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## Statewide Parent Advocacy Network, Inc.

### Family Voices comments on the CMS Proposed Quality Measures for Medicare Special Needs Plans

1/11/08

We are writing on behalf of Family Voices NJ concerning the proposed CMS Quality Measures for Medicare Special Needs Plans. Family Voices is a national network that advocates on behalf of children with special healthcare needs and our NJ Chapter is housed at the Statewide Parent Advocacy Network, NJ's federally funded Parent Training and Information Center. The Family Voices Coordinator also serves as the NJ Caregiver Community Action Network representative for National Family Caregivers Association in a volunteer capacity. In addition, SPAN is the Family-to-Family Health Information Center for the state, and a chapter of the Federation of Families for Children's Mental Health. It is from these perspectives, the perspectives of the many families we assist, and our own experiences as caregivers, that we are sharing these comments.

Overall, we support the use of 13 HEDIS (Healthcare Effectiveness Data and Information Set) measures in development of the guidelines. Initially the first phase focuses on core requirements but we agree with later phases being refined based on the type of special needs (e.g., dual eligibles, chronic care, institutional settings). With regard to using NCQA's (National Committee for Quality Assurance) Geriatric Measurement Advisory Panel, we agree with the development of structure and process measures regarding integration of benefits/services, case management, care transitions, member experience, and clinical quality improvement. However, caution needs to be taken as not all of the parameters around the geriatric population would be suited to others such as some dual eligibles or young teens/adults with disabilities who may also qualify for a special needs plan.

The HEDIS measures appear to be comprehensive including screening for glaucoma, colorectal cancer, COPD (chronic obstructive pulmonary disease), blood pressure, cardiac care, osteoporosis, etc. We were particularly pleased to see an emphasis on mental health such as antidepressant medication management and follow-up after hospitalization, as this is such an area of need. We also support monitoring patients on "persistent medications", drug-disease interactions, high-risk medication in the elderly,

and of course the importance of board certification. We would suggest also a measurement of medication errors and drug interactions, particularly for individuals with comorbid conditions taking multiple medications.

In general, we agree with the use of the CAHPS (Consumer Assessment of Healthcare Providers and Systems) survey for 2008 and modifying sampling and adding measures in 2009, particularly in areas of concern noted in the previous round. We also support the use of benchmark measures for this reason. We would suggest inclusion of family/advocacy/consumer group input into the additional questions being developed.

For the Special Needs Plan Phase 1 Structure and Process Measures, we have comments in the following areas:

### **Complex Case Management**

Under Element A “Identifying Members for Case Management”, we support the use of claim or encounter data to coordinate identification with healthcare utilization. For patient protection, we agree that this of course would be HIPAA compliant. We support determination of utilization management through the use of precertification, concurrent review, prior authorization, and hospitalization data.

Under Element B “Access to Case Management”, we strongly support that those who experience a “critical event” or diagnosis receive timely case management and care coordination for best outcomes. We also support the notion of member self-referral in addition to practitioner referral.

Under Element C “Case Management Systems”, we strongly support the use of evidence-based clinical guidelines. We would suggest in addition to the aforementioned NCQA geriatric measures, that evidence-based clinical guidelines across the lifespan be utilized for the entire special needs population being served by SNPs.

Under Element D “Frequency of Member Identification”, we would support identification on a monthly basis, and if not monthly, on at least a quarterly basis.

Under Element E “Providing Members with Information”, we agree with information on eligibility, use of services, and opt-in and opt-out as long as it’s clearly explained (e.g., members are assumed to be in the program unless they opt out).

Under Element F “Case Management Process”, we support the rights of members to decline participation or disenroll from case management as long as there is clear information provided to members and clear decision from members to decline participation or disenrollment. We agree with the importance of medical history/medications. We were pleased to see an emphasis on activities of daily living as it relates to functional status, as well as life planning. We also strongly support the assessment of mental health status, including cognition. We agree that case management needs to be done in a culturally competent manner. We were pleased to

see the inclusion of evaluating caregiver resources and would like to see this as an ongoing assessment rather than one-time as caregiver health status is also affected by the very nature of caregiving. We also agree with identifying goals and barriers (e.g. transportation). We support the use of member self-management plans whenever possible such as monitoring weight, blood pressure, glucose etc. and would recommend the use of telehealth technology to facilitate this.

Under Element G “Informing and Educating Practitioners”, we agree with the importance of explaining use of services within the plan and collaboration with providers. We strongly support informing practitioners regarding preventive health, member self-management/telehealth, and comorbidities.

### **Improving Member Satisfaction**

Under Element A” Assessment of Member Satisfaction”, we agree with the measures regarding quality of care, access, attitude/service, and billing/financial matters. We would like to see access measured both in terms of transportation and physical accessibility. We also agree with the use of self-reported data from members. We would suggest adding an additional measure regarding cultural competence.

Under Element B “Opportunities for Improvement”, we strongly agree with use of patterns of significant member concerns and prioritization of these concerns.

### **Clinical Quality Improvements**

Under Element A “Relevance to Members”, we agree that reducing utilization (e.g. decreased hospitalizations) is not enough and that clinical issues can include both acute and chronic conditions. Best practices involving high-risk patients include disease management strategies, such as asthma guidelines for example.

Thank you for the opportunity to comment on the CMS proposed Quality Measures for Medicare Special Needs Plans and considering our concerns for this vulnerable population.

Sincerely,

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**Our Mission: To empower families and inform and involve professionals and other individuals interested in the healthy development and educational rights of children, to enable all children to become fully participating and contributing members of our communities and society.**