

## **ACAP Comments on Proposed 2014 HEDIS Changes**

**March 21, 2013**

### **Inappropriate Cervical Screening**

The Association for Community Affiliated Plans (ACAP) is a trade association of 58 safety net health plans in 24 states that serve over 9 million Medicaid-enrolled individuals, approximately one-third of the Medicaid lives enrolled in Medicaid Managed Care. Safety net health plans are nonprofit (or owned by a nonprofit) and predominantly serve the publicly insured. In order to foster integrated care management, about one-half of the ACAP plans also operate a Medicare Dual-Eligible Special Needs Plan and/or will be participating in the federal dual eligible demonstration.

ACAP health plans support continued efforts to improve the quality of services provided to individuals enrolled in Medicaid. However, we do not support the addition of this measure for the reasons outlined below. First, while there are no exclusions included in the measure description, we believe there should be. While the USPSTF guidelines indicates the harms of screening earlier than age 21 years outweigh the benefits, the summary documents recognize “These guidelines were developed to address cervical cancer screening in the general population. These guidelines do not address special, high-risk populations who may need more intensive or alternative screening. These special populations include women 1) with a history of cervical cancer, 2) who were exposed in utero to diethylstilbestrol (DES), and 3) who are immune-compromised (eg, infection with human immunodeficiency virus)”. In addition, there are no exclusions for women under the age of 21 years who are pregnant and get a pap smear as part of the prenatal visit. We believe that exceptions to the denominator should be considered.

Second, there are circumstances unique to the Medicaid program that makes this measure inaccurate. Young women enrolled in Medicaid are allowed to obtain family planning services, which could include pap smears, from any Medicaid eligible provider either within or outside the managed care network. An individual may obtain these services without prior approval from the health plan or primary care provider. These services may not even be known to the MCO and the providers may have no contractual relationship with the MCOs. As a result, the health plans ability to impact this measure is more limited.

Therefore, we strongly suggest that this measure not be activated until it undergoes additional review.

### **Breast Cancer Screening**

ACAP supports this modification and appreciates NCQA’s proposed action.

### **Care of Older Adults**

ACAP supports this modification and appreciates NCQA's proposed action since it better comports with established documentation standards.

### **Claims reversals**

ACAP supports the concept of health plan flexibility in deciding whether or not to include/exclude claim reversals as long as a consistent approach is used for all measures.