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March 1, 2011

Agency for Healthcare Research and Quality
Attention: Nancy Wilson
Immediate Office of the Director, Room 3028
540 Gaither Road, Rockville, MD 20850

Dear Dr. Wilson,

The American Health Information Management Association (AHIMA) would like to submit to you comments and recommendations on the request for comments published in the *Federal Register* Thursday, December 30, 2010 regarding the development of a Medicaid Quality Measurement Program: Initial core set of Health Quality Measures for Medicaid-Eligible Adults [75FR82397].

AHIMA is a not-for-profit professional association representing more than 61,000 health information management (HIM) professionals who work throughout the healthcare industry. AHIMA's HIM professionals are educated, trained, and certified to serve the healthcare industry and the public by managing, analyzing, reporting, and utilizing data vital for patient care, while making it accessible to healthcare providers and appropriate researchers when it is needed most. We respectfully submit our comments as our members are and will continue to be active participants in the implementation, maintenance, and compliance of this program.

If AHIMA can provide further information or if there are any questions regarding our recommendations, please contact me at (202) 659-9440 or allison.viola@ahima.org, or Dan Rode, vice president, policy and government relations, at (202) 659-9440 or dan.rode@ahima.org.

Sincerely,

Allison Viola, MBA, RHIA
Director, Federal Relations

cc: Dan Rode, MBA, CHPS, FHFMA, Vice President, Policy and Government Relations
Crystal Kallem, RHIA, CPHQ, Director, Practice Leadership

In meeting with and discussing your request for comment with our members, AHIMA has the following comments and recommendations that align with the Medicaid Quality Measurement Program:

- **Measures NQF 648 and 647 [75FR82399]** – AHIMA appreciates the integration of measures from the CMS EHR incentive program [75FR44314] as we believe this will continue efforts to align reporting requirements and reduce reporting redundancy and burden for the states. We encourage CMS to provide additional information on the use of measures that overlap with the EHR incentive program. We support the alignment of the measures and when reporting for the EHR incentive program that it satisfies the reporting of the EHR measures outlined in the Medicaid quality program as well, but the published notice does not address this important component of the program.

We encourage CMS to consider leveraging two additional measures from the EHR incentive program and incorporating them into the Medicaid Quality Measurement Program. We are specifically referring to the menu objectives addressing the improve population and public health priority, *“The EP, eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation”* and *“The EP, eligible hospital or CAH who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral”* [75FR44374]. Selecting these measures may help to further the alignment of quality measurement initiatives and reduce burden on the reporting organization.

- **Phased implementation** – AHIMA encourages CMS to consider phasing the implementation of the quality program across the states, similar to the way the Medicare Recovery Audit Contractor program was accomplished. We believe this will provide an opportunity for states to capture best practices and lessons learned and share with CMS as the program is implemented.
- **Ensure consistency in measurement and calculation across states** – AHIMA encourages the implementation of a program that incorporates consistent practices across the states. Implementing consistent approaches will be particularly welcome by organizations that care for patient populations across state borders. Also our members believe applying uniform practices will enable CMS to more efficiently collect the data but also enable the ability to compare the data across the states to measure quality of care.
- **Long Term Care/Post Acute Care** – AHIMA recommends CMS also engage long-term care (LTPAC) and hospital settings as there is a significant Medicaid population that receives care in these settings. In addition, our members believe incorporation of LTPAC will assist this care setting in progressing forward with health information technology implementation.
- **NQF endorsed measures** – AHIMA has consistently encouraged the use of the measures that have been endorsed by the National Quality Forum (NQF) as they are vigorously reviewed, tested, validated and approved through a public consensus process to ensure

measurement of quality of care. Measures that have not received NQF endorsement may not meet the same standards set forth by the NQF. It is critical that CMS utilize NQF endorsed measures because of its rigorous testing and validation process. This will ensure a consistent review process and prevent duplication of NQF's work and that of another competing process that may not be as thorough.

- **Measure implementation and code set updates** – AHIMA members suggest that CMS establish a standardized process and central location for accessing measure specifications and corresponding updates to coded value sets. Participants enrolled in the CMS Medicaid quality measurement program will then have access to timely and accurate measure specifications and reporting requirements.
- **Measures appropriate for performance and population of interest** – We encourage CMS to select NQF endorsed measures that are relevant to the health conditions and issues of the Medicaid population. AHIMA recognizes the intended objective of measures within the final set are varying (provider performance, plan performance, performance over a broad geographic area) and recommends the technical specifications be aligned to accurately aggregate results and measure care to Medicaid populations.
- **Consistency and comparability of aggregated data** – We encourage CMS to implement a process to ensure that state level analysis, aggregation and public reporting aligns with other CMS publically reported data and facilitates consistency and comparability of data across states.