



# Recommendations for Improving the Core Sets of Health Care Quality Measures for Medicaid and CHIP

Summary of a Multistakeholder Review of the  
2023 Child and Adult Core Sets

Draft Report for Public Comment

July 2022



suggesting that the measure could capture services that are not truly preventive. They also noted that, in terms of health outcomes, the value of routine visits for younger people without chronic conditions is questionable. The Workgroup member also questioned the measure's emphasis on a practitioner visit, contending that there are potentially other innovative ways to approach health, health literacy, and prevention of chronic conditions for this population. A Workgroup member also pointed to different measure specifications for commercially insured beneficiaries versus the Medicaid population, making it difficult to compare performance across payers to assess whether Medicaid beneficiaries have equitable access to care.

### Long-Term Services and Supports

The Workgroup discussed but did not recommend three measures for addition to the Long-Term Services and Supports (LTSS) domain. *Long-Term Services and Supports: Shared Care Plan with Primary Care Physician* assesses the percentage of LTSS organization members with a care plan that was transmitted to their primary care provider or other documented medical care practitioner identified with the plan member within 30 days of plan development. The measure is based on a review of LTSS case management records drawn from a sample of the eligible population. The Workgroup member who suggested the measure for addition indicated that, because approximately 30 percent of Medicaid spending goes to LTSS, tracking compliance in assessing care plan goals will improve the national quality of health care. They also noted that monitoring the elements of the care plan and sharing the plan with the primary care provider supports continuity of care.<sup>36</sup>

During the discussion, one Workgroup member commented that the measure plays an important part in continuity of care by going beyond the medical aspects of care and helping physicians understand the needs and goals of their patients. Another Workgroup member noted that the measure emphasizes the importance of all those involved in the planning process for an individual's care. One Workgroup member pointed out that the measure supports the National Committee for Quality Assurance's (NCQA) LTSS Distinction accreditation program and that the addition of the measure to the Core Set would support plans with the accreditation process.

One Workgroup member expressed concern that the measure may be "rudimentary" and not ready for inclusion in the Core Sets because it counts only transmission of the care plan, not whether the primary care physician acknowledged or reviewed it once received. Another Workgroup member agreed that the measure was rudimentary, but they believed that it provided a start in thinking about care coordination in the often-fragmented environment in which people use Home and Community Based Services (HCBS). A Workgroup member asked how the

<sup>36</sup> The Workgroup member who suggested this measure had also suggested the Long-Term Services and Supports: Comprehensive Care Plan and Update measure as a companion. The Workgroup did not discuss the latter measure because it previously recommended the measure for addition during the 2022 Child and Adult Core Set Annual Review. CMS is deferring a decision on the measure to support measure alignment with other CMS initiatives. CMS is in the process of finalizing a set of quality measures for Home and Community Based Services. More information is available at <https://www.medicaid.gov/federal-policy-guidance/downloads/cib121021.pdf>.



# Mathematica Core July 2022

Exhibit C.1 (continued)

Measure Name and Measure Steward	NQF #	Measure Description and Data Collection Method	Key Workgroup Discussion Points
<b>Long-Term Services and Supports</b>			
<b>Measures discussed and not recommended for addition to the 2023 Core Sets</b>			
<i>Long-Term Services and Supports: Shared Care Plan with Primary Care Physician</i> Measure steward: NCQA	Not endorsed	The percentage of long-term services and supports (LTSS) organization 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. Data collection method: Case management record review	<ul style="list-style-type: none"> <li>Suggested for addition because monitoring and sharing the care plan supports continuity of care</li> <li>Comment that the measure plays an important part in continuity of care because it goes beyond the medical aspects of care and helps physicians understand the needs and goals of their patients, including what is important to individual patients</li> <li>Comment that the shared care plan emphasizes the importance of all those involved in the planning process for an individual's care</li> <li>Concern that the measure counts only if the care plan has been shared, not if the PCP acknowledged or reviewed it once received</li> <li>Concern about the resources required to collect the data (case management record review)</li> <li>Concern about how larger state Medicaid programs would approach sampling and the representativeness of results with a sample of 96</li> </ul>
<i>LTSS: Successful Transition After Long-Term Institutional Stay (MLTSS-8)</i> Measure steward: Centers for Medicare & Medicaid Services (CMS)	Not endorsed	The proportion of long-term (101 days or more) institutional facility stays among Medicaid Managed Long-Term Services and Supports (MLTSS) plan members aged 18 and older, which result in successful transitions to the community (community residence for 60 or more days). This measure is reported as an observed rate and a risk-adjusted rate. Data collection method: Administrative (claims only)	<ul style="list-style-type: none"> <li>Suggested because the measure prioritizes HCBS, which may be associated with fewer emergency department visits, injuries, and instances of abuse and neglect when given appropriate community supports; the measure can be trended over time, performance can be compared across managed care plans and states, and payers and providers can directly influence improvement</li> <li>Comment that the measure supports individuals in living in the least restrictive setting of their choice and supports community integration</li> <li>Comment that the measure may encourage prevention of long-term stays in nursing facilities</li> <li>The measure steward (CMS) is currently updating the measure for MLTSS and respecifying the measure for fee-for-service delivery systems; testing and development are scheduled to be completed in 2022.</li> </ul>



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# **Child and Adult Core Set Stakeholder Workgroup: Measures Suggested for Addition to the 2023 Core Sets**

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## **Measure Information Sheets**

**April 2022**





## MEASURE INFORMATION SHEET

### CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR ADDITION TO THE 2023 CORE SET

#### Measure Information

<b>Measure name</b>	<b>Long-Term Services and Supports: Shared Care Plan with Primary Care Physician</b>
<b>Description</b>	The percentage of long-term services and supports (LTSS) organization 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.
<b>Measure steward</b>	National Committee for Quality Assurance (NCQA)
<b>NQF number (if endorsed)</b>	Not endorsed
<b>Core Set domain</b>	Long-Term Services and Supports
<b>Meaningful Measures area(s)</b>	Person-Centered Care
<b>Measure type</b>	Process
<b>Recommended to replace current measure?</b>	No

#### Technical Specifications

<b>Ages</b>	Age 18 and older as of December 31 of the measurement year.
<b>Data collection method</b>	Case management record review.
<b>Denominator</b>	This measure is based on review of LTSS case management records drawn from a sample of the eligible population. The minimum required sample size is 96 members identified using a systematic sampling methodology.
<b>Numerator</b>	<p>Members whose care plan was transmitted to their PCP or to another documented medical care practitioner identified by the member within 30 days of the date when the member agreed to the care plan (31 days total).</p> <p>Documentation must show transmission at least once between August 1 of the year prior to the measurement year and December 31 of the measurement year.</p> <p>Evidence of care plan transmission includes:</p> <ul style="list-style-type: none"> <li>• To whom the care plan was transmitted.</li> <li>• The date of transmission.</li> <li>• A copy of the transmitted plan or plan sections.</li> </ul>
<b>Exclusions</b>	Exclude members who refuse to allow the care plan to be shared. There must be documentation in the record that the member refused to allow the care plan to be shared. Notation of verbal refusal is sufficient.

<b>Continuous enrollment period</b>	Enrollment in the LTSS organization for at least 150 days between August 1 of the year prior to the measurement year and December 31 of the measurement year.  For members with multiple distinct continuous enrollment periods during the measurement year, look at the care plan completed in the last continuous enrollment period of 150 days or more during the measurement year.
<b>Level of reporting for which specifications were developed</b>	Medicaid managed LTSS plan-level and LTSS case management organization-level. Any type of organization that provides or coordinates Medicaid-covered LTSS is eligible to report the measure.

### Minimum Technical Feasibility Criteria

<b>Link to current technical specifications</b>	See HEDIS MY 2021 and MY 2022 <i>Technical Specifications for LTSS Measures</i> for current measure specifications.
<b>Information on testing or use at state Medicaid/CHIP level</b>	The Workgroup member (WGM) noted that the following states are currently using this measure: Florida, Iowa, Indiana, Kentucky, Michigan, New Jersey, Pennsylvania, Tennessee, Texas, and Virginia.
<b>Description of any barriers, limitations, or variations in the required data source and data elements that could affect consistency of calculations</b>	The WGM shared that, while not all state Medicaid agencies dictate a specific assessment tool, all LTSS organizations that participate in NCQA's LTSS Distinction program are required to provide evidence of a sufficient and complete assessment tool that is used to determine the needs of the individuals supported. These assessment tools, be they state ordered or proprietary, are validated by NCQA to ensure compliance with the LTSS Distinctions specifications. These assessments are housed in case management systems that allow for data extraction at the administrative level for consistent reporting.

### Actionability and Strategic Priority

<b>How measure contributes to measuring overall quality of health care in Medicaid and CHIP</b>	The WGM indicated that, since approximately 30 percent of Medicaid funding is allocated to LTSS spending, <sup>1</sup> tracking compliance with assessments and care planning goals will improve the national quality of health care. The WGM also noted that monitoring the elements of the care plan and sharing the plan with an individual's provider supports continuity of care.
<b>Whether the data source allows for stratification by racial, ethnic, and sociodemographic characteristics</b>	The WGM noted that stratification should be possible because LTSS organizations document demographic information in case management systems.
<b>How measure addresses the unique and complex needs of Medicaid and CHIP beneficiaries and promotes effective care delivery</b>	The WGM expressed that tracking person-centered assessments and care planning assures that individuals are meeting and exceeding both physical health and social drivers of care.





<b>Evidence that measure could lead to improvement in quality of health care for Medicaid and CHIP beneficiaries</b>	The WGM did not provide this information.
<b>How measure can be used to monitor improvement</b>	The WGM noted that health plans can use this data as a benchmark for improvements in the provision of LTSS services. The care coordinators that support the individual are directly responsible for the assessments and subsequent care planning processes. Low scores on the measure are indicative of poor performing LTSS programs. Low scores could possibly predict the need for higher levels of care, including more costly institutional services.

### Additional Information for Consideration

<b>Prevalence of condition or outcome being measured among Medicaid and CHIP beneficiaries</b>	The LTSS population accounted for 32 percent of overall Medicaid spending in 2018. <sup>2</sup>
<b>Use of measure in other CMS programs</b>	The WGM indicated that this measure is included by CMS in a list of eight quality measures for states to considering when using a managed care delivery system for providing LTSS. <sup>3</sup>
<b>Potential barriers states could face in calculating measure by FFY 2024 reporting cycle and recommended technical assistance resources</b>	The WGM noted that there should be no barriers to health plans as it pertains to reporting these measures. All health plans have assessment and care planning tools that should capture the elements indicated within the measure.
<b>Summary of prior Workgroup discussions</b>	This measure has not been discussed previously by the Workgroup.

### Citations

<sup>1</sup> <https://www.medicaid.gov/medicaid/long-term-services-supports/downloads/ltssexpenditures2019.pdf>.

<sup>2</sup> <https://www.medicaid.gov/medicaid/long-term-services-supports/downloads/ltssexpenditures-2017-2018.pdf>.

<sup>3</sup> [https://www.medicaid.gov/medicaid/downloads/mltss\\_assess\\_care\\_plan\\_tech\\_specs.pdf](https://www.medicaid.gov/medicaid/downloads/mltss_assess_care_plan_tech_specs.pdf).