



**Medicaid Commission Recommendations**  
**March of Dimes Response**  
**November 16, 2006**

The March of Dimes appreciates the opportunity to comment on the recommendations proposed by the Medicaid Commission. The Foundation believes that the Commission has put forth a thoughtful set of recommendations, some of which hold great potential to help Medicaid better serve the needs of pregnant women, infants and children. However, the March of Dimes is concerned that some of the recommendations, particularly those regarding benefit design and eligibility, may put some populations at risk for losing important healthcare coverage.

Benefit Design

It is imperative that Medicaid benefit packages for pregnant women, infants and children include access to all of the medically necessary services set forth in the clinical care guidelines published by the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP). The March of Dimes applauds the Commission's support for maintaining federal standards requiring states to provide Early and Periodic Screening, Diagnosis and Treatment (EPSDT) for children enrolled in Medicaid. However, while the public has been assured that Congress intended to preserve the EPSDT benefit when it approved the Deficit Reduction Act (DRA), the specific language of the DRA is a bit ambiguous. The March of Dimes and its advocacy partners are working with congressional leadership on both sides of the aisle to clarify areas of ambiguity so that states know what is expected of plans — including benchmark plans — with which they contract. Any further reforms to the Medicaid program recommended by this Commission should include explicit language making clear that EPSDT is protected.

Further, the March of Dimes is concerned about how further benefit flexibility, beyond what was already provided in the DRA, could impact women of child-bearing years, and most especially those who are pregnant. It is critical that these women — especially those at risk for preterm labor and delivery — continue to have access to the full range of healthcare services recommended by ACOG and AAP in their clinical care guidelines. To be more specific, the March of Dimes is concerned that funding for defined contribution models be sufficient to assure that medically necessary services remain accessible to pregnant women who rely on Medicaid for their health insurance.

The March of Dimes is pleased to see the Commission's recommendations to provide access to more preventive care through the Medicaid program, and has long been a proponent of providing such services to women of childbearing age, infants and children. However, it is critical that states implement prevention and wellness efforts without using beneficiary

adherence to a set of state-determined behaviors as a tool to deny health coverage. Coverage for children in particular must not be conditioned on behaviors not under their control, such as making doctor's appointments and maintaining a healthy diet.

The March of Dimes is concerned by the Commission's proposal to allow states to use an abbreviated waiver process to replicate demonstrations that have operated successfully for at least two years in other states. The opportunity for key state and national stakeholders to provide input on waiver proposals is essential. Even under the current waiver process, there is broad based concern that stakeholders have been denied the opportunity to effectively comment on various state waivers. In fact, the Government Accountability Office (GAO) is currently studying this issue and plans to report to Congress in 2007 regarding the opportunity for public comment in the waiver process and the responsiveness of the Centers for Medicare and Medicaid Services (CMS) to such comments. The Commission should encourage Congress to review the GAO report findings before undertaking steps that could further curtail the opportunity for public comment in the waiver process.

### Eligibility

The March of Dimes recognizes that the Medicaid eligibility process is complex and that there may be opportunities to improve the administrative efficiency of the process and simultaneously better serve beneficiaries. It is important that simplification efforts not have the unintended effect of curtailing eligibility or denying coverage to eligible individuals.

### Health Information Technology

The March of Dimes has long supported the use of Health Information Technology (HIT) to improve the efficiency and quality of care. The specific needs of infants and children should be accorded special consideration as any HIT system is developed and implemented in Medicaid. As a first step, the March of Dimes recommends that CMS work collaboratively with a broad spectrum of stakeholders in the pediatric arena to develop a model electronic health record for children.

### Quality and Care Coordination

The March of Dimes agrees that any Medicaid reform efforts must address the issue of accountability through initiatives that improve and measure the quality of care provided to beneficiaries, specifically pregnant women, infants and children. While a medical home model offers important tools to improve coordination and efficiency of service delivery, it must not serve as a gate-keeper to restrict access to medically necessary specialty care, and additional measures are needed to improve quality and accountability. The March of Dimes suggests the Commission be explicit in recommending that CMS also support investment in the development, distribution and evaluation of the use of pediatric quality measures for all children. Current HEDIS measures that focus on areas such as immunization and well-child visits are a good beginning, but further work is needed to provide states the "best practice" guidelines they can use to ensure that Medicaid beneficiaries receive the highest quality of care possible.