



National  
Association  
of Public  
Hospitals  
and Health  
Systems

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February 4, 2011

Margaret Murray  
Chief Executive Officer  
Association of Community Affiliated Plans  
1015 15th Street NW, Suite 950  
Washington, DC 20005

Dear Ms. Murray:

On behalf of the National Association of Public Hospitals and Health Systems (NAPH), which represents more than 140 of the largest safety net hospitals and health systems throughout the country, I write in support of the Association for Community Affiliated Plan's (ACAP) proposed initiative to provide continuous eligibility and institute quality improvement standards in the Medicaid program. The proposal's provisions will significantly improve Medicaid's promise of access to high quality care for beneficiaries. We urge Congress to build upon recent changes to the Medicaid program by enacting these continuous quality improvement initiatives.

As the country's leading Medicaid providers, NAPH members know that millions of eligible patients enroll in Medicaid each year, only to subsequently fall off the Medicaid rolls because of inefficient and cumbersome administrative requirements. These interruptions in coverage negatively impact continuity of care resulting in decreased health status. Additionally, when already vulnerable patients forgo needed care due to an interruption in coverage they often require more costly care upon re-enrollment.

Your proposal for a 12-month minimum enrollment period will improve continuity of coverage for enrollees. Looking ahead to the creation of health insurance Exchanges, this proposal will help harmonize the eligibility period of Medicaid with that of the Exchange and private insurance coverage. At a time when states and local agencies are looking for solutions to reduce administrative cost burdens, 12-month enrollment will help reduce the types of administrative expenses caused by the cycle of enrollment and disenrollment, or "churning," in the Medicaid program.

NAPH and its members also support the provision of ACAP's proposal to require reporting of quality measures for all Medicaid enrollees, regardless of whether they are enrolled in a managed care organization, primary care case management system, or the state's Medicaid fee-for-service program. It should be implemented in a way which does not add administrative burden to already stretched providers. This will move Medicaid in the direction of other major payers by requiring standardized quality reporting

from all providers. This improvement will empower states, the federal government, and consumers to make decisions.

ACAP's proposal offers effective solutions to modernize the Medicaid program's eligibility and quality requirements and we support will legislation in Congress to achieve these goals. Thank you for your leadership on this important issue.

Sincerely,

A handwritten signature in black ink, appearing to read "Bruce Siegel", with a long horizontal flourish extending to the right.

Bruce Siegel, MD, MPH  
Chief Executive Officer