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January 18, 2008

Margaret E. O’Kane, President  
National Committee for Quality Assurance  
1100 13<sup>th</sup> Street, N.W., Suite 1000  
Washington, DC 20005

Dear Ms. O’Kane:

The Medicare Payment Advisory Commission is pleased to submit comments on the proposed Special Needs Plans Requirements that were released for public comment by the National Committee for Quality Assurance (NCQA) and the Centers for Medicare & Medicaid Services (CMS) on December 14, 2007. Special needs plans (SNPs) offer the potential to improve care coordination for special needs beneficiaries through unique benefit design and delivery systems. However, the Commission is concerned that SNPs have too little oversight to ensure that they fulfill this promise. The Commission also is concerned that SNPs do not report SNP-specific quality measures. As a result, the Commission has recommended that the Congress should require the Secretary to establish additional, tailored performance measures for special needs plans and evaluate their performance on those measures within three years. These measures should be in addition to other measures reported by all Medicare Advantage (MA) plans, including SNPs, which allow for comparisons among all MA plans regardless of plan type.

In general, we are pleased with the proposed measures that NCQA and CMS are proposing to use to evaluate SNPs. These measures will advance policymakers’ ability to rigorously evaluate SNPs by comparing their performance to one another and to other MA plans. We offer a few technical comments on specific measures below.

### **Benchmark Measures**

NCQA and CMS propose collecting benchmark measures in 2009 to create a data base that plans can use to benchmark themselves and that CMS and NCQA can use to refine measures for future incorporation into HEDIS®. If NCQA and CMS do not plan to use these measures for plan-to-plan comparison and public reporting at this time, and given that SNPs are authorized only through 2009, they should be collected in 2008 rather than waiting for 2009.

### **Structure and Process Measures—SNP 1: Complex Case Management**

**Element E: Providing Members with Information** NCQA and CMS propose measures to verify how SNPs provide their members with information with documented materials. We suggest that these measures should include not only the content of educational materials, but

also the different formats of educational materials (e.g. printed materials, websites, and telephone helplines) and enrollees' use of them.

**Element F: Case Management Process**

NCQA and CMS propose measuring SNPs case management processes by examining a list of 14 procedures, including initial assessment of members' health status, initial assessment of mental health status, including cognitive functions, and evaluation of cultural and linguistic needs, preferences or limitations. We suggest that an initial assessment of disabilities and any access accommodations that are needed should be added to the list. We also suggest that the evaluation measure what proportion of a SNP’s enrollees is offered case management and what proportion uses these services.

**Element G: Informing and Educating Practitioners**

NCQA and CMS propose verifying how SNPs provide their practitioners with information with documented written materials. We suggest measuring the availability of practitioner information in different formats because it is especially important to provide practitioners with plan information materials in multiple formats (e.g. printed materials, websites, and telephone helplines) as practitioners are unlikely to store all written materials from all plans that they contract with and are therefore unlikely to find answers to their questions as they arise.

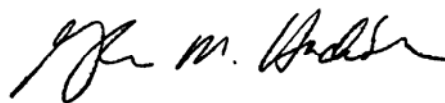
**Structure and Process Measures—SNP 3: Clinical Quality Indicators**

**Element A: Relevance to Members**

NCQA and CMS propose that each SNP select three measures to assess performance and identify clinical improvements that are likely to have an impact on its membership. The explanation notes that each organization must demonstrate that each of the three clinical issues is relevant to its membership. No criteria are listed for how the relevance will be judged. In light of the Commission’s concern that all SNPs should be expected to provide specialized care for their targeted populations, we suggest that NCQA make these criteria more transparent.

We thank you for considering these suggestions.

Sincerely,



Glenn Hackbarth, J.D.  
Chairman