

Medicaid Measures Open for Comment: HHS Publishes Initial Measures for Quality Program Starting January 2012

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By Allison Viola, MBA, RHIA

In March 2010 President Obama signed into law the Patient Protection and Affordable Care Act (ACA), which includes many provisions calling for the implementation of quality measurement programs. One program that must be established by January 2012 is the Medicaid Quality Measurement Program, which will develop, test, and validate emerging innovative evidence-based measures for Medicaid-eligible adults.

ACA mandated a series of steps for the program that must be completed by 2014:

- January 1, 2011: Publish an initial set of core measures and request feedback from the public in preparation for the Medicaid Quality Measurement Program
- January 1, 2012: Establish a Medicaid Quality Measurement Program
- January 1, 2013: Develop a standardized reporting format on the core set and procedures to encourage voluntary reporting by the states
- January 1, 2014: Annually publish recommended changes to the initial core set that shall reflect the results of the testing, validation, and consensus process for the development of adult health quality measures
- September 30, 2014: Collect, analyze, and make publicly available the information reported by the states

The Department of Health and Human Services (HHS) met the first deadline with a request for comments on an initial set of measures for the program, published December 30, 2010, in the *Federal Register*.

The HHS set is comprised of measures currently in use for both public and private healthcare plans that apply to Medicaid-eligible adults. The National Advisory Council (NAC) of the Agency for Healthcare Research and Quality created a subcommittee to identify measures for the program. The initial core set was comprised of measures submitted by Medicaid medical directors, current measures from the Centers for Medicare and Medicaid Services, current measures endorsed by the National Quality Forum, and measures recommended by the NAC subcommittee.

To assist and focus the prioritization of the measures, the NAC subcommittee was separated into four workgroups-maternal and reproductive health, overall adult health, complex healthcare needs, and mental health and substance use. Three criteria were established to help determine the initial set of measures:

- Scientific acceptability of measure properties
- Feasibility of use by Medicaid
- Importance to Medicaid programs

After conducting a review of measures in other programs for inclusion in the initial core set, the subcommittee developed an initial set of 51 measures grouped in five sections: prevention and health promotion, management of acute conditions, management of chronic conditions, family experiences of care, and availability. An excerpt illustrating the acute conditions section appears at right.

HHS specifically is requesting feedback from the public regarding suggested additions or deletions from the initial core set, the reporting burden, measures that may need further development, and the resources states may need to implement the program.

HHS is also trying to find a sense of balance for the need to collect data and improve care along with minimizing the reporting burden by aligning with other quality reporting initiatives, such as the Medicare and Medicaid Electronic Health Record Incentive program (the meaningful use program).

AHIMA will review and respond to this request for comment by the March 1 deadline. Volunteers interested in participating in the review should contact Allison Viola, AHIMA's director of federal relations, at allison.viola@ahima.org.

Measures Excerpt: Prevention and Health Promotion

In all HHS's initial set includes 51 measures grouped in five categories: prevention and health promotion, management of acute conditions, management of chronic conditions, family experiences of care, and availability. The prevention and health promotion measures are shown below.

Each measure is numbered, and HHS provides a corresponding ID for measures endorsed by the National Quality Forum. The organization "owning" the measure's development and maintenance is also noted. The column titled "EHR" indicates measures included in the Medicare and Medicaid Electronic Health Record Incentive Payment Programs (meaningful use).

Number	NQF ID	Measure Owner	Measure Name	EHR
1	0039	NCQA	Flu Shots for Adults Ages 50–64 (Collected as part of HEDIS CAHPS Supplemental Survey)	
2	0421	CMS	Adult Weight Screening and Follow Up	X
3	0031	NCQA	Breast Cancer Screening	X
4	0032	NCQA	Cervical Cancer Screening	X
5	NA	RAND	Alcohol Misuse: Screening, Brief Intervention, Referral for Treatment	
6	0027	NCQA	Medical Assistance with Smoking and Tobacco Use Cessation	X
7	0418	CMS	Screening for Clinical Depression and Follow-up Plan	
8	NA	NCQA	Plan All-Cause Readmission	
9	0272	AHRQ	PQI 01: Diabetes, Short-term Complications	
10	0273	AHRQ	PQI 02: Perforated Appendicitis	
11	0274	AHRQ	PQI 03: Diabetes, Long-term Complications	

12	0275	AHRQ	PQI 05: Chronic Obstructive Pulmonary Disease	
13	0276	AHRQ	PQI 07: Hypertension	
14	0277	AHRQ	PQI 08: Congestive Heart Failure	
15	0280	AHRQ	PQI 10: Dehydration	
16	0279	AHRQ	PQI 11: Bacterial Pneumonia	
17	0281	AHRQ	PQI 12: Urinary Tract Infection Admission Rate	
18	0282	AHRQ	PQI 13: Angina without Procedure	
19	0638	AHRQ	PQI 14: Uncontrolled Diabetes Admission Rate	
20	0283	AHRQ	PQI 15: Adult Asthma	
21	0285	AHRQ	PQI 16: Lower Extremity Amputations among Patients with Diabetes	

Resource

US Department of Health and Human Services. "Medicaid Program: Initial Core Set of Health Quality Measures for Medicaid-Eligible Adults." *Federal Register* 75, no. 250 (Dec. 30, 2010): 82397–99.

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