



1015 15th Street, N.W., Suite 950 | Washington, DC 20005

Tel. 202.204.7508 | Fax 202.204.7517 | www.communityplans.net

April 17, 2012

CMS
Office of Strategic Operations and
Regulatory Affairs
Division of Regulations Development
Attention: Document Identifier/OMB Control
Number CMS–R–305 (OCN 0938–0786)
Room C4–26–05
7500 Security Boulevard
Baltimore, Maryland 21244–1850

Submitted Electronically

Dear Sirs,

The Association for Community Affiliated Plans (ACAP) appreciates the opportunity to comment on the revised External Quality Review (EQR). ACAP is an association of non-profit, safety net health plans with 58 member health plans located in 26 states. Together, our member health plans serve approximately 9.5 million individuals predominantly enrolled in Medicaid, CHIP and Medicare Special Needs Plans.

ACAP supports the ongoing monitoring of managed care plans via the EQR process. We also appreciate the use of federally-developed protocols that assist in providing consistency to the review process. However, we do believe that certain issues need to be more clearly addressed in the revised protocols.

First, for plans that have NCQA accreditation or are submitting HEDIS data for audit, the information that is requested is duplicative of the BAT required for HEDIS submission which is usually subject to audit. This duplication is costly and unnecessary. Therefore, we would ask that the protocols be changed to require deeming at least for the protocol that addresses validation of performance measures.

Second, there should be clear requirements of the timeframes that states must meet in determining and announcing to health plans the topic that will be addressed by Performance Improvement Projects (PIPs). In at least one state, the state designates the PIP topic. However, the plans were not told what the PIP topics would be until 2-4 weeks before the PIPs were required to be completed with no plan input on the focus of the PIP. Because of the unreasonably short time frames, plans ended up being more



concerned with meeting the deadline from a compliance perspective, instead of focusing on the PIP as a true quality improvement process.

Third, in some states, plans have input into the Performance Improvement Projects (PIPs). ACAP supports this approach since the plans are most familiar with issues that are of concern to the plan and would ask that a requirement to that effect be added to the protocols. For example, a state may pick a HEDIS-related topic in order to raise state-wide scores, even though a particular plan may be above the 90th percentile for that HEDIS measure. In that case, we believe a high-performing plan should be allowed to focus on a different topic. Instead, they are oftentimes required to focus their efforts on a topic that will provide minimal benefits in terms of improving quality.

Fourth, some EQROs will allow plans to review and respond to the evaluation reports, but will not consider actually changing the finding based on the plan input. Others do not provide the opportunity, resulting in reports being issued that are not always accurate. Therefore ACAP is asking CMS to make plan response to the draft report be a formal part of the process. Even if the plan comments are not accepted, they should be published as part of the report. This would be similar to the way the OIG and even CMS review of the states are conducted. If the effort is one based on collaboration and quality improvement, this should be the case.

Finally, in some cases the timeframe for issuing the EQRO report is often so long after the fact that the information is either stale or it impacts the ability to act on the findings on a timely and meaningful manner. ACAP strongly suggests that timeframes for issuing the final report following the onsite reviews should be included in the protocol.

Again, we support the External Quality Review process and our member health plans look forward to being ongoing partners in ensuring the highest quality care for the people we serve. Please feel free to contact us if you have any questions concerning these comments.

Sincerely,

Deborah Kilstein
Vice President, Quality Management and Operational Support