Identifying the Bar, Then Working to Raise It:
Assessing Quality of LTSS Delivered Through Managed Care
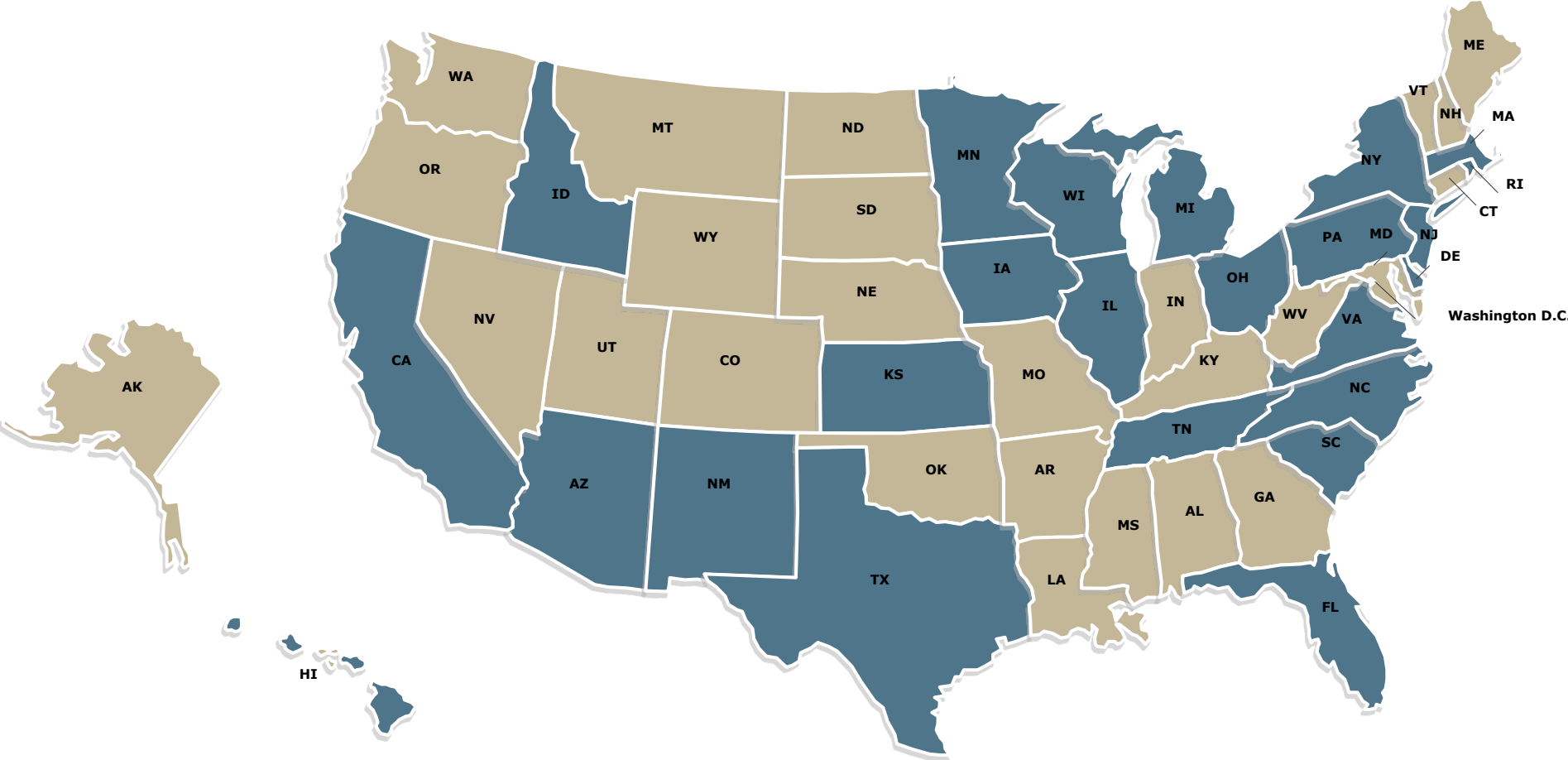
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# Delivery of LTSS is Changing

Medicaid Shift to Managed Care

Medicaid-funded LTSS has a long history. However in recent years, states are increasingly moving to delivery of LTSS through managed care (MLTSS).

24 states with MLTSS program

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Creating A Need For Performance Measurement

Medicaid Shift to Managed Care

Community-Based Organization Delivery of LTSS	Managed Care Organizations Coordinating LTSS
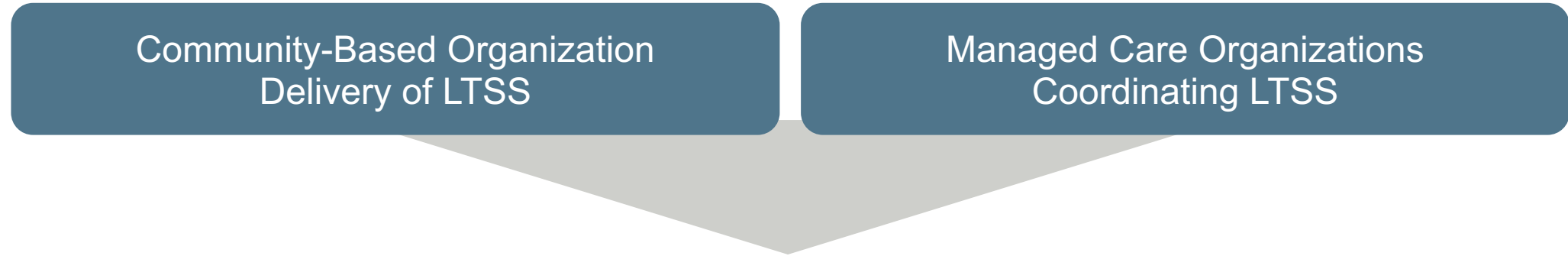
National Standardized Quality Measures

- Ensure oversight
- Identify program priorities
- Empower comparisons

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National LTSS Quality Measurement
HEDIS MLTSS

NCQA & Mathematica developed 8 MLTSS quality measures for CMS. With CMS permission, four of these measures were introduced in HEDIS in 2018:

HEDIS LTSS

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 IP Discharge

HEDIS MLTSS Overview

Assessing Critical Processes to Facilitate Oversight and Ensure High-Quality Coordination

▶ **Comprehensive Assessment**

Percent of LTSS members with a documented comprehensive assessment, annually or within 90 days of enrollment
Two rates: core elements; core + supplemental elements

▶ **Comprehensive Care Plan**

Percent of LTSS members with a documented care plan, annually or within 120 days of enrollment
Two rates: core elements; core + supplemental elements

▶ **Shared Care Plan**

Percent of LTSS members with a care plan that was transmitted to their primary care practitioner within 30 days

▶ **Reassessment Care Plan Update**

Percent of LTSS member inpatient discharges that resulted in a reassessment and care plan update within 30 days of discharge
Two rates: reassessment; reassessment + care plan update

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Core and Supplemental Elements

Demonstrating High Performance

LTSS Assessment 🔍

9 Core Elements

ADLs, Acute/Chronic Health Conditions, Medications, Cognitive Function, Mental Health, Home Safety, Living Arrangement, Caregivers, Care Providers

12 or More Supplemental Elements

Examples: IADL, Use of Assistive Devices, Falls Risk, Alcohol or Drug Use, Cultural Preferences

Care Plan 📋

9 Core Elements

ADLs, Acute/Chronic Health Conditions, Medications, Cognitive Function, Mental Health, Home Safety, Living Arrangement, Caregivers, Care Providers

4 or More Supplemental Elements

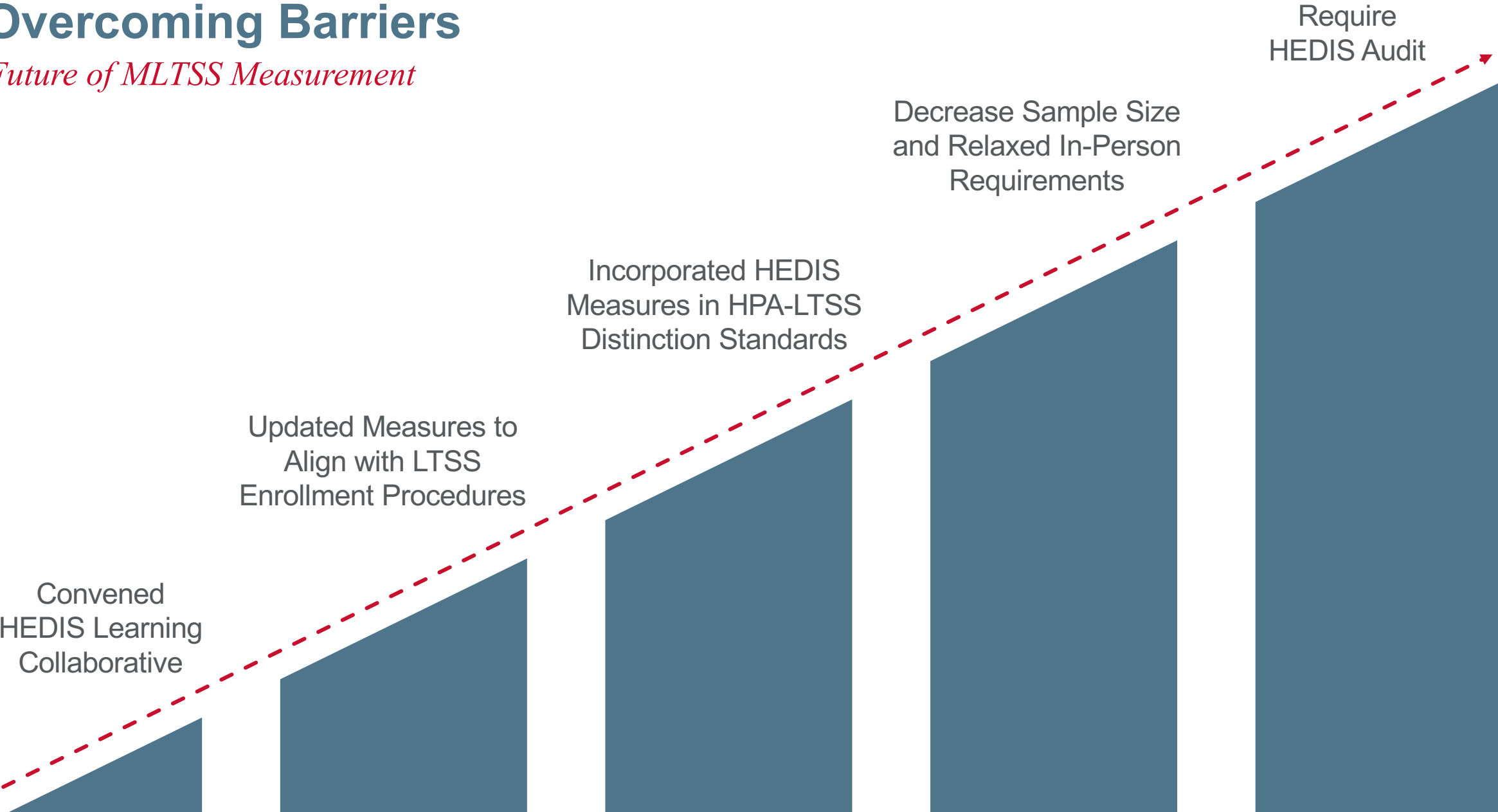Examples: Mental Health Plan, Social Need Plan, Plan to Meet Member's Goal

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Early Results

HEDIS MLTSS

HEDIS LTSS Measure		MY2018		MY2019	
		# of Submissions	Avg. Rate	# of Submissions	Avg. Rate
Comprehensive Assessment	*Core Elements*	19	50%	18	77%
	Supplemental Elements		49%		74%
Comprehensive Care Plan	*Core Elements*	7	41%	17	73%
	Supplemental Elements		38%		73%
Shared Care Plan with PCP		8	46%	13	64%
Updates After IP Discharge	*Reassessment*	7	27%	15	23%
	Reassessment & Care Plan		27%		18%

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Overcoming Barriers

Future of MLTSS Measurement

Require HEDIS Audit

Decrease Sample Size and Relaxed In-Person Requirements

Incorporated HEDIS Measures in HPA-LTSS Distinction Standards

Updated Measures to Align with LTSS Enrollment Procedures

Convened HEDIS Learning Collaborative

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Pennsylvania's Journey

Delivering LTSS Through Managed Care

History of LTSS

Community HealthChoices (CHC) MLTSS

WHO IS PART OF CHC?

Individuals 21 yrs. of age or older and dually eligible for Medicare and Medicaid.

Individuals who are 21 yrs. of age or older and eligible for Medicaid (LTSS) because they need the level of care provided by a NF.

- This care may be provided in the home, community, or nursing facility.
- Individuals currently enrolled in the PACE (LIFE) Program will not be enrolled in CHC unless they expressly select to transition from LIFE to a CHC managed care organization (MCO).

Behavioral Health Services—*carved out*.

History of LTSS

Community HealthChoices (CHC) MLTSS--Goals

GOAL 1
Enhance opportunities for community-based living.

GOAL 2
Strengthen coordination of LTSS and other types of health care, including all Medicare and Medicaid services for dual eligibles.

GOAL 3
Enhance quality and accountability.

GOAL 4
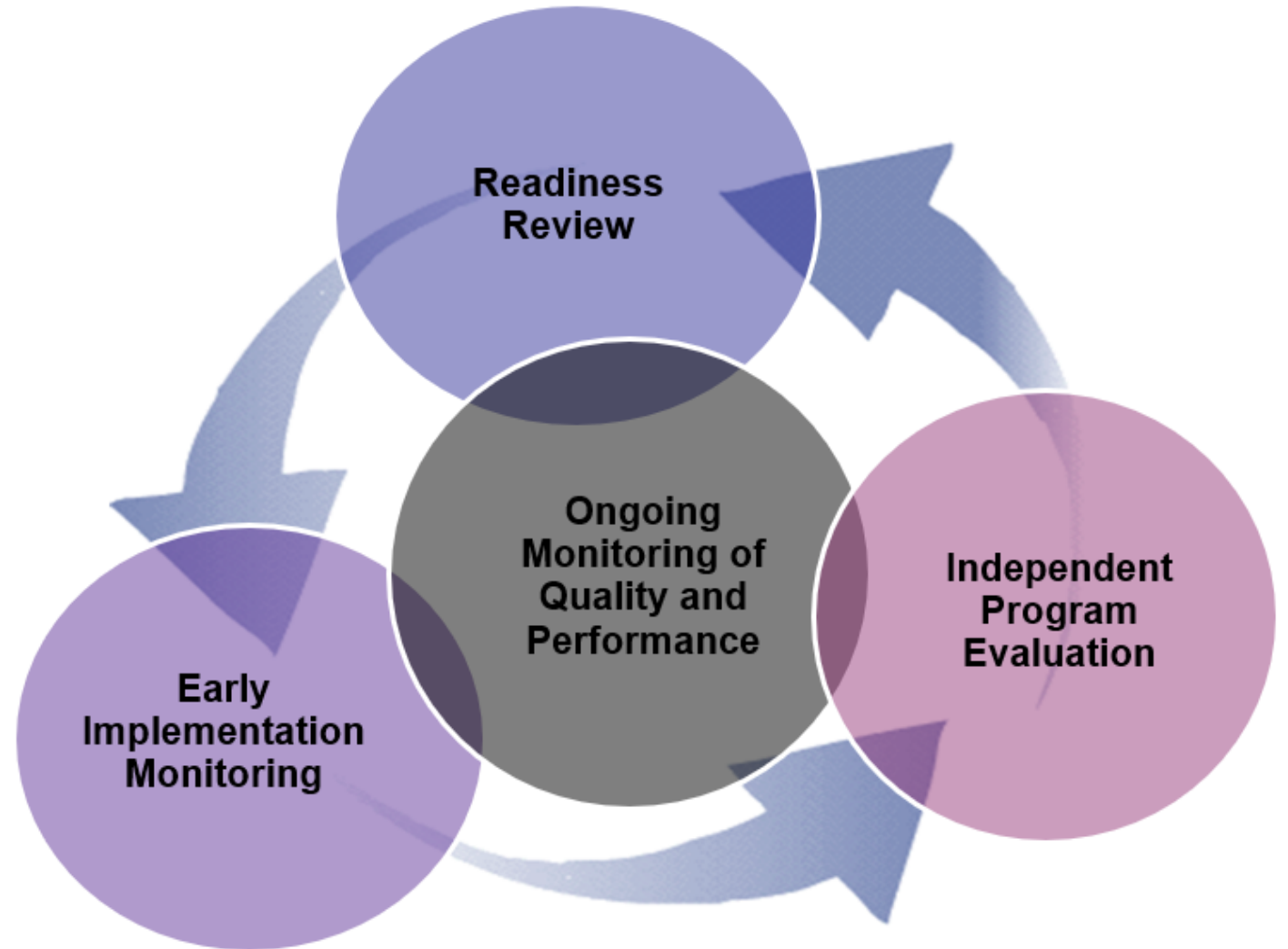Advance program innovation.

GOAL 5
Increase efficiency and effectiveness.

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Early Quality Management
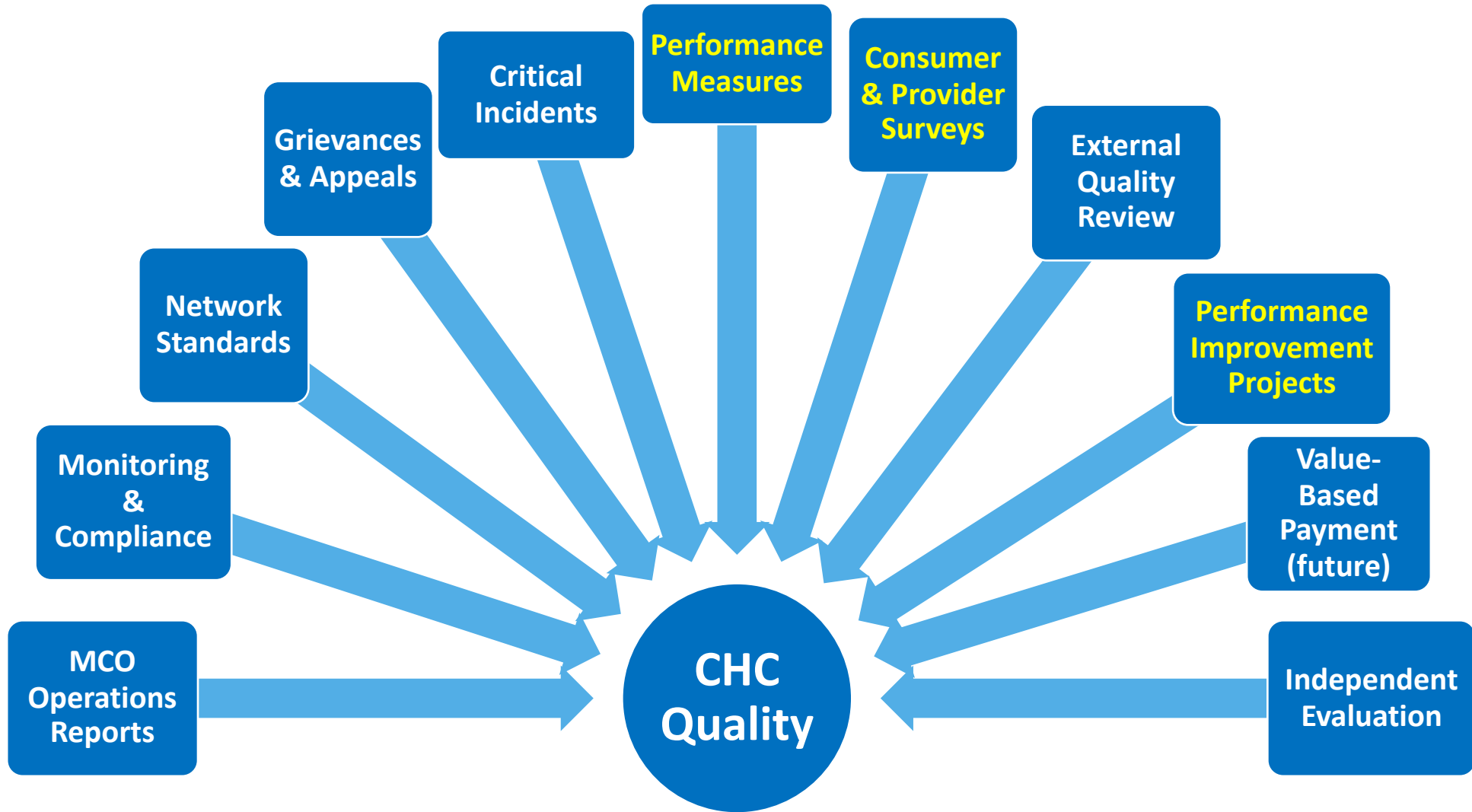## Community HealthChoices (CHC) MLTSS

Development of Quality Metrics

- Medicaid Quality Strategy
- MCO Operation Reports
- Key Performance Measures
- Identifying HEDIS measures
- PA Performance Measures

Current Quality Measurement
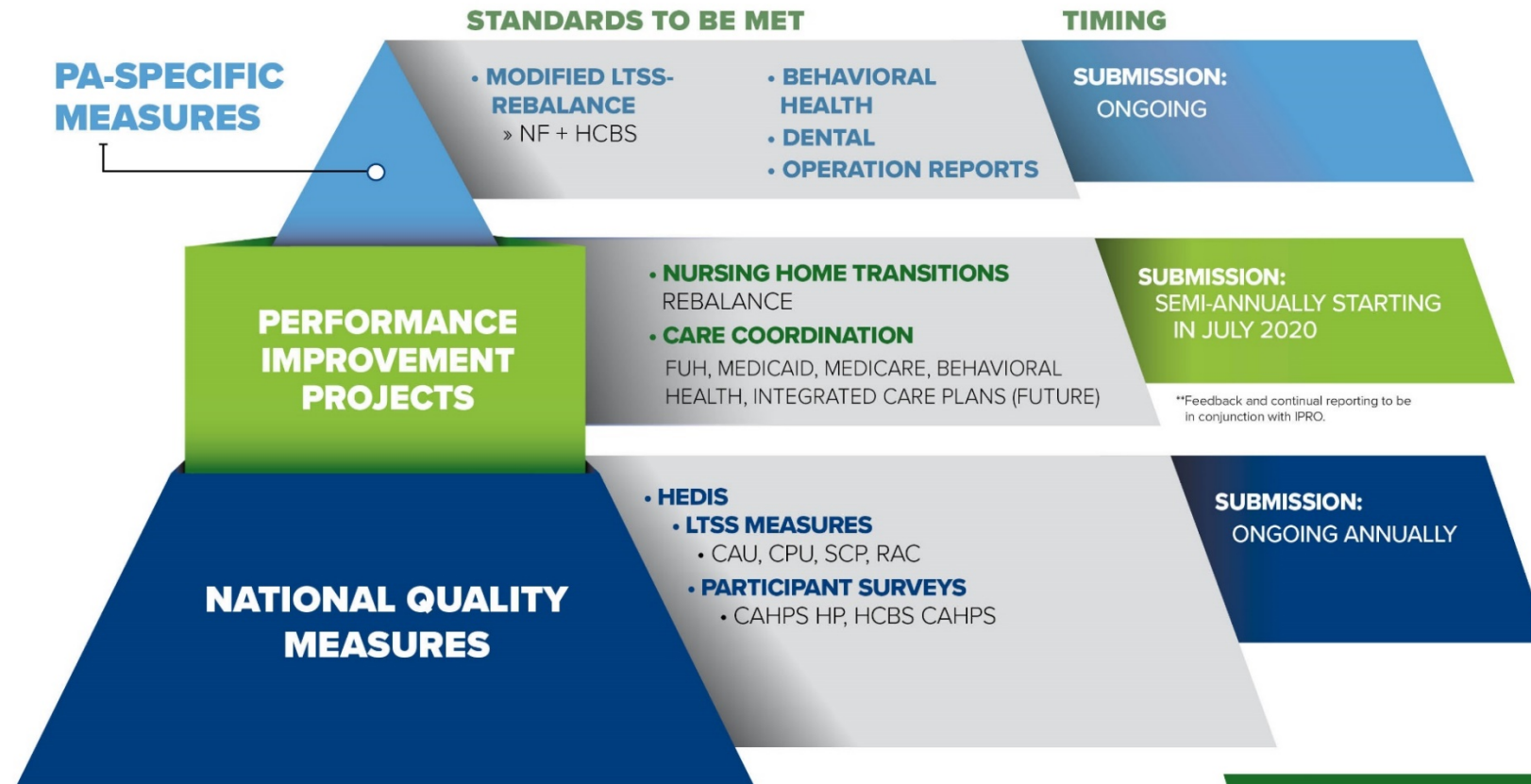
Community HealthChoices (CHC) MLTSS

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Current Quality Measurement

Community HealthChoices (CHC) MLTSS

Future Potential of Quality Measurement
Community HealthChoices (CHC) MLTSS

Overarching Goals:
- Increase access to healthcare services
- Improve quality of healthcare services
- Bend the healthcare cost curve
- Strengthening Care Coordination between Medicaid and Medicare

Continue Quality Management Initiatives

Build On and Improve Current Measures

Focus on Racial Inequities and Reduce Health Disparities

Questions