

# **Comparing the Quality of Managed Long-Term Services and Supports (MLTSS) Plans**

## **New Measures of Person-Centered Assessment and Care Planning**

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**August 23, 2018**

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This work was conducted under a contract with the Centers for Medicare & Medicaid Services (CMS) Measure Instrument Development and Support, #HHSM-500-2013-13011, Quality Measure Development and Maintenance for CMS Programs Serving Medicare-Medicaid Enrollees and Medicaid-Only Enrollees, #HHSM-500-T0004

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# Webinar Logistics

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- All lines are muted
- If you would like to make a comment or ask a question, there is a Q&A section at the end of the presentation
  - Use the ON24 “Q&A” function to send a message
  - Dial in to the teleconference at 1-857-232-0156, access code 398644. To be unmuted for discussion, dial 5\* when you have joined the teleconference
- Webinar slides will be available on the MLTSS site of Medicaid.gov  
<https://www.medicaid.gov/medicaid/managed-care/ltss/index.html>

# Webinar Objectives

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Describe new quality measures related to comprehensive assessment and care planning conducted by MLTSS plans



Address common challenges in data collection and strategies for overcoming them

# Agenda

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- **Introductions**
- **State MLTSS program landscape**
- **Assessment and Care Planning measures**
  - Description of the measures
  - Frequently Asked Questions
- **Data collection and validation approaches**
- **Common challenges and techniques for overcoming them**
- **Questions & Answers**

# Introductions

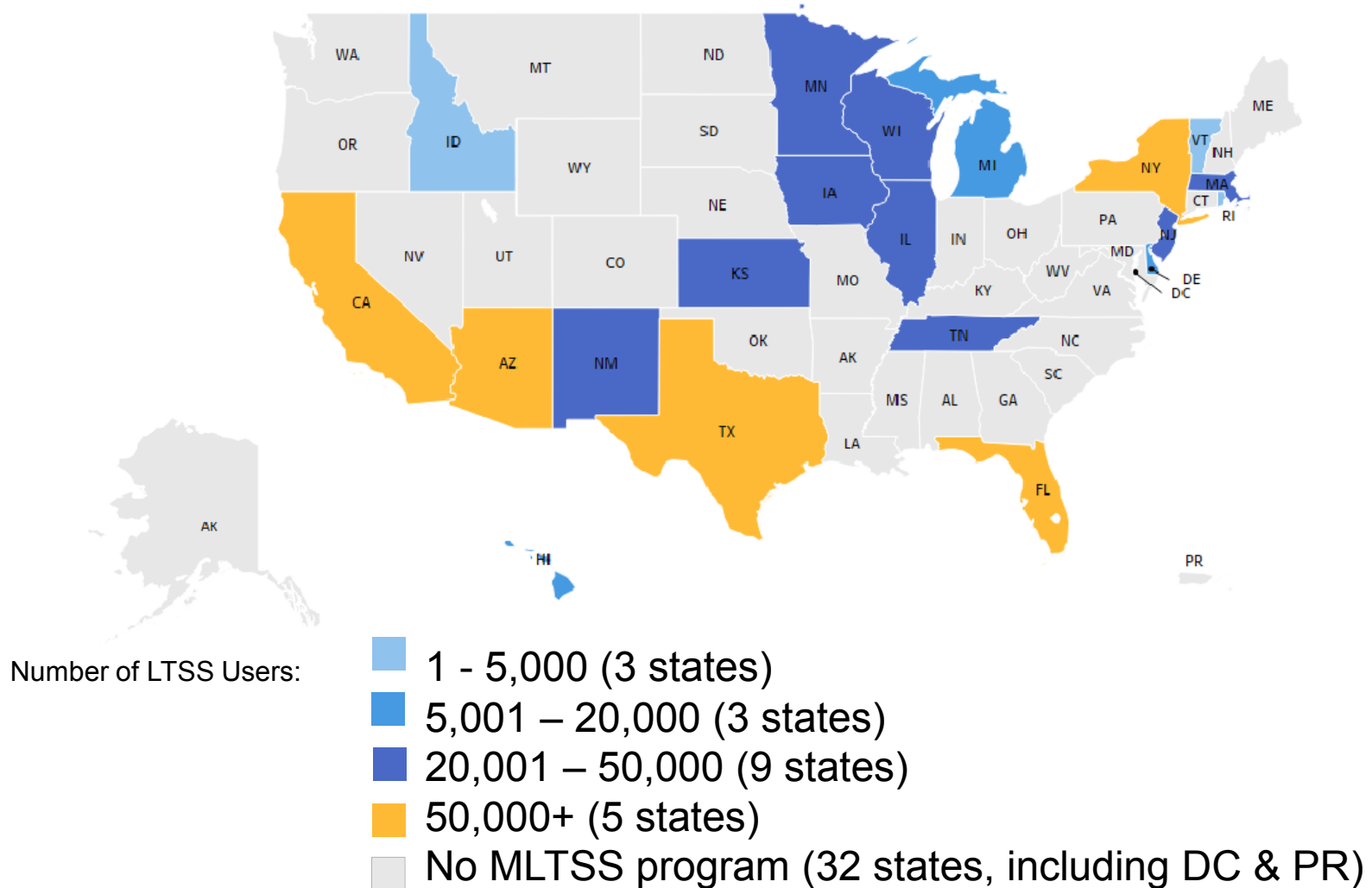
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- **Centers for Medicare & Medicaid Services (CMS)**
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# State MLTSS Program Landscape

# State MLTSS Programs - July 2016



# State Contract Requirements for MLTSS Plans

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- State contracts require MLTSS plans to conduct assessments and create care plans:
  - For new enrollees, within a specified timeframe after enrollment
  - For continuing enrollees, updated annually
- MLTSS plans arrange for needed services and supports based on assessments and care plans
- However, state contracts generally do not specify the content of the assessments or care plans

# CMS Goals for MLTSS Quality Measures

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**Create nationally standardized measures for use across MLTSS plans and state Medicaid programs**

1. Fill key gaps in MLTSS measure domains
2. Develop and test measures that could be included in a broader set of MLTSS measures, including:
  - Person-centered assessment and care planning
  - Rebalancing/Reducing unnecessary institutional stays
  - Quality of life
  - Choice and control
3. Avoid duplicating concurrent LTSS measure development efforts, such as measures based on HCBS CAHPS (experience of care) and National Core Indicator surveys

# Critical Processes that Lead to Key Outcomes

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## Improved LTSS Processes:

**Comprehensive  
Assessment and  
Care Planning**



## Improved LTSS Outcomes:

**Reduction of risks and  
adverse health  
outcomes**

**Reduction of  
unnecessary  
institutional stays**

**Improvement in quality  
of life**

# MLTSS Person-Centered Assessment and Care Planning Measures

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- LTSS Comprehensive Assessment and Update
- LTSS Comprehensive Care Plan and Update
- LTSS Shared Care Plan with Primary Care Practitioner
- LTSS Reassessment/Care Plan Update After Inpatient Discharge



HEDIS has adopted these measures for the 2019 HEDIS specifications for LTSS

- LTSS Comprehensive Assessment and Update (LTSS-CAU)
- LTSS Comprehensive Care Plan and Update (LTSS-CPU)
- LTSS Shared Care Plan with Primary Care Practitioner (LTSS-SCP)
- LTSS Reassessment/Care Plan Update After Inpatient Discharge (LTSS-RAC)

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# Assessment and Care Planning Measures



# LTSS Comprehensive Assessment and Update



The percentage of MLTSS plan members who have documentation of an in-home, comprehensive assessment covering core elements, within 90 days of enrollment or annually



Rate 1: 9 Core elements

Rate 2: 9 Core elements + at least 12 supplemental elements



## Nine Core Elements of Comprehensive Assessment

|                                   |                      |   |
|-----------------------------------|----------------------|---|
| Activities of Daily Living (ADLs) | Cognitive function   | Living arrangement                              |
| Current medications               | Mental health status | Availability of friend/family caregiver support |
| Acute and chronic conditions      | Home safety risk     | Current providers                               |

# **LTSS Comprehensive Assessment and Update FAQs**

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## **Does the assessment have to take place in the home?**

Yes. A face-to-face discussion in the member's home is required for the measure unless certain exceptions are met.

## **What if a member refuses an assessment?**

There must be documentation of the refusal, which would result in exclusion from the measure.

## **What if a member could not be reached?**

There must be documentation that at least three attempts were made to reach the member, and they could not be reached, which would result in exclusion from the measure.

# LTSS Comprehensive Care Plan and Update



The percentage of MLTSS plan members who have documentation of a comprehensive LTSS care plan, covering core elements, within 120 days of enrollment or annually with documentation of caregiver involvement and beneficiary consent



Rate 1: 9 Core elements

Rate 2: 9 Core elements + at least 4 supplemental elements

## (9) Core Elements of Comprehensive Care Plan



| Beneficiary goal          | Follow-up & communication |
|---------------------------|---------------------------|
| Plan for medical needs    | Emergency need plan       |
| Plan for functional needs | Caregiver involvement     |
| Plan for cognitive needs  | Member agreement to plan  |
| List of all LTSS services |                           |

# **LTSS Comprehensive Care Plan and Update FAQs**

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**Does the completion of a comprehensive care plan have to take place in the home?**

No, but it must be done face-to-face unless certain exceptions are met.

**What if there is documentation of “no change” in status?**

No. Documentation of “no change” in the care plan is not sufficient.

**What if there are multiple care plans documented during the measurement period?**

Use the most recently updated care plan.

**What if a member refuses a care plan?**

There must be documentation of the refusal, which would result in exclusion from the measure.

**What if a member could not be reached?**

There must be documentation that at least three attempts were made to reach the member, and they could not be reached.

# LTSS Shared Care Plan with Primary Care Practitioner

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The percentage of MLTSS plan members with a care plan that was transmitted to their primary care practitioner (PCP) or other documented medical care practitioner identified by the plan member within 30 days of its development



## Evidence of a Transmitted Care Plan

Who the plan was submitted to

Date of Transmittal

A copy of the transmitted care plan or plan sections

The entire care plan does not need to be transmitted – only the most relevant parts

# LTSS Shared Care Plan with Primary Care Practitioner FAQs

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**Does the care plan need to meet the criteria of a comprehensive care plan outlined in LTSS Comprehensive Care Plan and Update?**

**Yes.**

**Why is the care plan shared just with the primary care practitioner (PCP)?**

To promote coordination of medical and LTSS services. Can be shared with a medical care practitioner other than the PCP identified by the member as the primary contact for their medical care.

**How does sharing LTSS care plans with PCPs promote coordinated care?**

Even if MLTSS plans do not provide or cover primary care for the member, sharing LTSS care plans with PCPs makes it possible to coordinate medical services and LTSS.

# LTSS Reassessment/Care Plan Update After Inpatient Discharge



The percentage of inpatient discharges of MLTSS plan members resulting in updates to the assessment and care plan within 30 days of discharge



Rate 1: Re-Assessment after inpatient discharge

Rate 2: Re-Assessment and care plan update after inpatient discharge



## Elements

- (9) Core Elements of Comprehensive Assessment
- (9) Core Elements of Comprehensive Care Plan

# **LTSS Reassessment/Care Plan Update After Inpatient Discharge FAQs**

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**Does this include planned hospital admissions?**

No.

**What coding systems are used in this measure?**

ICD-10-CM, ICD-10-PCS, CPT, HCPCS, and UB.

**Does the re-assessment need to meet certain criteria?**

Yes, the re-assessment must include nine specified core elements and be done face-to-face unless certain exceptions are met.

**Does the care plan update need to meet certain criteria?**

Yes, the care plan must include nine specified core elements and be done face-to-face unless certain exceptions are met.

**What if the MLTSS plan member does not receive medical benefits through the MLTSS plan?**

The discharges for this plan member are not included in the measure.

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# Data Collection & Validation Approaches

# Data Collection Method

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- Measure denominators consist of a **systematic random sample** of the measure's eligible population, rather than the entire plan member population
  - Identified through enrollment data and (in LTSS Reassessment/Care Plan Update after Inpatient Discharge) administrative claims
- Data collection method: **review of case management records**
  - Does not require the collection and review of *medical* records
  - Case management records may be found in:
    - Managed care plan data systems
    - Delegated agencies' data systems (if contracted by MLTSS plans to conduct assessments and care plans)

# Sampling

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- Sample size should be **411 members** that meet the denominator eligibility criteria:
  - Age 18 and older
  - Continuous enrollment
- Same systematic sample may be used to calculate LTSS Comprehensive Assessment and Update, LTSS Comprehensive Care Plan and Update, and LTSS Shared Care Plan with Primary Care Practitioner
- LTSS Reassessment/Care Plan Update after Inpatient Discharge is a systematic sample of inpatient discharges
- Oversample to allow for substitution if needed
- If a measure has a denominator less than 30, the MLTSS plan or state may choose not to report the measure due to small numbers

# Data Collection Timeframes for Measures

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- All four measures are collected on a calendar year basis
- The measures are specified in HEDIS 2019 for measurement year 2018
  - Reporting the measures for years prior to 2018, prior to their publication, is not recommended

# Continuous Enrollment

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- Refers to the timeframe during which a member must be continuously enrolled in the MLTSS plan to be included in the measure denominator
- For 3 measures (LTSS Comprehensive Assessment and Update, Comprehensive Care Plan and Update, and Shared Care Plan with Primary Care Practitioner):
  - Members must be enrolled for at least 150 days between August 1 of the year prior to the measurement year and December 31 of the measurement year
- For 1 measure (LTSS Reassessment/Care Plan Update after Inpatient Discharge)
  - Members must be enrolled on the date of discharge and through 30 days post discharge

# Validation

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- If measures are reported by MLTSS health plans to the state, the state should:
  - Conduct an independent review of a sample of members included in the reported measures, for example, by the External Quality Review Organization (EQRO) or state-employed abstractors
  - Leverage the HEDIS auditing process

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# Common Challenges and Techniques for Overcoming Them

# Availability of Data Elements

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The majority of MLTSS plans document the data elements required for these measures, but the information is recorded in different locations and may not be aligned across states.

- **How to manage:** MLTSS plan managers should coordinate with IT staff to determine which measure data elements are stored in each data system, and map the data elements they have to a standard terminology.



# “Negative documentation”

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Providers often do not document data elements unless there is "a problem." It's harder to find documentation of “assessed and no problem identified.”

**How to manage:** MLTSS plans managers should provide training on proper documentation practices to care coordinators and delegated agency staff. States and MLTSS plans could consider including data entry options for negative findings.



# Time & Effort for Multiple Chart Abstracted Measures

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Manual abstraction of data may be necessary to find the information needed to calculate these measures.

- Particularly time consuming if information is stored in paper case management records, rather than structured fields in electronic records
- **How to manage:** States can incentivize MLTSS plans to modernize their data systems. MLTSS plans operating in multiple states can optimize their data systems by mapping their existing assessment tools to standard data elements.



# Data Reliability

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Data elements may be abstracted inconsistently from members' records.

- **How to manage:** MLTSS plan managers can train record abstractors on what these elements mean and how to interpret documentation they see in assessments and care plans in a consistent way.



# Additional Resources

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- Technical specifications and additional information about MLTSS in general can be found at:

<https://www.medicaid.gov/medicaid/managed-care/ltss/index.html>

- Contact [MLTSSMeasures@cms.hhs.gov](mailto:MLTSSMeasures@cms.hhs.gov).

# Questions & Answers

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