

ACAP COMMENTS ON 2012 HEDIS
Submitted Electronically on March 22, 2010

General

ACAP, the Association for Community Plans, appreciates the opportunity to comment on the proposed HEDIS changes for 2012. ACAP is an association of 54 non-profit health plans in 26 states serving low-income individuals and families.

Medication Management for People with Asthma

We support this measure with modification. Generally, our member health plans believe this is a better measure than what is currently in place. However, we question the diagnosis of asthma for individuals up to age 64 and believe the age limit should be set at age 50 years. In addition, we believe health plans contracted with states that carve out drugs should be specifically exempt from reporting this measure. Finally, as a new measure, we advocate for the use of a single measure set at the 50% level.

Asthma Medication Ratio

As previously stated, we support this measure with modification. We believe this measure is better than what is currently in place but feel that the asthma measures should not include individuals over the age of 50 years because of the difficulty in making a differential diagnosis in individuals between 50 and 64 years of age.

Development Screening in Children

While ACAP supports the intent of this measure, we question the use of additional hybrid measures due to the additional costs, complexity and resource intensity associated with the collection process. In the case of this measure, if adopted, we do appreciate the ability to use the lead screening sample for this measure to cut down on the additional cost and resource intensity.

Other concerns with this measure involve the strict documentation required. We support requiring documentation that the assessment was done, but believe that requiring documentation of a standardized tool used and the screening results is outside the current standard of documentation and will result in an artificially low score for this measure. We also believe that providers should have more leeway in selecting an appropriate screening tool and should not be limited to those included in the summary document.



Risk Assessment/Counseling in Adolescents

While ACAP supports the intent of this measure, we question the use of additional hybrid measures due to the additional costs, complexity and resource intensity associated with the collection process. Unlike the developmental screening, this will require the initiation of a separate sample and collection process. We do not support the addition of new hybrid measures without elimination of existing hybrid measures.

In addition, we also take issue with the strict document requirements which will result in an artificially low result for this measure. For example, the provider must document that counseling on sexual activity was done. However, there is no exception made if the provider indicated appropriate counseling was done concerning the prescribing of birth control, which should be an acceptable alternative.

We also believe that providers should have more leeway in selecting an appropriate screening tool and should not be limited to those included in the summary document, since there are other acceptable tools that a provider may deem appropriate.

Finally, we are concerned that this measure does not take into account that appropriate counseling on each of the issues may have taken place in other locations such as school-based health clinics.

Physical Activity – Screen Time

While ACAP supports quality measurement, ACAP questions the use of additional hybrid measures due to the addition costs, complexity and resource intensity associated with the collection process. We do not support the addition of new hybrid measures without elimination of existing hybrid measures.

We also believe that the adoption of this change is premature at the current time. Specifically, we believe that more work needs to be done on developing appropriate benchmarks for screen time before this measure is adopted. For example, if a child is sitting inactive in front of a computer exclusively to complete homework assignments, should the child be counseled against it, even if necessary to complete the assignments. Moreover, we believe this issue is adequately addressed in the physical activity requirements.



Immunizations for Adolescent

ACAP supports the change in the measure specifications to address the administration of HPV vaccine. However, we would suggest a modification to address instances where a state does not include the vaccine as a covered benefit. In that case, a health plan should be able to indicate the measure is not applicable without penalty.

In closing, thank you for this opportunity to comment on the proposed 2012 changes and additions to the HEDIS measurement set. If you have any questions, please feel free to contact Deborah Kilstein, Director for Quality Management and Operational Support at 202-341-4101 or dkilstein@communityplans.net.

Sincerely,

A handwritten signature in black ink that reads 'Deborah Kilstein'.

Deborah Kilstein
Director of Quality Management and
Operational Support