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# **Medicaid Health Home Core Set Stakeholder Workgroup: 2022 Annual Review Voting Meeting**

Day 1

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**August 17, 2021**

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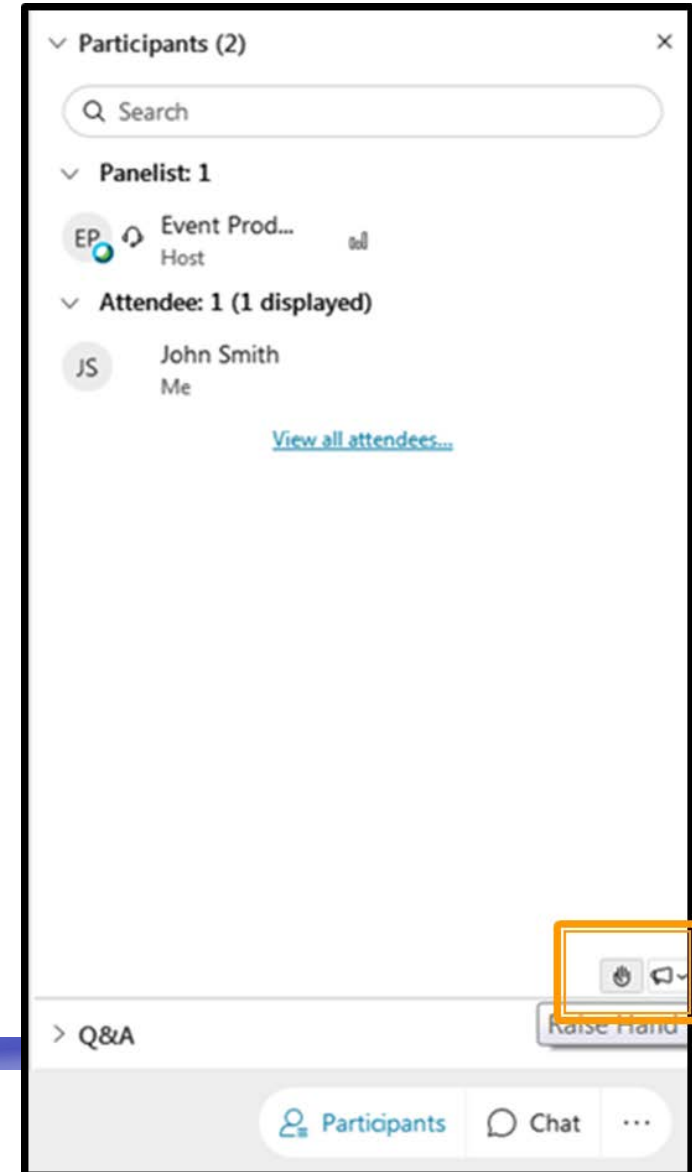
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# To Make Comments or Ask Questions During the Webinar

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# Welcome and Meeting Objectives

# Meeting Objectives

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- **Review measures suggested for addition to or removal from the Medicaid Health Home Core Set**
- **Recommend updates to the Medicaid Health Home Core Set**
- **Discuss gap areas and areas for future measure development**
- **Provide an opportunity for public comment**

# Mathematica Medicaid Health Home Core Set Review Team

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- **Margo Rosenbach, Project Director**
- **Patricia Rowan, Task Lead**
- **Dayna Gallagher, Analyst**
- **Eunice LaLanne, Associate**
- **Erin Reynolds, Analyst**
- **Jeral Self, Researcher**

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# **Introduction of Workgroup Members and Disclosure of Interests**

# Disclosure of Interest

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- **All Workgroup members are required to submit a Disclosure of Interest Form that discloses any interests, relationships, or circumstances over the past 4 years that could give rise to a potential conflict of interest or the appearance of a conflict of interest related to the current Medicaid Health Home Core Set measures or measures reviewed during the Workgroup process**
- **Workgroup members deemed to have an interest in a measure suggested for consideration will be recused from voting on that measure**
- **During introductions, Workgroup members are asked to disclose any interests, though such disclosure may not indicate that a conflict exists**



# Workgroup Roll Call

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- **Workgroup members will now be able to mute and unmute themselves during discussion**
- **If a Workgroup member exits and re-enters the WebEx platform, they must again use the raise hand feature to be unmuted**

# 2022 Medicaid Health Home Core Set Review Workgroup

## Voting Members

<b>Co-Chair:</b> Fran Jensen	Maine Department of Health and Human Services
<b>Co-Chair:</b> Kim Elliot	Health Services Advisory Group
David Basel	Avera Medical Group
Dee Brown	UnitedHealthCare
James Bush	Wyoming Department of Health
Karolina Craft	Minnesota Department of Human Services
Samantha Ferencik	Kansas Department of Health & Environment
Pamela Lester	Iowa Medicaid Enterprise
Elizabeth Nichols	New York State Department of Health
Linette Scott	California Department of Health Care Services
Jon Villasurda	Michigan Department of Health and Human Services
Theresa Walske	Wisconsin Department of Health Services
Roderick Winstead	Connecticut Department of Social Services

# 2022 Medicaid Health Home Core Set Review Workgroup

## Federal Liaisons (Non-voting)

Administration for Children and Families, DHHS

Administration for Community Living, DHHS

Agency for Healthcare Research and Quality, DHHS

Center for Clinical Standards and Quality, CMS, DHHS

Health Resources and Services Administration, DHHS

Substance Abuse and Mental Health Services Administration, DHHS

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# Context for Measure Review

# Medicaid Health Home Quality Reporting

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- **CMS established the Medicaid Health Home Core Set of Quality Measures in January 2013 for the purpose of ongoing monitoring and evaluation across all health home programs.**
  - States reported Health Home Core Set measures for the first time for FFY 2013.
  - States recently completed Health Home Core Set reporting for FFY 2019.
  - The FFY 2020 reporting cycle is currently in process (generally covering services delivered in calendar year 2019).
- **As a condition of payment, Medicaid Health Home providers are required to report quality measures to the state, and states are expected to report these measures to CMS.**
  - Note that SPAs are expected to report all Medicaid Health Home measures regardless of their focus area.

# 2021 Medicaid Health Home Core Set of Quality Measures

Measure Name	Data Collection Method	Age Range	Focus Area	Included in 2021 Child or Adult Core Sets
<b>Quality Measures</b>				
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-HH)	Administrative or EHR	Age 13 and older	SUD	Adult Core Set
Controlling High Blood Pressure (CBP-HH)	Administrative, hybrid, or EHR	Ages 18 to 85	Chronic conditions	Adult Core Set
Screening for Depression and Follow-Up Plan (CDF-HH)	Administrative or EHR	Age 12 and older	SMI/SED	Child and Adult Core Set
Follow-Up After Hospitalization for Mental Illness (FUH-HH)	Administrative	Age 6 and older	SMI/SED	Child and Adult Core Set
Plan All-Cause Readmissions (PCR-HH)	Administrative	Ages 18 to 64	Chronic conditions	Adult Core Set
Use of Pharmacotherapy for Opioid Use Disorder (OUD-HH)	Administrative	Ages 18 to 64	SUD	Adult Core Set
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-HH)	Administrative	Age 13 and older	SUD	Adult Core Set
Prevention Quality Indicator (PQI) 92: Chronic Conditions Composite (PQI92-HH)	Administrative	Age 18 and older	Chronic conditions	No*
<b>Utilization Measures</b>				
Admission to an Institution from the Community (AIF-HH)	Administrative	Age 18 and older	All	No
Ambulatory Care: Emergency Department Visits (AMB-HH)	Administrative	All ages	All	Child Core Set
Inpatient Utilization (IU-HH)	Administrative	All ages	All	No





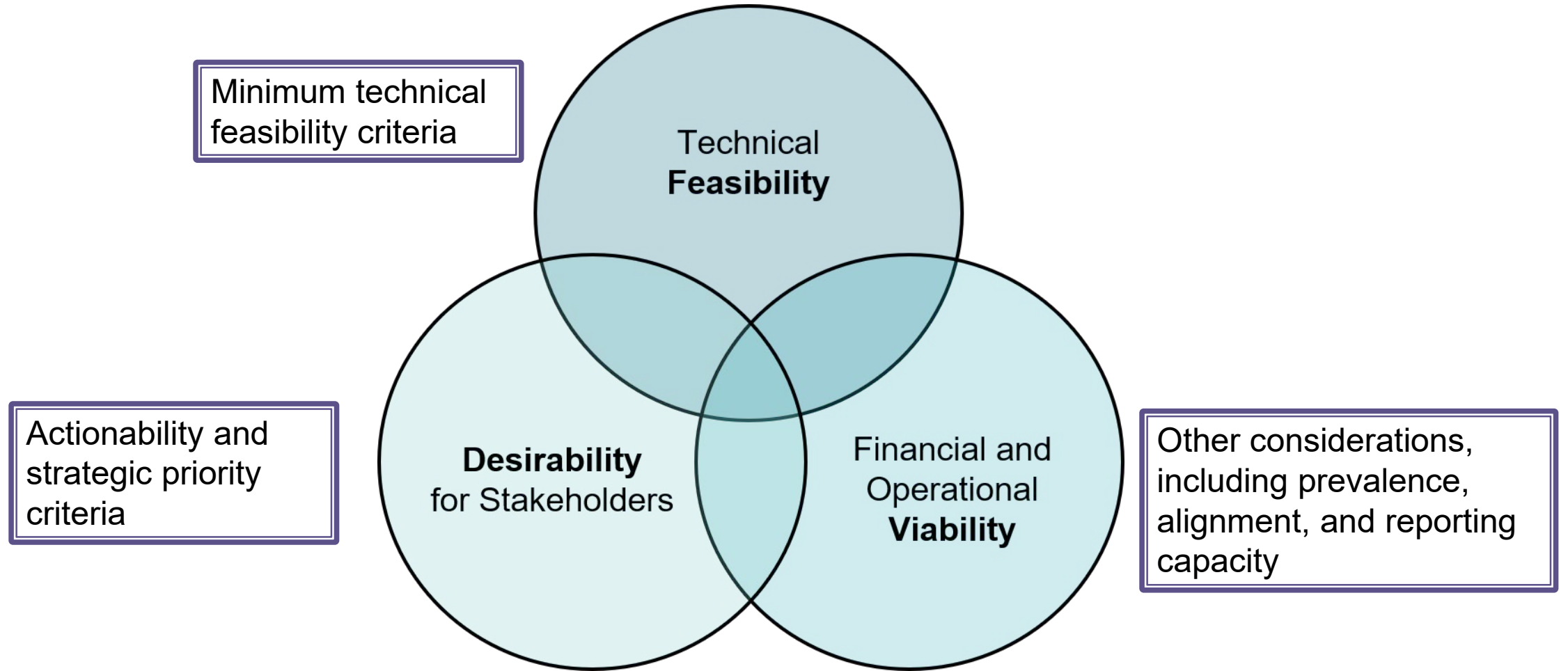
# Overview of FFY 2019 Health Home Core Set Reporting

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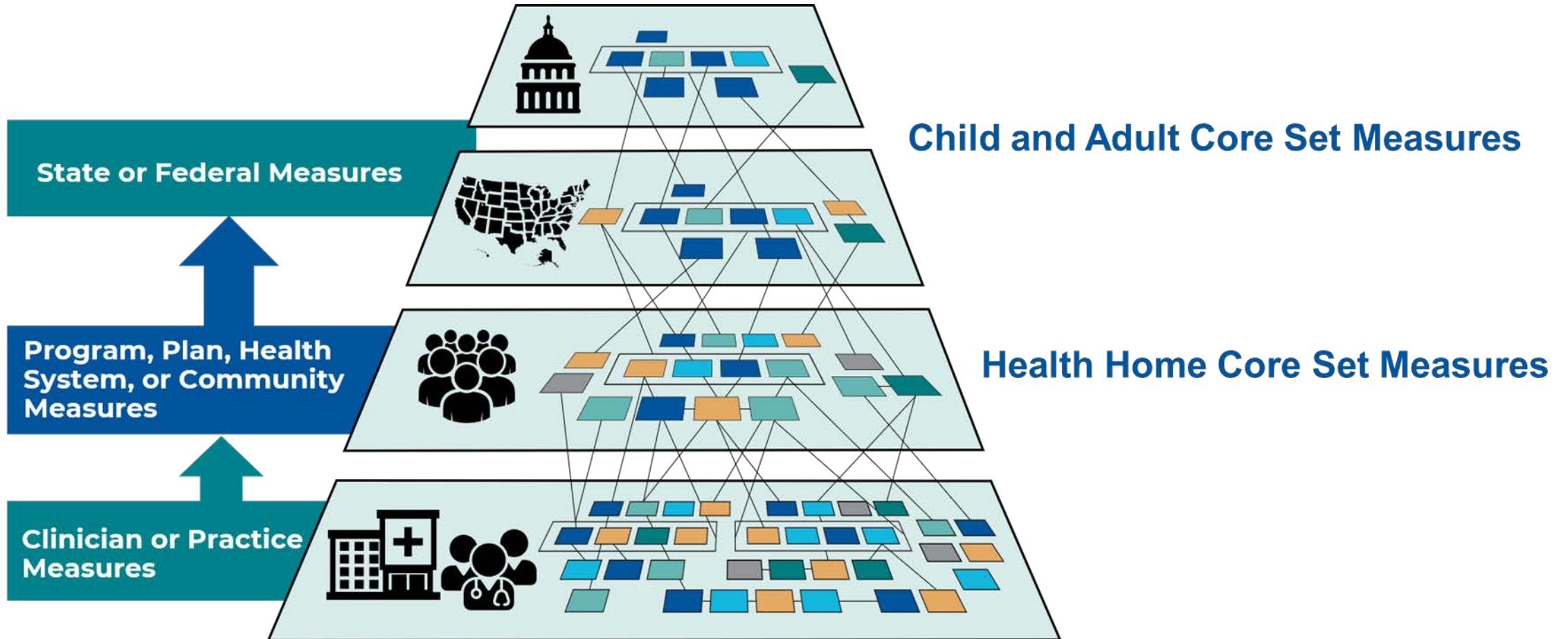
- **Performance and trending data made publicly available for the first time for FFY 2019.**
- **35 SPAs were expected to report for FFY 2019; 31 SPAs reported at least one measure.**
  - **The 31 SPAs reported a median of 7 measures for FFY 2019.**
  - **7 measures were reported by at least two-thirds of the SPAs that were expected to report for FFY 2019.**
- **Reporting remained consistent or increased for 24 of the 25 SPAs that reported for all three years from FFY 2017 to FFY 2019.**
- **SPA reporting increased for all 9 measures included in both the 2017 and 2019 Medicaid Health Home Core Sets.**



# Recap of the Framework for Assessing Measures



# Alignment Across Multiple Levels to Facilitate Quality Improvement



## Criteria for Recommending Measures for Addition: Minimum Technical Feasibility Requirements

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1. The measure must be fully developed and have detailed technical specifications that enable production of the measure at the program level (e.g., numerator, denominator and value sets).
2. The measure must have been tested in state Medicaid and/or CHIP programs or be in use by one or more state Medicaid or CHIP agencies.
3. An available data sources or validated survey instrument exists that contains all the data elements necessary to calculate the measure, including an identifier for Medicaid beneficiaries (or the ability to link to an identifier).
4. The specifications and data source must allow for consistent calculations across programs.
5. The measure must include technical specifications (including code sets) that are provided free of charge for use in the Health Home Core Set.

## Criteria for Recommending Measures for Addition: Actionability and Strategic Priority

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1. Taken together with other Health Home Core Set measures, the measure can be used to estimate the **quality of health care in Medicaid health home programs** and to perform comparative analyses of racial, ethnic, and socioeconomic disparities among Medicaid beneficiaries.
2. The measure addresses a **strategic priority for improving health care delivery and outcomes in Medicaid health home programs**.
3. The measure can be used to **assess progress in improving health care delivery and outcomes in Medicaid health home programs**.

## Criteria for Recommending Measures for Addition: Other Considerations

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- 1. The prevalence of the condition or outcome being measured is sufficient to produce reliable and meaningful results across health home programs, taking into account Medicaid population sizes and demographics.**
- 2. The measure and measure specifications are aligned with those used in other CMS programs, where possible.**
- 3. All health home programs should be able to produce the measure by FFY 2024, including all Medicaid health home populations (e.g., all age groups, eligibility categories, and delivery systems).**

# Criteria for Recommending Measures for Removal

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- **Current Health Home Core Set measures may be suggested for removal based on Technical Feasibility, Actionability and Strategic Priority, or other considerations.**
- **For example:**
  - **Taken together with other Core Set measures, the measure does not contribute to estimating the quality of health care in Medicaid health home programs.**
  - **The measure cannot be used to assess progress in improving health care delivery and outcomes in Medicaid health home programs.**
  - **SPAs report significant challenges in accessing an available data source that contains all the data elements necessary to calculate the measure.**
  - **The specifications and data source do not allow for consistent calculations across health home programs.**
  - **The measure and measure specifications are not aligned with those used in other CMS programs.**

# Measures That Will Be Reviewed at the Voting Meeting

Measure Name	Measure Steward	NQF #	Data Collection Method	Age Range	Included in 2021 Child or Adult Core Sets
<b>Measures for Removal</b>					
Ambulatory Care: Emergency Department (ED) Visits (AMB-HH)	NCQA	Not endorsed	Administrative	All ages	Recommended for removal from the 2022 Child Core Set
Screening for Depression and Follow-Up Plan (CDF-HH)	CMS	0418/0418e*	Administrative or EHR	Age 12 and older	Child and Adult Core Sets
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-HH)	NCQA	0004	Administrative or EHR	Age 13 and older	Adult Core Set
<b>Measures for Addition</b>					
Follow-Up After Emergency Department Visit for Mental Illness	NCQA	3489	Administrative	Age 6 and older	Adult Core Set Recommended for addition to 2022 Child Core Set
Asthma Medication Ratio	NCQA	1800	Administrative	Ages 5 to 64	Child and Adult Core Sets
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	NCQA	0059	Administrative, hybrid, or EHR	Ages 18 to 75	Adult Core Set
Colorectal Cancer Screening	NCQA	0034	Administrative, hybrid, or ECDS	Ages 51 to 75	Recommended for addition to the 2022 Adult Core Set
Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey 5.1H, Child Version and Adult Version	AHRQ	0006	Survey	All ages	Child and Adult Core Sets



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# Questions from Workgroup Members



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# **Use of Health Home Core Set Measures for Quality Improvement: Workgroup Member Discussion**

# Workgroup Discussion Topics

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- **Experience using the Health Home Core Set measures for quality improvement**
- **Whether different measures are used for different populations or types of health home programs**
- **Whether any of the measures are used to understand and address health equity or social determinants of health (and if so, how)**
- **Other reflections on the use of Health Home Core Set measures to drive improvement in quality of care for beneficiaries**

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**Break**

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# Preparing for Voting

# Voting Logistics

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- **Voting will take place after Workgroup discussion and public comment**
- **Workgroup members will vote on each measure in its specified form**
  - **Measures for addition:**
    - Yes = I recommend adding the measure to the 2022 Health Home Core Set
    - No = I do not recommend adding the measure to the 2022 Health Home Core Set
  - **Measure for removal:**
    - Yes = I recommend removing the measure from the 2022 Health Home Core Set
    - No = I do not recommend removing the measure from the 2022 Health Home Core Set
- **Measures will be recommended for removal or addition if two-thirds of eligible Workgroup members vote “yes”**

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# Questions from Workgroup Members

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# Practice Voting

# Practice Vote #1

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**Do you prefer the beach over the mountains?**

- **Yes, I prefer the beach over the mountains**
- **No, I do not prefer the beach over the mountains**



## Practice Vote #2

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**Are you ready for the summer to end?**

- **Yes, I am ready for the summer to end**
- **No, I am not ready for the summer to end**

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# Measures Suggested for Removal

# Ambulatory Care: Emergency Department (ED) Visits (AMB-HH)

<b>Description</b>	Rate of emergency department (ED) visits per 1,000 enrollee months among health home enrollees.
<b>Measure steward</b>	National Committee for Quality Assurance (NCQA)
<b>NQF Number</b>	Not endorsed
<b>Data collection method</b>	Administrative
<b>Denominator</b>	Number of enrollee months. Enrollee months are an enrollee's "contribution" to the total year enrollment. Enrollee months are calculated by summing the total number of months each enrollee is enrolled in the program during the measurement year.
<b>Numerator</b>	Number of ED visits. Count each visit to an ED once, regardless of the intensity or duration of the visit. Count multiple ED visits on the same date of service as one visit.

# Ambulatory Care: Emergency Department (ED) Visits (AMB-HH) (cont.)

<b>Number of SPAs reporting the measure for FFY 2019</b>	31 SPAs (1 of the 31 SPAs did not use Core Set measure specifications)
<b>Is the measure on the Child or Adult Core Sets?</b>	Child Core Set  Recommended by the 2022 Child and Adult Core Set Review Workgroup for removal from the 2022 Child Core Set
<b>Other</b>	Two workgroup members (WGMs) suggested removing this measure from the Health Home Core Set. One WGM indicated that the specifications and data source do not allow for consistent calculations across health home programs due to differences across programs. The other WGM cited challenges in accessing the data necessary to track enrollee ED usage. Both WGMs indicated that when taken together with other Core Set measures, AMB-HH does not contribute to estimating the overall national quality of health care in Medicaid Health Home programs.  The measure is being retired by the measure steward for the Medicaid line of business.

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# Workgroup Member Discussion

# Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-HH)

<b>Description</b>	<p>Percentage of health home enrollees age 13 and older with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:</p> <ul style="list-style-type: none"><li>• <b>Initiation of AOD Treatment.</b> Percentage of enrollees who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis.</li><li>• <b>Engagement of AOD Treatment.</b> Percentage of enrollees who initiated treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit.</li></ul>
<b>Measure steward</b>	National Committee for Quality Assurance (NCQA)
<b>NQF Number</b>	0004
<b>Data collection method</b>	Administrative or electronic health record (EHR).

# Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-HH) (cont.)

<b>Denominator</b>	Enrollees with a new diagnosis of AOD abuse or dependence (the eligible population). The denominator is stratified by four diagnosis cohorts: alcohol abuse or dependence; opioid abuse or dependence; other drug abuse or dependence; and total AOD abuse or dependence.
<b>Numerator</b>	<p>Enrollees who received AOD treatment:</p> <ul style="list-style-type: none"><li>• Within 14 days of diagnosis (Initiation of AOD treatment rate)</li><li>• Within 34 days of the initiation event (Engagement of AOD treatment rate) where either of the following criteria are met:<ul style="list-style-type: none"><li>– The initiation of AOD treatment event was a medication treatment event, and the enrollee received two or more engagement events, only one of which was a medication treatment event.</li><li>– The initiation of AOD treatment event was not a medication treatment event, and the enrollee received at least one engagement medication treatment event or at least two engagement visits.</li></ul></li></ul> <p>The numerator is also stratified by four diagnosis cohorts: alcohol abuse or dependence; opioid abuse or dependence; other drug abuse or dependence; and total AOD abuse or dependence.</p>

# Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-HH) (cont.)

<b>Number of SPAs reporting the measure for FFY 2019</b>	27 SPAs (1 of the 27 SPAs did not use Core Set specifications)
<b>Is the measure on the Child or Adult Core Sets?</b>	Adult Core Set
<b>Other</b>	The Workgroup Member (WGM) who suggested the measure for removal indicated that health homes may not have access to claims data and may find it difficult to track the percentage of members who initiated or were engaged in treatment within three to four days of treatment. They also indicated that two other measures could replace this measure: (1) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-HH), which is currently in the Health Home Core Set, and (2) Follow-Up After Emergency Department Visit for Mental Illness, which is suggested for addition to the Health Home Core Set.



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# Workgroup Member Discussion

# Screening for Depression and Follow-Up Plan (CDF-HH)

<b>Description</b>	Percentage of health home enrollees age 12 and older screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the eligible encounter.
<b>Measure steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>NQF Number</b>	0418/0418e (no longer endorsed)
<b>Data collection method</b>	Administrative or electronic health record (EHR).
<b>Denominator</b>	The eligible population with an outpatient visit during the measurement year.
<b>Numerator</b>	Enrollee screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool and, if positive, a follow-up plan is documented on the date of the eligible encounter.

# Screening for Depression and Follow-Up Plan (CDF-HH) (cont.)

<b>Number of SPAs reporting the measure for FFY 2019</b>	12 SPAs (4 of the 12 SPAs did not use Core Set specifications)
<b>Is the measure on the Child or Adult Core Sets?</b>	Child and Adult Core Sets
<b>Other</b>	The Workgroup Member (WGM) who suggested this measure for removal indicated that states report problems with providers coding the information needed to calculate this measure in administrative claims.

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# Workgroup Member Discussion

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# Opportunity for Public Comment

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# Vote on Measures

# Ambulatory Care: Emergency Department (ED) Visits (AMB-HH)

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**Should the Ambulatory Care: Emergency Department (ED) Visits (AMB-HH) measure be removed from the Health Home Core Set?**

- Yes, I recommend removing this measure from the 2022 Health Home Core Set**
- No, I do not recommend removing this measure from the 2022 Health Home Core Set**

# Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-HH)

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**Should the Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-HH) measure be removed from the Health Home Core Set?**

- **Yes, I recommend removing this measure from the 2022 Health Home Core Set**
- **No, I do not recommend removing this measure from the 2022 Health Home Core Set**



# Screening for Depression and Follow-Up Plan (CDF-HH)

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**Should the Screening for Depression and Follow-Up Plan (CDF-HH) measure be removed from the Health Home Core Set?**

- **Yes, I recommend removing this measure from the 2022 Health Home Core Set**
- **No, I do not recommend removing this measure from the 2022 Health Home Core Set**

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**Break**

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# Measures Suggested for Addition, Part 1

# Follow-Up After Emergency Department Visit for Mental Illness

<b>Description</b>	<p>Percentage of emergency department (ED) visits for beneficiaries age 6 and older with a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness. Two rates are reported:</p> <ul style="list-style-type: none"><li>• Percentage of ED visits for mental illness for which the beneficiary received follow-up within 30 days of the ED visit (31 total days);</li><li>• Percentage of ED visits for mental illness for which the beneficiary received follow-up within 7 days of the ED visit (8 total days).</li></ul>
<b>Measure steward</b>	National Committee for Quality Assurance (NCQA)
<b>NQF Number</b>	3489
<b>Data collection method</b>	Administrative (claims)
<b>Is the measure on the Child or Adult Core Sets?</b>	<p>Adult Core Set</p> <p>The measure has also been recommended for addition to the Child Core Set by the 2022 Child and Adult Core Set Review Workgroup</p>

# Follow-Up After Emergency Department Visit for Mental Illness (cont.)

<b>Denominator</b>	The denominator for this measure is based on ED visits, not on beneficiaries. The denominator includes ED visits with a principal diagnosis of mental illness or intentional self-harm on or between January 1 and December 1 of the measurement year where the beneficiary was 6 years or older on the date of the visit.
<b>Numerator</b>	<ul style="list-style-type: none"><li>• 30-Day Follow-Up: A follow-up visit with any practitioner, with a principal diagnosis of a mental health disorder or with a principal diagnosis of intentional self-harm and any diagnosis of mental health disorder within 30 days after the ED visit (31 total days). Include visits that occur on the date of the ED visit.</li><li>• 7-Day Follow-Up: A follow-up visit with any practitioner, with a principal diagnosis of a mental health disorder or with a principal diagnosis of intentional self-harm and any diagnosis of mental the ED visit (8 total days). Include visits that occur on the date of the ED visit.</li></ul>

# Asthma Medication Ratio

<b>Description</b>	The percentage of beneficiaries ages 5 to 64 who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.
<b>Measure steward</b>	National Committee for Quality Assurance (NCQA)
<b>NQF Number</b>	1800
<b>Data collection method</b>	Administrative (claims)
<b>Is the measure on the Child or Adult Core Sets?</b>	Child and Adult Core Sets

# Asthma Medication Ratio (cont.)

<b>Denominator</b>	Beneficiaries ages 5 to 64 as of December 31 identified as having persistent asthma who met at least one of the following criteria during both the measurement year and the year prior to the measure year: <ul style="list-style-type: none"><li>• At least one emergency department (ED) visit with a principal diagnosis of asthma.</li><li>• At least one acute inpatient encounter with a principal diagnosis of asthma without telehealth.</li><li>• At least one acute inpatient discharge with a principal diagnosis of asthma on the discharge claim.</li><li>• At least four outpatient visits, observation visits, telephone visits, or e-visits or virtual check-ins, on different dates of service, with any diagnosis of asthma and at least two asthma medication dispensing events for any controller or reliever medication.</li><li>• At least four asthma medication dispensing events for any controller or reliever medication.</li><li>• At least four asthma medication dispensing events, where leukotriene modifiers or antibody inhibitors were the sole asthma</li></ul>
<b>Numerator</b>	The number of beneficiaries who have a medication ratio of 0.50 or greater during the measurement year.

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# Workgroup Member Discussion



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# Opportunity for Public Comment

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# Vote on Measures

# Follow-Up After Emergency Department Visit for Mental Illness

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**Should the Follow-Up After Emergency Department Visit for Mental Illness measure be added to the Health Home Core Set?**

- **Yes, I recommend adding this measure to the 2022 Health Home Core Set**
- **No, I do not recommend adding this measure to the 2022 Health Home Core Set**

# Asthma Medication Ratio

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**Should the Asthma Medication Ratio measure be added to the Health Home Core Set?**

- **Yes, I recommend adding this measure to the 2022 Health Home Core Set**
- **No, I do not recommend adding this measure to the 2022 Health Home Core Set**

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# Recap of Day 1, Preview of Day 2, and Wrap-Up

# Agenda for Day 2

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- **Measures suggested for addition, continued**
- **Discussion of measure gaps and future directions**
- **Reflections and feedback**
- **Next steps**

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# **Medicaid Health Home Core Set Stakeholder Workgroup: 2022 Annual Review Voting Meeting**

Day 2

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**August 18, 2021**

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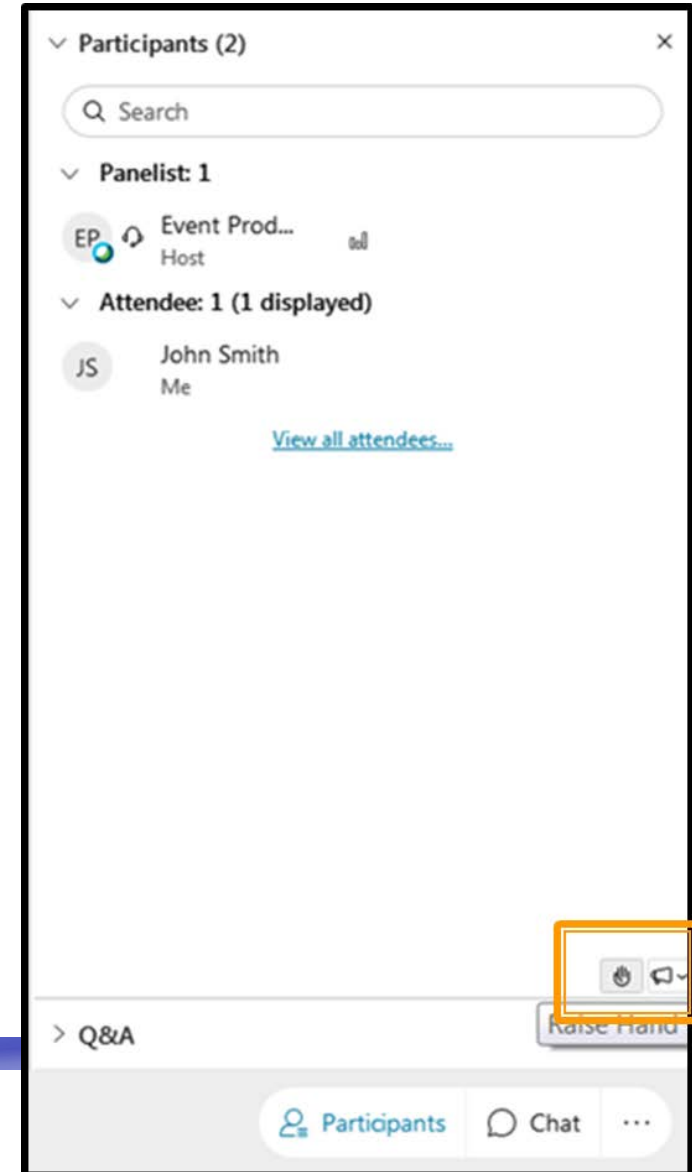
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# Welcome and Review Day 1

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# Workgroup Members Roll Call

# Workgroup Roll Call

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Center for Clinical Standards and Quality, CMS, DHHS

Health Resources and Services Administration, DHHS

Substance Abuse and Mental Health Services Administration, DHHS

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## **Measures Suggested for Addition, Part 2**

# Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

<b>Description</b>	The percentage of beneficiaries ages 18 to 75 with diabetes (type 1 and type 2) who had hemoglobin A1c (HbA1c) in poor control (>9.0%) during the measurement year.
<b>Measure steward</b>	National Committee for Quality Assurance (NCQA)
<b>NQF Number</b>	0059
<b>Data collection method</b>	Administrative, Hybrid, or Electronic health records (EHR)
<b>Is the measure on the Child or Adult Core Sets?</b>	Adult Core Set
<b>Denominator</b>	Beneficiaries ages 18 to 75 as of December 31 of the measurement year with at least one acute inpatient visit or two outpatient visits with a diagnosis of diabetes (type 1 or type 2) during the measurement year or the year before.
<b>Numerator</b>	Beneficiaries whose most recent HbA1c level is greater than 9.0 percent (poor control), is missing a result, or the HbA1c test was not done during the measurement year.



# Colorectal Cancer Screening

<b>Description</b>	The percentage of patients 50 to 75 years of age who had appropriate screening for colorectal cancer.
<b>Measure steward</b>	National Committee for Quality Assurance (NCQA)
<b>NQF Number</b>	0034
<b>Data collection method</b>	Administrative (claims only), Hybrid (claims and medical record review), and HEDIS® Electronic Clinical Data Systems (ECDS)
<b>Is the measure on the Child or Adult Core Sets?</b>	No. This measure has been recommended for addition to the Adult Core Set by the 2022 Child and Adult Core Set Review Workgroup
<b>Denominator</b>	Members ages 51 to 75 with a visit during the measurement period.

# Colorectal Cancer Screening (cont.)

## Numerator

Members with one or more screenings for colorectal cancer. Any of the following meet criteria:

- Fecal occult blood test (FOBT) during the measurement year. For administrative data, assume the required number of samples were returned, regardless of FOBT type.
- Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year.
- Colonoscopy during the measurement year or the nine years prior to the measurement year.
- Computed tomography (CT) colonography during the measurement year or the four years prior to the measurement year.
- Fecal immunochemical DNA test (FIT-DNA) during the measurement year or the two years prior to the measurement year.

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# Workgroup Member Discussion

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# Opportunity for Public Comment

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# Vote on Measures

# Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

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**Should the Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) measure be added to the Health Home Core Set?**

- **Yes, I recommend adding this measure to the 2022 Health Home Core Set**
- **No, I do not recommend adding this measure to the 2022 Health Home Core Set**

# Colorectal Cancer Screening

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**Should the Colorectal Cancer Screening measure be added to the Health Home Core Set?**

- **Yes, I recommend adding this measure to the 2022 Health Home Core Set**
- **No, I do not recommend adding this measure to the 2022 Health Home Core Set**

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# Measures Suggested for Addition, Part 3



# CAHPS® Health Plan Survey 5.1H, Child and Adult Medicaid Versions

<b>Description</b>	The Core CAHPS Survey provides information on the experiences of beneficiaries with their health care – or parents’ experiences with their child’s health care – and gives a general indication of how well the health care system meets beneficiaries’ needs and expectations. Results summarize beneficiaries’ experiences through ratings, composites, and question summary rates.
<b>Measure steward</b>	Agency for Healthcare Research & Quality (AHRQ) Note that AHRQ is the measure steward for the CAHPS survey instrument. The National Committee for Quality Assurance (NCQA) is the developer of the survey administration protocol.
<b>NQF Number</b>	0006
<b>Data collection method</b>	Survey. Collected as part of the CAHPS Health Plan Survey 5.1H, Child and Adult Medicaid Versions
<b>Is the measure on the Child or Adult Core Sets?</b>	Yes – both the Child and Adult Core Sets

# CAHPS® Health Plan Survey 5.1H, Child and Adult Medicaid Versions (cont.)

## Denominator

- For Children: The survey sample includes parents and guardians of children ages 0 to 17 as of December 31 of the measurement year, who were continuously enrolled the last six months of the measurement year, and who were currently enrolled at the time the survey was completed. Note that the sample must yield at least 411 completed surveys. If the denominator is less than 100 children with chronic conditions, measures based on the Children with Chronic Conditions supplement are not calculated.
- For Adults: The survey sample includes beneficiaries age 18 and older as of December 31 of the measurement year, who were continuously enrolled the last six months of the measurement year, and who were currently enrolled at the time the survey was completed.

# CAHPS® Health Plan Survey 5.1H, Child and Adult Medicaid Versions (cont.)

## Numerator

The **Core CAHPS Survey** includes four global rating questions reflecting overall experience:

- Rating of All Health Care
- Rating of Health Plan
- Rating of Personal Doctor
- Rating of Specialist Seen Most Often

Four composite scores summarize responses in key areas:

- Customer Service
- Getting Care Quickly
- Getting Needed Care
- How Well Doctors Communicate

Item-specific question summary rates are reported for the individual items included in each composite.

# CAHPS® Health Plan Survey 5.1H, Child and Adult Medicaid Versions (cont.)

## Other

The Workgroup Member (WGM) also suggested the Children with Chronic Conditions Supplemental Items and the Coordination of Care Supplemental Items for consideration.

The **Children with Chronic Conditions Supplemental Items** includes three additional composites that summarize satisfaction with basic components of care essential for successful treatment, management, and support of children with chronic conditions:

- Access to Specialized Services
- Family-Centered Care: Personal Doctor Who Knows the Child
- Coordination of Care for Children with Chronic Conditions

Item-specific question summary rates are reported for each composite. Question summary rates are also reported individually for two items summarizing the following concepts:

- Access to Prescription Medicines
- Family-Centered Care: Getting Needed Information

The **Coordination of Care Supplemental Items** include questions about experience related to the following:

- Doctor seemed informed and up to date about your/child's care from specialists
- Doctor had your/child's medical records
- Doctor followed up about blood test, x-ray results
- Got blood text, x-ray results as soon as you/child needed them
- Doctor talked about prescription drugs you/child are taking
- Got help you/child needed from doctor's office to manage your/child's care among different providers and services

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# Workgroup Member Discussion

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# Opportunity for Public Comment

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# Vote on Measures

# CAHPS® Health Plan Survey 5.1H, Child Medicaid Version

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**Should the CAHPS® Health Plan Survey 5.1H, Child Medicaid Version measure be added to the Health Home Core Set?**

- **Yes, I recommend adding this measure to the 2022 Health Home Core Set**
- **No, I do not recommend adding this measure to the 2022 Health Home Core Set**



# CAHPS® Health Plan Survey 5.1H, Adult Medicaid Version

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**Should the CAHPS® Health Plan Survey 5.1H, Adult Medicaid Version measure be added to the Health Home Core Set?**

- **Yes, I recommend adding this measure to the 2022 Health Home Core Set**
- **No, I do not recommend adding this measure to the 2022 Health Home Core Set**

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**Break**

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# **Discussion of Measure Gaps and Future Directions for the Health Home Core Set**

# Workgroup Discussion Topics

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- **Discussion of potential measure gaps**
  - Measure concepts not reviewed: (1) housing status and (2) oral evaluation
  - Health disparities
  - Social determinants of health
  - Other gaps?
- **Future directions**
  - Measures for the Advancing Care for Exceptional Kids (ACE Kids) Health Homes (see next two slides for background and illustrative measures)
  - Strategies for using Health Home measures to improve quality
  - Other future directions?

# Advancing Care for Exceptional Kids (ACE Kids) Act

- The Medicaid Services Investment and Accountability Act of 2019 added section 1945A to the Social Security Act, providing states with a new option for providing coordinated care through health homes for children with complex medical conditions (known as ACE Kids).
- States must submit a SPA to implement ACE Kids Health Homes; the anticipated start date for ACE Kids Health Homes is October 1, 2022.
- States opting to provide this coverage will receive an enhanced federal matching rate (15 percent above regular matching rate for the state, not to exceed 90 percent).
- States that choose to implement these health homes will be required to report quality measures specific to the services provided to children with medically complex conditions.
- ACE Kids measures will be added to a future Medicaid Health Home Core Set.
- The next slide contains illustrative measures for Workgroup member discussion.

# Illustrative Measures for the ACE Kids Health Homes Core Set

Measure Name	Measure Steward	NQF #	Data Collection Method	Core Set Alignment
Well-Child Visits in the First 30 Months of Life (W30-CH)	NCQA	1392	Administrative	Currently in Child Core Set
Child and Adolescent Well-Care Visits (WCV-CH)	NCQA	1516	Administrative	Currently in Child Core Set
Childhood Immunization Status (CIS-CH)	NCQA	0038	Administrative, hybrid, or EHR	Currently in Child Core Set
Immunizations for Adolescents (IMA-CH)	NCQA	1407	Administrative or hybrid	Currently in Child Core Set
Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-HH)	NCQA	0576	Administrative	Currently in Child and HH Core Sets
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: Ages 13 to 17 (FUA-HH)	NCQA	3488	Administrative	Currently in HH Core Set; recommended for addition to the 2022 Child Core Set
Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17	NCQA	3489	Administrative	Recommended for addition to the 2022 Child Core Set; suggested for addition to the 2022 HH Core Set
Oral Evaluation, Dental Services	DQA (ADA)	2517	Administrative	Recommended for addition to the 2022 Child Core Set
Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.1H – Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items (CPC-CH)	AHRQ	0006	Survey	Currently in Child Core Set; suggested for addition to the 2022 HH Core Set

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# Reflections and Feedback

# Workgroup Discussion Topics

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- **Recap of Workgroup recommendations**
- **Feedback on technical assistance to strengthen Health Home Core Set reporting**
- **Feedback on the 2022 Health Home Core Set Annual Review process and opportunities to improve next year's review**



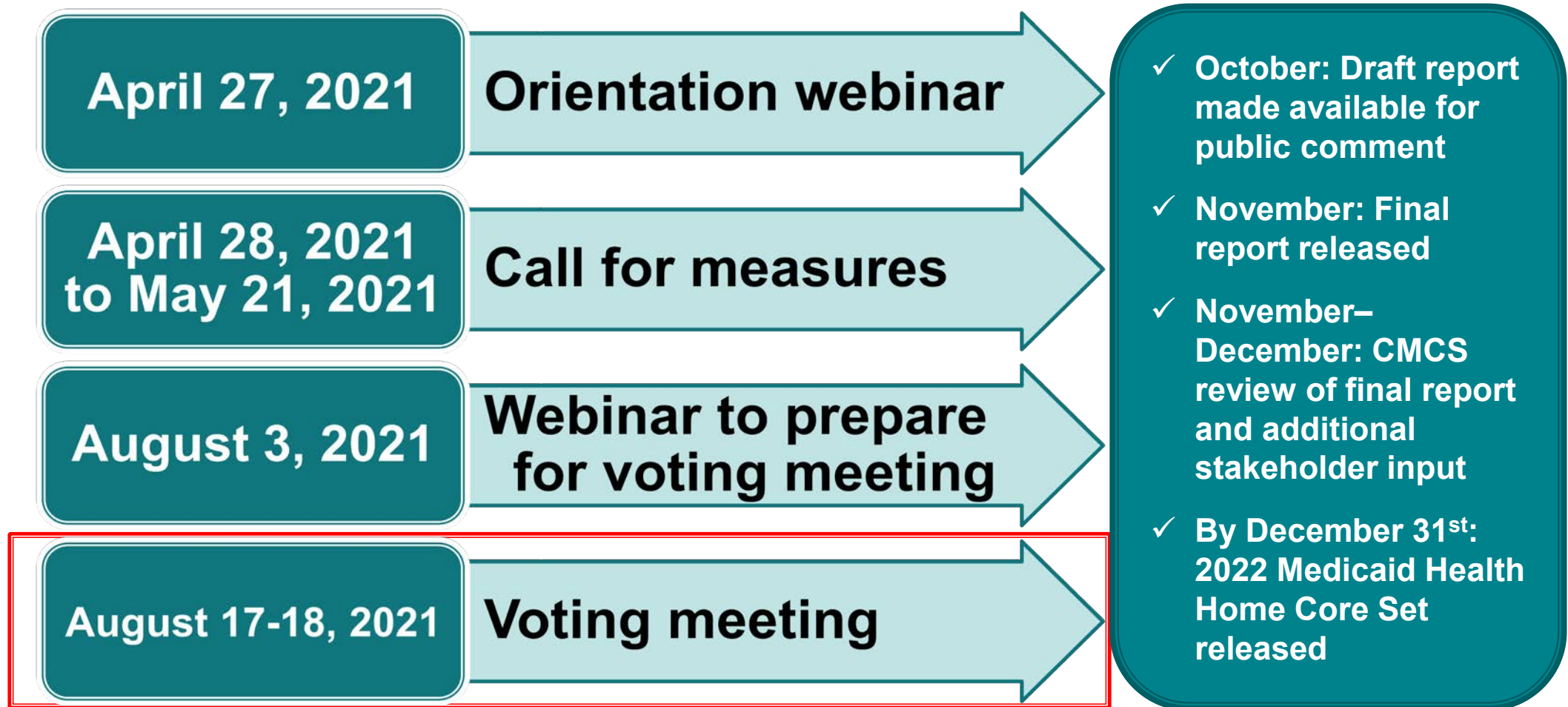
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# Opportunity for Public Comment

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## **Next Steps and Wrap-Up**

# Milestones for the 2022 Medicaid Health Home Core Set Annual Review



# Questions

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If you have questions about the Health Home Core Set Annual Review, please email Mathematica at [MHHCoreSetReview@mathematica-mpr.com](mailto:MHHCoreSetReview@mathematica-mpr.com)

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**THANK YOU FOR PARTICIPATING!**