Medicaid Health Home Core Set Stakeholder Workgroup: 2023 Annual Review Orientation Webinar Transcript
February 22, 2022, 1:00 – 2:30 PM EST

Good afternoon, everyone. Welcome to the 2023 Medicaid Health Home Core Set Stakeholder Workgroup Orientation Meeting. My name is Patricia Rowan, and I'm a Senior Researcher at Mathematica. Before we get started, we'd like to cover a couple of housekeeping items.

Next slide, please.

All attendees of today's webinar have entered the meeting muted. There will be opportunities during the webinar for Workgroup members and the public to make comments. To make a comment, please use the "Raise Hand" feature in the lower right-hand corner of the participant panel. A hand icon will appear next to your name in the attendee list. Those who are using the browser or mobile app can find the Raise Hand icon by clicking the ellipsis icon. You will find the option to raise and lower your hand in that list. You will be unmuted in the order in which your hand was raised. Please wait for your cue to speak and remember to lower your hand when you have finished speaking by following the same process you used to raise your hand. Please note that the chat is disabled for this webinar. Please use the Q&A feature if you need support.

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If you have any technical issues during today's webinar, please send the event producer a message through the Q&A function located on the bottom right of your screen. If you're on the browser or mobile app, look for the question mark icon. If you are having issues speaking during Workgroup or public comment, please make sure you are not also muted on your headset or phone. Connecting to audio using the computer audio or the "call me" feature is the most reliable option. Instructions for adjusting your audio are on this slide.

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Now I'd like to turn it over to Margo Rosenbach.

Thank you, Tricia, and good afternoon everyone, or good morning if you're joining us from another time zone. My name is Margo Rosenbach, and I am a Vice President a Mathematica. I direct Mathematica's Technical Assistance and Analytic Support team for the Medicaid and CHIP Quality Measurement and Improvement Program, which is sponsored by the Center for Medicaid and CHIP Services.

Welcome to the Orientation Meeting for the 2023 Annual Review of the Medicaid Health Home Core Set. Whether you are listening to the meeting live or listening

to a recording, thank you for joining us. I hope everyone is doing well and is ready for another journey together.

Next slide, please.

Now I'd like to share with you the objectives for this meeting. First, we'll introduce the Workgroup members. Next, I will describe the charge, timeline, and vision for the 2023 Annual Review Process. We'll then hear from Sara Rhodes at CMCS, and our co-chairs, Fran Jenson, from Maine's Medicaid program and Kim Elliot from Health Services Advisory Group. Then we will provide an overview of Medicaid health home programs and present information on Health Home Core Set reporting. We'll also discuss the process for Workgroup members to suggest measures for addition to or removal from the 2023 Medicaid Health Home Core Set, and, finally, we'll provide an opportunity for public comment.

As you can tell, we have a full agenda today, and the purpose of this meeting is to convey information about the review process. We won't have time today to engage in discussion about the Core Set or the individual measures; however, we'll have plenty of time for discussion at the July voting meeting.

Next slide, please.

I'd like to acknowledge my colleagues at Mathematica who are part of the Health Home Core Set review team: Tricia, Ilse, Dayna, Eunice, Erin, and Jeral. Many of us are still working from home, and I appreciate all their efforts to produce another virtual review process. Now I'll pass it back to Tricia to introduce the Workgroup members.

Great. Thanks, Margo. I would like to introduce the Workgroup for the 2023 Medicaid Health Home Core Set Annual Review. In the interest of time today, we're not going to do a formal roll call. This slide and the next one lists the Workgroup members, along with their organizational affiliations and whether they were nominated by an organization. However, as we have mentioned in the past, Workgroup members nominated by an organization do not represent that organization during the review process. All Workgroup members are here to provide their expertise as individuals and not as representatives of an organization.

Can we go to the previous slide?

All right. I see that we have our co-chairs Fran Jensen and Kim Elliot here. I see Carrie Amero is here. We have David Basel, Dee Brown, James Bush, Karolina Craft, Amy Houtrow, Pamela Lester, Lydia Orth. I don't see Lydia. Lydia, if you are on the WebEx, can you please click the "Raise Your Hand" icon? If you are connected by phone only, you won't be able to use the "Raise Your Hand" icon. I

see Linette Scott, Elizabeth Nichols, Sara Toomey, Pamela Lester. We have everyone except Lydia unless Lydia is on the phone.

Next slide, please.

I'd also like to welcome back the continuing members of our Workgroup and to thank Fran Jensen and Kim Elliott for returning as co-chairs this year. I'd also like to acknowledge six new Workgroup members that we have, Carrie Amero, Amy Houtrow, Lydia Orth, Sara Toomey, and Laura Vegas. We welcome our new members and thank you in advance for your service to the Workgroup. And as you can see from these slides, we have assembled a diverse Workgroup that spans a range of stakeholder perspectives, quality measure expertise, and health home program experience.

This slide here also shows the federal liaisons, which reflects CMS's partnership and collaboration with other agencies to assure alignment across federal agencies and programs. Federal liaisons are non-voting members of the Workgroup, and we thank them for their participation in the annual review process.

Next slide.

The Disclosure of Interest by Workgroup members is designed to ensure the highest integrity and public confidence in the activities, advice, and recommendations of the annual review Workgroup. All Workgroup members are required to disclose any interest that could give rise to a potential conflict or appearance of conflict related to their consideration of Health Home Core Set measures. Each member will review and update the Disclosure of Interest form before the voting meeting. Any members deemed to have an interest in the measures submitted for consideration will be recused from voting on that measure.

Next slide.

I will now describe the Workgroup charge and process for the 2023 Medicaid Health Home Core Set annual review. We have defined the Workgroup charge as follows: The Medicaid Health Home Core Set Stakeholder Workgroup for the 2023 Annual Review is charged with assessing the 2022 Health Home Core Set and recommending measures for addition or removal in order to strengthen and improve the Medicaid Health Home Core Set. The Workgroup should focus on recommending measures that are actionable, aligned, and appropriate for program-level reporting, to ensure the measures can meaningfully drive improvement in quality of care and outcomes for Medicaid health home program enrollees.

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This graphic is a visual representation of the milestones for the 2023 Health Home Core Set Annual Review. Tomorrow, Workgroup members will receive the call for measures for the 2023 Review. March 18th is the deadline for Workgroup members to suggest measures for addition or removal. On June 21st, we will reconvene the Workgroup to prepare for the voting meeting. We'll introduce measures that were suggested for consideration for the 2023 review and describe the process that we'll use to vote on the measures. The voting meeting will be virtual and takes place on July 19th to the 21st. Note that all of these meetings are open to the public.

This process will culminate in the development of a draft report based on the recommendations of the Workgroup. The draft report will be made available for public comments. The final report, along with additional stakeholder input, will inform CMS's updates to the 2023 Health Home Core Set, which will be released by December 31st, 2022.

Next slide.

I would like to briefly recap the outcomes of last year's review, the 2022 Health Home Annual Review. After considering the Workgroup recommendations and additional stakeholder input, CMCS added two measures to the Health Home Core Set. These measures are Follow-Up After Emergency Department Visit for Mental Illness and Colorectal Cancer Screening. CMCS retained the Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment measure and the Screening for Depression and Follow-Up Plan measures in the Health Home Core Set. More information about these updates to the 2022 Health Home Core Set is available in the CMCS Informational Bulletin, or CIB, that was released on February 16th, and which is linked here on the slide.

Next slide.

This slide contains the measures on the 2022 Medicaid Health Home Core Set. As you can see, there are 13 measures, including ten quality of care measures and three utilization measures. The table shows the data collection method for each measure, the age range for which each measure is specified, the focus area for the measure, and whether the measure is also included in the Child or Adult Core Sets. Note that all health home programs are expected to report all 13 of these measures regardless of which population group the program serves.

Now I'd like to hand it back to Margo to present the vision for the 2023 Medicaid Health Home Core Set Review.

Thanks, Tricia. I'll start with some big picture perspectives, and then we'll hear from CMCS and our co-chairs.

Next slide, please.

We wanted to share some thoughts with the Workgroup about their role in strengthening the 2023 Health Home Core Set, building on our experiences from last year. As you know, the annual review process is designed to identify gaps in the existing Health Home Core Set and suggest measures for addition or removal that will strengthen and improve the Core Set. This can involve suggesting new measures for addition to fill gaps or suggesting existing measures for removal because they no longer meet the criteria for inclusion that we will discuss later in this meeting.

We wanted to highlight that there is an inherent balance across three different facets of desirability, feasibility, and viability. Here, we show a Venn diagram that depicts the intersection of a measure's desirability from the perspective of diverse stakeholders, technical feasibility for program-level reporting, and financial and operational viability based on state resources. There are many good quality measures, but we need to keep in mind that the measures must be good for use in program-level quality measurement and improvement for Medicaid health home programs.

We also give an example of the types of tradeoffs that Workgroup members should consider. While outcome measures may be more desirable to stakeholders than process measures, the Workgroup also needs to consider the feasibility and viability for program-level reporting. For example, quality measures that reflect health outcomes may be more desirable than process measures, but they may be more challenging to report based on data availability and resource intensity.

Next slide.

On the next two slides, we provide a recap of Health Home Core Set measure gaps discussed during the 2022 Health Home Core Set Annual Review. A common cross-cutting theme was the desire to use the Health Home Core Set measures to identify and address social determinants of health, such as housing status, though the Workgroup acknowledged challenges related to data availability.

Workgroup members identified other opportunities to improve measures recommended for removal from the Health Home Core Set, but not replaced, as well as measures suggested but not recommended for removal or addition. For example, Workgroup members discussed opportunities to address Health Home Core Set gaps through measures of patient experience, dental and oral health care, depression screening and follow-up, and an all-cause ED follow-up measure.

Next slide, please.

The Workgroup members suggested exploring aspects of health care delivery via health home programs, such as the referral process, care coordination, and care management, as well as opportunities to improve the consistency and completeness of data used to calculate Health Home Core Set measures. The Workgroup members also discussed methodological considerations, such as assessment of the sophistication of data systems and data completeness across states to promote consistency of reporting, as well as partnering with other entities, such as public health departments to link data for health home members.

Next slide, please.

This graphic is a visual representation of the concept of multi-level alignment of quality measures. At the bottom, we have measures at the clinician or practice level, which feed into measures at the program, health plan, health system, or community level. Health Home Core Set measures are considered program-level measures because they are for distinct sub-populations within a state's Medicaid program. The Child and Adult Core Set measures are considered state-level measures because they are intended to capture all Medicaid and CHIP beneficiaries in the state. State-level measures can then be aggregated to the national level for monitoring the Medicaid and CHIP program as a whole.

CMS values alignment of quality measures across programs and levels because it could help drive quality improvement by addressing each level of care so that improvement at one level may lead to improvement at other levels. Moreover, alignment is intended to streamline data collection and reporting burden.

Next slide.

I would now like to turn it over to Sara Rhoades to share CMCS's vision for the 2023 Health Home Core Set review. Sara is the Technical Director for Health Homes in the Disabled and Elderly Health Programs Group at CMCS. Sara, you have the floor.

Hello. Welcome everyone. Thank you for all those that are joining us again this year, and for those new members. I appreciate everyone's willingness to be part of this Workgroup. I would just like to mention a few things. When you're looking at measures, I want to note that as Margo said, that CMS is really looking at health equity and how measures can be stratified to identify possible gaps and where beneficiaries may be not having access to care or there's just a blatant gap in care. So, as you're looking, I ask that you kind of view some measures or recommendations through that lens to help with CMS's mission.

In addition to that, if you're looking at kind of the burden that some of these measures may be on states, if you can take that into consideration as well. And finally, the last thing is that there is a new reporting system for states that is

coming out. QMR is what it is called. So, they're traditionally reporting in the MACPro system. They're going to be utilizing this new system that is coming out for this year, so by the time that these measures will be reported, some of the quirks should be worked out. But I just want to keep that in mind, that there is a new system that states will be learning as well. So, I just ask that everyone look at these measures through those lenses.

And finally, one other thing I would like to mention is, I'm sure some of you are aware that we have a new health home option coming out, 1945A, otherwise referred to as ACE Kids, that is a health home for children with medically complex conditions, and the guidance for that, there has been some guidance released, some best practices. We have a current SMD letter that is in process that will release more guidance, and as part of that guidance, there are seven suggested measures for that new 1945A option. Those measures will be a new Health Home Core Set, so it will be two Health Home Core Sets. And there are seven of them right now that CMS is suggesting, and those will eventually be folded into this Workgroup. So, I just want to kind of give you an update on what's on the horizon, so thank you very much.

Thanks so much, Sara. Next slide.

Now I'd like to invite our co-chairs to offer a brief welcome and reflections on the vision for the 2023 Workgroup. Fran, would you like to go first?

Great. Hi everybody. I'm Fran Jensen, as it says on the slide. I am the Medical Director for the Office of MaineCare Services, which is the state Medicaid agency here in Maine. I've been here about a year-and-a half, and this is my second go-round as the co-chair of this fabulous group and just want to welcome everybody. It's great to have some rookies, as well as some veterans on the Workgroup, so I look forward to working with you all.

In Maine, we are very proud of the fact that we have three health home programs. Currently here, all are in various stages of evolution and they're all undergoing evaluations. And the focus of those evaluations is to figure out how to incentivize high-quality care for the various populations involved in these programs in alignment with our value-based purchasing programs. So, that's what we're currently focusing on.

And I look forward to building on the momentum from last year's group. Really anxious to get started and excited to figure out how we can incorporate health equity into our work. I think that's really important. We have a large initiative here in Maine regarding that, and I think it's really important that we do that as well. So, I'm going to, again, thank you for having me here, and I'm going to turn it back over to Margo, or I'm going to turn it over to Kim.

Yeah, we can turn it over to Kim to say a few words. Thanks, Fran.

Hi everyone. This is Kim Elliot, and I work for Health Services Advisory Group as Executive Director. In that role, I work with numerous states. Performance measure validation is one of those responsibilities, and I'm very excited to be here with all of you, and I'm really excited to see some of the new members, as well as returning members, to this group. It's gotten momentum and a lot of opportunity this year.

And I think one of the things I just want to focus on, because Fran addressed quite a few of the things we would want to talk about during this introduction. But, really, when we're looking at those measures and, really, as a team and individual participants, focusing on real thoughtful consideration of measures to include in the measure sets, the ones that are going to be a significant burden, whether it's financial or human resource so that these measures are a little bit more feasible for all of the states to report, and, also, those measures that we really can do some stratification because stratification is really what gives it that opportunity to really focus in on what improvements can be done, so I'm really excited about this new Workgroup, and work we're going to be doing this year, so welcome everyone.

Great. Thank you, both. Next slide.

Now I'd like to open it up to Workgroup members. We have time for a few questions now, and we'll have more opportunities later in the meeting. So, if folks have any questions, remember, if you would like to speak, please use the "Raise Your Hand" feature in WebEx, and we will unmute your line in turn. I do not see any hands raised. Derek, do we have any hands raised?

Yes, my apologies. We do not have any hands raised at this time.

Okay. Well, we will have opportunities later for questions, and so let's go to the next slide.

Now I would like to turn it over to Jeral Self, who will present an overview of the Medicaid health home programs and Quality Measure Reporting.

My apologies. It looks like Jeral is on but is not connected through the audio. Give me one second.

Okay. Why don't we go to the next slide, and we'll keep moving. To help frame the review of the Medicaid Health Home Core Set, we'd like to turn to some background information on the health home program. After the meeting, the Mathematica Health Home Core Set Review Team will provide Workgroup members with additional information and resources about the Health Home Core Set measures to support your suggestions for adding or removing measures.

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The Affordable Care Act authorized the Medicaid Health Home State Plan Option to provide comprehensive care coordination to Medicaid beneficiaries with complex needs. Health home programs are intended to integrate physical and behavioral health, along with long-term services and supports. States interested in implementing a health home program must submit a State Plan Amendment, or SPA, to CMS. States are able to target Medicaid health home enrollment based on condition and geography but cannot limit enrollment by age, delivery system, or eligibility status. Each health home program requires a separate state plan amendment, and you will notice throughout this presentation and in publicly reported documents that we refer to program-level performance.

Next slide.

As you can see here, health home programs are targeted to beneficiaries diagnosed with two chronic conditions, those with one chronic condition who are at risk for a second one, or those with a serious mental illness. Chronic conditions include mental health conditions, substance use disorder, asthma, diabetes, heart disease, and being overweight. Additional chronic conditions, such as HIV/AIDS, may be considered by CMS for approval.

As Sara Rhoades was mentioning earlier, beginning in October 2022, Section 1945A of the Social Security Act authorizes a new type of health home for children with medically complex conditions, known as ACE Kids. Please note that the 2023 Health Home Core Set review does not cover quality measures for the ACE Kids Health Home program. Quality reporting for ACE Kids programs will begin with the 2024 Core Set reporting cycle.

Next slide.

This slide lists the core services provided by health home programs. The services include comprehensive care management, care coordination, health promotion, comprehensive transitional care from inpatient to other settings, including appropriate follow-up, individual and family support services, referral to community and social support services, and the use of health information technology to link services as feasible and appropriate.

All right, I'm going to pause here and pass it over to my colleague, Jeral Self, who I think has resolved the audio issues. Jeral.

Yes. Thank you, Tricia. This slide shows the distribution of health home programs by target population over the last three reporting cycles. First, you can see the number of approved health home programs has increased over time. In FFY 2020, the most recent reporting cycle, there were 16 health home programs serving individuals with serious mental illness, and an additional nine programs serving individuals with chronic conditions. There are also seven hybrid health home programs, which refer to those that have two or more focus areas.

Next slide.

In FFY 2020, the Health Home programs served 1.68 million Medicaid beneficiaries, about 69 percent were adults age 18 and older, and 31 percent were children or adolescents. The pie chart to the right shows the distribution of health home enrollees based on their focus areas. The seven hybrid programs that I mentioned earlier served about half of all health home enrollees, while the 14 SMI programs serve about 12 percent of those enrollees.

Next slide, please.

Now, turning to the health home quality reporting, CMS established Health Home Core Set of quality measures in January of 2013 for the purpose of ongoing monitoring and evaluation across all health home programs. States reported Health Home Core Set measures for the very first time for FFY 2013, and recently completed reporting for FFY 2020. The FFY 2021 reporting cycling will begin soon and generally covers serviced delivered in calendar year 2020.

As a condition of payment, health home providers are required to report quality measures to the state, and the states are expected to report program-level measures to CMS. As mentioned earlier, states are expected to report all of the Health Home Core Set measures regardless of their focus area.

Next slide, please.

This slide contains a map of the states with approved health home programs that were expected to report Health Home Core Set measures for FFY 2020. As of December 2021, 21 states have 37 approved health home programs. Some states have multiple health home programs that target different populations.

Next slide.

CMS recently released performance and trend data for Health Home Core Set measures for FFY 2020. All 37 health home programs were expected to report Health Home Core Set measures for FFY 2020, and 34 health homes reported at least one measure. The other three health homes did not submit data in time to be included in publicly reported data. Health home programs reported a median of nine of the 12 Health Home Core Set measures in the FFY 2020 measure list. Reporting remained consistent or increased for 24 of the 26 health home programs that reported for all three years from FFY 2018 to FFY 2020. Reporting also increased for all nine measures included in both the FFY 2018 and FFY 2020 Health Home Core Set.

Next slide, please.

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This slide contains a graph of the Health Home Core Set reporting over the last three reporting cycles, from FFY 2018 to FFY 2020. As the number of health home programs expected to report has increased, so has the number of programs reporting at least one Health Home Core Set measure.

Next slide.

This slide contains information on the number of health home programs reporting each of the 12 Health Home Core Set measures for FFY 2020. The blue bars indicate the number of programs using Core Set specifications, and the grey indicates programs that reported the measure but deviated from Health Home Core Set specifications, such as using alternate data sources or different populations.

The most commonly reported measures were two of the utilization measures, Emergency Department Visits and Inpatient Utilization, and the Follow-Up After Hospitalization for Mental Illness measure. The least frequently reported measures included the Screening for Depression and Follow-Up Plan measure, the Controlling High Blood Pressure measure, and the Use of Pharmacotherapy for Opioid Use Disorder measure.

The most common reasons for not reporting these measures included lack of access to medical records or electronic health records, and lack of the required codes and administrative data. In addition, small health home populations and continuous enrollment requirements limited the number of enrollees that were eligible for some of these measures.

Next slide, please.

Now I'd like to turn it back to Tricia to facilitate questions from the Workgroup members. Tricia.

Great. Thanks, Jeral. Workgroup members, if you have any questions on the information that Jeral presented, or any other questions, please raise your hand in the WebEx platform, and we will unmute your line. If you are having trouble finding the "Raise Your Hand" icon, if you are on a desktop or laptop, it should be in the lower right corner of the participant panel. And if you are using the browser or mobile app, you can find the "Raise Your Hand" icon by clicking on the ellipsis icon, and then you'll see the option to raise and lower your hand in that list.

I see a question from Dee Brown. Derek, can we unmute Dee's line?

Dee, your line has been unmuted.

Thank you so much. The only question I had, I know you said we're not going to be looking at those seven measures for the new ACE Kids Health Home, but will

we know what they are so we'll know what's going to eventually be for that population in the future, so as we consider the measure sets this year, we'll know what those seven measures are?

Thanks for that question, Dee. CMCS will be releasing that list later this year, and the Workgroup for this year's review is not charged with identifying measures for that program. I don't know if Sara's still on the line, if you --

Yeah, I was going to say that if that SMD comes out, we can certainly share that with this Workgroup so that you have that knowledge. But it's just a timing thing of when the SMD letter will be coming out, and we don't have a definitive date yet. It's still in clearance.

Are there hands raised? Derek, am I missing anybody?

Tricia, no hands raised at this time.

Okay. Next slide, please.

So, now we'll transition to discuss the process that Workgroup members can use to suggest measures for addition to or removal from the 2023 Health Home Core Set.

Next slide.

The criteria for suggesting measures for addition and removal are similar to those used last year. The criteria fit into three different areas: minimum technical feasibility requirements, actionability and strategic priority, and other considerations. To be discussed by the Workgroup at the July voting meeting, all measures suggested for addition must meet the minimum technical feasibility criteria. I'll also note that the criteria used in the review of measures for Health Home Core Set are the same criteria used in the review for measures for the Child and Adult Core Sets.

Next slide.

Before I get into the criteria, I wanted to just take a moment and pause and acknowledge that there are good and important quality measures that may not meet the criteria for inclusion in the Health Home Core Set. But there are many other avenues to use quality measures to drive improvement at the state, program, or national level. Other tools include the Medicaid and CHIP scorecard, the Beneficiary Profile, managed care quality tools, Section 1115 demonstrations, state amendment and waivers, state directed payment programs, and pay-for-performance and value-based purchasing initiatives. Some measures that might not be a good fit for the Health Home Core Set could still be appropriate for use in these other programs. Over the next two slides,

we'll go over the criteria that Workgroup members should use to determine whether to suggest the measure for addition to or removal from the Health Home Core Set.

Next slide.

I'll begin with criteria for suggesting measures for addition. Workgroup members will receive a list of these criteria after today's meeting to consider during the call for measures. I'll review the criteria at a high level, starting with the minimum technical feasibility requirements. These requirements help ensure that if the measure is placed on the Health Home Core Set, states will be able to report on the measure for each of their approved health home programs.

First, the measure must have detailed specifications that enable production of the measure at the program level. The measure must have been tested in state Medicaid or CHIP programs and/or currently be in use by one or more Medicaid or CHIP agencies. It must have an available data source or validated survey instrument that contains all required data elements needed to calculate the measure, including an identifier for Medicaid beneficiaries or the ability to link to such an identifier. The measure needs to be able to be calculated in a consistent manner across programs using the available data source. And another criterion articulated by CMCS is that the measure must include technical specifications, including code sets that are provided free of charge for state use in the Health Home Core Set.

The Mathematica team will assess all suggested measures for adherence to these minimum criteria, and we encourage Workgroup members to pay close attention to these technical requirements. However, Mathematica will work with CMS to determine whether specifications are available free of charge for Core Set reporting.

Next, measures suggested for addition should be actionable and align with strategic priorities in Medicaid. More specifically, when taken together with other Core Set measures, the measures should be useful for estimating the overall national quality of health care in Medicaid health home programs, and additionally, the measures should allow for comparative analyses of racial, ethnic, and socioeconomic disparities. Second, the measures should address a strategic priority for improving health care delivery and outcomes in Medicaid health home programs, and finally, the measure should be able to be used to assess progress in improving health care delivery and outcomes in health home programs; for example, is there room for improvement on the measure and can state Medicaid programs or health home providers directly influence improvement on this measure?

Some other important considerations for suggesting a measure for addition include whether the condition being measured is prevalent enough to ensure

adequate denominators across health home programs and whether the measure is aligned with those used in other CMS programs, especially the Child and Adult Core Sets. And, finally, Workgroup members should consider whether all states will also be able to produce new measures by the FFY 2024 reporting cycle, including for all Medicaid health home populations. And if necessary, we encourage Workgroup members to identify opportunities for technical assistance to help states report the measure.

Next slide.

Now, for the criteria for suggesting measures for removal, we ask that Workgroup members look through the current Health Home Core Set measures and consider whether any measures no longer fit the criteria for the Core Set. To make this a bit easier, we've provided a set of criteria for removal, which reflect reasons that a measure may no longer meet the criteria for inclusion.

Under feasibility, this could be that the measure is not fully developed, that states have difficulty accessing the data source, that results across states are inconsistent for reasons outside of quality differences, or that the measure will no longer be maintained by the measure steward.

For actionability and strategic priority, a measure could be considered for removal if it's not contributing to estimating the national quality of care, if it doesn't address a strategic priority for improvement, or if it can't be used to assess progress in improving health care delivery and outcomes.

Other considerations include whether low prevalence of the condition or outcome impacts the reliability of the measure results, whether another measure would be better aligned with other federal programs, or if all health home programs may not be able to produce the measure by FFY 2024. In the latter situation, we encourage Workgroup members to consideration opportunities for technical assistance to support states that have experienced challenges producing the measure.

Next slide. Thank you.

Now let's turn to the process for suggesting measures for addition or removal. Only Workgroup members and federal liaisons may suggest measures for addition to or removal from the 2023 Health Home Core Set. The call for measures process will start on February 23rd by 5:00 p.m. Eastern, when our team will send Workgroup members and federal liaisons an email, with instructions on how to suggest measures for addition or removal. Measure suggestions are due by March 18th at 8:00 p.m. Eastern Time.

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The call for measures email will also include a wealth of resources, which Workgroup members should use to inform their measure suggestions. These include the Medicaid and CHIP Beneficiary Profile, a list of publicly available background resources on the current Health Home Core Set, including the measure lists, performance on the Health Home Core Set measures, and the Medicaid and CHIP Scorecard. Other supplementary materials include a list of measures discussed during last year's previous Workgroup meeting and the Child and Adult Core Set measure list, reporting resources, and performance information.

Next slide.

Based on our previous experience, we wanted to provide some tips on submitting measure suggestions. First, we want to note that these measure suggestion submission forms that you will send in are the most important input to the materials that Workgroup members will review prior to the voting meeting in July. So, this form is really your best opportunity to explain why the Workgroup should consider a measure for addition or removal and provide evidence to support your suggestion, including citations.

If you've suggested a measure that the Workgroup has considered at last year's meeting but not recommended, we ask that you include information about why you're suggesting the measure be reconsidered. And for measures that are suggested for addition, please be sure you address the minimum technical feasibility as well as you can. If you're suggesting a measure to replace a current Health Home Core Set measure, remember to submit two submission forms, both the addition and the removal form. And if there is anything that you can't include in the form, please send it to our team via email.

Next slide.

So, a few more tips specifically for the additions form. In the first section of the form, you should be able to pull information directly from measure specifications or the measure information sheet from last year's review if the measure had previously been discussed. Under technical feasibility, we strongly encourage you to include state testing results if you can find them, and a link to the current technical specifications.

Under actionability, we've added criteria this year to explain whether the data source allows for stratification by race, ethnicity, language, disability, and other characteristics. And in other considerations, we ask that you provide Medicaid-specific prevalence estimates wherever possible, and you may be able to find those in the Medicaid and CHIP Beneficiary Profile. There are links to these background resources that will help you identify whether the measure is in use by other CMS programs.

Next slide.

For removals, pretty much the same suggestions for the first section of the form, if the measure has been discussed before or if it's currently in the Health Home Core Set, you can pull information directly from those resources. For the criteria sections, please provide an explanation of any criteria that you think represent a reason for removing the measure from the Health Home Core Set. It may be helpful to refer to the background materials and measure performance results.

Under other considerations, similar to the additions, we encourage you to look at the background resources and supplementary materials to assess whether all states will be able to produce the measure by 2024 for each of their approved health home programs.

Next slide.

All right, I've covered a lot of information, so I'd like to pause and open the floor for Workgroup members or federal liaisons to ask any final questions. Workgroup members, if you'd like to speak, please use the "Raise Your Hand" function, and we will unmute you.

Carrie Amero, I see you had a question in the Q&A. If you're able, can you raise your hand so we can unmute you to ask that question aloud? Derek, can you unmute Carrie's line?

Carrie, your line is unmuted.

Okay. Great. I just was curious about -- the previous presenter was showing information about which measures had been reported by most programs and then the least reported measures, and I just wondered if any of those at the bottom end of that were newer? I'm not sure what the history is of when each measure was added, but would you expect reporting would increase for some of those over time?

Thank you for that question. I'm not sure exactly if that correlates with when they were added to the measure set. But I will say, broadly, that we have seen reporting increase over time as more health home programs are expected to report, and more have also been reporting. I'm not sure that entirely answers your question, but we can also do some digging into that.

Any other questions from Workgroup members or federal liaisons? Derek, I don't see any other hands raised. Shall I move on?

No, no hands raised at this time.

Okay. Next slide, please.

So, now I would like to open it up for public comment. If anyone else on the line has questions, now is the opportunity to please raise your hand if you would, please, again, using the raise-hand feature. Okay. I don't see any hands raised. Did I mess anybody, Derek?

No hands raised at this time.

Okay. Well, let's move along. Now I'd like to wrap up and recap next steps.

Next slide.

So, on this slide you will see links that lead you to key resources on the Medicaid.gov and Health Home Core Set Annual Review webpage. The Annual Review webpage includes resources such as previous reports, agendas, and slides for each meeting, and a calendar of events. I'll also note that these slides that we're sharing now are available on our website.

Next slide.

So, as I mentioned earlier, the Workgroup members and federal liaisons will receive an email tomorrow, February 23rd, with instructions on how to suggest measures for addition or removal. All submissions are due no later than 8:00 p.m. Eastern on March 18th. The next meeting will be held on Tuesday, June 21st. It will be a webinar. And this meeting will provide information on the measures that will be discussed at the voting meeting, which will then take place on July 19th to July 21st, also via webinar. Both meetings are open to the public, and registration information is available now on our website.

If you have any questions about the annual review process, please don't hesitate to email our team. Our email address is listed here on the slide. It is MHH -- for Medicaid health home -- CoreSetReview@Mathematica.org. And before we adjourn, I'd like to give our co-chairs a chance to share any concluding remarks. Fran, would you like to go first again?

Sure. I want to reiterate my thank you for joining the Workgroup if you haven't already done so and rejoining if you were on with us last year, and I look forward to working with you all again, and incorporating health equity somehow in our work moving forward. Thank you.

Thanks, Fran. Kim.

Thank you, everyone, for participating in this activity. I can't really think of too many things where we have a better opportunity to really impact not only programs but the people that are served by these programs, and the better job we do in selecting measures, that really will eventually get to outcomes for these

individuals and patients and members that we're serving. I think it's just going to strengthen everything that we do from a quality perspective, so thank you for the time and effort and energy and dedication you put into this.

Thanks so much, Kim. Before we move on, let me just pause. We have a few minutes, and give one last opportunity, if there are any questions from Workgroup members or members of the public to make any comments or questions. All right. Libby Nichols, I see you have your hand up. Derek, can we unmute Libby?

Libby, your line has been unmuted.

Oh, thank you so much. This isn't a very polished question, so I'm not sure if it's a great one. I was just sort of reflecting on what measures, you know, in my brain that I'm thinking about, either removal or addition, and I know that last year there were some that were recommended for removal and then weren't removed. And I'm just sort of curious, like how often, or like what sort of percentage of match versus mismatch between the recommendations and what ends up in the final Core Set? And I realize there's probably not like a specific percentage or anything, I'm just sort of like reflecting on that process and trying to figure out if there's more information that can help me understand which ones are better to suggest for addition or removal that would kind of be followed through on? I don't know how to explain it entirely maybe, but just sort of looking for more information on that.

I don't know if anybody from Mathematica wants to speak, but I can speak a little bit to that. So, we based the decision for the ones that were recommended for removal not to be removed based on alignment with the Adult and Child Core Sets and some of the public comment that we got back, along with some of our colleagues' comments, and so that's where the basis to the final decision was made, based on the recommendations, the public comments, talks with our federal liaisons, as well as other colleagues, and alignment with the other Core Sets.

So, I think to answer your question, since this is only the second year that we've done this, there is no kind of historic data and percentage of what's accepted or not accepted based on the recommendations. But I do think that we took a very close look at what was recommended, as well as took into account all the feedback we got on the recommendations.

Thank you. That was helpful.

Thank you, Sara. I don't have anything to add, so I appreciate you jumping in. Any other comments or questions from folks on the line? Okay.

I will say, just to piggyback on that just a little bit, you know, obviously, when you're looking at these measures, those measures, that states have readily available data, that it's not too heavy of a burden for them to report, and it crosses different condition target types since health homes is at a program-level and it is targeted by condition. Those kinds of measures cross across those three spectrums are probably what I view as the most solid measures, because you actually get some data that could be trendable. It's easy for states to report, because they have the data, and the mechanisms aren't difficult, and they're measures that can be reported by a variety of programs targeting many different conditions. Any measures -- I know that's a big ask, but those kinds of measures that do do all those things, and the data that they give us is data that's usable and that we can really see trends from are the kinds of measures that most interest us.

Thanks, Sara. That's great additional commentary on that. I appreciate that. Okay. Well, I don't see any other hands raised, so let's go to the next slide, please.

And with that, I would like to thank everyone for participating in today's meeting and for the Workgroup members, for their participation in this process. We really look forward to the next several months of meeting together. The meeting is now adjourned. Thank you everyone.