

The Rhode Island Executive Office of Health and Human Services (RI EOHHS) commends the individuals and organizations that submitted comments in response to the public notice that was issued on April 7, 2014, which pertained to the proposed *Section 1115 Comprehensive Quality Strategy*. The proposed *Section 1115 Comprehensive Quality Strategy* has been developed as an integrated approach to address two different sets of Federal obligations:

- A) Federal regulations that are germane to Medicaid managed care programs
- B) Rhode Island-specific requirements that have been put forward by the Centers for Medicare and Medicaid Services (CMS) in the Special Terms and Conditions (STCs) subsequent to the December 2013 renewal of the 1115 Demonstration

The following response reflects the EOHHS' review of the feedback that was obtained through the public notice process. The EOHHS' feedback has been categorized conceptually and organized according to seven (7) domains, which are outlined below.

### **1.) Patient Experience Surveys**

- The survey currently required for the State's Medicaid managed care programs for the Adult Medicaid population is the CAHPS® (Consumer Assessment of Healthcare Providers and Systems) survey. The CAHPS® methodology is an externally validated and NQF (National Quality Forum) endorsed survey instrument. The Executive Office of Health & Human Services seeks to ensure that survey instruments utilized are ones which have associated benchmarks, have been validated by an external entity, and have been nationally endorsed. The CAHPS® survey methodology includes a series of questions that pertain to participants' rating of their overall health care, their personal doctor, their specialist (if relevant), and their Health Plan and/or Connect Care Choice Community Partners. The CAHPS® survey also elicits participants' experiences in getting needed care and obtaining care quickly, as well as their perception of how well their doctors communicate.
- With respect to home and community-based services, CMS is currently engaged in a pilot of a CAHPS® Home and Community Based survey. The EOHHS is eager to learn the outcome from the pilot's development, to determine whether its adoption would add value to a future update to the *Section 1115 Comprehensive Quality Strategy*. An overview is provided via this link: [http://nasuad.org/documentation/HCBS\\_2013/Presentations/9.11%202.30-3.45%20Arlington.pdf](http://nasuad.org/documentation/HCBS_2013/Presentations/9.11%202.30-3.45%20Arlington.pdf)

### **2.) Patient Activation**

- Tools that have been developed to date to measure patient activation, such as the PAM (Patient Activation Measure), have been proven to be effective at an intervention (i.e., care delivery) level. Although the Altarum Consumer Engagement Measure and the Patient Activation Measure are potential tools for measuring patient activation, the challenge for EOHHS in requiring the use of such measures include the potentially prohibitive cost of such tools (including a licensing agreement, sharing of aggregate data, et cetera) and that such tools are typically qualitative and survey based, thereby potentially increasing the likelihood of survey fatigue which may be experienced by health care consumers.
- Measuring the extent to which Medicaid enrollees are engaged in care plan development processes can be challenging methodologically. Currently, Medicaid Managed Care Organizations and the Connect Care Choice Community Partners program measure member engagement via their success with the completion of health risk assessments (HRA). Through the HRA process, a member's health and life goals are elicited. In addition, their inputs are

solicited to determine others whom the member would wish to include in their plan of care. A future site visit to the RHO program or the Connect Care Choice Community Partners program, for example, would include a chart audit of care management records to verify documentation that enrollees signed off on or otherwise participated in the development of their care plan. The EOHHS will also consider engaging Rhode Island's External Quality Review Organization (EQRO) to implement a focused study on care management and person-driven care planning.

- The ability to measure how well the primary care system is doing to encourage consumers to take a greater role in their own health care is of importance to the EOHHS and is directly linked to measuring patient activation. Specific to Phase One of the Integrated Care Initiative, neither the Rhody Health Options-participating Health Plan (NHPRI) nor the Connect Care Choice Community Partners program are the payor for primary care services for dual (Medicare/Medicaid) eligible enrollees. Phase 2 of the Integrated Care Initiative may afford a better opportunity to determine how best to measure patient activation as it relates to primary care. EOHHS sees the value of a patient activation measure being captured at the primary care site level rather than at a payor level.
- Consumer engagement, access, and choice have been addressed throughout the various sections of the proposed *Section 1115 Comprehensive Quality Strategy*. A high level overview of the various oversight and monitoring reports and mechanisms utilized to continually measure and monitor consumer engagement, access, and choice are referenced on page 7 of the proposed *Section 1115 Comprehensive Quality Strategy*.

### 3.) Personal Level Data

- Rhody Health Options (RHO) does include the same type of demographic data as is shown in the Rlite Care specific chapter. The *Section 1115 Comprehensive Quality Strategy* has been amended to ensure that this is reflected consistently across all Medicaid Managed Care programs (Rlite Care, Rhody Health Partners (RHP), Rhody Health Partners Expansion (RHP (E)), RHO, and Connect Care Choice Community Partners.
- The enrollment file currently captures the following demographics (race, language, disability status). However, educational level is not captured as part of the Medicaid enrollment process. EOHHS agrees that there is an opportunity to utilize this data to measure health disparities, although it should be noted that demographic data pertaining to race is self-reported by applicants and not mandatory. As noted on page 5 of the proposed *Section 1115 Comprehensive Quality Strategy*, Rhode Island is one of 26 State Medicaid programs to receive an Adult Quality grant from CMS. A goal of this grant is to increase Medicaid's analytic and quality measurement capacity, with a specific focus on measurement of health disparities. This grant is being leveraged to increase EOHHS' ability to measure across Medicaid's delivery systems, with a specific focus on the measurement of health disparities.
- Health Plans that participate in Rhode Island Medicaid must maintain accreditation by the National Committee for Quality Assurance (NCQA). As such, the Health Plans must collect HEDIS® measures annually for submission to the NCQA. NHPRI as an NCQA accredited Health Plan is required to collect and submit all HEDIS® measures for their "Medicaid coverage only" membership. (Members who are dually eligible for Medicare and Medicaid are not included in the Health Plan's HEDIS® data collection process during Phase One of the Integrated Care Initiative. However, HEDIS® data collection processes in Phase Two of the Integrated Care Initiative will be addressed during the associated public comments period.)

### 4.) Transparency

- It is the vision and goal of EOHHS to report the findings from key quality measures across the Medicaid delivery system via a mechanism such as a dashboard. Please see page 5 in the *Section 1115 Comprehensive Quality Strategy* for additional information about the State’s vision and goal to develop and implement the needed infrastructure to produce an array of public reporting. Currently there are a series of quality based reports made available to the public, including but not limited to the External Quality Review report (annually), *Monitoring Access and Quality* report (annually), Senate Report (quarterly), and CMS Technical Report (quarterly).

## 5.) Population Specific

- The inclusion of measuring services provided through the Department of Children, Youth, and Families and Behavioral Health, Developmental Disabilities and Hospitals would be outside the scope of 42 CFR 438.202 (*State Responsibilities*) and 42 CFR 438.204 (*Elements of State Quality Strategies*). With respect to the Special Terms and Conditions that are associated with the Section 1115 Demonstration, the quality monitoring processes and measurement of services provided by these departments that are not paid for through the Section 1115 Waiver would fall under the aegis of Federal requirements set forth by the Substance Abuse and Mental Health Services Administration and Administration of Children and Families, respectively.
- The request for the provision of transportation to public forums, which is outside of the scope of the transportation benefit currently provided to Medicaid enrollees, would need further analysis to determine whether this would constitute any violation to claiming for federal match. To date, State employees have provided transportation in a voluntary capacity to interested consumers, but this is not a sustainable resolution. EOHHS may seek to determine whether the potential use of cab vouchers could be offered to help alleviate this potential barrier to participation in consumer advisory committees sponsored by the State.
- Rhode Island’s Medicaid-participating managed care organizations (MCOs) are required to have a consumer advisory committee. Emerging trends and outcomes from the Health Plans’ consumer advisory committee meetings are addressed in conjunction with the EOHHS’ oversight and administration of the managed care programs. Likewise, both Health Plans participate in the State’s Consumer Advisory Committee and in the Integrated Care Initiative’s CAC. As noted previously, MCOs also obtain member input via the required annual CAHPS® survey and in their quarterly analysis and reporting of informal complaints.

## 6.) Care Management:

- An MCO’s coordination with community providers is an important element of the care management process. In conjunction with the EOHHS’ oversight and administration of the State’s managed care programs, members’ engagement in care management services is an ongoing area of focus. As mentioned previously, the Medicaid Adult Quality grant has provided the EOHHS with an opportunity to implement the CAHPS® (Adults in Medicaid) survey across its Primary Care Case Management and fee-for-service (FFS) delivery systems. In conjunction with the development of a CAHPS® survey, supplemental questions will be analyzed for their possible inclusion in the survey questionnaire.
- The Rhody Health Options and Connect Care Choice Community Partners programs have similar requirements that focus on the engagement of enrollees in care management. For example, based on the outcome of their initial health assessment, all RHO members who receive LTSS services, in addition to those RHO members who live in the community without such services, are required to have a comprehensive functional needs assessment that include functional assessment of activities of daily living (ADLs) and cognition. Under the Connect Care Choice

Community Partners program, enrollees are required to have an initial telephonic health assessment, with the exception of State specified individuals. Connect Care Choice Community Partners (CCCC-P) participants are to have a comprehensive Health Risk Assessment conducted and service plan developed. CCCC-P enrollees who receive long term services and supports (LTSS) complete a Health Risk Assessment (HRA) on an annual basis, which includes a functional needs assessment. In addition, CCCC-P enrollees who are not currently receiving LTSS, but have medically complex needs have a nurse case manager assigned who completes the HRA with the member. CCCC-P enrollees who are assigned to the Community Health Team are less medically complex, but have more social needs. In the latter scenario, the Community Health Team is required to complete an HRA with the member.

## 7.) Nursing Home Quality Measures:

- There were several questions regarding the collection and report of these measures and their alignment to MDS 3.0 Quality Measures.

*Q: How will the provider collect this data?*

- Response: Nursing home providers will not be required to collect this data as part of the Integrated Care Initiative. EOHHS currently receives MDS 3.0 data for Medicaid enrollees and dual (Medicare and Medicaid) eligible enrollees. This information is shared on a monthly basis with both Care Link and NHPRI for analytic purposes.

*Q: Are these measures consistent with publicly reported measures?*

- Response: Yes, these measures are currently included in the CMS Nursing Home Quality Measurement Set.

*Q: What were the criteria utilized to select these five specific measures?*

- Response: An effort was made to align with national and statewide initiatives on nursing home quality, including but not limited to the Advancing Excellence campaign, CMS Nursing Home Quality Measures, Medicare Quality Improvement Organization (QIO) Patient Safety Initiative, and the American Health Care Association Quality Initiative. Although Healthcentric Advisors was not formally asked for input, their work as Rhode Island's Medicare QIO did inform the selection of these measures. In addition, literature has demonstrated that urinary tract infections are a key driver to hospitalization and avoidable hospital readmissions.

*Q/Comment: We strongly suggest that the nursing home quality measures conform to the CMS NH quality measures.*

- Response: Yes, the nursing home quality measures included in the Rhody Health Options (RHO) and Connect Care Choice Community Partners (CCCC-P) Quality Design are based on the CMS MDS 3.0 Technical Specifications. Both Care Link and NHPRI are required to use the MDS 3.0 Technical Specification to produce these measures.
- There was a question regarding the measure "percent of long stay nursing facility residents who were hospitalized within 6 months of baseline assessment". The EOHHS has decided to place this measure on hold for RHO and CCCC-P, because both NHPRI and Care Link do not currently have the Medicare data needed to produce this measure.

*Q: Clarification on the following "percent (%) of long stay residents with a selected target assessment where the following condition is true: antipsychotic medication received".*

- Response: In conformance with the CMS MDS 3.0 Technical Specifications, residents with a diagnosis of Schizophrenia, Huntington's disease, and Tourette's syndrome would be excluded.

*Q: Will NH Quality Measure be used for a payment incentive program?*

- Response: The EOHHS is examining its value-based purchasing strategies and may include quality measures tied to payment incentives at a future date.

*Q: Is there a reason PACE was excluded from the Quality Strategy?*

- Response: Yes, the proposed *Comprehensive Quality Strategy* has been developed to promote an integrated approach to two (2) different sets of Federal obligations: a) Federal regulations that are germane to Medicaid managed care programs and b) Rhode Island-specific requirements that were set forth by CMS in the STCs, in conjunction with the 1115 Demonstration's renewal. There are explicit, separate Federal requirements that pertain to the PACE program (<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/pace111c10.pdf>). The proposed *Section 1115 Comprehensive Quality Strategy* must address another set of Federal requirements specific to Medicaid managed care delivery systems as outlined in 42 CFR 438.202 (*State Responsibilities*) and 42 CFR 438.204 (*Elements of State Quality Strategies*).