

Comments submitted to National Committee for Quality Assurance

Re: Proposed LTSS measures for HEDIS 2019 and HEDIS 2020

March 13, 2018

On behalf of the National MLTSS Health Plan Association, thank you for this opportunity to comment on the quality measures being developed for Medicaid participants who receive LTSS. We are an association of health plans that contract with states to provide managed long-term services and supports (MLTSS). Our member organizations include Aetna, AmeriHealth Caritas, Anthem Inc., CareSource, Centene Corp., Commonwealth Care Alliance, Health Plan of San Mateo, L.A. Care Health Plan, Molina Health Care Inc., Tufts Health Plan, UPMC Health Plan, and WellCare Health Plans Inc.

The National MLTSS Health Plan Association supports and encourages NCQA's effort to bring national consistency to MLTSS outcome measurement. Currently, 13 states that operate MLTSS programs have independently implemented HCBS quality measures, with another 3 states actively developing such measures. Without national standards or guidance, states developing and implementing MLTSS quality measures struggle with validity and reliability concerns. Nearly all LTSS measures are state-specific, with states either choosing different quality metrics than their neighbors or implementing different definitions of the same metrics. Additionally, most state MLTSS measures have not been tested for validity and reliability. NCQA's efforts to create nationally-recognized HCBS quality measures will improve states' abilities to hold health plans accountable, and facilitate more effective quality improvement initiatives.

Over the past year, the Association has been working both collectively and within our member plans to find effective ways to implement these and other quality metrics. We would welcome the opportunity to discuss our efforts with NCQA and provide our perspective about effective quality measure development for HCBS.

Please find below our comments and suggestions for the quality measures under consideration for inclusion in HEDIS.

Health Assessment for People with Multiple High-Risk Chronic Conditions (HMC)

Due to the nature of the high-risk chronic conditions specified for this measure, many of the Medicare beneficiaries included in this measure's eligible population are likely to also need, and receive, Medicaid-funded LTSS. Members receiving Medicaid LTSS will already receive a comprehensive assessment in accordance with the LTSS

Comprehensive Assessment and Update measure, in addition to this measure's specified assessment. Requiring plans to complete two different comprehensive assessments for the same member, or to submit two separate sets of assessment data, creates a risk of duplication and unnecessary administrative burdens. Therefore, this measure should be aligned with the LTSS Comprehensive Assessment specifications to facilitate integrated, coordinated care for dual-eligible beneficiaries.

NCQA should consider allowing plans to submit the LTSS Comprehensive Assessment data in place of the HMC Assessment for dual-eligible beneficiaries who would receive both, as the LTSS Assessment is very similar to the proposed HMC assessment, and has already been validated for the target population.

LTSS Comprehensive Assessment and Update

The Association supports this measure with modification.

Face-To-Face/In The Home

The proposed requirement that assessments be "conducted with a specified mode (face-to-face, in the home)" creates problems for plans operating in MLTSS States such as California, where MLTSS plans are permitted to conduct assessments by telephone if the member so chooses. While face-to-face assessments in the home are the best way to identify home safety risks and similar details, requiring face-to-face assessments risks limiting member choice in States that allow telephonic assessments by tying MLTSS health plan quality scores to one specific method of assessment. Health plans should be able to respect member preferences for telephonic assessment without suffering lower quality ratings. The Association recommends that, before NCQA adopts this measure, either references to "face-to-face, in the home" be removed from Rate 1&2 Additional Notes, or that a denominator exclusion be added to account for members who choose not to have assessments conducted face-to-face, in addition to the existing exclusion for members who refuse to allow a care manager into their home.

Stratification

The proposed measure removes all stratification, including age, "due to the overall low rates" and the stated belief that "additional analysis of disparities would not provide meaningful information." However, there are good reasons to disaggregate LTSS eligibility groups who may have different assessment needs and response rates. Therefore, the Association encourages NCQA to stipulate that stratification on all demographic characteristics should occur when overall rates increase.

LTSS Comprehensive Care Plan and Update

The Association supports this measure with modification.

Face-to-Face/In The Home

The 2014 HCBS Settings rule requires that care plan development occur “at times/locations convenient to the enrollee,” but does not stipulate that it must be done “face-to-face.” While the Association agrees that face-to-face care plan development is desirable, some members with mental health or developmental disabilities have difficulty with face-to-face communication and prefer other methods of communication. Therefore, we request that references to “face-to-face” be removed from this measure, or a denominator exclusion be added to account for this specific situation/plan compliance with person-centered planning.

Family or Friend Caregiver Involvement

As presented, this measure requires care plans to document that family or friend caregivers were involved in care plan development, or that no informal caregiver was available. This requirement therefore implies that informal caregivers are only available if they participate in the care planning process. This implication is erroneous; a member may have an informal caregiver, but prefer they not be included in the care planning process. We therefore recommend that documentation of the availability of informal caregivers be separate from documentation related to the participation of the informal caregivers in the care planning process.

Definition of “Update”

As written, this measure remains ambiguous regarding how substantial an update must be to count toward the metric. Depending on plan members’ conditions and care needs, plan updates may involve significant, periodic changes, or frequent but minor adjustments. If care plans will be held to a stricter standard than checking whether an annual update was conducted, we recommend that NCQA require the depth or type of update to be defined prior to endorsing this measure.

Stratification

The Association encourages NCQA to stipulate that stratification on all demographic characteristics (race, sex, disability, etc.) should occur when overall rates increase.

LTSS Shared Care Plan with Primary Practitioner

The Association does not support this measure as it is currently written.

Denominator Exclusions

Currently, this measure does not address enrollees who refuse to have their care plan shared. We recommend either the addition of a denominator exclusion for “enrollees who could not be reached for development of a comprehensive care plan or who refused to participate in development of a comprehensive care plan,” or the inclusion of a separate rate measuring how many enrollees declined to share their care plan.

Stratification

The Association encourages NCQA to stipulate that stratification on all demographic characteristics (race, sex, disability, etc.) should occur when overall rates increase.

LTSS Re-Assessment/Care Plan Update after Inpatient Discharge

The Association does not support this measure as it is currently written.

Feasibility

Many MLTSS health plans serving dually eligible Medicaid enrollees in non-aligned Medicare Advantage (MA) or Dual Special Needs Plans (D-SNPs) do not have full access to those members' Medicare administrative claims and chart data. NCQA should only require re-assessment and care plan update within 30 days of the health plan receiving notification of discharge, rather than the date of discharge.

Discharges

This measure should measure re-assessment by the MLTSS health plan upon discharge *to the member's place of residence*. Without this clarification, the measure places additional burdens on health plan staff, and increases the risk of duplication of effort by care managers and short-stay facility staff.

Defining Updates

It is unclear how substantial an update must be to count toward this metric. Depending on plan members' conditions and care needs, discharges may be frequent, even if each care plan update only requires minor adjustments. We recommend that NCQA require the depth or type of update to be defined before endorsing this measure.

Denominator Exclusions

We recommend the addition of denominator exclusions for "enrollees who could not be reached for development of a comprehensive assessment or care plan," and that "enrollees who refuse care planning are excluded from the requirement of having goals and preferences documented and enrollee signature."

Caregiver Involvement

As presented, this measure requires care plans to document that family or friend caregivers were involved in care plan development, or that no informal caregiver was available, implying that all informal caregivers participate in the care planning process. This implication is erroneous; a member may have an informal caregiver, but prefer they not be included in the care planning process. Documentation of the availability of informal caregivers should be separate from documentation of informal caregiver participation in the care planning process.

Non-Standard Data

The data elements needed to satisfy this measure are not standardized, and some data elements may need to be abstracted from a record by someone who is not obtaining original information. Without standardized data elements, plans may have difficulty reporting this metric. Adoption for this measure should be contingent upon receiving a proposal for standardizing data elements.

Stratification

NCQA should stipulate that stratification on all demographic characteristics should occur when overall rates increase.