

# National MLTSS Health Plan Association

October 7, 2016

Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
200 Independence Avenue SW  
Washington, DC 20201

**RE: Quality Measure Development and Maintenance for CMS Programs Serving Medicare-Medicaid Enrollees and Medicaid-Only Enrollees. Measures for Medicaid enrollees in managed long-term services and supports (MLTSS)**

Dear Administrator Slavitt:

Thank you for the opportunity to comment on the Centers for Medicare & Medicaid Services (CMS's) proposal for Quality Measure Development and Maintenance for CMS Programs Serving Medicare-Medicaid Enrollees and Medicaid-Only Enrollees.

The National MLTSS Health Plan Association is a new national organization comprised of the leading managed care organizations designed to deliver high-value, quality managed long-term services and supports (MLTSS) for state Medicaid programs and beneficiaries. Member organizations include: AmeriHealth Caritas, Anthem Inc., Centene Corporation, Commonwealth Care Alliance, Humana, L.A. Care Health Plan, Molina Health Care, Inc. and WellCare Health Plans, Inc.

As an industry, MLTSS health plans manage an array of specialized services and supports that enable individuals of all ages accessing LTSS to live in the most integrated setting. Organizations that sponsor MLTSS plans understand that the delivery of high-quality LTSS can have a significant positive impact on a person's independence, health, and quality of life. The National MLTSS Health Plan Association brings together the knowledge and experience of MLTSS health plans, the unique understanding of LTSS and of the variety of persons of all ages with disabilities and functional limitations who need these services, in order to pursue legislative and regulatory changes in Medicare and Medicaid that enable health plans to better serve members and help them achieve positive health outcomes.

The National MLTSS Health Plan Association supports CMS's efforts to create useful and timely quality measures to assess the impact of MLTSS plans. These measures will help bring consistency to MLTSS outcome measurement on a number of attributes that are important to the administration and measurement of MLTSS.

We have, however, several concerns and suggestions with regard to the utility and feasibility of these measures as they are designed:

- *Application of these measures where data is not uniformly available.*  
The Association believes in the goals of full LTSS integration and programmatic and financial alignment. Until that goal is achieved, it is important to ensure these measures apply to what MLTSS plans can be accountable for. The National MLTSS Health Plan Association requests that CMS consider the implications of applying measures designed to assess health plan quality when data is not uniformly available to support the use of such metric. The development of these measures assumes health plans have access to medical data, such as claims and chart data, which is not likely the case with dual enrollees in non-aligned Medicare Advantage (MA) or Dual Special Needs Plans (DSNPs). Additionally, several of the proposed measures assume a contractual relationship between physicians and MLTSS plans (e.g., falls measures). Dual eligible individuals with unaligned Medicare plans present a unique challenge as they may be seeing physicians that are outside of the MLTSS plan's contracted network. In that case, the ability of the plan to gain access to the chart and/or influence the physician to change practice is severely limited. The Association recommends reframing the specifications related to dual enrollees so the measurements are based-on data and information that MLTSS plans can access in a cost-effective and timely fashion. One option for improving access to medical data would be for CMS to assist MLTSS plans in gaining full and free access to Medicare Coordination of Benefits Agreement (COBA) data.
- *Stratification of measures*  
MLTSS plans serve very diverse populations of older and younger persons with physical, behavioral, and mental health needs, including those with cognitive and/or functional limitations. The Association recommends that CMS stratify measures on demographic and functional status factors, beyond simply age, in order to capture differences between diverse MLTSS populations. This stratification can take into account system-wide variations in clinical assessment and treatment, and provide plans with the necessary flexibility in assessing these measures. This will be especially important in outcomes measures or measures where population differences would affect measured performance.
- *Alignment with other regulatory requirements*  
Plans managing the care of Medicaid, Medicare, and dual enrollees operate under a complex web of state and federal requirements, including requirements for quality performance and reporting. In order to create quality measurement alignment and to ensure that health plans remain compliant with existing regulations, these measures should be developed with a focus on avoiding redundant or conflicting requirements. CMS should also clarify the relationship of this set of measures with existing requirements, such as the requirements for developing person-centered care plans in the home and community based-services (HCBS) rules.

- *Pursuing Comprehensive LTSS Assessment*  
The Association supports the application of a federal uniform assessment standard, as envisioned in these measures. CMS should provide clarification, though, on how this federal standard would apply in relation to the multiple and diverse state requirements for content and performance of the assessment function. It would be particularly helpful to have clarification on the regulatory framework for measurement and evaluation within which these measures would operate. We recommend testing measure specifications using multiple assessment forms/processes to ensure data can be captured adequately. Since plans are not always required to develop a care plan, we also recommend consideration of the health plan's ability to report accurately on the measure.
- *Diverging development of measurements*  
A consistent set of quality standards and measures that are built upon previous work and align well with measures developed in other processes is a valuable contribution to improving quality performance and accountability. We ask that CMS outline for State Medicaid programs and health plans the intended uses of these measures and their relationship in their application to other measures developed and endorsed by NCQA, NQF and other accrediting bodies. For example, how does CMS intend to coordinate new MLTSS with those released recently in NQF's final report on "Quality in Home and Community-Based Services to Support Community Living: Addressing Gaps in Performance Measurement". CMS should clarify the relationship of the conceptual foundation and measurement framework for home and community based services (HCBS) in the aforementioned report to the MLTSS measures proposed by CMS and if each of these efforts will be aligned with one another and how they would be tested, validated, and applied in the operations of MLTSS plans.

We commend you on this effort to develop quality measures to assess the impact of MLTSS plans and we appreciate the opportunity to comment on these measures. We welcome an opportunity to meet with members of the team developing these measures to discuss ways to refine them and incorporate these and other measures in the regulatory structure that applies to the operations of Medicaid MLTSS plans.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Monson", written in a cursive style.

Michael Monson  
Chair