



American Association on Health & Disability

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



LAKE SHORE

May 28, 2020

Re: Bipartisan Policy Center: Policy Options for Integrating Care for Individuals Dually Eligible for Medicare and Medicaid

Katherine Hayes

Director of Health Policy

Bipartisan Policy Center

Filed on Line: https://analytics.clickdimensions.com/bipartisanpolicyorg-a5ii9/pages/ob51vg7ceeoeqanohu7iw.html?_cldee=Y2xhcmtlcm9zczEwQGNvbWNhc3QubmV0&recipeid=contact-ed68afa0f637e211887b00155d47b5d5-582286fe8063481c9035d582aa39d9f1&esid=0907b74b-1995-ea11-a811-000d3a1bbb23

Dear Ms. Hayes:

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

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.

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 acknowledge a major observation of the Bipartisan Policy Center part 2 report:

Less than 10% of persons dually eligible for Medicare and Medicaid are enrolled in programs that integrate program requirements, financing, benefits, and service delivery. Medicare and Medicaid continue to operate for these persons as separate and distinct programs. Despite a well regarded and highly professional and responsive CMS Medicare and Medicaid Coordination Office (MMCO), Medicare and Medicaid continue to operate as distinct, siloed and separate programs. MMCO "demonstration" programs package and bandage these distinct programs to actual enrollees/beneficiaries, as reported in the Bipartisan Policy Center two recent reports.

Thank you for preparing these reports and seeking the input of the public.

Our ideas and reactions to the BPC policy options are incremental and marginal, but hopefully, will move - meaningful integration for persons dually eligible for Medicare and Medicaid - forward.

1. BPC (page 9): CMS should develop and announce (encourage and train) best practices – case management standards for integrated clinical health services, behavioral health, and LTSS. AAHD and Lakeshore: Yes: Such standards should be consistent with and reinforce: (a) CMS home-and-community-based services "settings" rule for non-elderly persons with disabilities; and, (b) National Quality Forum 2012-2017 reports submitted to CMS on quality measurement for persons dually eligible for Medicare and Medicaid. Further, we are hopeful that the BPC upcoming report on integrating physical health and behavioral health will also be evidence-based and be added to the inventory of best practices resources.
2. BPC (page 10): CMS should develop and announce (encourage and train) best practices – measures for access, beneficiary experience, and appropriateness of financial incentives. AAHD & Lakeshore: Yes. Such measures should be consistent with and reinforce: (a) National Quality Forum 2012-2017 reports submitted to CMS on quality measurement for persons dually eligible for Medicare and Medicaid; (b) National Quality Forum 2016 report on home-and-community-based services; (c) National Quality Forum upcoming final report on Person-Centered Planning and Practice; (d) AHRQ-copyrighted, NQF endorsed CAHPS (Consumer Assessment of Healthcare Providers and Systems) HCBS (Home-and-Community-Based Services) Experience Survey; (e) National Core Indicators for Persons with ID/DD; (f) National Core Indicators for Aging and Disability; and (g) Personal Outcome Measures (POM). We can forward you the actual standards summaries and the measure steward-developer contact information, should you not have these.
3. BPC (page 9) – Reinforce importance of network adequacy standards, single open enrollment, and joint CMS-states oversight of plans. AAHD & Lakeshore: add that joint CMS-states oversight of plans be publicly reported and publicly transparent. We suggest the report add and emphasize the importance of fully informed enrollee/beneficiary choice of plans and providers Further, we encourage you to summarize the May 26 CMS

Medicare Advantage final rules discussion of the importance of the patient experience, patient complaints, and patient access in increasing the weight of these measures in the STAR Rating Mechanisms and Tools.

Footnote: [The disability community prefers the use of “person” terminology rather than patient, but we recognize the common-use in the medical and general health care sectors of the “patient” term. See 2014 draft and final NQF MAP (Measure Application Partnership) reports – “Finding Common-Ground for.....Person-and-Family-Centered Care.”]

4. AAHD and Lakeshore: missing from the BPC report – All plans serving persons dually eligible for Medicare and Medicaid, including D-SNPs and PACE programs, should periodically publicly report transparent performance operations, data, and measures.

Thank you for the opportunity to comment. If you have any questions please contact Clarke Ross at clarkeross10@comcast.net.

Sincerely,



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Member, National Quality Forum (NQF) workgroup on Medicaid adult measures (December 2017-present), Medicaid-CHIP Scorecard Committee (October 2018-present) and Measure Sets and Measurement Systems TEP (June 2019-present). 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/>). 2017 member, NQF MAP workgroup on Medicaid adult measures. 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 Medicare Star Ratings Technical Expert Panel (June-November 2019). AAHD Representative to the CMS-AHIP-NQF Core Quality Measures Collaborative (2019-present). Member, ONC (Office of the National Coordinator for Health Information Technology) Health IT Policy Committee, Consumer Workgroup, March 2013-November 2015; Consumer Task Force, November 2015-April 2016. (<http://www.healthit.gov/policy-researchers-implementers/federal-advisory-committees-facas/consumer-empowerment-workgroup>). Member, SAMHSA Wellness Campaign National Steering Committee – January 2011-September 2014. (<http://promoteacceptance.samhsa.gov/10by10/>).

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