



# American Association on Health & Disability

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**AAHD** - *Dedicated to better health for people with disabilities through health promotion and wellness*

AAHD Executive Director: Roberta Shall Carlin, MS, JD

October 19, 2020 Listening Session with the CMS Administrator

AAHD Ideas

E. Clarke Ross, D.P.A., Public Policy Director

## **(1) Quality Measurement and Persons with Disabilities**

Clarke Ross: Current Member for 3 Year Term: National Quality Forum MAP (Measure Applications Partnership) Coordinating Committee. 2012-2017 Representative of the Consortium for Citizens with Disabilities (CCD) Task Force on Long Term Services and Supports (LTSS) to the NQF MAP Committee on Persons Dually Eligible for Medicare and Medicaid.

AAHD quality measurement focus: whole person health; health and wellness; disability inclusion and appropriateness; and integrated behavioral health-general health-primary care.

**AAHD Quality Measurement - Highest Priority for CMS – Publish Proposed Core and Supplemental Measure Sets for Medicaid Home-and-Community-Based Services (HCBS).** Priority of the CCD LTSS Task Force and the Disability and Aging Collaborative.

Areas of current engagement: Medicaid and CHIP Core Quality Measures; HCBS Quality Measures; “Patient-Reported Outcome– Performance Measures (PRO-PMs)””; Primary Care; and Behavioral Health. We closely monitor Risk Adjustment by Social and Functional Risk. The revised CMS “Meaningful Measures” topics are appropriate, important, and timely.

## **(2) ACA Open Enrollment – Outreach to People with Disabilities**

Directed by AAHD Director of Public Health Programs Karl Cooper, AAHD operates the National Disability Navigator Resource Center (NDNRC), initially launched as a project of the Robert Wood Johnson Foundation.

AAHD would like to see coordination of the dates for ACA Open Enrollment with Medicare Open Enrollment (October 15<sup>th</sup> current Medicare open enrollment date; ACA enrollment

November 1). AAHD is working with Community Catalyst to perform outreach to people with disabilities.

### **(3) Network Adequacy in All Delivery Systems – including ACA Marketplaces, Medicaid Managed Care, Including Managed LTSS**

AAHD works in a variety of DC coalitions advocating for network adequacy so that the full, complex, and special needs of persons with disabilities and chronic conditions are met in a geographical, timely, personalized, and appropriate manner. The same challenge – inadequate network of providers – appears in numerous delivery system regulations.

### **(4) Persons Dually Eligible for Medicare and Medicaid**

AAHD is a regular participant in the CMS MMCO stakeholder meetings. MMCO is an accessible, professional, knowledgeable, and responsive agency. But the needs and fragmented response to these persons are over-whelming.

In 2019, 12.3 million individuals were enrolled in both Medicare and Medicaid. Many have complex care needs, including multiple chronic conditions, physical disabilities, behavioral health conditions, and cognitive impairments. Dually eligible persons, on average, use more services and have higher per capita costs than those enrolled only in Medicare or Medicaid. Many live with significant social risk factors. Although Congress created multiple authorities to integrate their care, only about 10% of the dually eligible beneficiaries are enrolled in integrated care (CMS MMCO financial alignment; PACE; D-SNPs; and Medicaid Managed LTSS programs). The division of coverage between Medicare and Medicaid results in fragmented care and cost shifting. A recent RAND study, commissioned by CMS, documented that dually eligible persons in Medicare Advantage programs had much greater clinical care quality disparities (using HEDIS measures) than non-dually eligible persons. [2021 studies on the dual eligible population were published by MACPAC (several studies); Health Management Associates; Alliance for Health Policy; RAND for CMS).

CMS needs a bolder strategy to deal with these challenges.

### **(5) CMS Repeal of Medicare Coverage of Innovative Technology**

AAHD joins the ITEM (Independence Through Enhancement of Medicare and Medicaid) Coalition expressing grave disappointment that CMS plans to repeal its MCIT final rule. Medicare enrollees with disabilities need access to FDA approved medical devices and other DMEPOS (Durable Medical Equipment, Prosthetics, Orthotics, and Supplies). Persons with disabilities and their advocates obviously disagree with health plan carriers on standards of “reasonable and necessary.” This process needs to move forward, not be stopped.

The American Association on Health and Disability (AAHD) ([www.aahd.us](http://www.aahd.us)) is a national non-profit organization of public health professionals, both practitioners and academics, with a

primary concern for persons with disabilities. The AAHD mission is to advance health promotion and wellness initiatives for persons with disabilities. AAHD is specifically dedicated to integrating public health and disability into the overall public health agenda.

AAHD serves as the Washington Representative of the Lakeshore Foundation.

The Lakeshore Foundation ([www.lakeshore.org](http://www.lakeshore.org)) mission is to enable people with physical disability and chronic health conditions to lead healthy, active, and independent lifestyles through physical activity, sport, recreation and research. Lakeshore is a U.S. Olympic and Paralympic Training Site; the UAB/Lakeshore Research Collaborative is a world-class research program in physical activity, health promotion and disability linking Lakeshore's programs with the University of Alabama, Birmingham's research expertise.