

September 16, 2022

Review of Proposed Rule on Mandatory Core Set Reporting

Joanne Jee



Medicaid and CHIP Payment and Access Commission



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Overview

- Background
- Summary of the proposed rule
- Potential areas for comment

Background

- Standardized sets of quality measures for Medicaid and CHIP
- Available core sets: children, adults, health homes, maternity care, behavioral health
- Reporting is voluntary, but becomes mandatory in fiscal year 2024
- MACPAC's March 2020 chapter described factors affecting state readiness for mandatory reporting (e.g., data collection, need for early guidance and technical assistance)

Applicability of the proposed rule

- Child core set, adult core set behavioral health measures, and health home core sets (if applicable)
- Child core set and adult core set behavioral health measures: states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam
- Health home core sets: any state implementing health homes under Sections 1945 or 1945A of the Social Security Act

Updates and guidelines

- The Secretary of the Department of Health and Human Services (HHS) must identify and annually update the core sets in consultation with states, providers, and other stakeholders
- States must follow the Secretary's annual reporting guidelines
 - Identify measures
 - Provide specifications for measure calculation and reporting
 - Describe stratification requirements
- States must report fee for service and managed care, certain settings and providers (e.g., FQHC, RHC, IHS), and dually eligible beneficiaries

Phase in

CMS proposes to allow the phase in of:

- Certain measures and populations
- New measures added to core sets
- Stratified reporting
 - Year 2: 25 percent of measures
 - Years 3 and 4: 50 percent of measures
 - Year 5: 100 percent of measures

Separate CHIP enrollees

- Requires states to report on children enrolled in Medicaid (including Medicaid-expansion CHIP), S-CHIP, and Medicaid and separate CHIP combined
- Requires states to report on all individuals in S-CHIP
 - Pregnant women
 - Individuals covered under the unborn child option

Potential areas for comment

- Phase-in
 - MACPAC previously noted states need sufficient time to prepare for mandatory reporting and address current reporting challenges
- Stratification
 - MACPAC has reported on the need to address health disparities and for improved data on race and ethnicity
 - Secretary- versus state-determined phase in (e.g., which measures and by which factors)

Potential areas for comment

- State burden
 - MACPAC previously commented on state administrative burden and constraints for data collection and reporting
 - CMS efforts to streamline reporting
- Technical assistance needs
 - MACPAC has reported on state-identified technical assistance needs (e.g., FFS populations, EHR data, non-Medicaid data sources, EQROs, and behavioral health measures)
- Adherence to guidelines
 - Deviations from technical specifications limit consistency of state reporting
 - States will need guidance and technical assistance

Potential areas for comment

- Reporting on S-CHIP enrollees
 - States do not always report on children in S-CHIP; MACPAC found that 16 percent of S-CHIP children and 8 percent of Medicaid children disenroll and reenroll within 12 months (i.e., churn)
 - MACPAC has previously reported on racial and ethnic disparities in adverse maternal and birth outcomes
- Need for specific guidance
 - MACPAC previously described states' need for early and clear guidance

Next steps

- Staff will draft comment letter, incorporating commissioner input
- Submit and post comment letter by October 21

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Request for Information on Disability Policies

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Request for Information

- On July 27, 2022, the House Energy and Commerce Committee, minority staff, released a request for information (RFI) that focuses on:
 - Access to LTSS
 - Accommodations in the community
 - Barriers to employment

Potential Areas for MACPAC Comment

- MACPAC findings on the following topics discussed in the RFI indicate areas for potential comment
 - Home- and community-based services (HCBS) waiver waiting lists
 - Barriers states face in increasing access to HCBS
 - Estate recovery

HCBS Waiver Waiting Lists

- The RFI asks about waiting lists as a barrier to access
- Potential areas for comment:
 - The length of a waiting list is not a precise measure of unmet need
 - A state's waiting list management approach can influence the length of its waiting list
 - Waiting list times vary among states and within some states by waiver
 - State funding was cited as important factor for increasing waiver capacity
 - States anticipate a growing need for waiver services

State Barriers to Increasing HCBS Access

- The RFI asks about tools to help states expand access to HCBS in cost-effective ways
- Potential areas for comment:
 - Optional nature of HCBS benefit in Medicaid statute
 - Lack of support from state leadership and limited resources to administer complex programs
 - Nursing facility industry influence
 - Lack of affordable and accessible housing
 - LTSS workforce challenges
 - Limited public understanding of HCBS options

Estate Recovery

- The RFI asks for feedback on MACPAC's 2021 recommendation to make estate recovery optional
- Potential areas for comment:
 - Congress should amend the Social Security Act to make estate recovery optional to ease the burden of estate recovery on beneficiaries and states
 - Some individuals forego or delay Medicaid enrollment over fears of estate recovery and losing their homes
 - Assets held by older adults are typically quite modest and therefore estate recovery efforts are limited in the amount that can be collected

Next Steps

- Based on feedback from Commissioners at today's session, staff will prepare a comment letter in response to the RFI
- Comments are due on September 26, 2022

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