National
MLTSS
Health Plan Association

Comments submitted to NQF Patient Experience & Function Standing Committee

Re: LTSS measures under consideration for endorsement

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 Association supports and encourages NQF and Mathematica'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. NQF'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 NQF and provide our perspective about effective quality measure development for HCBS.

We appreciate this opportunity to provide comments on these proposed HCBS measures. We believe our suggested modifications will improve the validity and utility of NQF's proposed HCBS quality measures, and will encourage both States and health plans to continue improving the quality of LTSS services. If you have any questions, please contact our Executive Director, G. Lawrence Atkins, at latkins@mltss.org.

NQF #3319: LTSS Comprehensive Assessment and Update

The Association supports this measure with modification.

<u>Face-To-Face/In The Home</u>

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 punishing MLTSS health plans in States that allow telephonic assessments. Health plans should be able to respect member preferences for telephonic assessment without suffering lower quality ratings. The Association recommends that, before NQF endorses this measure, 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 this specific situation.

Non-Medical Core Element

Nearly all of the required core elements of this measure are medically-based. Most LTSS services are non-medical in nature and provided by non-medical staff or family caregivers. To ensure that this measure addresses the quality of life issues which matter most to LTSS users, we recommended that "social support" be at least one of the required core elements.

Data Availability

Some plans cannot reliably report the specified data due to limitations in current data systems. Plans that rely on data collected by external partners who aren't fully integrated with health plan systems, for example, will not be able to report on all elements of this measure until those data systems can be integrated. Also, plans that do not already capture all the specified data elements will not be able to provide the required 16-month data history until 16 months after implementation of the new measure.

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

NQF #3324: 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 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. 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.

Caregiver Involvement

This measure requires documentation that informal caregivers were involved in care plan development, or that no informal caregiver was available. However, a member may have an informal caregiver, but prefer they not be included in the care planning process. We recommend that documentation of the availability of informal caregivers be separate from documentation of informal caregiver participation in care planning.

Data Availability

Some plans cannot reliably report the specified data due to limitations in current data systems. Plans that rely on external data that is not fully integrated with health plan systems will not be able to report on all elements of this measure until those data systems can be integrated. Also, plans that don’t already capture the specified data elements will not be able to provide the required 16-month data history until 16 months after implementation of the new measure.

Definition of “Update”

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 NQF require the depth or type of update to be defined prior to endorsing this measure.

Stratification

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

NQF #3325: 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.

Data Availability

Some plans cannot reliably report the specified data due to limitations in current data systems. Plans that rely on provider data that is not fully integrated with their health plan

systems, for example, will not be able to report on all elements of this measure until those data systems can be integrated. Also, plans that do not already capture all the specified data elements will not be able to provide the required 16-month data history until 16 months after implementation of the new measures.

Stratification

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

NQF #3326: LTSS Re-Assessment/Care Plan Update after Inpatient Discharge

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

Feasibility

Some plans cannot reliably report the specified data due to limitations in current data systems. Plans serving dually eligible Medicaid enrollees in non-aligned Medicare Advantage or Dual Special Needs Plans may not have full or timely access to claims and chart data.

The data elements needed to satisfy this measure are also not standardized, limiting plans' ability to report this metric. Finally, plans that do not already capture all the specified data elements will not be able to provide the required 16-month data history until 16 months after implementation of the new measure.

Discharge to Place of Residence

The Association recommends that this measure be clarified to measure a re-assessment by the MLTSS health plan upon discharge *to the member's place of residence* to reflect current practice. Members who transition between, for example, inpatient hospital facilities to a short-stay SNF should not need to be re-assessed upon discharge from the hospital.

Definition of "Update"

As with NQF #3324, it is unclear how substantial an update after discharge must be to count toward this metric. Depending on plan members' conditions and care needs, discharges (and therefore plan updates) may be frequent, even if each update only requires minor adjustments. We recommend that NQF require the depth or type of update to be defined before endorsing this measure.

Denominator Exclusions

The Association recommends 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

This measure requires documentation that informal caregivers were involved in care plan development, or that no informal caregiver was available. However, a member may have an informal caregiver, but prefer they not be included in the care planning process. We recommend that documentation of the availability of informal caregivers be separate from documentation of informal caregiver participation in care planning.

Stratification

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