

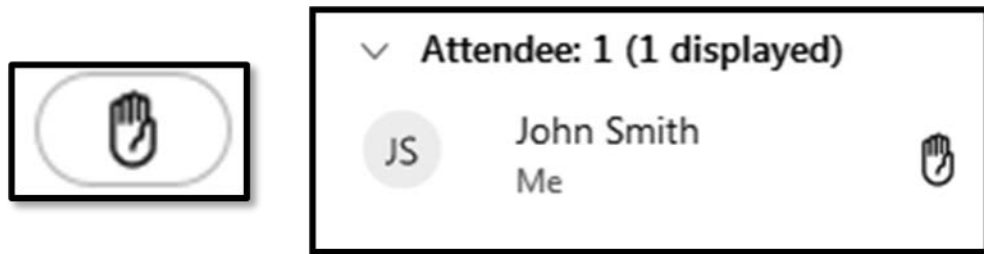
Medicaid Health Home Core Set Stakeholder Workgroup: 2023 Annual Review Orientation Meeting

February 22, 2022

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- To make a comment, please use the **raise hand** feature. A hand icon will appear next to your name in the participant panel

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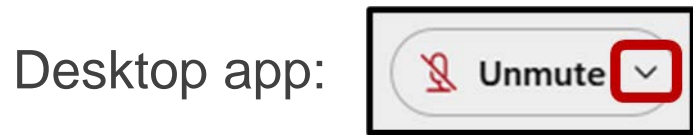
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Welcome, Introductions, and Workgroup Objectives

Meeting Objectives

- **Introduce the 2023 Medicaid Health Home Core Set Annual Review Stakeholder Workgroup**
- **Describe the charge, milestones, and vision for the 2023 Medicaid Health Home Core Set Annual Review**
- **Provide an overview of Medicaid health home programs, describe the 2022 Medicaid Health Home Core Set, and present information on health home quality reporting**
- **Present the process for Workgroup members to suggest measures for addition to or removal from the 2023 Medicaid Health Home Core Set**
- **Provide opportunity for public comment**

Mathematica Medicaid Health Home Core Set Review Team

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

2023 Medicaid Health Home Core Set Review Workgroup

Voting Members

Co-Chair: Fran Jensen	Maine Department of Health and Human Services
Co-Chair: Kim Elliot	Health Services Advisory Group
Carrie Amero Nominated by AARP	AARP Public Policy Institute
David Basel Nominated by South Dakota Department of Social Services	Avera Medical Group
Dee Brown	UnitedHealthCare
James Bush	Wyoming Department of Health
Karolina Craft	UnitedHealthCare Community Plan of Minnesota
Amy Houtrow Nominated by American Academy of Pediatrics	University of Pittsburgh School of Medicine
Pamela Lester Nominated by Iowa Medicaid	Iowa Medicaid Enterprise

2023 Medicaid Health Home Core Set Review Workgroup (continued)

Voting Members

Elizabeth Nichols	New York State Department of Health
Lydia Orth Nominated by Families USA	Families USA
Linette Scott	California Department of Health Care Services
Sara Toomey Nominated by Children's Hospital Association	Boston Children's Hospital
Laura Vegas Nominated by National Association of State Directors of Developmental Disability Services	National Association of State Directors of Developmental Disability Services

Note: Affiliations are as of February 1, 2022.

2022 Medicaid Health Home Core Set Review Workgroup

Federal Liaisons (Non-voting)

Administration for Community Living, DHHS

Agency for Healthcare Research and Quality, DHHS

Center for Clinical Standards and Quality, CMS, DHHS

Department of Veterans Affairs, VA

Health Resources and Services Administration, DHHS

Office of Minority Health, DHHS

Substance Abuse and Mental Health Services Administration, DHHS

Disclosure of Interest

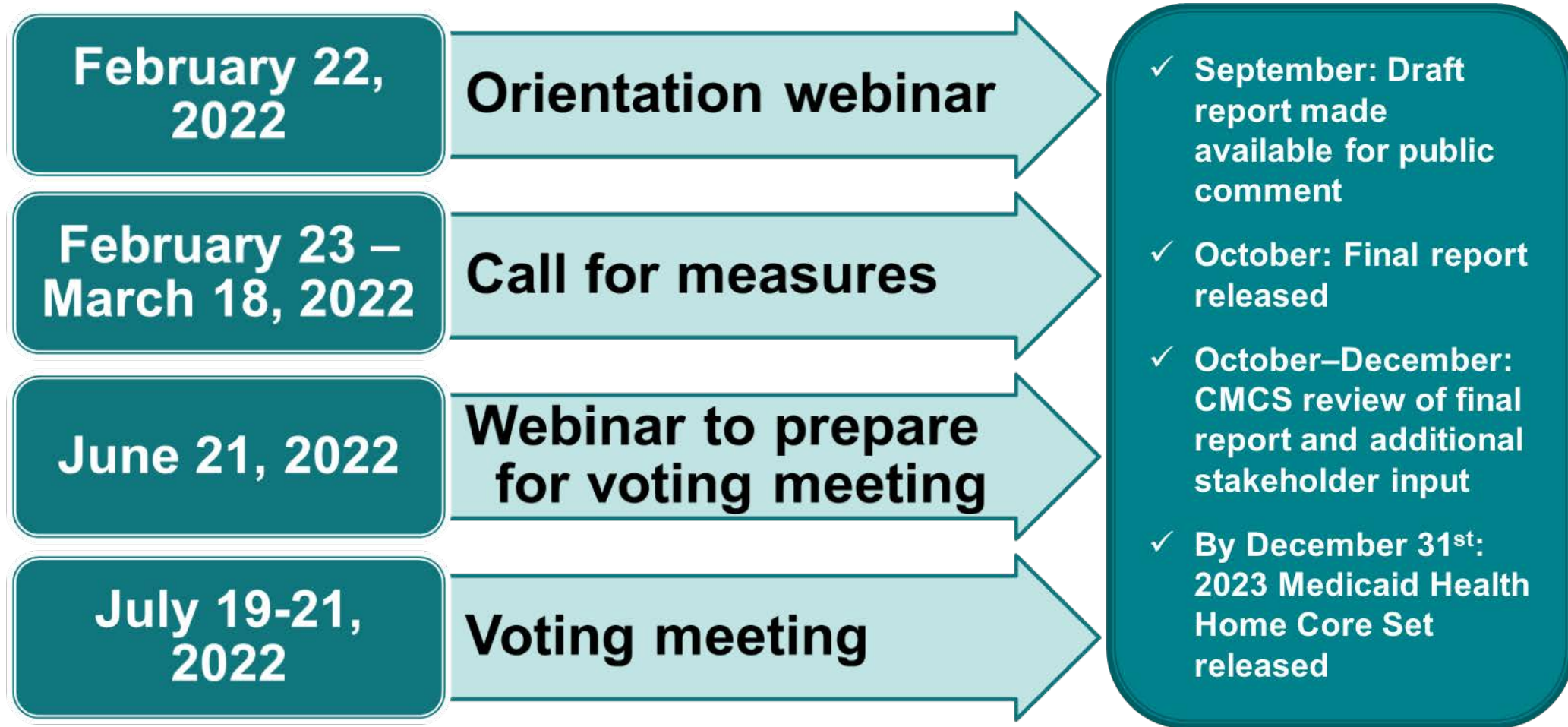
- **All Workgroup members are required to submit a Disclosure of Interest Form**
 - **Mathematica requires that Workgroup members disclose any interests, relationships, or circumstances over the past 4 years that could give rise to a potential conflict of interest or the appearance of a conflict of interest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

2023 Medicaid Health Home Core Set Annual Review Workgroup Charge

The Medicaid Health Home Core Set Stakeholder Workgroup for the 2023 Annual Review is charged with assessing the 2022 Medicaid 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

Milestones for the 2023 Medicaid Health Home Core Set Annual Review



Recap of the 2022 Health Home Core Set Annual Review and Updates

- **CMCS added two measures to the Health Home Core Set**
 - Follow-Up After Emergency Department Visit for Mental Illness (FUM-HH)
 - Colorectal Cancer Screening (COL-HH)
- **CMCS retained the Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-HH) and Screening for Depression and Follow-Up Plan (CDF-HH) measures in the Health Home Core Set**
- **More information is available in the CMCS Informational Bulletin (CIB) available at <https://www.medicaid.gov/federal-policy-guidance/downloads/cib02162022.pdf>**

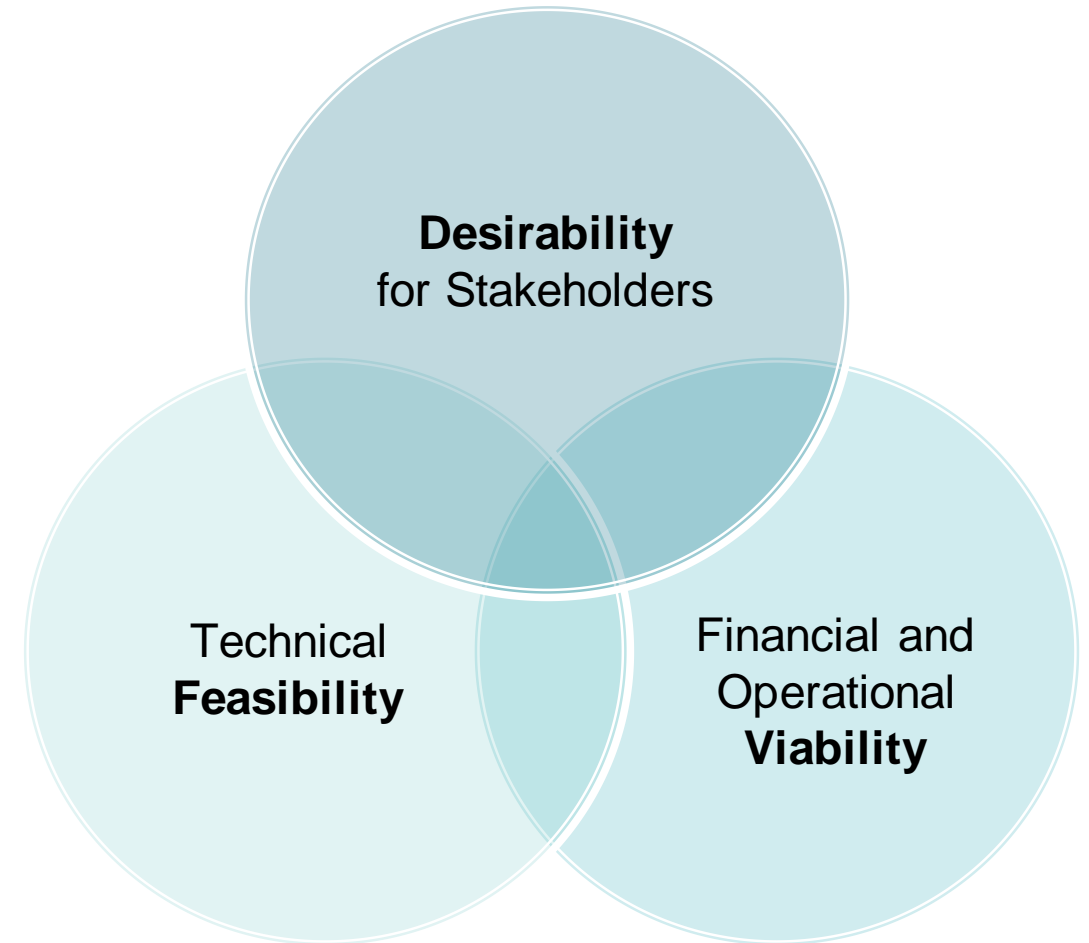
2022 Medicaid Health Home Core Set of Quality Measures

Measure Name	Data Collection Method	Age Range	Focus Area	Included in 2022 Child or Adult Core Sets
Quality Measures				
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
New Colorectal Cancer Screening (COL-HH)	Administrative or EHR	Ages 51 to 75	All	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
New Follow-up after Emergency Department Visit for Mental Illness (FUM-HH)	Administrative	Age 6 and older	SMI/SED	Child and Adult Core Set
Prevention Quality Indicator (PQI) 92: Chronic Conditions Composite (PQI92-HH)	Administrative	Age 18 and older	Chronic conditions	No*
Utilization Measures				
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

Vision for the 2023 Medicaid Health Home Core Set Annual Review

Role of the Workgroup in Strengthening the 2023 Health Home Core Set

- The annual Workgroup process is designed to identify gaps in the existing Medicaid Health Home Core Set and suggest updates to strengthen and improve the Core Set
- The Workgroup discussion must balance the desirability, feasibility, and viability of measures from the perspective of program-level quality measurement and improvement
 - 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



Discussion of Measure Gaps During the 2022 Health Home Core Set Annual Review

- During the 2023 Health Home Core Set Annual Review, the Workgroup discussed gaps in measures or measure concepts in the Health Home Core Set
- Workgroup members had a robust discussion about the desirability and feasibility of including measures related to social determinants of health (such as housing status), though they acknowledged challenges with data availability
- Specific measure gaps
 - Experience of care measures
 - Depression screening and follow-up (more feasible than existing measure)
 - All-cause ED follow-up
 - Dental and oral health care, with a focus on children
 - Adverse childhood experiences (ACEs)
 - Trauma-informed care
 - Outcomes from assessments conducted by health home providers

Discussion of Measure Gaps During the 2022 Health Home Core Set Annual Review (continued)

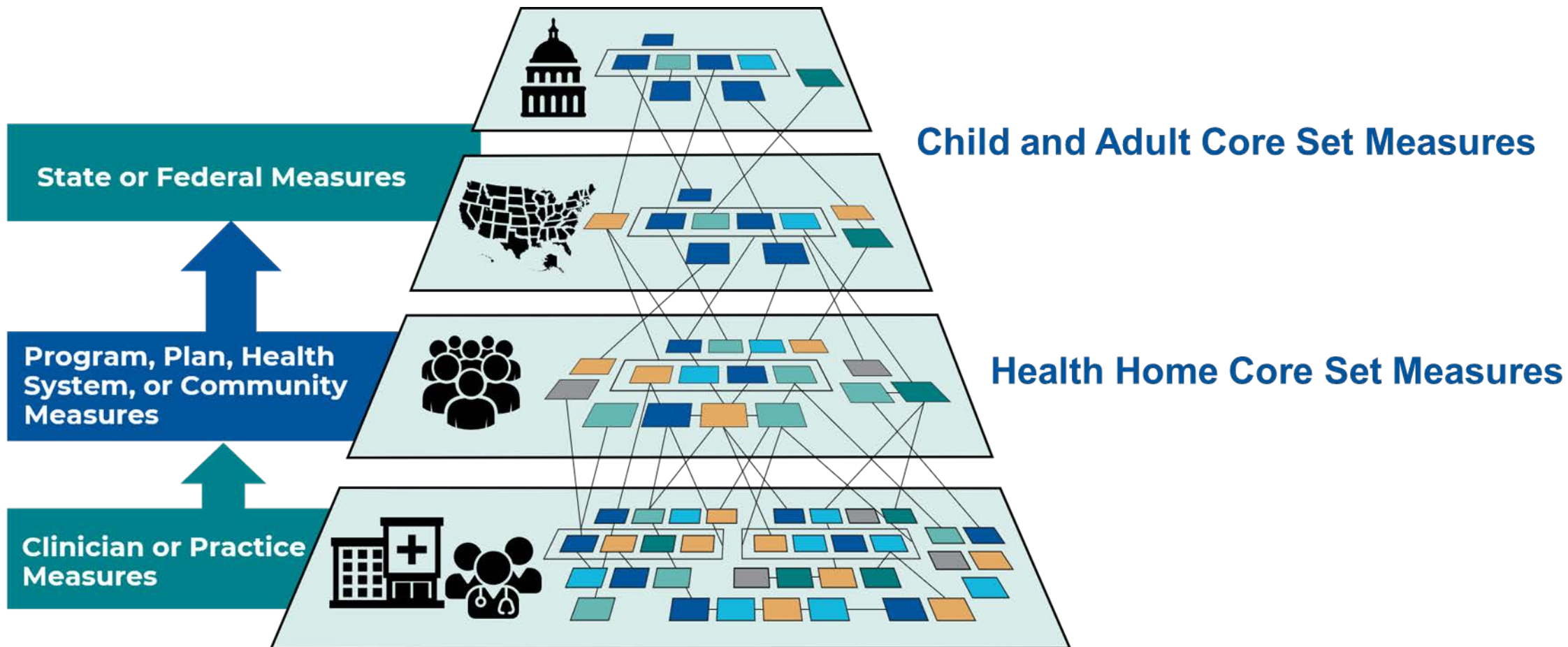
- **Health care delivery gaps**

- Progress and outcomes of referral process
- Effectiveness of care coordination
- Use of care managers within health homes

- **Other measure considerations**

- Assessment of the sophistication of data systems and data completeness across states to promote consistency of reporting
- Partnering with other entities, such as public health departments, to link data for health home members

Alignment Across Multiple Levels to Facilitate Quality Improvement



Center for Medicaid and CHIP Services (CMCS) Remarks

Sara Rhoades, Technical Director, Health Homes
Disabled and Elderly Health Programs Group

Co-Chair Remarks

Fran Jensen

Medical Director, Office of MaineCare Services

Kim Elliot

Executive Director, Health Services Advisory Group

Workgroup Questions

Overview of Medicaid Health Home Programs and Core Set Reporting

Medicaid Health Homes

- **The Medicaid Health Home State Plan Option, authorized under the Affordable Care Act (§1945 of the Social Security Act), allows states to design Medicaid health homes to provide comprehensive care coordination for Medicaid beneficiaries with complex needs**
 - Medicaid health homes integrate physical and behavioral health and long-term services and supports
- **States must submit a Medicaid state plan amendment (SPA) to CMS to create a health home program**
 - States can target Medicaid health home enrollment by condition and geography, but not age, delivery system or dual eligibility status.
 - Each health home program requires a separate SPA. Publicly reported documents present performance at the health home program level

Populations Served by Medicaid Health Homes

- **To qualify for Medicaid health home services, beneficiaries must be diagnosed with the following:**
 - Two chronic conditions;
 - One chronic condition and risk for a second; or
 - A serious mental illness
- **Section 1945(h)(2) of the Social Security Act defined “chronic condition” to include mental health conditions, substance use disorder, asthma, diabetes, heart disease, and being overweight (body mass index over 25). Additional chronic conditions, such as HIV/AIDS, may be considered by CMS for approval**
- **Beginning in October 2022, Section 1945(a) 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

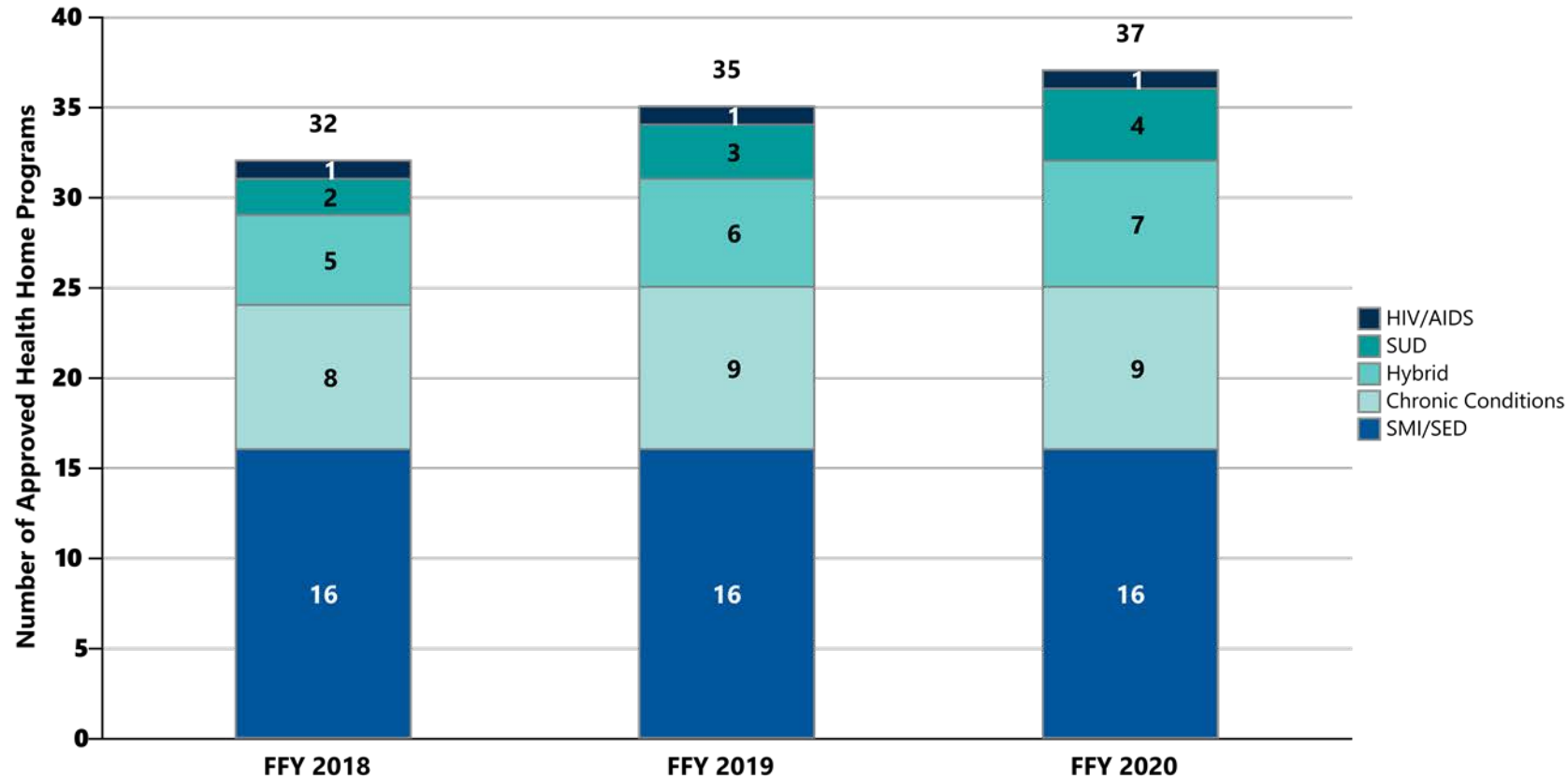
Source: <https://www.medicaid.gov/medicaid/long-term-services-supports/health-homes/index.html>

Core Services Provided by Medicaid Health Homes

Medicaid health home programs must provide the following core services to enrollees:

- 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**
- Use of health information technology to link services, as feasible and appropriate**

Number of Approved Health Home Programs by Target Population, FFY 2018–FFY 2020



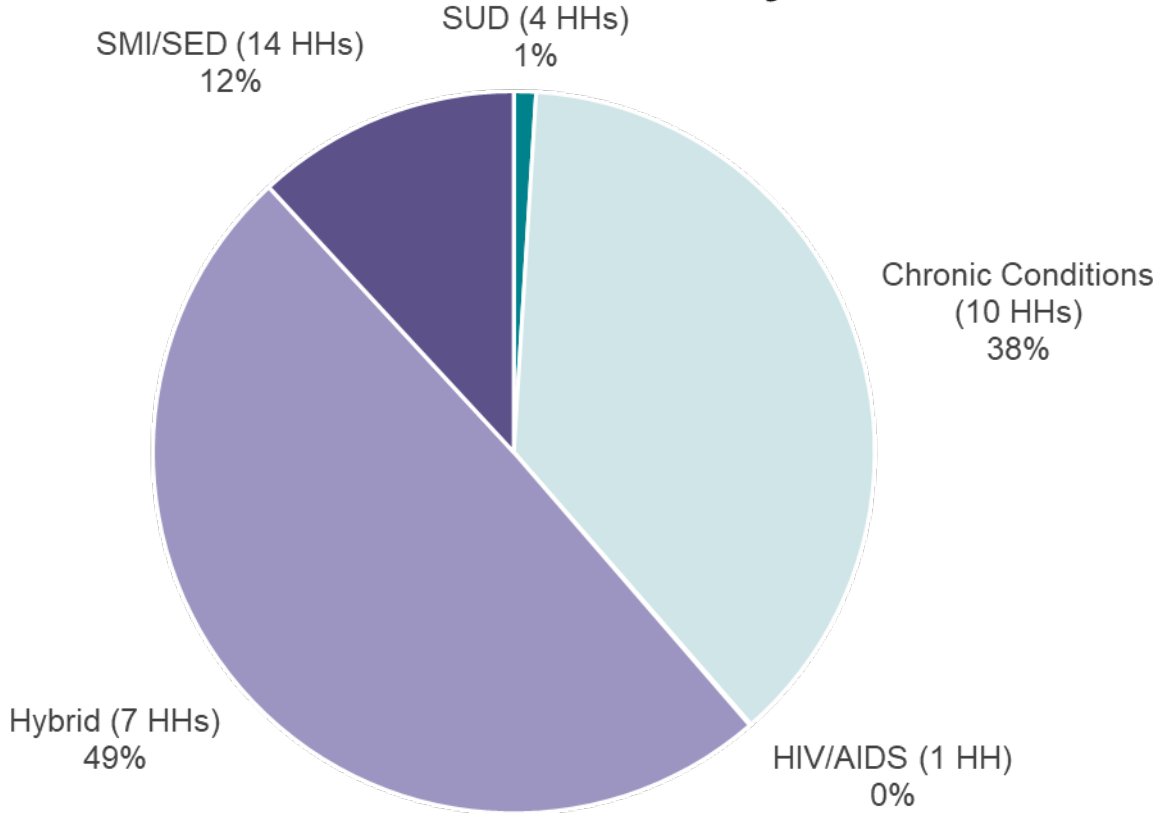
Source: Centers for Medicare & Medicaid Services, Medicaid and CHIP Core Set Technical Assistance and Analytic Support Program, December 2021.

Note: Hybrid health home programs refer to those that have two or more areas of focus (e.g., SUD and SMI/SED). Focus areas may have been updated since the publication of the 2020 Health Home Chart Pack.

Snapshot of Medicaid Health Home Enrollees, FFY 2020

Age group	Number of enrollees (34 HHs)	Percent of total
All ages	1,678,075	100.0
Children (Ages 0 to 17)	518,730	30.9
Adults (Age 18 and older)	1,159,345	69.1

Medicaid Health Home Enrollees by Focus Area



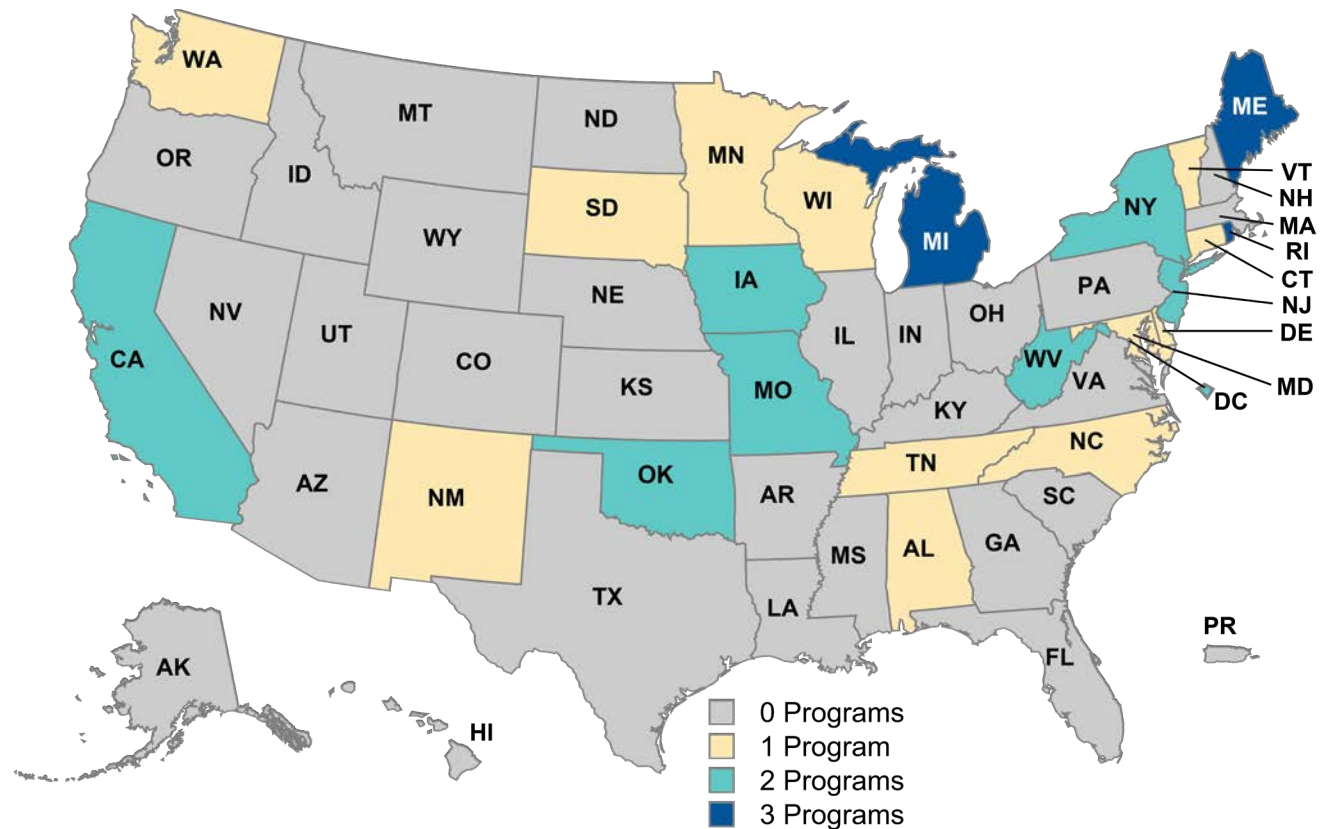
Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of July 13, 2021.

Note: HH = approved health home programs. Hybrid health home programs refer to those that have two or more areas of focus (e.g., SUD and SMI/SED). Numbers exclude 3 health home programs that did not report data for FFY 2020 by the deadline: New Jersey Behavioral Health Home Adult and Children health homes, and Vermont’s Health Home for Beneficiaries Receiving Medication Assisted Treatment for Opioid Addiction.

Medicaid Health Home Quality Reporting

- **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.
 - The FFY 2021 reporting cycle will begin soon (generally covering services delivered in calendar year 2020)
- **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 health home programs are expected to report all Medicaid Health Home Core Set measures, regardless of their focus area

States Expected to Report Medicaid Health Home Core Set Measures, by Number of Approved Health Home Programs, FFY 2020



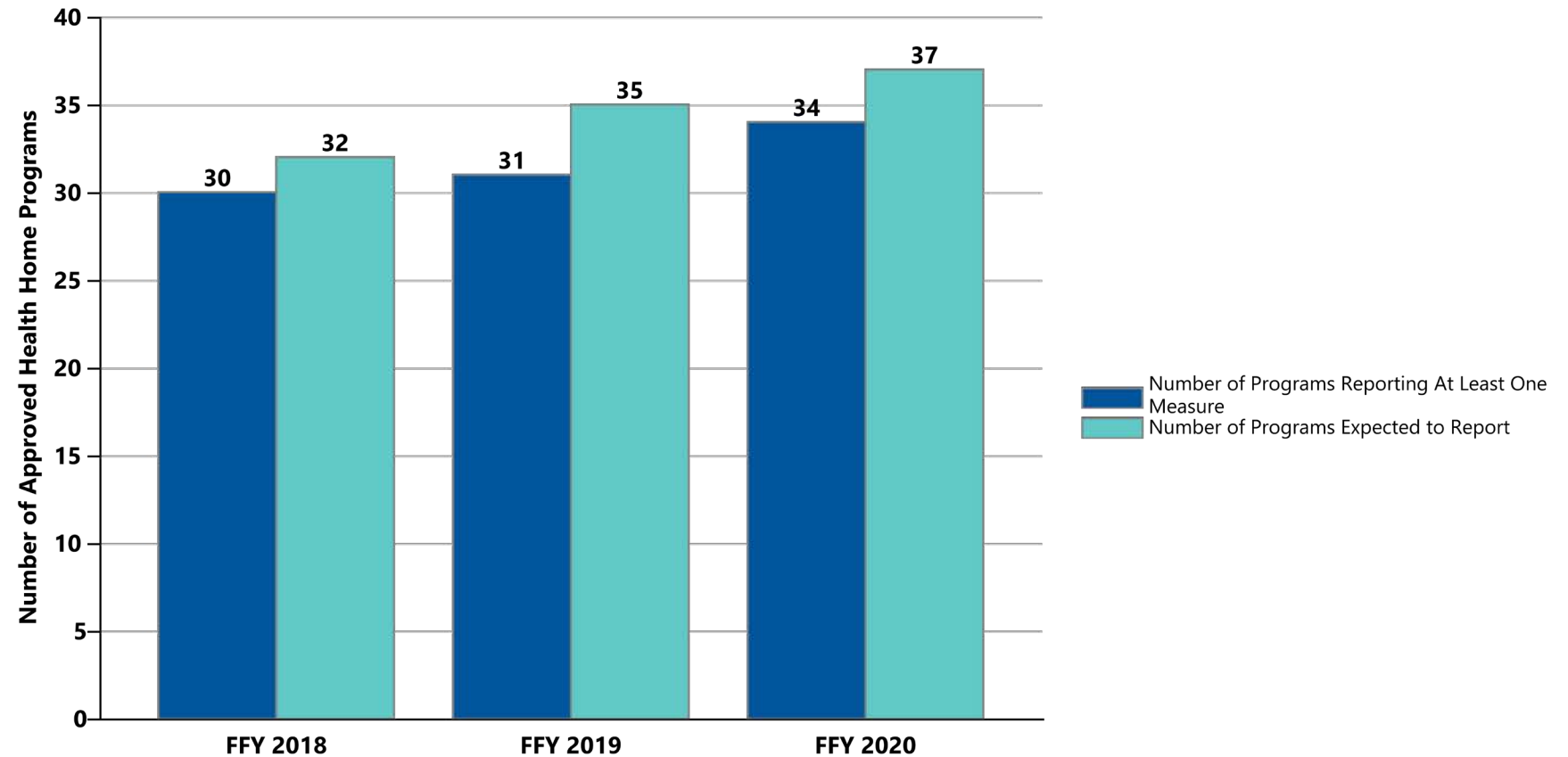
Source: Centers for Medicare & Medicaid Services, Medicaid and CHIP Core Set Technical Assistance and Analytic Support Program, December 2021.

Note: This chart shows the number of approved health home programs in each state that were expected to report Health Home Core Set measures for FFY 2020.

Overview of FFY 2020 Health Home Core Set Reporting

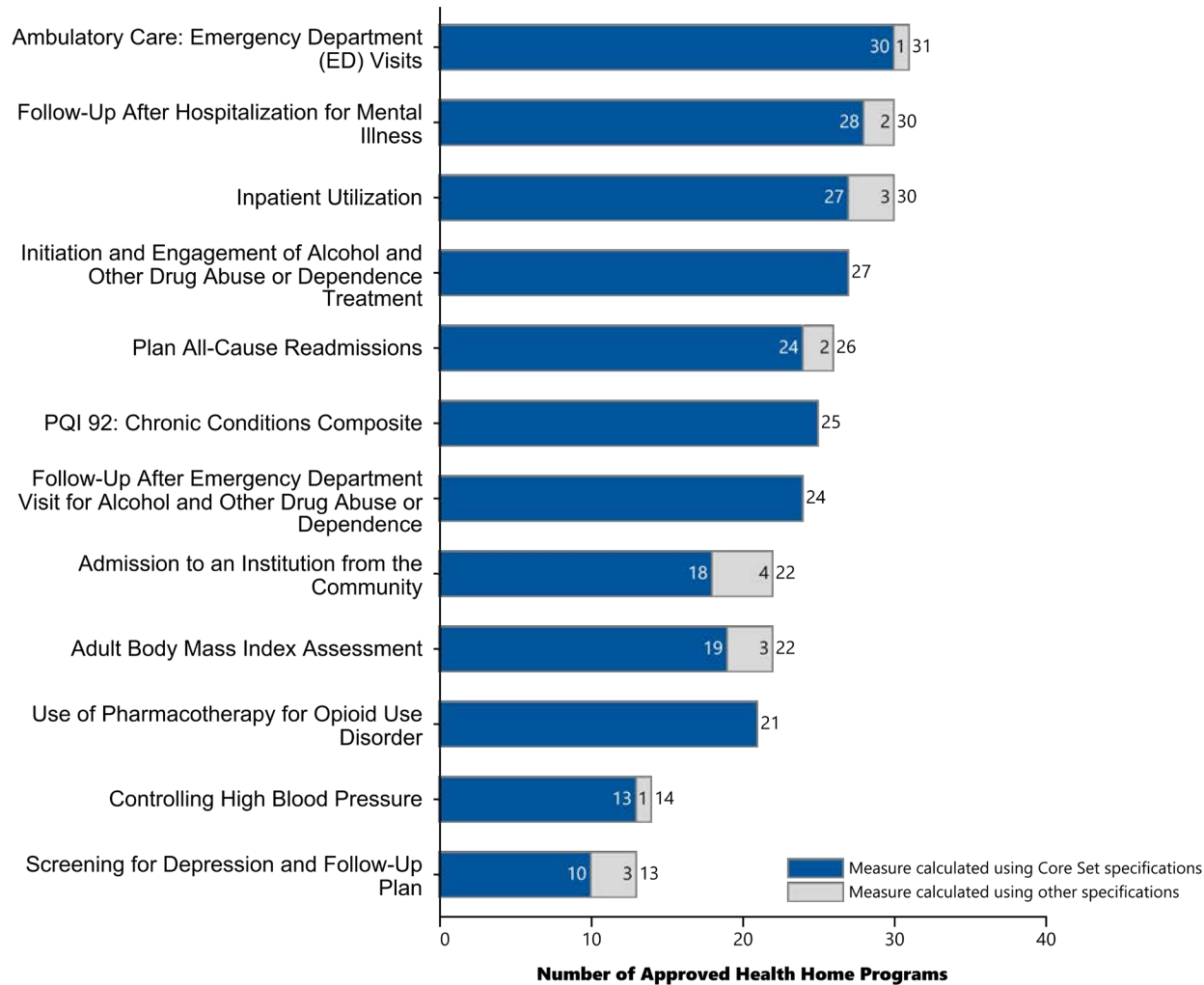
- **37 health home programs were expected to report for FFY 2020; 34 health home programs reported at least 1 of the 12 measures in the Health Home Core Set**
 - The 34 health home programs reported a median of 9 measures for FFY 2020
- **Reporting remained consistent or increased for 24 of the 26 approved health programs that reported for all three years from FFY 2018 to FFY 2020**
- **Reporting increased for all 9 measures included in both the 2018 and 2020 Medicaid Health Home Core Sets**

Summary of Health Home Core Set Reporting, FFY 2018–FFY 2020



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of July 13, 2021. FFY 2018 data reflect reporting as of September 13, 2019; FFY 2019 data reflect reporting as of July 27, 2020.

Number of Health Home Programs Reporting the Health Home Core Set Measures, FFY 2020



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of July 13, 2021.

Notes: The 2020 Health Home Core Set includes 9 quality measures and 3 utilization measures. This chart includes all Health Home Core Set measures that states reported for the FFY 2020 reporting cycle. Unless otherwise specified, states used Health Home Core Set specifications to calculate the measures. Some states calculated Health Home Core Set measures using “other specifications.” Measures were denoted as using “other specifications” when the state deviated substantially from the Health Home Core Set specifications, such as using alternate data sources, different populations, or other methodologies.

Workgroup Questions

Process for Suggesting Measures for Addition to or Removal from the 2023 Health Home Core Set

Criteria for the 2023 Medicaid Health Home Core Set Annual Review

- To focus the Call for Measures for the 2023 Annual Review on measures that are a good fit for the Medicaid Health Home Core Set, Mathematica has defined criteria for addition and removal in three areas:
 - Minimum Technical Feasibility Requirements
 - Actionability and Strategic Priority
 - Other Considerations
- To be considered for the 2023 Medicaid Health Home Core Set, all measures must meet minimum technical feasibility requirements

There are Many Tools to Drive Quality Improvement in Medicaid

- **Medicaid and CHIP Core Sets (Child, Adult, and Health Home)**
 - **Medicaid and CHIP Scorecard**
 - **Medicaid and CHIP Beneficiary Profile**
 - **Managed Care Quality Tools**
 - **Quality Strategy**
 - **External Quality Review, including Compliance Audits, Performance Improvement Projects, and Focus Studies**
 - **Quality Assurance and Performance Improvement (QAPI) Programs**
 - **Section 1115 Demonstrations**
 - **State Plan Amendments (SPAs) and Waivers**
 - **State Directed Payment (SDP) Programs**
 - **State Pay-for-Performance and Value-Based Purchasing Initiatives**
-

Criteria for Suggesting Measures for Addition

Minimum Technical Feasibility Requirements

- ✓ 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).
- ✓ The measure must have been tested in state Medicaid and/or CHIP programs or be in use by one or more state Medicaid and/or CHIP programs.
- ✓ An available data source 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).
- ✓ The specifications and data source must allow for consistent calculations across health home programs (e.g., coding and data completeness).
- ✓ The measure must include technical specifications (including code sets) that are provided free of charge for state use in the Core Set.

Actionability and Strategic Priority

- ✓ Taken together with other Core Set measures, the measure can be used to estimate the overall national quality of health care in Medicaid health home programs and to perform comparative analyses of racial, ethnic, and socioeconomic disparities among Medicaid beneficiaries.
- ✓ The measure addresses a strategic priority for improving health care delivery and outcomes in Medicaid health home programs.
- ✓ The measure can be used to assess progress in improving health care delivery and outcomes in Medicaid health home programs (e.g., the measure has room for improvement, performance is trendable, and improvement can be directly influenced by Medicaid health home programs/providers).

Other Considerations

- ✓ The prevalence of the condition or outcome being measured is sufficient to produce reliable and meaningful results across states, taking into account Medicaid population sizes and demographics.
- ✓ The measure and measure specifications are aligned with those used in other CMS programs, where possible (e.g., Core Quality Measures Collaborative Core Sets, Medicaid Promoting Interoperability Program, Merit-Based Incentive Payment System, Qualified Health Plan Quality Rating System, Medicare Advantage Star Ratings, and/or Medicare Shared Savings Program).
- ✓ All health home programs should be able to produce the measure by the FFY 2024 Core Set reporting cycle and be able to include all Medicaid health home populations (e.g., all age groups, eligibility categories, and delivery systems).

Criteria for Suggesting Measures for Removal

Technical Feasibility

- ✓ The measure is not fully developed and does not have detailed technical measure specifications, preventing production of the measure at the program level (e.g., numerator, denominator, and value sets).
- ✓ States report significant challenges in accessing an available data source 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).
- ✓ The specifications and data source do not allow for consistent calculations across health home programs (e.g., there is variation in coding or data completeness across states).
- ✓ The measure is being retired by the measure steward and will no longer be updated or maintained.

Actionability and Strategic Priority

- ✓ Taken together with other Core Set measures, the measure does not contribute to estimating the overall national quality of health care in Medicaid health home programs or does not allow for comparative analyses of racial, ethnic, and socioeconomic disparities among Medicaid beneficiaries.
- ✓ The measure does not address a strategic priority for improving health care delivery and outcomes in Medicaid health home programs (e.g., it does not promote effective care delivery, does not address the unique and complex needs of Medicaid beneficiaries, or there is a lack of evidence that this measure will lead to quality improvement).
- ✓ The measure cannot be used to assess progress in improving health care delivery and outcomes in Medicaid health home programs (e.g., the measure is topped out, trending is not possible, or improvement is outside the direct influence of Medicaid health home programs/providers).

Other Considerations

- ✓ The prevalence of the condition or outcome being measured is not sufficient to produce reliable and meaningful results across states, taking into account Medicaid population sizes and demographics.
- ✓ The measure and measure specifications are not aligned with those used in other CMS programs, or another measure is recommended for replacement.
- ✓ All health home programs may not be able to produce the measure by the FFY 2024 Core Set reporting cycle or may not be able to include all Medicaid health home populations (e.g., all age groups, eligibility categories, and delivery systems).

Process for Suggesting Measures for Addition to or Removal from the Health Home Core Set

- **Workgroup members and federal liaisons may suggest measures for addition to or removal from the 2023 Medicaid Health Home Core Set**
- **After the orientation meeting, Workgroup members and federal liaisons will receive a link to forms they can use to suggest measures for addition or removal**
- **The call for measures will open on Wednesday, February 23, 2022 by 5:00 PM ET and close on March 18 at 8:00 PM ET**
- **If you have any questions about the process, please email the Mathematica Health Home Core Set Review team at: MHHCORESETREVIEW@MATHEMATICA.ORG**

Resources for Assessing Measures for Addition and Removal

- **Medicaid and CHIP Beneficiary Profile: Characteristics, Health Status, Access, Utilization, Expenditures, and Experience**
- **Background Resources on the Health Home Core Set**
 - FFY 2021 Health Home Core Set reporting resources
 - FFY 2020 Health Home Core Set measure performance
 - Health Home Information Resource Center
 - Medicaid & CHIP Scorecard
- **Supplementary Materials for Workgroup members**
 - List of measures discussed during the previous Workgroup meeting
 - Child and Adult Core Set measure lists, reporting resources, and measure performance

General Measure Submission Tips

- **Measure submission forms are the foundation for the Measure Information Sheets that Workgroup members review to prepare for the voting meeting**
 - In your form, explain why the Workgroup should consider recommending a measure for addition to or removal from the Health Home Core Set
 - Provide evidence to support your measure suggestion, including citations where applicable
 - For measures suggested for addition, be sure to address the minimum technical feasibility criteria
- **If suggesting a new measure to replace a current Health Home Core Set measure, remember to submit both an addition form and a removal form**
- **Include additional information as an email attachment, if necessary**

Measure Submission Tips: Additions

- **Measure Information section**
 - Wherever possible, pull information directly from the measure specifications or from a previous Measure Information Sheets (if the measure was discussed last year)
- **Minimum Technical Feasibility Criteria section**
 - Provide a link to the current technical specifications
 - Include state Medicaid testing results (if available)
- **Actionability and Strategic Priority section**
 - New for this review cycle: Explain whether the data source allows for stratification by race, ethnicity, language, disability, and other characteristics
- **Other Considerations section**
 - Provide Medicaid-specific prevalence estimates where possible; the Medicaid and CHIP Beneficiary Profile contains prevalence estimates for some conditions
 - Refer to the links in the Background Resources document to determine whether the measure is used by other CMS programs

Measure Submission Tips: Removals

- **Measure Information section**
 - Wherever possible, pull information directly from the Health Home Core Set resource manual
- **Minimum Technical Feasibility Criteria and Actionability and Strategic Priority sections**
 - Select “yes” for any criteria that represent a reason for removal of the measure and explain
 - Refer to the background materials and FFY 2020 measure performance results
- **Other Considerations section**
 - Provide Medicaid-specific prevalence estimates where possible; the Medicaid and CHIP Beneficiary Profile contains prevalence estimates for some conditions
 - Refer to the links in the Background Resources document to determine whether the measure is used by other CMS programs
 - Use the Background Resources and Supplementary Materials to assess feasibility of producing the measure for all populations by FFY 2024

Workgroup Questions

Opportunity for Public Comment

Next Steps and Resources

For More Information

- Information on the Medicaid Health Home Core Set Annual Review is available at <https://www.mathematica.org/features/hhcoresetreview>
- Information on Medicaid Health Home Core Set quality reporting is available at <https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/health-home-quality-reporting/index.html>
- Information on the Medicaid Health Home program is available at <https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/index.html>

Next Steps

- Workgroup members and federal liaisons will receive an email with instructions on how to suggest measures for addition to or removal from the Health Home Core Set
- All measures suggested for addition or removal are due on March 18 by 8:00 PM ET
- Meeting to prepare for voting will be held Tuesday, June 21, 2022, 1:00 – 2:00 PM ET via webinar
- Voting meeting will be held Tuesday, July 19 – Thursday, July 21, 2022 via webinar (11:00 AM – 4:00 PM ET each day)
- Registration information is available at <https://mathematica.webex.com/mathematica/onstage/g.php?PRID=119704c880b03c08c58a3aeb951ebd89>.
- If you have questions about the Medicaid Health Home Core Set Annual Review, please email the Mathematica Team at: MHHCoreSetReview@mathematica.org

THANK YOU FOR PARTICIPATING!