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October 21, 2022

Administrator Chiquita Brooks-LaSure  
Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
Attention: CMS-2440-P  
PO Box 8016  
Baltimore, MD 21244-8016

RE: CMS-2440-P – Medicaid Program and CHIP; Mandatory Medicaid and Children’s Health Insurance Program (CHIP) Core Set Reporting; published at Vol. 87, No. 161 Federal Register 51303-51329 on August 22, 2022.

*Submitted electronically via <http://www.regulations.gov>*

Dear Administrator Brooks-LaSure,

UnityPoint Health appreciates this opportunity to provide comments on this proposed rule related to Mandatory Medicaid and Children’s Health Insurance Program (CHIP) core measure set reporting. UnityPoint Health is one of the nation’s most integrated health care systems. Through more than 32,000 employees and our relationships with more than 480 physician clinics, 40 hospitals in urban and rural communities, and 14 home health agencies throughout our 9 regions, UnityPoint Health provides care throughout Iowa, central Illinois, and southern Wisconsin. On an annual basis, UnityPoint Health hospitals, clinics, and home health agencies provide a full range of coordinated care to patients and families through more than 7.8 million patient visits.

UnityPoint Health appreciates the time and effort of CMS in developing this proposed rule and respectfully offers the following comments.

#### **CORE SETS FOR QUALITY MEASUREMENT**

*CMS proposes requirements for mandatory reporting on core sets of measures that assess the quality of health care provided to child beneficiaries in Medicaid and CHIP, the quality of behavioral health care for Medicaid-eligible adults, and the quality of health or behavioral health services for Medicaid-eligible individuals enrolled in health home programs.*

**Comment:** Overall, UnityPoint Health is supportive of developing core sets that ensure high-quality and equitable care and promote adoption across payors. **Ideally, the common goal should be for all government and commercial payors to implement standard core sets with common measure definitions and reporting requirements.** Such alignment will avoid duplicative and competing measures, reduce overall reporting burden, aid public transparency and provider accountability, and enable better beneficiary care through reliable and accurate data.

Although supportive of the transition to mandatory reporting, UnityPoint Health agrees that a phased-in approach will be needed to achieve intended results as current voluntary reporting has led to inconsistent core set reporting. For example, some States have elected not to report specific core measures as they differ from HEDIS specifications or deviate from specific State billing codes.<sup>1</sup> Monitoring and reporting different measures for each State and payor creates confusion and additional reporting burden from a provider perspective. Incomplete core sets are also not conducive to enable accurate comparisons of States or providers. Additionally, Medicaid and CHIP enrollment churn exacerbates reporting challenges and data accuracy. As many Medicaid and CHIP beneficiaries enroll, disenroll, and reenroll multiple times in the course of a year, there are measurement challenges with matching beneficiary records and reflecting continuity of care outcomes across enrollments. Some States further complicate this equation by requiring beneficiaries to change their primary care provider when enrolling into a new program – creating substantive continuity of care issues impacting quality outcomes beyond quality measure reporting. **As mandatory reporting is phased-in, we urge CMS to review the voluntary reporting rate for each measure, to evaluate underlying reasons for lower reporting rates, and to be thoughtful related to the adoption of each and every measure within each core set.** Consideration should also be given to the potential substitution and adoption of similar commercial payor measures.

#### REPORTING GUIDANCE

*CMS proposes to establish specific reporting requirements for the core set of children’s health care quality measures for Medicaid and Children’s Health Insurance Program (CHIP), the behavioral health measures on the core set of adult health care quality measures for Medicaid, and the core sets of health home quality measures for Medicaid.*

**Comment:** Despite the existence of current core sets, the shift to mandatory reporting will likely reveal a number of readiness barriers faced by States to facilitate sufficient time for State (and provider) planning and programmatic changes, **UnityPoint Health encourages CMS to provide advanced notice of implementation timeframes, including prioritized measures and their technical specifications.** Today, challenges exist with accessing data from certain data sources. In particular, States have struggled to collect data from non-Medicaid sources, such as State immunization registries, contracted managed care organizations, and electronic health records (EHRs) as well as from specific populations, such as dually eligible Medicare and Medicaid beneficiaries. Furthermore, reporting on behavioral health services is complex and complicated due to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) restrictions and the disjointed delivery of services, often requiring collection of data from multiple care settings and EHRs.

CMS seeks feedback on reporting for beneficiaries who are enrolled in CHIP and Medicaid programs. The requirement and submission methods for both CHIP and Medicaid should be consistent and align across programs. UnityPoint Health agrees that the Secretary’s annual guidance should specify the rules for counting beneficiaries who move between CHIP and Medicaid programs. Currently, reporting specifications only include beneficiaries who have been continuously enrolled for twelve months – excluding from measurement a significant number of beneficiaries who roll on and off coverage and

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<sup>1</sup> March 2020 Report to Congress on Medicaid and CHIP, page 10, <https://www.macpac.gov/wp-content/uploads/2020/03/State-Readiness-to-Report-Mandatory-Core-Set-Measures.pdf>

beneficiaries who transition between CHIP and Medicaid programs. Not only does this affect the viability of the data, but it presents difficulties in stratifying required subsets of data. To minimize exclusions, **UnityPoint Health urges CMS to address gaps in coverage as well as beneficiaries who are enrolled in multiple programs throughout the year within the technical measure specifications.**

**UnityPoint Health encourages CMS to work with States to address data collection and calculation challenges to prevent increased administrative burdens.** Historically, it's been our experience that State Medicaid agencies and managed care plans pass on quality measure reporting requirements to participating providers and health care organizations, taking time and resources away from patient care. We fully support the use of other CMS data sources for core set reporting where applicable as well as standard reporting methods for data collections developed as part of certified EHR technology (CEHRT). By doing so, this will allow for streamlined and standard reporting across programs and will ensure States, software vendors, and health care organizations send and receive data uniformly.

#### ADVANCING HEALTH EQUITY

*CMS proposes to identify specific measures in each core set that must be stratified by race, ethnicity, sex, age, rural/urban status, disability, language, or such other factors specified by the Secretary. Additionally, CMS proposes that core sets would be informed by annual consultation with States and other interested parties.*

**Comment:** UnityPoint Health values health equity and focuses on delivering high quality care with all patients no matter race, ethnicity, gender, sexual orientation, or other demographic or social risk characteristics. We have provided specific comments below:

- **Data Collection/Reporting** - In order to accurately measure data, the data itself must be of high quality. Challenges exist today in effectively capturing this type of information. For example, some State's Medicaid and CHIP enrollment applications currently do not request this information. Manual collection by health care providers leads to high administrative burden and requires standardized data collection protocols, many of which do not exist today. Self-reported data is the most precise method to capture current and accurate race and ethnicity information. While other data collection options exist, such as census and geocoding, often data lag can be significant and result in high variance. Using a proxy would require beneficiary addresses to map to census locations identifiers. UnityPoint Health has a 55%-60% match rate when taking beneficiary addresses, geocoding to a census block, and joining results. While proxies are not ideal for capturing data, should CMS choose to utilize this method, it will be imperative for States and health care organizations to have the opportunity to address self-identified inaccuracies as well as a process to appeal data and outcome results should they deem appropriate. **UnityPoint Health urges CMS to consider offering States and health care organizations financial assistance to develop and deploy health equity efforts, including funding support in addressing the capture of self-reported data.**
- **Measure Stratification** - Data collection and measurement stratification efforts are unclear and have not been appropriately analyzed to ensure accuracy and effectiveness. **We strongly urge CMS to develop standard data definitions as well as continue to partner closely with the States as well as stakeholders to identify measures that effectively and accurately measure health**

**equity for diverse beneficiary populations and a variety of geographic regions.** In order to accurately focus on driving palpable change in health equity, measure stratification becomes vital to the process. Stratification must be robust to capture high variations in local market populations, including imbalanced race/ethnicity distributions or other identified equity attributes. For less densely populated areas where imbalanced populations tend to exist, results can be disproportionately impacted by sentinel events to minority populations as compared to highly populated urban locations with greater balance. Existing quality measures serve well to define health care quality, but equity should be defined as gaps in these measures amongst attributes and targeted for improvements. UnityPoint Health recommends “descriptive” modeling using traditional predictive modeling techniques to study equity imbalance by only including equity attributes as model features with the health measure as the target, fitting a predictive model, and then examining the feature importance. Highly predictive features in this context suggest the type and magnitude of equity imbalance in a given population. In conclusion, **UnityPoint Health recommends using existing quality measures utilizing predictive modeling techniques to study health disparities.**

While UnityPoint Health appreciates the Administration’s pervasive emphasis on health equity through the rulemaking process and its interest in closing disparity gaps, the measurement framework is still within the early development phase and its impact on reimbursement and operations is unclear. We encourage CMS to be thoughtful of these implications and to use a carrot approach, not a stick approach. We recommend CMS to study the large variation in health equity definitions as well as additional ways in which to accurately collect and measure demographic and social risk drivers. UnityPoint Health looks forward to partnering closely with CMS in future efforts driving health equity.

We are pleased to provide input on this proposed rule and its impact on our hospitals and health system, our beneficiaries, and communities served. To discuss our comments or for additional information on any of the addressed topics, please contact Cathy Simmons, Executive Director, Government & External Affairs at [cathy.simmons@unitypoint.org](mailto:cathy.simmons@unitypoint.org) or 319-361-2336.

Sincerely,



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UnityPoint Health