Mathematica
Progress Together

Medicaid Health Home Core Set Stakeholder Workgroup:

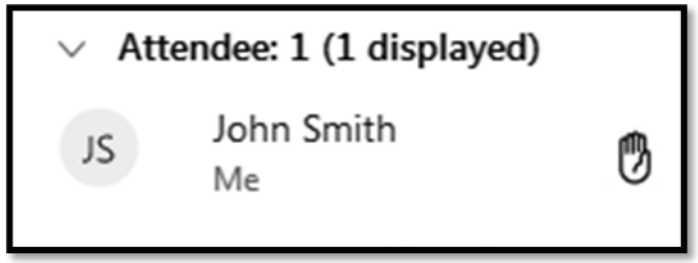
2023 Annual Review Voting Meeting

July 19, 2022

To Make Comments or Ask Questions During the Webinar

- **During the webinar, there will be opportunities for Workgroup member comments or public comment.**
- **To make a comment, please use the raise hand feature. A hand icon will appear next to your name in the participant panel.**

Desktop app:



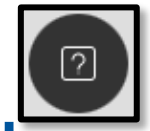
Browser or mobile app:

- **You will be unmuted in turn. Please wait for your cue to speak and lower your hand when you have finished speaking.**
- **Please note that the chat function is disabled for this webinar.**

Technical Issues

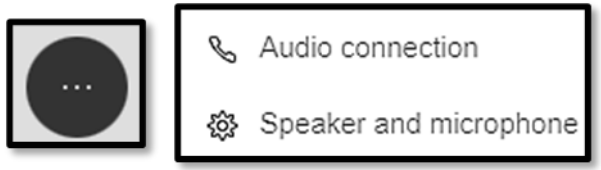
- **If you are experiencing technical issues during the webinar, please send the event producer/host a private message through the Q&A function.**

  Desktop app:

  Browser or mobile app: 

- **If you are having issues speaking during Workgroup or public comments, ensure you are not also muted on your headset or phone. Connecting to audio using the "call me" feature in WebEx is the most reliable option.**
  - **Audio settings can be accessed using the menu buttons below:**

    Desktop app:

    Browser or mobile app: 

  - **Call-in only users cannot make comments. Please ensure your audio is associated with your name in the platform.**

Welcome and Meeting Objectives

Meeting Objectives

- Review measure suggested for addition to the 2023 Medicaid Health Home Core Set
- Recommend updates to the Medicaid Health Home Core Set
- Discuss gap areas and areas for future development
- 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, Senior Researcher

Introduction of Workgroup Members and Disclosure of Interests

Disclosure of Interest

- 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

- Please use the “Raise Hand” feature to be unmuted during introductions.
- Please mute yourself after speaking.
- 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.

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

2023 Medicaid Health Home Core Set Review Workgroup (continued)

Voting Members	
Pamela Lester Nominated by Iowa Medicaid	Iowa Medicaid Enterprise
Elizabeth Nichols	New York State Department of Health
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.

2023 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

Context for Measure Review

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

Medicaid Health Home Quality Reporting

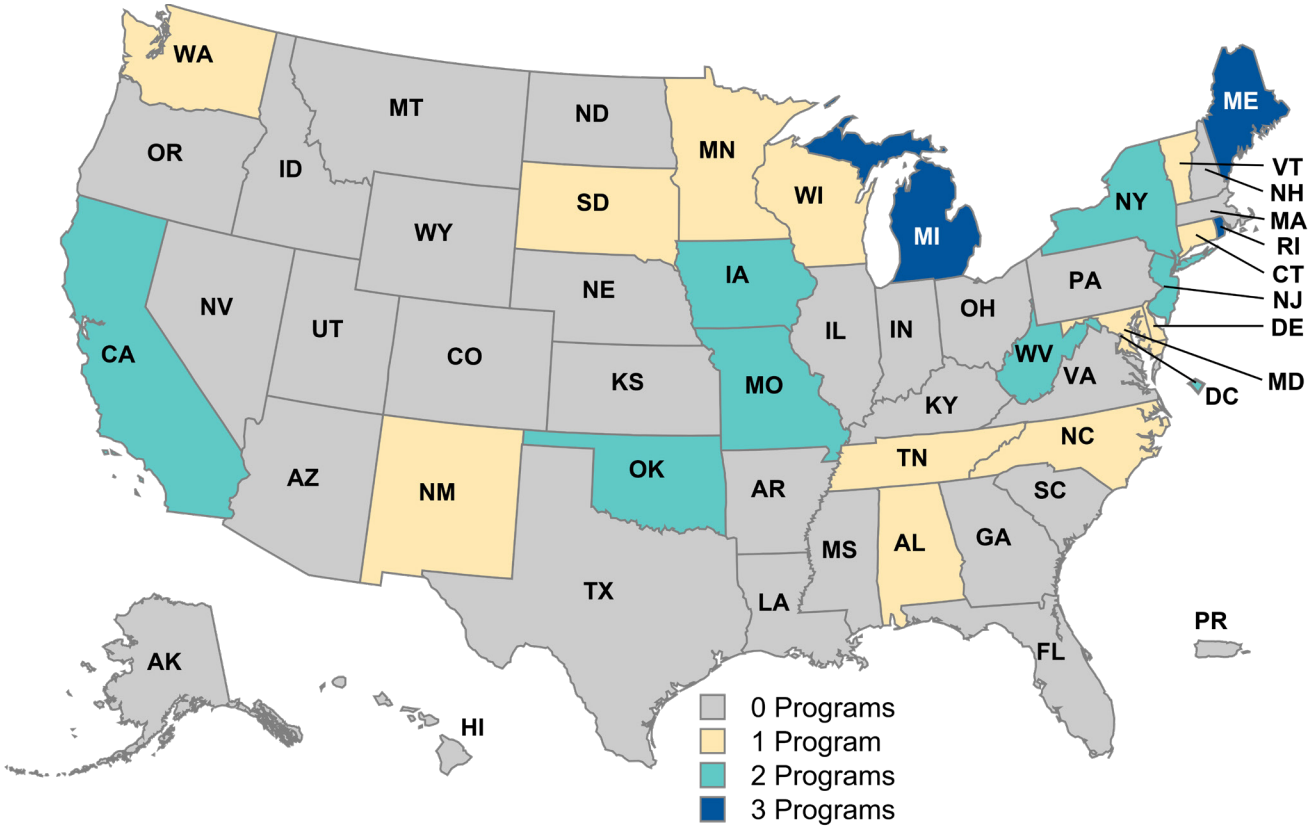
- **CMS established the Medicaid Health Home Core Set of Quality Measures in January 2013 for the purpose of ongoing monitoring and evaluation across all health home programs.**
  - **States reported Health Home Core Set measures for the first time for FFY 2013.**
  - **States recently completed Health Home Core Set reporting for FFY 2020.**
  - **The FFY 2021 reporting cycle begins in September (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 states are expected to report all Health Home Core Set measures regardless of their focus area.**

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

*The 2022 Adult Core Set includes four PQI measures: PQI-01, PQI-05, PQI-08, and PQI-15. See the 2022 Adult Core Set measure list for more information: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2022-adult-core-set.pdf

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

Recap of Criteria for the 2023 Medicaid Health Home Core Set Annual Review

- To assess measures for inclusion in the 2023 Medicaid Health Home Core Set, Workgroup members will use criteria 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.

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).

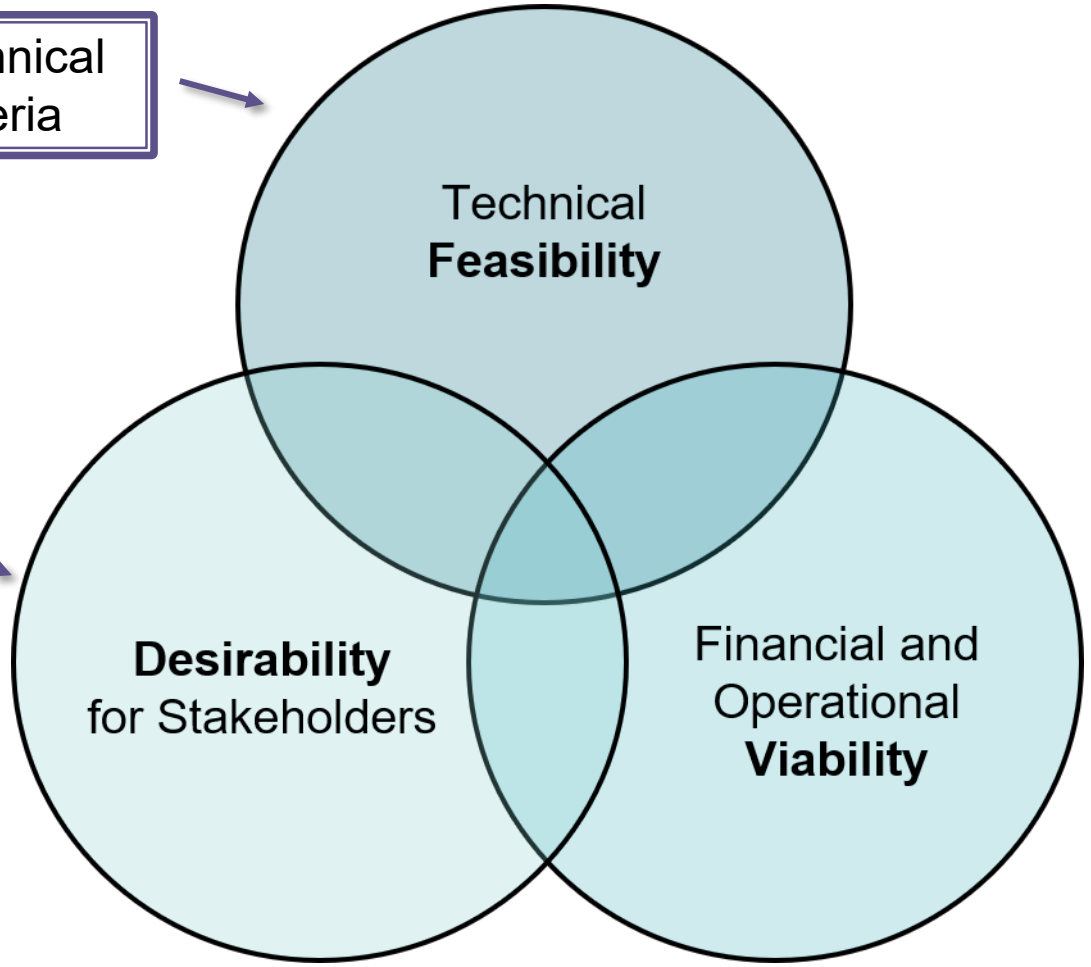
Other Considerations

- ✓ 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).

Recap of the Framework for Assessing Measures

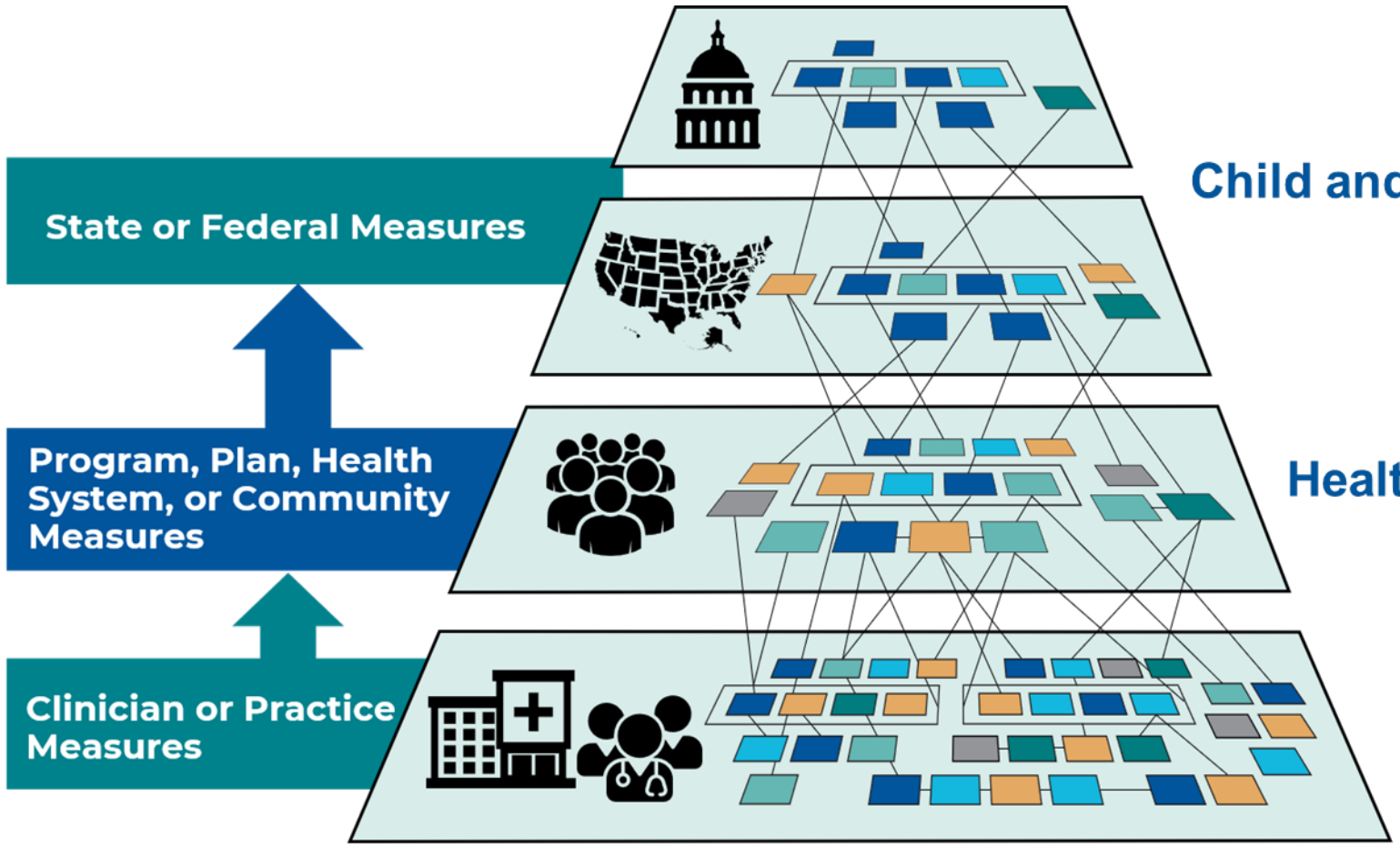
Minimum technical feasibility criteria

Actionability and strategic priority criteria



Other considerations, including prevalence, alignment, and reporting capacity

Alignment Across Multiple Levels to Facilitate Quality Improvement



Child and Adult Core Set Measures

Health Home Core Set Measures

Measure Suggested for Addition

Measure Name	Measure Steward	NQF #	Data Collection Method	Age Range	Included in 2022 Child or Adult Core Sets
Measure for Addition					
Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions	NCQA	Not endorsed	Administrative (claims only)	18 years and older	No

NCQA = National Committee for Quality Assurance; NQF = National Quality Forum.

Workgroup Questions

Preparing for Voting

Voting Logistics

- **Voting will take place after Workgroup discussion and public comment**
- **Workgroup members will vote on the measure in its specified form**
  - **Measures for addition:**
    - Yes = I recommend adding the measure to the 2023 Health Home Core Set
    - No = I do not recommend adding the measure to the 2023 Health Home Core Set
- **The measure will be recommended for addition if two-thirds of eligible Workgroup members vote "yes"**

Questions from Workgroup Members

Practice Voting

Practice Vote #1

Do you prefer thin crust pizza over thick crust pizza?

- **Yes, I prefer thin crust pizza.**
- **No, I prefer thick crust pizza.**

Practice Vote #2

Would you choose a Caesar salad over a Greek salad with your pizza?

- **Yes, I would choose the Caesar salad.**
- **No, I prefer the Greek salad.**

Measure Suggested for Addition

Follow-Up After Emergency Department (ED) Visit for Individuals with Multiple Chronic Conditions

Description	The percentage of emergency department (ED) visits for members 18 years and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit.
Measure steward	National Committee for Quality Assurance (NCQA)
NQF Number	Not endorsed
Data collection method	Administrative
Is the measure on the Child or Adult Core Sets?	No
Use of measure in other CMS programs	Medicare Advantage Quality Improvement Program
Health home focus area	Chronic conditions

Follow-Up After Emergency Department (ED) Visit for Individuals with Multiple Chronic Conditions (cont.)

Denominator	An ED visit on or between January 1 and December 24 of the measurement year where the member was 18 years or older on the data of the visit. The denominator for this measure is based on ED visits, not on members. Eligible ED visits are identified where the member had two or more different chronic conditions prior to the ED visit. Eligible chronic condition diagnoses are as follows: • COPD and asthma • Alzheimer's disease and related disorders • Chronic kidney disease • Depression • Heart failure • Acute myocardial infarction • Atrial fibrillation • Stroke and transient ischemic attack

Follow-Up After Emergency Department (ED) Visit for Individuals with Multiple Chronic Conditions (cont.)

Numerator	A follow-up service within 7 days after the ED visit (8 total days). Include visits that occur on the date of the ED visit. The following meet criteria for a follow-up visit: • An outpatient visit • A telephone visit • Transitional care management services • Case management visits • Complex care management services • An outpatient or telehealth behavioral health visit • An intensive outpatient encounter or partial hospitalization • A community mental health center visit • Electroconvulsive therapy • A telehealth visit • An observation visit • A substance use disorder service • An e-visit or virtual check in

Workgroup Member Discussion

Opportunity for Public Comment

Vote on Measure

Follow-Up After Emergency Department (ED) Visit for Individuals with Multiple Chronic Conditions

Should the Follow-Up After Emergency Department (ED) Visit for Individuals with Multiple Chronic Conditions measure be added to the Health Home Core Set?

- Yes, I recommend adding this measure to the 2023 Health Home Core Set
- No, I do not recommend adding this measure to the 2023 Health Home Core Set

Discussion of Measure Gaps in the Health Home Core Set

Break

Considerations for the Future of the Health Home Core Set

Workgroup Discussion Topics

- Use of alternate data sources
- Measure stratification
- Other considerations

Use of Alternate Data Sources

- To reduce reporting burden and promote consistency across states, CMS is exploring the use of alternate data sources for Health Home Core Set reporting, such as the use of Transformed Medicaid Statistical Information System (T-MSIS) data.
  - What feedback does the Workgroup have about the use of alternate data sources to support health home quality measurement?
- We're also interested in input from the Workgroup about opportunities and challenges related to T-MSIS data quality.
  - We've observed two challenges: (1) health home enrollees are not consistently identified in T-MSIS data and (2) they are not attributed to a specific health home program.
  - Does your state identify health home enrollees in your Medicaid eligibility and/or claims data? If so, how are they identified and attributed to a specific health home program?
  - Are there any issues related to data quality or completeness with the health home enrollee codes? What opportunities exist to improve data quality and completeness?

Measure Stratification

- Use of stratification in reporting measures is one way to advance health equity through the Health Home Core Set.
- We're interested in Workgroup feedback on opportunities and challenges related to stratification of measures by race, ethnicity, geography, language, and disability status.
  - Has your state stratified any Health Home Core Set measures to assess performance of your health home programs? If so, what was your experience?
  - What barriers exist to stratifying Health Home Core Set measures by race, ethnicity, geography, language, and disability status (e.g., data availability, consistency of categories, other barriers)?
  - What technical assistance would states need to help them calculate and report stratified Core Set measures for health home programs?

Workgroup Discussion Topics

- Other considerations for strengthening the Health Home Core Set
  - Measure development
  - Measure testing/refinement
  - Methodological considerations
  - Other considerations for the future

Reflections and Feedback

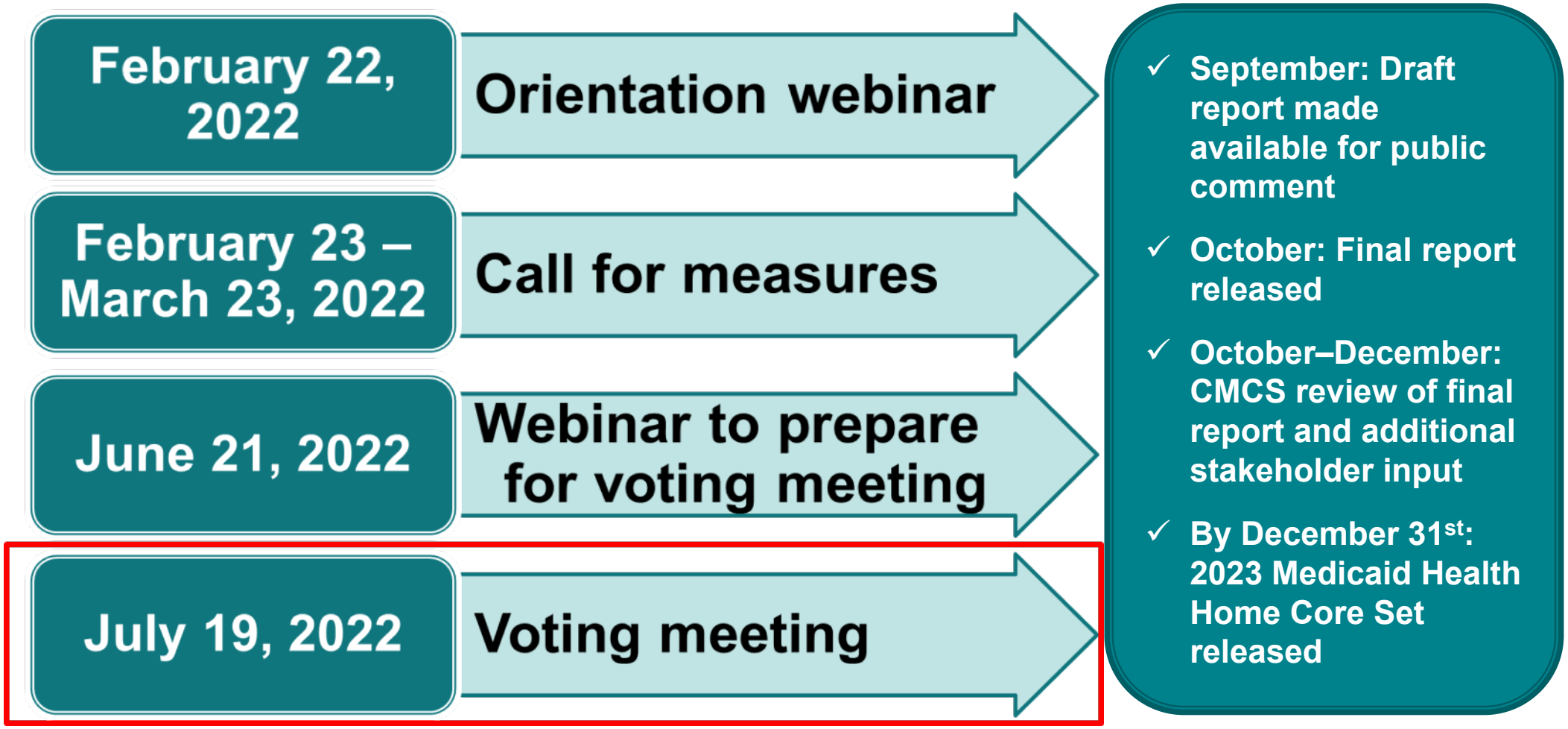
Agenda

- Recap of Workgroup recommendations
- Feedback on technical assistance to strengthen Health Home Core Set reporting
- Feedback on the 2023 Health Home Core Set Annual Review process and opportunities to improve next year's review
- Preparation for the 2024 Health Home Core Set Annual Review

Opportunity for Public Comment

Next Steps and Wrap-Up

Milestones for the 2023 Medicaid Health Home Core Set Annual Review



Questions

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

THANK YOU FOR PARTICIPATING!