mhpa Medicaid Health Plans of America

August 28, 2023

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: Long-Term Services and Supports Measures—Home and Community Based Services Measures Development and Maintenance Contract

Re: Call for Public Comment, Managed Long-Term Services and Supports Measure Set

To whom it may concern,

On behalf of the Medicaid Health Plans of America (MHPA), we thank you for the opportunity to provide input on the development of managed long-term services and supports (MLTSS) quality measures.

MHPA is the only national trade association with a sole focus on Medicaid, representing more than 130 MCOs serving more than 52 million Medicaid beneficiaries in 40 states, the District of Columbia and Puerto Rico. MHPA's members include both for-profit and non-profit, national, regional, as well as single-state health plans that compete in the Medicaid market. Nearly three-quarters of all Medicaid beneficiaries receive health care through MCOs, and the Association provides research and advocacy services that support policy solutions to enhance the delivery and coordination of comprehensive, cost-effective, and quality health care for Medicaid beneficiaries.

Comments:

MHPA believes that engagement from individuals with disabilities is critical to ensure that services are delivered in a way that meets their needs. LTSS represents one of the most essential services Medicaid offers, and quality measurements ensure that this vulnerable population is being cared for through the delivery of high quality and appropriate care and services. We support consistent reporting standards across organizations providing LTSS, including comprehensive measure development processes, audited results, and benchmarks for comparison. As the Centers for Medicare & Medicaid Services (CMS) considers approaches to measuring quality in the LTSS space, we encourage measurement that is meaningful to the members receiving services.

We are concerned, however, that many of the measures in the HCBS measure set are derived from responses to surveys. We recommend that survey tools be offered in multiple languages and pathways for collecting insights, including from individuals who are non-verbal. We also want to ensure that as the surveys are fielded, they are administered in such a way that individuals with all levels of health literacy will be able to respond accurately. We believe that CMS should initially focus on survey-related measures that are meaningful to the population and consider the individual's ability to understand and communicate their specific needs. We also recommend that States have the flexibility to select any participant survey related measures based on the populations serviced under the specific 1915(c) waiver.

MHPA is supportive of measure stratification as a tool to advance health equity but would like to call attention to several issues for consideration. Ensuring that data is accurate and usable can be challenging given the need for an adequate sample size, by measure, to divide into racial, ethnic, and linguistic groups, as well as other characteristics. Since beneficiaries can be in several sub-group analyses, the interpretation of the data will require a level of statistical and measurement expertise that is sometimes not widely

available across states. MHPA recommends CMS be cognizant of issues regarding stratification and health equity and provide robust technical assistance to states to support measure stratification.

MHPA also encourages CMS to consider compatibility with state regulations regarding information sharing. For example, some states have current restrictions on data sharing that have made data capture for measures such as the ones proposed challenging.

As CMS considers a new measure set, we recommend factoring in the administrative burden to providers. Several measures proposed require data which is not currently available in electronic medical records or shared between providers and payers, necessitating "chart chase" for data capture. Chart chase can be administratively burdensome for providers and raises costs in the system if not developed to balance the benefits of this important data capture with this burden.

Measures for individuals dually eligible for Medicare and Medicaid should be taken into consideration in this measure set and ensure they align with other CMS programs, especially Medicare Advantage. Broadly, we recommend CMS take steps to align measures across organizations, including NCQA measures, to improve administrative efficiencies for stakeholders.

CMS should consider a minimum set of mandatory measures and limit them as is proposed for the Medicaid and CHIP Quality Rating System (QRS). Further, we suggest that CMS allow States flexibility to utilize voluntary measures in addition to the minimum mandatory measures, as appropriate. This will be important in States that already have implemented measures that may not be included in the mandatory measure set. Further, we support efforts by CMS to standardize definitions across states but encourage CMS to provide a timeline to states for updating their contractual requirements to mirror the requirements proposed in these measures, given the administrative burden. This approach will minimize disruption to the quality-related work that is currently being undertaken by many State Medicaid programs.

We recommend the following measures as mandatory under the MLTSS Quality measure set:

- ***Long-Term Services and Supports Comprehensive Assessment and Update (LTSS-CAU);***
- ***Long-Term Services and Supports Comprehensive Care Plan and Update (LTSS-CPU);***
- ***Long-Term Services and Supports Reassessment/Care Plan Update after Inpatient Discharge (LTSS-RAC);***
- ***Screening, Risk Assessment, and Plan of Care to Prevent Future Falls;***
- ***Long-Term Services and Supports Admission to a Facility from the Community;***
- ***Long-Term Services and Supports Successful Transition after Long-Term Facility Stay.***

We have concerns with the following measures being included in the MLTSS quality measure set:

- ***Long-Term Services and Supports Shared Care Plan with Primary Care Provider (LTSS-SCP)***
    - While we agree that sharing information with Primary Care Providers on a LTSS care plan is an important component of care coordination, we are concerned that health plans lack the ability to ensure this metric is met. In some instances, particularly for dually eligible beneficiaries who receive their Medicare benefits from a different plan than their Medicaid LTSS benefits, the primary care provider of record is outdated or incorrect. In situations where the provider on record is incorrect, the health plan risks sharing protected health information with the wrong provider. We recommend leveraging

electronic portals so that primary care providers can access care plans without risk of HIPAA violations.

- ***Long-Term Services and Supports Minimizing Facility Length of Stay***
    - We have similar concerns that health plans lack the ability to ensure this metric is met. Plans have limited insight into the Medicare utilization and expenditures of unaligned dually eligible beneficiaries enrolled in an organization's MLTSS plan. The first 100 days of a skilled nursing facility stay are typically covered by Medicare, and not the Medicaid plan. Consequently, MLTSS plans are limited in their ability to influence the length of the institutional stay within these first 100 days for dually eligible beneficiaries.

The remaining measures being considered should be voluntary measures that States have the option to collect.

Once again, thank you for the opportunity to provide comments on the development of MLTSS quality measures. We appreciate the opportunity to share our perspective and look forward to continuing to work with CMS and our state partners to make a meaningful difference in the lives of Medicaid beneficiaries.

Please feel free to reach out to me directly at sattanasio@mhpa.org with any questions or should you need any additional information.

Sincerely,

/s/

Shannon Attanasio
Vice President, Government Relations and Advocacy