



To: Child and Adult Core Set Review Workgroup
From: Community Catalyst
Date: August 6, 2021
Re: 2022 Core Set Review Public Comment

Submitted electronically to MACCoreSetReview@mathematica-mpr.com

Dear Members of the Child & Adult Core Set Review Workgroup:

Thank you for your dedication to improving health outcomes of children, teens, pregnant persons, seniors, and individuals with low-incomes. As a leading non-profit national health advocacy organization dedicated to advancing health equity and justice, Community Catalyst shares your goals. We believe in collaboratively developing a health care system that works for those not currently well-served, especially people of color, individuals with low incomes, older adults, and those with chronic conditions or disabilities.

We partner with local, state, and national advocates to leverage and build power so all people can influence decisions that affect their health. Health systems will not be accountable to people without a fully engaged and organized community voice. That's why Community Catalyst works every day to ensure people's interests are represented wherever important decisions about health and health care are made: in communities, state houses, and on Capitol Hill.

Community Catalyst focuses on many of the areas addressed by the Workgroup's proposed Core Set changes. Members of our staff are policy experts in oral health, substance use disorders, mental health supports, and long-term care. While we appreciate the focus on these vital (yet often neglected) disciplines of health, we believe more should be done to address health inequities. Below, we briefly outline our recommendations for a Core Set that best serves all individuals.

Oral Health

We appreciate the Workgroup's ongoing commitment to impactful measurement of oral health indicators for Medicaid and Children's Health Insurance Program (CHIP) members. Specifically, we believe the Workgroup's recommended addition of the [*Oral Evaluation for Dental Services*](#), which quantifies the percentage of children who received a comprehensive or periodic oral evaluation within the reporting year, will improve outcomes. Children must be evaluated early and routinely for risk factors and signs of tooth decay to prevent and manage dental conditions. Systematically assessing the utilization of preventive services can put every child on a path towards lifelong oral health.

Community Catalyst applauds the Workgroup's recommendation to add a [topical fluoride measure](#) to track the percentage of children who received at least two fluoride applications (by dental or oral health providers) within the reporting year. Together, the aforementioned measures can improve the evaluation and incentivization of preventive oral health care, particularly for young children who may be more likely to see a primary care physician or pediatrician than a dentist. We believe these measures will result in continued progress toward medical-dental integration and interdisciplinary care coordination.

We are, however, disheartened by the Workgroup's decision to not recommend tracking [emergency department visits for non-traumatic dental conditions](#) in adults. The lack of adult oral health measures has been identified as a gap in the Adult Core Set (by the Workgroup). As West Virginia, Maine, Virginia, and Oklahoma join 19 additional states in offering more comprehensive dental coverage for Medicaid covered adults, it is vital that the Centers for Medicare and Medicaid Services (CMS) and state Medicaid authorities can evaluate the impact of these benefits.

Emergency department visits for non-traumatic dental conditions are one of the most costly outcomes of a lack of access to preventive dental care and account for [\\$2 billion](#) annually in largely avoidable health care expenses. While the availability and breadth of Medicaid adult dental coverage varies state-to-state, the calculation of this measure is not dependent on claims. By systematically measuring the incidence of visits, state programs could be incentivized to implement strategies to decrease oral health problems and accessibility barriers before patients present at emergency departments. We urge the Workgroup to reconsider recommending this measure for inclusion in the Adult Core Set.

Behavioral Health

We are encouraged by the Workgroup's recommended addition of two behavioral health measures for children, *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: Ages 13 to 17* and *Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17*. Mental health and substance use disorders are [increasing among children](#) during the ongoing COVID health emergency, which has hit communities of color the hardest. Medicaid and CHIP now cover more than [38 million children](#), and calculating the quality of services is more important than ever. These additional measures would provide essential continuity of care data.

We believe the Workgroup's behavioral health recommendations could be more robust and are concerned by the lack of mental health and substance use disorder outcomes measures in the Child and Adult Core Sets. Community-based entities need reliable data on if and how Medicaid and CHIP behavioral health services are helping beneficiaries improve their mental health and achieve the [outcomes individuals' seek](#) from their care.

Long-Term Care

Community Catalyst also appreciates the Workgroup's suggested addition of a measure for adult long-term care, *Long-Term Services and Supports: Comprehensive Care Plan and Update*, which quantifies whether care plans contain certain key elements. Medicaid is the largest payer

of long-term services and supports (LTSS) in the country, and expanding LTSS core measures is essential to improving quality of care. In addition, care planning is a central element in effective LTSS, particularly the Home and Community Based Services (HCBS) many beneficiaries prefer.

However, this measure assesses neither if individuals received planned services, nor the quality or usefulness of services. Community Catalyst urges a focus on closing the gap in LTSS outcomes measures, which has been recognized as problematic by the National Quality Forum and CMS.

From the public perspective, the most important HCBS quality indicators are often measurements of quality of life and engagement in community activities. Beneficiaries are also passionate about individual choice, experience and satisfaction with services and supports, beneficiary control, autonomy, and self-determination. We urge the Workgroup to be a strong voice for development and use of these measures, and to monitor CMS' development of a HCBS measure set. We also recommend including the Consumer Assessment of Healthcare Providers and Systems (CAHPS) HCBS Experience Survey and the National Core Indicators Aging and Disability survey in the Adult Core Set.

We are grateful to the Workgroup for highlighting measurement gaps, particularly the need to monitor oral screenings; integrate oral health, behavioral health, and primary care; stratify new and existing measures by race, ethnicity, language, and disability; and the need to track social determinants of health, including housing insecurity, social isolation, and poverty status. We implore further attention to harmful gaps in measures for adult oral health, substance use disorders, mental health, and LTSS.

Community Catalyst is available to support you as thought-partners as you continue to develop equitable and impactful Core Set Measures. We thank you for considering these recommendations, and for your commitment to advancing equity. Please contact me by phone (617-275-2814) or email (estewart@communitycatalyst.org) if you have any questions or would like to discuss further.

Sincerely,

Emily Stewart



Executive Director
Community Catalyst