



## American Association on Health & Disability

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



# LAKESHORE

November 2, 2021

## **Re: Recommendations for Improving the Medicaid Health Home Core Set of Health Care Quality Measures**

**Submitted electronically to Mathematica for CMS:**

**To:** [MHHCORESETREVIEW@MATHEMATICA.ORG](mailto:MHHCORESETREVIEW@MATHEMATICA.ORG)

Dear Colleagues:

The American Association on Health and Disability and the Lakeshore Foundation appreciate the opportunity to provide comments on this most important topic.

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.

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.

## **Overview Comments**

The statutory purpose of the Medicaid Health Home program is to “provide comprehensive care coordination for Medicaid beneficiaries with complex needs.”

As CMS and its contract vendor Mathematica consider quality measurement and publicly accountable reportable performance measures, we strongly encourage constant consideration of the populations requiring coordination the most. These populations include:

1. Persons with co-occurring behavioral health and disability, including persons with co-occurring mental illness and ID-DD.
2. Persons with co-occurring behavioral health and chronic health conditions.
3. Persons dually eligible for Medicare and Medicaid.

We strongly encourage CMS and Mathematica to focus on linking and coordinating the Medicaid health home programs with other CMS sponsored programs serving persons dually eligible for Medicare and Medicaid, including the MMCO financial demonstrations for persons dually eligible for Medicare and Medicaid, PACE, D-SNPs, and Medicaid Managed Care Plans serving persons dually eligible. Many dually eligible persons have complex care needs, including chronic illness, physical disabilities, behavioral health issues and cognitive impairments. They on average use more services and have higher per capital costs than those beneficiaries enrolled in Medicare or Medicaid alone. Many live with major social risk factors. A stand alone Medicaid health home program, using different quality measures, just perpetuates the siloed programming that undermines the very purpose of the Medicaid health home program.

Regarding persons with co-occurring mental illness and ID-DD, we are happy and able to provide data from the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and its partner, Human Services Research Institute (HSRI).

### **Proposed Addition of the Measure – Follow-Up After Emergency Department Visit for Mental Illness**

We fully support the addition by the project committee of this measure for 2022. Meaningful follow-up for all behavioral conditions following any hospitalization should be the larger goal, with post-emergency department visit quality measurements as a partial element for promoting whole person health.

### **Proposed Removal of Two Measures – Engagement for Alcohol and Other Drug Dependence; and, Screening and Follow-Up for Depression**

We join the October 30 submission by Harold Pincus, M.D., Columbia University Department of Psychiatry and member of many National Quality Forum committees; and the November 2 submission by Florence Fee, executive director, No Health without Mental Health (NHMH) – opposing the deletion of these measures. Dr. Pincus and Ms. Fee cite data on the impact of mental illnesses and alcohol and other drug dependence on the health of individuals, including those with complex needs (the purpose of the Medicaid home health program).

The purpose of the Medicaid health home program is the improvement of the health and wellness of persons with complex needs through coordinated services and supports. Excuses that providers are unable to document quality measures because of challenges with claims data and coding difficulties and supposed small sample sizes of persons with depression and alcohol and other drug dependence undermines the entire premise of health and wellness promotion for persons with complex needs.

### **Report's Concerns with Use of the CAHPS (Consumer Assessment of Healthcare Providers and Systems) Quality Instruments**

Certain health professional criticisms, as not feasible, of the use of CAHPS is tiresome. CAHPS is a national approach developed and trademarked by the Agency for Healthcare Research and Quality (AHRQ) and widely used throughout the nation's health care system. What message does it send that the Mathematica committee states that CAHPS is not feasible?

### **Identification of Medicaid Health Home Quality Measurement Gaps**

We fully support the recognition of Patient Experience of Care and Social Determinants of Health as major Medicaid health home quality measurement gaps. There are multiple experience of care instruments that could be used, or used with modification, in health homes. The objection of some health professionals to CAHPS reinforces the experience of care gap.

We respectfully remind Mathematica of the CMS "Meaningful Measures" goals and domains, which include: (1) prioritize outcome and patient reported measures; (2) chronic conditions; (3) seamless care coordination; (4) wellness and prevention; and (5) behavioral health. Removing behavioral health measures from the Medicaid health home measure set seems to undermine these CMS meaningful measures. We are happy that Social Determinants of Health are included in both the Mathematica committee recommendations and the CMS Meaningful Measures goals.

Thank you for the opportunity to comment. If you have any questions please contact Clarke Ross at [clarkross10@comcast.net](mailto:clarkross10@comcast.net).

Sincerely,



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National Quality Forum (NQF) Involvement includes: Member, NQF Measure Applications Partnership (MAP) Coordinating Committee (July 2021-present); NQF Medicare Hospital Star Ratings Technical Expert Panel (June-November 2019 and September-October 2020);

workgroup on Medicaid adult measures (appointed 2016 and 2017); Medicaid-CHIP Scorecard Committee (appointed October 2018); and Measure Sets and Measurement Systems TEP (June 2019-August 2020). Member, National Quality Forum (NQF) workgroup on persons dually eligible for Medicare and Medicaid (July 2012-July 2017) and NQF population health task force (2013-2014) (<http://www.qualityforum.org/>) and NQF representative of the Consortium for Citizens with Disabilities (CCD) Task Force on Long Term Services and Supports ( <http://www.c-c-d.org/>). 2016-2017 NQF duals workgroup liaison to the NQF clinician workgroup. 2015-2016 and 2014-2015 NQF duals workgroup liaison to the NQF PAC/LTC workgroup. AAHD Representative to the CMS-AHIP-NQF Core Quality Measures Collaborative (CQMC) (2019-present).

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