State Webinar: Federal Rules, NCQA's LTSS Standards and Measures Explained
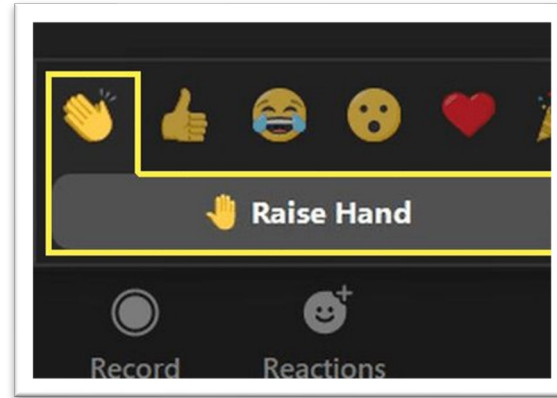
October 23, 2024

Housekeeping
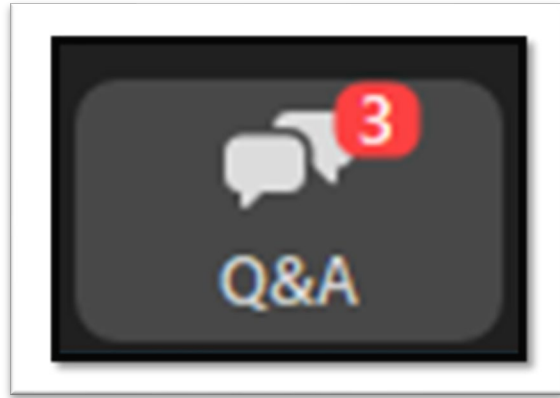
Ask Now

Enter your questions in the Q&A function in Zoom

Join In

To ask questions verbally, click on Zoom's "Raise Your Hand," and our team will unmute you.
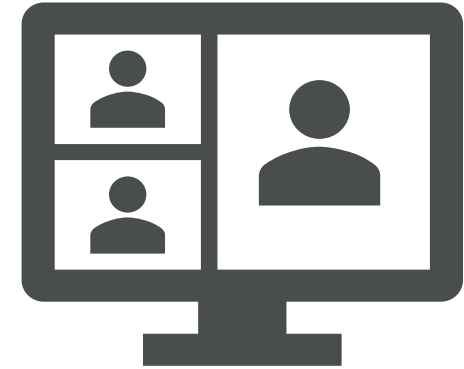
Engage After

A recording of the event and slides/supporting materials will be sent to attendees.

Agenda

ACCESS RULE AND ALIGNMENT TO NCQA PROGRAMS

OVERVIEW OF NCQA LTSS STANDARDS

MEDICAID MANAGED CARE TOOLKIT RELEASE AND UPDATES

HEDIS LTSS MEASURES MOVING TO PUBLIC REPORTING

Polling Question #1

Does your state offer LTSS through a health plan contract, Fee-For-Service (FFS) or both health plan and FFS?

A. Health Plan

B. Fee-For-Service

C. Both Health Plan and FFS

* If A or C, please put in part 2 of the polling question or in the Zoom chat how many in the state are contracted to provide LTSS.

Ensuring Access to Medicaid Services Final Rule (Access Rule)

State Affairs
2024

What is the Access Rule?

Key Takeaways

The **Ensuring Access to Medicaid Services Final Rule** (Access Rule) was released April 22, 2024, and impacts Medicaid programs – including Home and Community Based Services (HCBS) programs.

Medicaid Advisory Committee (MAC) and Beneficiary Advisory Council (BAC)	Annual Person-Centered Service Plans	Grievance System
Critical Incident Management System	HCBS Waiting Lists	Mandatory HCBS Measure Set

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Access Rule Alignment with NCQA Programs

LTSS Distinction and CM-LTSS: Putting Rules into Practice

Rule Theme	Requirement	NCQA Alignment *LTSS Standards & Measures*
Annual Review of person-centered service plan.	Required review of person-centered service plan every 12 months for 90% of individuals continuously enrolled in a state's HCBS program.	⤓ 📏
Operating and maintaining a Critical Incident management system.	States must operate and maintain an incident management system that identifies, reports, triages, investigates, resolves, tracks and trends critical incidents. States must implement an electronic incident management system within five years of the effective date of the final rule.	⤓
Establish and monitor a HCBS Grievance Process	Within two years after the effective date, States must establish a FFS HCBS beneficiary complaint process giving beneficiaries or their authorized representatives the means to file complaints.	⤓ ★

⤓ Standard

📏 Measure

★ CM-LTSS Only

Overview of Updates to LTSS Standards

Alan Immelman
Deputy Director, State Affairs

NCQA's Quality Framework for LTSS

CM-LTSS Accreditation

Designed for organizations (e.g., AAA) that **coordinate LTSS only** for populations with complex care needs.

LTSS Distinction in HPA, MBHO, CM Accreditation

Designed for organizations that manage both medical care and LTSS for their members.

+

HEDIS LTSS Measures

- Comprehensive Assessment and Update (LTSS-CAU)
- Comprehensive Care Plan and Update (LTSS-CPU)
- Shared Care Plan With Primary Care Practitioner (LTSS-SCP)
- Reassessment/Care Plan Updates After Inpatient

Standards Update Areas
2024 CM-LTSS Accreditation & LTSS Distinction

CM-LTSS and LTSS Distinction	CM-LTSS and LTSS Distinction	CM-LTSS and LTSS Distinction	LTSS Distinction	CM-LTSS

Populations

Health Equity

Person-Centered Goals

Patient Protections & Service Authorizations

Clinical Integration and Coordination

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Update to Populations: CM-LTSS & LTSS Distinction

States are expanding populations eligible for LTSS, increasingly enrolling:

- Persons with intellectual and/or Developmental Disabilities (I/DD)
- Children with disabilities
- Persons with serious mental illness (SMI)
- Persons with traumatic brain injury (TBI)
- Elderly Persons with Disability (EPD)
- Persons managing behavioral health and/or Substance Use Disorder BH/SUD

Revise the standards to be inclusive of a broader range of populations that are being enrolled in LTSS programs.

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Updates to Health Equity: CM-LTSS & LTSS Distinction

Health Equity

Our programs do not address key aspects of health equity and SDOH such as data collection and stratification and updates to programs based on population demographic characteristics and needs.

Infuse health equity in both programs, adding requirements to organizations' program description, process and data collection, including diversity, equity and inclusion across the organization.

Updates to Incorporate Person-Centered Goals: CM-LTSS & LTSS Distinction

Person-centered goals can enable and empower individuals to define metrics of health and well-being on which to focus.

Critical to LTSS population

This update will put organizations on a glidepath to track person-centered goals using a standardized approach.

Specify processes for at least one person-centered goal.

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Updates to Patient Protections: LTSS Distinction

Federal agencies such as the Government Accountability Office (GAO) have highlighted significant gaps in monitoring, oversight, and compliance issues within Managed LTSS programs.

- Specifically: inappropriate denials of care.

The LTSS Distinction currently does not require organizations to describe processes and criteria for service authorization and denial.

Add requirement for organizations to describe their process and criteria for authorizing/denying initial service requests and additional service requests, and for notifying individuals of a denial decision.

Updates to Highlight Clinical Integration and Coordination: CM-LTSS

Interviews with CBOs: current version of standards imposes undue burden on organizations that cannot access clinical health information directly.

Some organizations, however, are clinically integrated and coordinated with care providers, and want to be recognized as such.

This update will be highlighted on the Report Card without negatively impacting scoring.

Distinguish organizations that provide the full scope of clinical integration and coordination through scoring and inclusion of a new element.

Updates to Reporting HEDIS LTSS Measures

LTSS Distinction
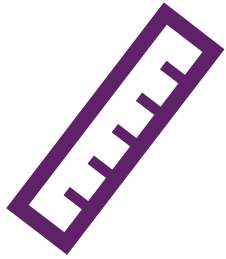
- Currently, 20 organizations report on the HEDIS LTSS measures

- Health plans seeking LTSS Distinction may choose to report HEDIS LTSS measures in lieu of submitting evidence for select standards

- Performance threshold rate for file review elements (listed below) revised from 90% to **80%** to encourage measure reporting

HEDIS LTSS Measure	LTSS Distinction Standard	Revised Minimum Performance Threshold Rate
Comprehensive Assessment and Update (LTSS-CAU)	LTSS 1, Element D: Comprehensive Assessment Implementation *(file review)*	**80%** *correlates to "Met" score for file review to ensure high performance.
Comprehensive Care Plan and Update (LTSS-CPU)	LTSS 1, Element G: Implementing the Care Planning Process *(file review)*	

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Medicaid Managed Care Toolkit Overview

Crosswalk in Tabs 4-8
- Tab 4: Access to Care, Structure and Operations, Quality Measurement and Improvement
- Tab 5: Grievances
- Tab 6: Information Requirements
- Tab 7 & 8: 1915(c) Waiver Crosswalk Introduction and Crosswalk

Use	Equivalency	Notes & changes from 2023 (in red)
Deemable Regulation	Met	No impact on equivalency.

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NCQA Medicaid Managed Care Toolkit

The roadmap to implementing non-duplication

e-pub

2024 MEDICAID MANAGED CARE TOOLKIT

$0.00

ANTICIPATED RELEASE DATE: NOVEMBER 2024

Analysis of non-duplication includes standards from:

- Health Plan Accreditation

- LTSS Distinction

- Health Equity Accreditation

- Federal Medicaid requirements in a separate MED module accreditation

Download 2024 Medicaid Managed Care Toolkit at store.ncqa.org.

Crosswalk of 1915(c) Waiver with NCQA's LTSS Programs

Leveraging NCQA LTSS Programs with your HCBS Program

Includes the 1915(c) six assurances and their sub-assurances and NCQA's LTSS Distinction and CM-LTSS.

Provides in depth review of the LTSS standards and measures that can be used to meet the waiver requirements as specified in the assurances.

Ensure your HCBS organizations are meeting the requirements and delivering quality of care through NCQA's LTSS Standards.

New in the 2024 MMC Toolkit: Aligning with the 1915(c) Waiver
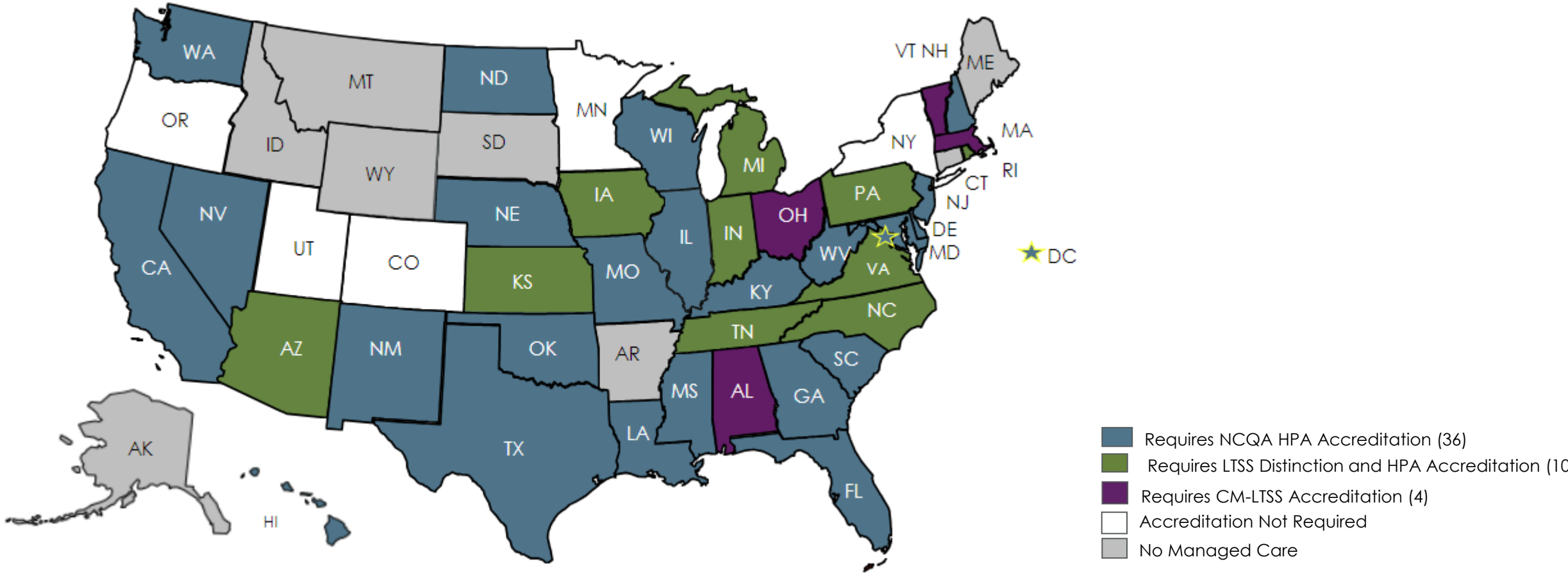
States asked and NCQA responded…

NCQA programs support organizations on achieving:

- person-centered care planning
- monitoring and reporting with standards for critical incident management systems
- care transitions
- clinical integration and coordination of services

….all with an emphasis on health equity.

State Medicaid Programs Leveraging NCQA Accreditation

NCQA Health Plan Accreditation (HPA), Long-Term Services and Supports (LTSS) Distinction and CM-LTSS

Legend:
- Requires NCQA HPA Accreditation (36)
- Requires LTSS Distinction and HPA Accreditation (10)
- Requires CM-LTSS Accreditation (4)
- Accreditation Not Required
- No Managed Care

Overview of Long-Term Services and Supports (LTSS) Measures

Lauren Campbell
Applied Research Scientist

Policy Background

State Variation

- Level and scope of **benefits**
- **Populations** covered
- Operation under different **managed care** authorities
- Statewide vs. subset of counties

Number of States

2021

24 states operated Medicaid MLTSS programs

Use in Programs

- **Medicaid Adult Core Set:** *LTSS-CPU*
- **Home- and Community-Based Services (HCBS) Quality Measure Set:** *LTSS-CAU* and *LTSS-CPU*

Planned Implementation

Fall 2026

Money Follows the Person demonstration using HCBS Quality Measure Set (2025 performance data)

Summer 2028

Ensuring Access to Medicaid Services final rule (89 FR 40542; 2024) → HCBS Measure Set

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National LTSS Quality Measurement

HEDIS LTSS Measures

HEDIS LTSS

LTSS Comprehensive Assessment and Update (LTSS-CAU)

LTSS Comprehensive Care Plan and Update (LTSS-CPU)

LTSS Shared Care Plan with Primary Care Practitioner (LTSS-SCP)

LTSS Reassessment/Care Plan Update after IP Discharge (LTSS-RAU)

Goal: National standardized measures
- Ensure oversight
- Identify program priorities
- Empower comparisons

Challenges:
- Ties to state policy
- Slow uptake of measures
- Case management data limitations

HEDIS LTSS Measures 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
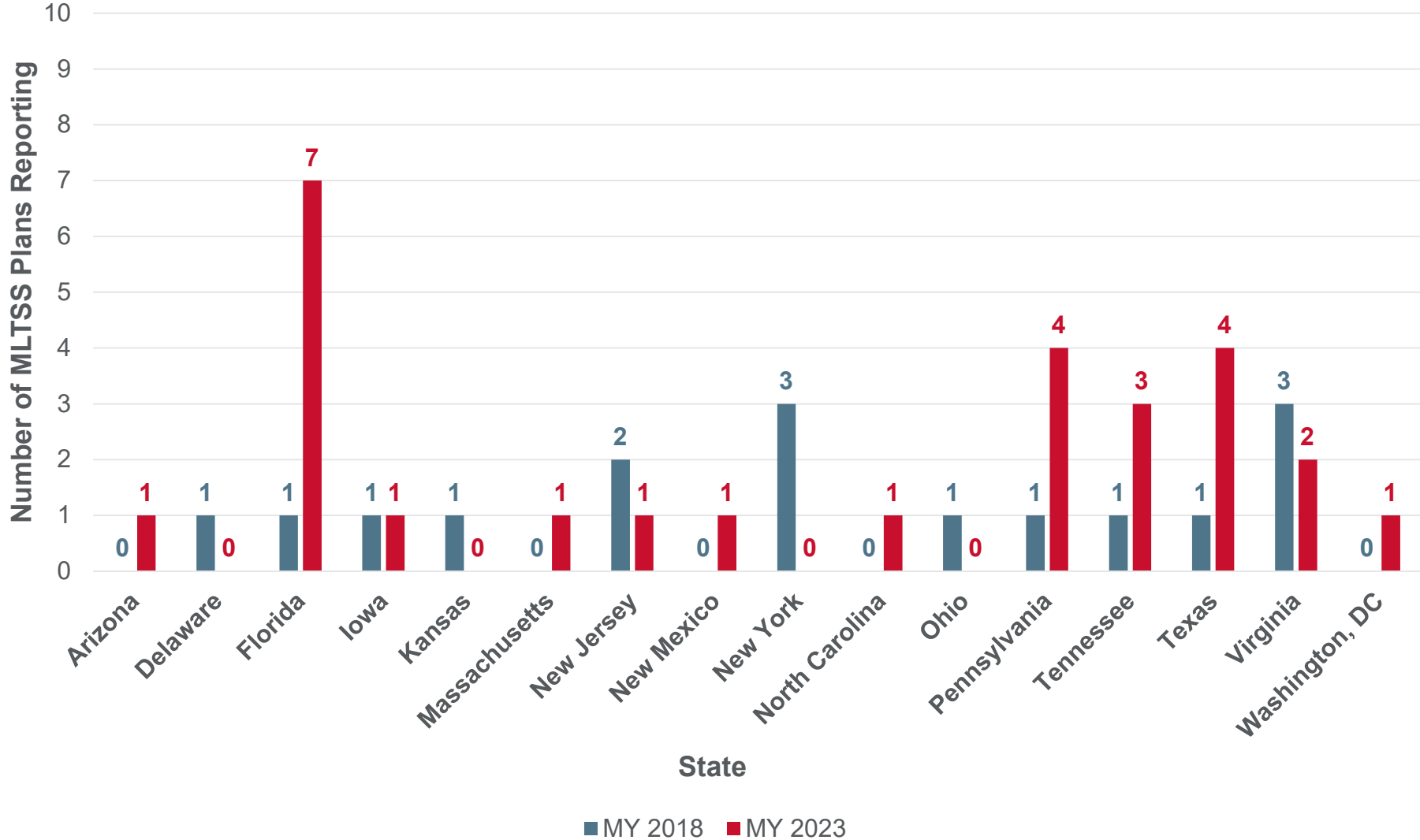
Reassessment Care Plan Update

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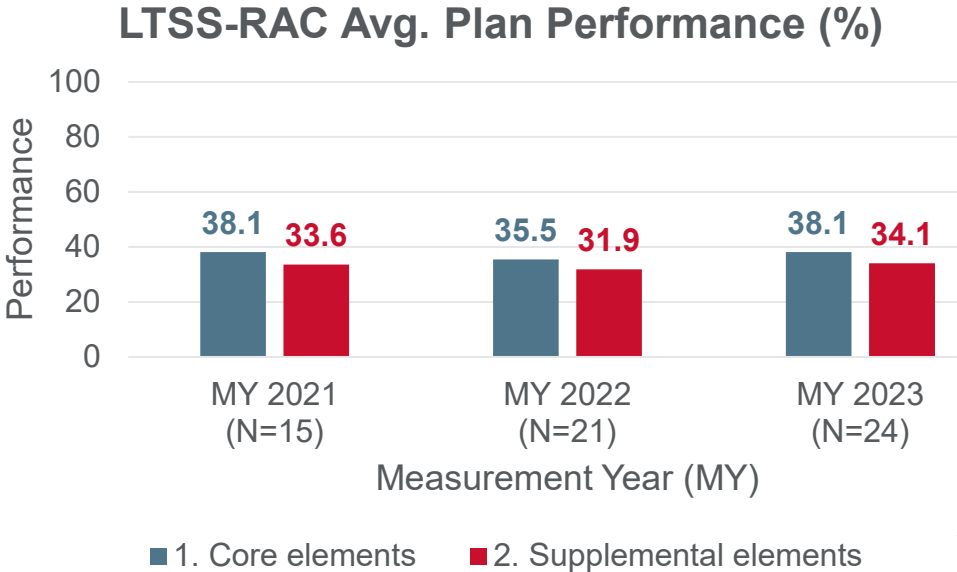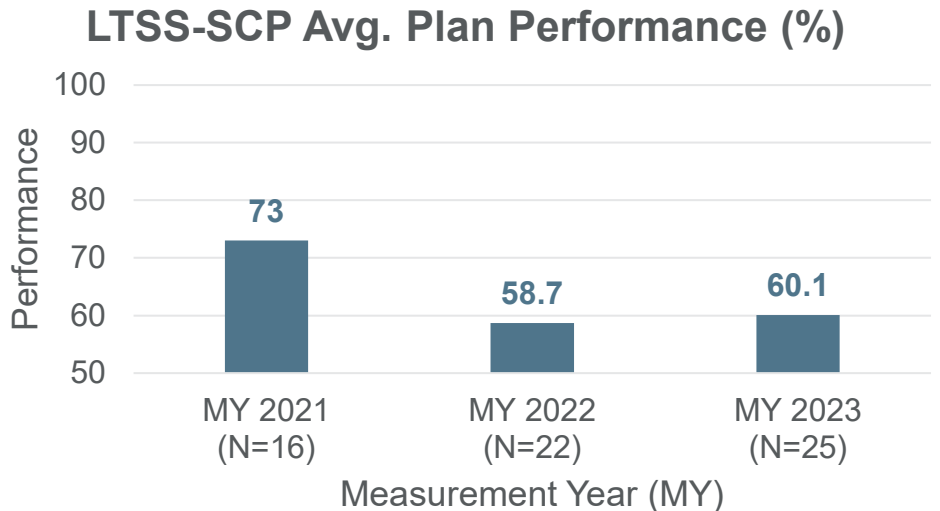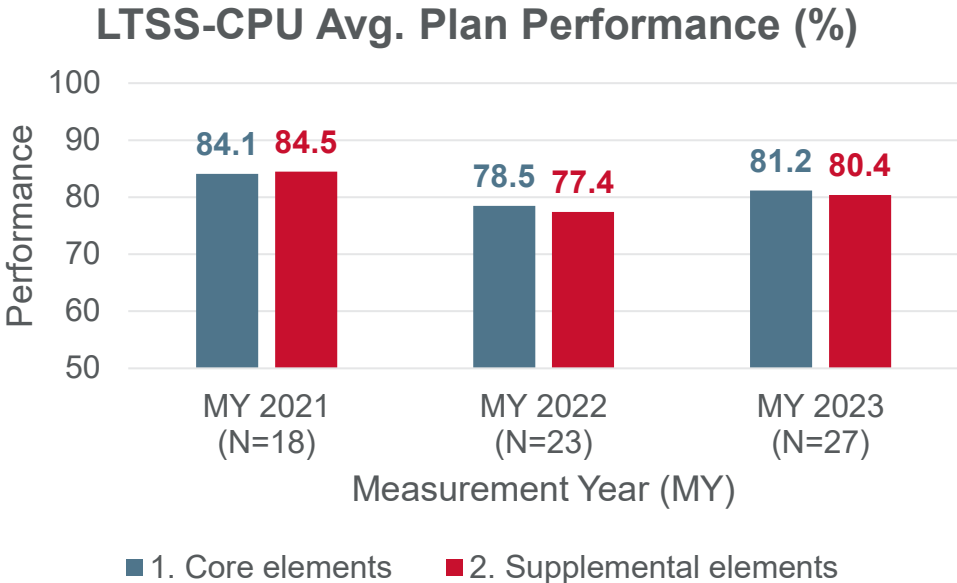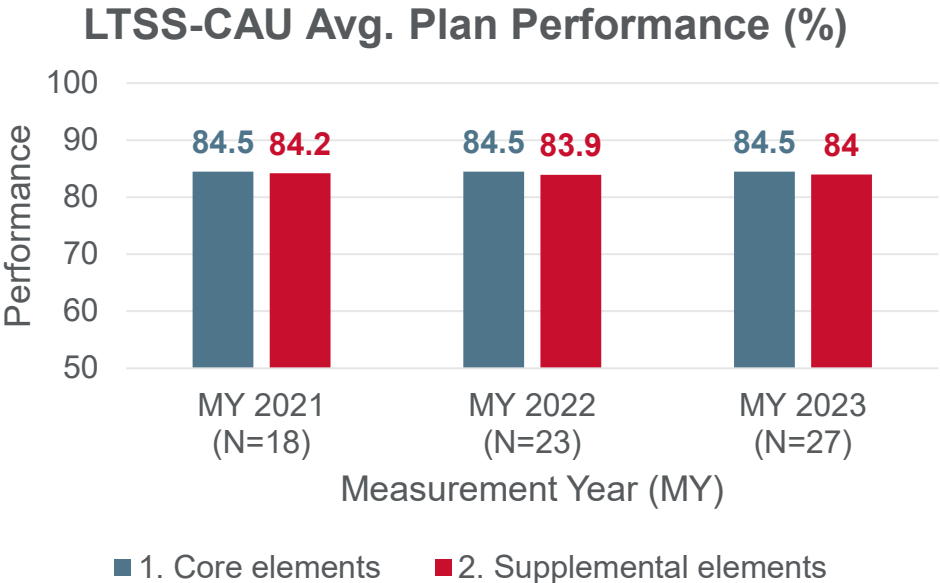Two rates: reassessment; reassessment + care plan update

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States With Reportable Submissions

HEDIS LTSS Measures: MY 2018 and MY 2023

Performance: HEDIS LTSS Measures (MY 2021–2023)

LTSS-CAU Avg. Plan Performance (%)

MY 2021 (N=18)	MY 2022 (N=23)	MY 2023 (N=27)
84.5 / 84.2	84.5 / 83.9	84.5 / 84

Measurement Year (MY)

■ 1. Core elements ■ 2. Supplemental elements

LTSS-CPU Avg. Plan Performance (%)

MY 2021 (N=18)	MY 2022 (N=23)	MY 2023 (N=27)
84.1 / 84.5	78.5 / 77.4	81.2 / 80.4

Measurement Year (MY)

■ 1. Core elements ■ 2. Supplemental elements

LTSS-SCP Avg. Plan Performance (%)

MY 2021 (N=16)	MY 2022 (N=22)	MY 2023 (N=25)
73	58.7	60.1

Measurement Year (MY)

LTSS-RAC Avg. Plan Performance (%)

MY 2021 (N=15)	MY 2022 (N=21)	MY 2023 (N=24)
38.1 / 33.6	35.5 / 31.9	38.1 / 34.1

Measurement Year (MY)

■ 1. Core elements ■ 2. Supplemental elements

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Pathway to Public Reporting

Encouraging accountability and quality improvement

▶ Measures are feasible, based on health plans' eligible population sizes

▶ Measure variation indicates opportunities for improvement

▶ No evidence supporting decreased performance with sample size increase

Questions

Polling Question #3

Would you like to meet with a member from the State Affairs Public Policy Team to talk through the LTSS standards and measures with your state?

    A. Yes, I would like to meet.

    B. I am unsure about wanting to meet.

    C. No, I do not want to meet.

Upcoming Webinars and Learning Opportunities

Register today!

November 19: Updates to Health Plan Ratings

Please join NCQA from 11:30-12:30 pm as our team will discuss updates to Health Plan Ratings (HPR) with our state partners. Staff of state Medicaid programs are invited to hear how states can increase the value of accreditation by streamlining and enhancing oversight through HPR.

Register Now

December 2: State Discussion on Leveraging the Data Aggregator Validation (DAV) Program

Join us from 11am-12pm EST for a webinar to discuss Data Aggregator Validation (DAV) and how our state partners can use it to improve quality improvement processes. NCQA will share how ECDS measures can be used for DAV for an overall improved data infrastructure for your state.

Register Now

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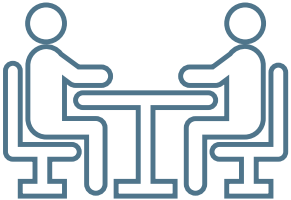# Will you be at NAMD this year? Connect with us!

NOVEMBER 11 - 13, 2024
NAMD FALL 2024 CONFERENCE
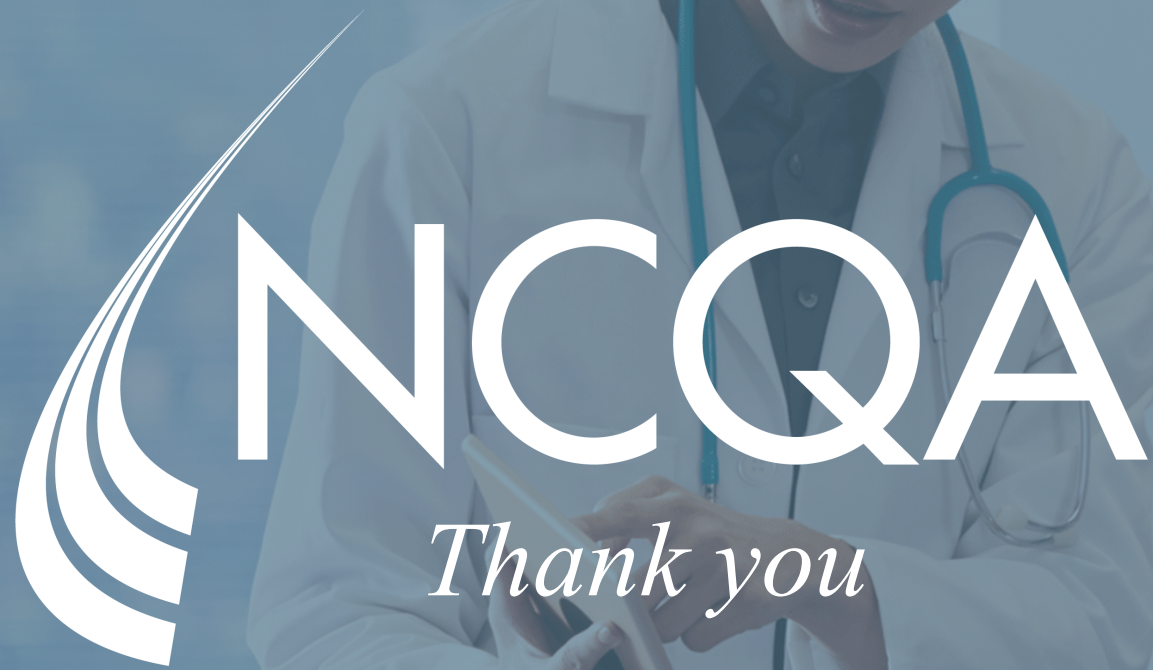WASHINGTON HILTON

Stop by our booth- or schedule a time with us to connect at publicpolicy@ncqa.org

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Thank you