



American Association on Health & Disability

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



LAKESHORE

October 19, 2022

Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services (CMS)
200 Independence Avenue, SW
Washington, D.C. 20201

**Re: CMS-2440-P File Code:
Mandatory Medicaid and Children's Health Insurance Program (CHIP) Core
Quality Measure Set Reporting**

Dear Administrator Brooks-LaSure:

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

The American Association on Health and Disability (AAHD) (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) 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.

We have been substantially engaged in national forums considering quality measures for Medicaid beneficiaries since 2012, particularly focused on home-and-community-based services (HCBS), persons dually eligible for Medicare and Medicaid, and persons with co-occurring disability, behavioral health conditions, and chronic health conditions. For these comments, we have been actively engaged as drafter and participant comments by the Consortium for Constituents with Disabilities (CCD) and Disability and Aging Collaborative (DAC).

In addition to these special populations of focus, AAHD and the Lakeshore Foundation have advocated: It is also equally important to promote and support whole-person health and wellness for all Medicaid and CHIP beneficiaries, while recognizing the co-occurrence of multiple and significant health challenges that many beneficiaries live with.

As with CCD and DAC, “we support efforts to strengthen data collection and reporting on core quality in the Medicaid and CHIP programs, including mandatory state reporting of outcome measures important to individuals using the services. It is essential to include policy changes that identify health disparities and improve health equity across these vital programs. We support robust, quality improvement practices and performance oversight in these programs, and recognize the urgent need to improve the identification and tracking of health disparities as a necessary first step to building a more equitable health system.”

The CCD and DAC recommendations for this proposed rule track with five general points:

- Standardized reporting of required measures should be a mandatory floor for quality measurement, and expectations for reporting should increase over time;
- Equity should be a central goal and priority of quality improvement programs. CMS should act with greater urgency to require reporting of quality measures separated by key demographics and then design interventions that hold providers, health plans, and states accountable to its equity goals;
- CMS should improve and standardize data collection to identify beneficiaries with disabilities. A methodology based on disability questions from the American Community Survey would improve on current procedures that rely on eligibility groups to define this population. Quality reporting should reflect the whole range of beneficiaries with disabilities, including the millions of people with disabilities who become eligible through other categories, such as the adult expansion or parents and caretakers.
- The process for updating and defining core measures must include meaningful representation from beneficiaries of all ages and their advocates, including people with disabilities and behavioral health disorders; and
- CMS should continue to improve quality reporting for groups that have historically been more challenging to measure, such as the 12.3 million persons dually eligible for Medicare and Medicaid, people who use long-term services and supports, people with

mental illnesses and substance use disorders, and people in FFS Medicaid in states that cover most people through managed care.

The CCD and DAC comments include 11 pages of detailed suggestions on these 5 themes.

AAHD and Lakeshore Foundation reinforces an item from the CCD and DAC comments:

Over the longer term, our advocacy seeks to advance whole person health and wellness for all Medicaid beneficiaries. This requires communication, sharing, coordination, and ultimately integration of health and wellness practices and measures with specialized Medicaid programs (such as HCBS, programs serving persons dually eligible for Medicare and Medicaid, persons served in the behavioral health systems, and persons with a variety of co-occurring conditions and diagnoses). The development and reporting of Medicaid and CHIP Core measure sets should prioritize measures that provide data on how well state programs fulfill the goals to provide more seamless and integrated health care.

Thank you for the opportunity to comment. If you have any questions please contact Clarke Ross at clarkross10@comcast.net.

Sincerely,



E. Clarke Ross, D.P.A.

American Association on Health and Disability
And
Lakeshore Foundation

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National Quality Forum (NQF): 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 2012-2017 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. Member, NQF Technical Expert Panel for Social and Functional Risk Adjustment Within Quality Measurement (April 2022-present). AAHD Representative to the CMS-AHIP-

NQF Core Quality Measures Collaborative (CQMC) (2019-present). Member: National Committee on Quality Assurance (NCQA) Consumer Advisory Council (2022-2024).

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