

October 4, 2004

Mark McClellan, MD
Administrator
Centers for Medicare & Medicaid Services
200 Independence Avenue, SW
Washington, DC 20201

File Code: CMS-4069-P

Dear Dr. McClellan:

The American Health Quality Association (AHQA), representing the national network of Medicare Quality Improvement Organizations (QIOs), is pleased to provide these comments on the proposed rule to establish the Medicare Advantage (MA) Program.

Our comments and suggestions are grouped and labeled as requested in the Federal Register notice published on August 3, 2004.

Subpart D-Quality Improvement Program (§ 422.152)

Recommendation: CMS should explicitly recommend in the regulation that MA plans seek technical assistance from the State QIO in designing and implementing quality improvements initiatives. Further, it should clearly note that working with a QIO could help the plan meet some of its quality improvement requirements.

AHQA supports the proposed requirement in the regulation that MA plans encourage their providers and practitioners to participate in CMS and HHS quality improvement initiatives. We are also very encouraged by the CMS intention to encourage plans to seek quality improvement assistance from the QIOs. This encouragement should be included in the regulatory language.

The QIOs already successfully coordinate quality improvement efforts with Medicare Advantage plans across the country, lessening the burden on providers and practitioners that participate in multiple plans. The QIOs offer consistent quality improvement measures, interventions and staff that minimize confusion, disruption, and duplicative or even counterproductive effort.

Recommendation: The regional and local PPO plans should absolutely be covered by the quality improvement requirements of the regulation.

As the new regional and local PPO plans become available, many Medicare beneficiaries are expected to look to those plans as attractive alternatives to the existing FFS and other MA plan options. Structured properly from the outset, CMS can ensure that the necessary data and quality measures are available to ensure that beneficiaries in these plans are receiving the safe, effective and high quality health care.

Recommendation: Whenever possible, CMS should use a comprehensive and consistent set of quality measures across all types of MA plans. Additional supplementary measure sets could also be developed for comparison within specific plan types.

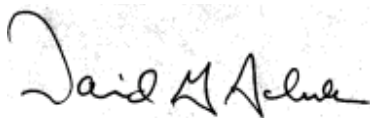
It is very important that consumers be provided with quality information that will, to the maximum extent possible, allow comparison of the performance of various types of plans. We do understand that there are some measures that are appropriate for a traditional managed care plan, but that are not feasible in a more loosely structured PPO. In that case, additional measures, relevant to the plan type, could be used to supplement the core set that would apply to all plan types.

One of the goals of the Medicare Modernization Act (MMA) was to provide seniors with more health care choices. Faced with a growing number of options, Medicare beneficiaries will need information allowing them to compare the quality of care provided by a variety of health plan types. CMS should avoid “apples to oranges” comparisons for beneficiaries struggling to make difficult health care choices.

Using a consistent set of measures across plan types will also help to minimize the burden on providers in engaging with the QIO in quality improvement activities. Establishing different measures for the plans will cause frustration and inhibit participation on the part of practitioners and plans.

Thank you for the opportunity to offer these recommendations regarding the establishment of the Medicare Advantage Program. Please contact me if you have any questions or require additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "David G. Schulke". The signature is written in a cursive style with a large initial "D".

David G. Schulke
Executive Vice President