

December 30, 2024

Partnership for Quality Measurement (“PQM”)
Submitted electronically: <https://p4qm.org/media/3166>

Re: 2024 Measures Under Consideration (MUC) List

To Whom it May Concern:

Network Health Insurance Corporation (“NH”) appreciates the opportunity to provide feedback to PQM on the 2024 Measures Under Consideration (“MUC”) List published November 25, 2024, on the Measures Management System (“MMS”) Hub.

PQM requested feedback by December 30, 2024. The following is NH’s response to two specific measures.

2024 MUC List

Highlights from the 2024 MUC List include:

- A total of 41 unique measures are included for consideration, of which 14 are currently implemented in Medicare programs and have been added to the MUC List due to significant revisions to their specifications.
- 100 percent of the measures rely on data submissions using at least one digital data source and 78 percent of these measures rely on data submissions using only digital data sources, which is consistent with the Centers for Medicare and Medicaid Services’ (“CMS”) priority for the development of interoperable and digital quality measures.
- 37 percent of the measures address the Person-Centered Care Meaningful Measure Priority.

Proposal – Social Needs Screening and Intervention

CMS proposes this measure to provide health plan-level data regarding screenings and interventions for unmet needs related to food, transportation, and housing. Unmet social needs, like lack of adequate access to nutritious food, reliable transportation, and safe and stable housing, are linked to poorer access to care and worse clinical outcomes. Yet, most health care quality measures continue to focus on clinical processes and outcomes. Given that unmet social needs contribute to poorer health outcomes and troubling health disparities, CMS states this is a critical gap to fill in quality measurement. The percentage of persons who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing and transportation needs, and received a corresponding intervention within 30 days of the screening, was positive.

HMO and POS plans underwritten by Network Health Plan. Self-insured plans administered by Network Health Administrative Services, LLC.

- NH Response:

NH supports this measure. NH currently screens for social needs and interventions and tracks this data internally; however, providers and other systems are not consistently tracking this data. NH uses Logical Observation Identifiers Name and Codes (“LOINC”) codes to retrieve this specific data. LOINC is a common language (i.e., set of identifiers, names, and codes) for identifying health measurements, observations, and documents. NH recommends data collection options other than LOINC codes be the requirement, as the industry is struggling at capturing this data.

Proposal – Depression Screening and Follow up (“DSF”):

CMS proposes the DSF measure to assess the percentage of eligible Medicare Advantage (“MA”) plan members who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care within 30 days. The measure provides (or would provide?) health plan-level data related to screening for depression and follow-up treatment such as psychotherapy or pharmacotherapy. CMS states that MA plans may use the data to target education and outreach efforts and strengthen patient access to treatment for depression. The percentage of MA plan members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care within 30 days.

- NH Response:

NH supports this measure. NH has seen that depression screening data collection is not consistently being done by providers. A few systems send information to NH and LOINC codes are used.

Overall Recommendation:

NH recommends CMS to explore or introduce standard codes/current procedural terminology codes on a claim to ease the burden of data collection for payers and providers and add in additional data standards that can be used within the industry.

NH appreciates PQM’s and CMS’s consideration of our and other stakeholders’ feedback to the 2024 MUC List.

Respectfully submitted,



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