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

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Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-2480-NC
P.O. Box 8010
Baltimore, MD 21244-1850

Submitted Electronically Via <http://www.regulations.gov>

Dear Sir or Madam:

CMS has issued this Request for Comments to solicit public input for consideration in developing the Secretary's recommendations for legislative changes to improve the quality of care provided to children under Medicaid and the Children's Health Insurance Program, including recommendations for quality reporting by the States. We at the Association for Community Affiliation Plans (ACAP) appreciate this opportunity to provide our comments.

ACAP is an Association of 51 non-profit, safety net health plans. Our member plans provide coverage to approximately 7 million individuals enrolled through the Medicaid, CHIP and Medicare Special Needs Plans for dual eligibles. The strong support and participation of safety net health plans has played a critical role in the expansion of health coverage, including serving as turnkey platform for the expansion of coverage under CHIP.

Working with staff at the George Washington University, ACAP commissioned the attached report entitled, *Improving Medicaid's Continuity Of Coverage And Quality Of Care*. This report addresses a number of the factors of concern to the Secretary including (1) the duration and stability of health insurance coverage for children under titles XIX and XXI of the Social Security Act; (2) the quality of care provided under titles XIX and XXI for and across the various domains of quality; and (3) the status of voluntary reporting by States under titles XIX and XXI, utilizing the initial core quality measurement set.

Specifically, as indicated in the report, "Research has shown that even brief gaps in insurance coverage can have harmful consequences for people, because they have poorer access to care and to prescription drugs during the time they are uninsured and because it interrupts the continuity of medical care... Thus, interruptions in insurance coverage can impair the receipt of effective primary care and lead to expensive hospitalizations or emergency room visits...Continuous Medicaid enrollment is more efficient, both medically and administratively. New analyses show that longer Medicaid coverage lowers average monthly medical costs.... When people enroll, then disenroll, and then enroll again, they incur much higher administrative costs associated with enrollment procedures and processing for new enrollees. The



administrative cost burdens may be borne by state and local eligibility agencies, Medicaid health plans and primary care providers, all of whom may spend time helping the Medicaid enrollees. “

As a result, ACAP strongly believes that the issue of churning must be addressed directly as a means to improving the quality of care provided under the Medicaid and CHIP. Therefore, ACAP would recommend a legislative change that would ideally mandate 12 month continuous coverage or, alternatively, provide additional incentives to encourage states to take up the continuous eligibility coverage options for children provided for in CHIPRA. In addition, ACAP supports the implementation of regular reporting of the churning rate by state and eligibility category that would provide additional transparency around the issue of churning on a state-by-state basis. It should be noted that ACAP also advocates similar changes for adult coverage as well.

ACAP is also extremely supportive of improved quality measurement for both adults and children in Medicaid and CHIP. Managed Care Plans serving children under the Medicaid and CHIP program have long embraced the need for strong quality measurement as a core component of quality improvement and accountability. Unfortunately, as pointed out in the attached report, similar quality reporting has not been consistently applied to the fee for service and PCCM aspects of the Medicaid and CHIP health delivery system. We believe that the quality measurement set should be mandatory and applied across all aspects of the delivery system.

Finally, we also strongly believe that any system-wide quality reporting must ensure comparability. Therefore, we would support the use of stratified and/or risk adjusted measures to ensure that the information being used to compare the performance of different state Medicaid and CHIP programs, or different entities within those programs, adjusts for differences in the health condition of the population being served.

Thank you again for this opportunity to comment on this critical issue.

Sincerely,

Director for Quality Management and
Operational Support
Association for Community Affiliated
Plans (ACAP)