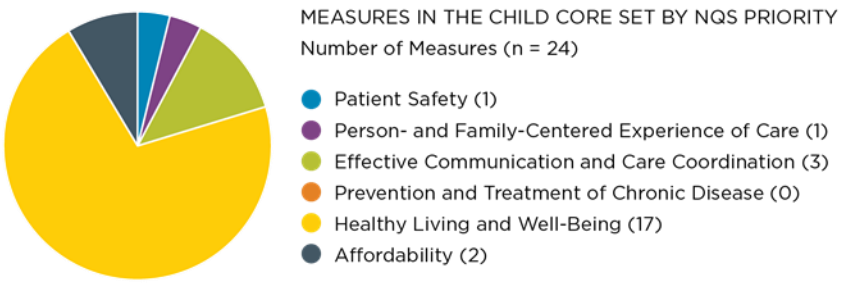
Almost all of the measures in the Core Adult and Child Sets are endorsed by NQF. NQF endorsement conveys to both public and private payers that the measures selected are best-in-class, scientifically valid and reliable. It is our hope that future Medicaid and CHIP measures will also be subject to NQF's rigorous, open and transparent review and endorsement process. Further, where appropriate, measures should be considered for adjustment by socio-economic (SES) and demographic factors. Please see NQF's trial on SES adjustment: http://www.qualityforum.org/SES_Trial_Period.aspx

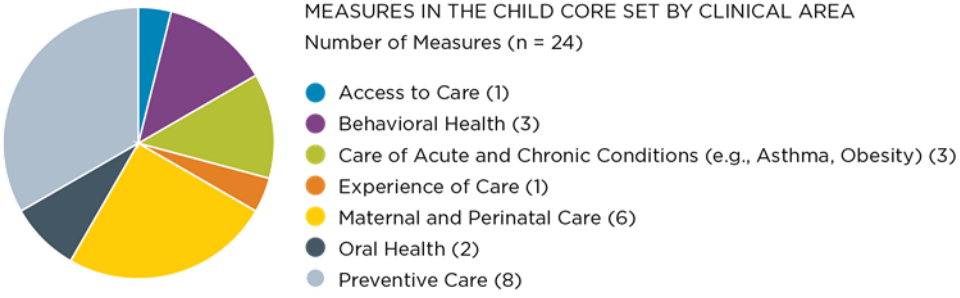
Below are pie charts that portray the current Adult Medicaid Core Set by clinical area and by the National Quality Strategy priorities.





Below are pie charts that portray the current Child Core Set by clinical area and by the National Quality Strategy priorities.





With respect to gaps, the MAP committees identify specific gap areas for the Adult and Child Core Sets. The Federal government should consider supporting development of measures in these areas:

- **Gaps for Child Core Set include**: care coordination, screening for abuse/neglect, injuries and trauma, mental health, overuse/medically unnecessary care, durable medical equipment, cost measures, sickle cell disease, patient reported outcomes, and dental care access.
- **Gaps for Adult Core Set include:** access to primary/specialty/behavioral health care, beneficiary reported outcomes, care coordination, cultural competency of providers, efficiency, long term supports and services, maternal health, promotion of wellness, treatment outcomes for behavioral health conditions and substance use disorders, workforce, new chronic opiate use, polypharmacy, engagement/activation in healthcare, and trauma-informed care.

CHALLENGES COLLECTING AND EXTRACTING DATA

The Adult and Child Core Sets contain 26 and 24 quality measures, respectively. While there are a variety of measure types -- including structure, process, outcome, and experience of care -- the vast majority in both sets are process measures. States continue to rely on administrative/claim or billing data, which is easiest to collect and generally translate into process measures. Measures that involve manual chart-review are both expensive and time-consuming to implement, although charts hold rich clinical data that can lend themselves to outcome measures. The ideal solution is extraction of electronic data for eMeasures, which is beginning to become more of a reality in Pennsylvania.

In fact, Pennsylvania does not experience the reporting inconsistencies that other states encounter due to accreditation of the majority of its eight Medicaid managed care plans by the National Committee for Quality Assurance (NCQA, which includes required standardized reporting of measures) and participation in the state wide core set called the Pennsylvania Performance Measures. In last year's MAP deliberations, the representative from Pennsylvania encouraged the convergence and inclusion of all measures in the Core Set to eMeasures and reporting using a standardized format, such as the Quality Reporting Data Architecture.

Barriers to reporting and extraction could be reduced by state and federal collaboration with electronic record vendors on data extraction abilities. Measures that require robust chart audits, particularly those in the hospital or physician office settings, are less feasible for states and extraction through eMeasures could alleviate some of that burden. Currently, eight out of 26 Medicaid Adult Core Measures are available as eMeasures.

NEED FOR INFRASTRUCTURE REFORM

Other barriers to reporting include the lack of staff bandwidth and infrastructure to systematically collect and report data. To enhance their ability to report quality measures, state Medicaid programs might have to build new capacities by partnering with public health agencies and others at the state and local levels. Louisiana has been particularly successful in this regard. In the first year of reporting for the Child Core Set, Louisiana reported on only six measures. By partnering with local public health agencies, they were able to link vital records and immunization registry information to their Medicaid data to enable the reporting of more measures. Louisiana reported on ten additional measures in 2014. The Federal government may also wish to incent linkage of Medicaid and public health databases, or put a premium on the reporting of measures that rely on public health data to calculate.

One particular challenge of note when addressing bandwidth and infrastructure development, is how much Medicaid programs vary state-by-state with many of them even lacking integration of data across clinical areas within the state itself. For example, Washington's medical and mental health delivery systems currently operate two separate managed care plans, while long-term care and home and community-based services are outside of the managed care plans entirely. Improvement activities in Washington are currently focused on building cross-system integration to foster better coordination between settings in order to reduce re-hospitalizations from both psychiatric facilities and nursing

homes. These efforts are ultimately focused on improving quality and reducing spending.

ALIGNMENT

In MAP reviews of both the Child and Adult Core Sets, state Medicaid stakeholders consistently expressed the need for greater alignment of measures and data collection in both public and private programs. The MAP has also placed alignment as a priority when supporting measures to be included in these core sets. Currently:

- The Adult Core Set has 23 of its 26 measures that are in use in one or more federal reporting programs;
- The Child Core Set has 9 of 23 measures currently aligned with other federal programs.

Greater alignment or more uniform use of the same measures across public and private programs would alleviate some of the burden and cost experienced by the states and providers, send a clearer signal to providers about which measures matter and reduce confusing reporting of similar or look alike measures for consumers.

Creating alignment across the public and private sectors will take time but it is my belief that through the use of a multi-stakeholder committee, all interested voices will be at the table to assess, select and prioritize the most effective measures and the data that matters most to providing the results-based outcomes that drive quality improvement.

CONCLUSION

Over the last four years, NQF has been pleased to provide private sector input to CMS to help guide state policymakers in measure selection for CHIP and Medicaid programs. Please see our 2015 reports for our most recent guidance: *Measure Application Partnership: Strengthening the Core Set of Healthcare Quality Measures for Children Enrolled in Medicaid and CHIP* and *Measure Application Partnership: Strengthening the Core Set of Healthcare Quality Measures for Adults Enrolled in Medicaid*.

We are excited at the prospect of federal and state policymakers accelerating efforts to streamline data collection and encourage standardized measurement in order to drive quality, enhance transparency and improve value. We would be pleased to provide additional information or perspective, and to discuss the role that our organization can play, as you explore potential policies over the coming year via Ann Greiner, NQF's Vice President for Public Affairs at agreiner@qualityforum.org. Best wishes for the New Year.

Christine K. Cassel
President & CEO
National Quality Forum
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Enclosures: [2]