

**Medicaid Health Home Core Set Stakeholder Workgroup:
2022 Annual Review Orientation Webinar Transcript
April 27, 2021, 1:00 – 2:30 PM EST**

Good afternoon, everyone. Or good morning, if you're joining from another time zone. My name is Margo Rosenbach and I'm a vice president at 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. It's my pleasure to welcome you to the orientation meeting for the first-ever stakeholder review of the Medicaid Health Home Core Set. Whether you're listening to the meeting live or listening to a recording, thank you for joining us. We're excited to begin this 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, and then I'd like to extend my appreciation to the Workgroup members who are volunteering their time to undertake this review of the 2022 Medicaid Home Health Core Set.

Next, I'll describe the charge, timeline, and vision for the 2022 Annual Review process. We'll hear from Sara Rhoades at CMCS, and our co-chairs, Fran Jensen from Maine's Medicaid program, and Joe Weissfeld from Families USA. Then we'll 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 2022 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 August meetings.

Next slide, please.

I'd like to acknowledge my colleagues at Mathematica who are part of the Health Home Core Set Review team: Tricia, Dayna, Eunice, Erin and Jeral. We're all working from home and I appreciate their efforts to design and launch a virtual review process. Now I'll pass it back to Tricia to introduce the Workgroup members.

Thanks, Margo. Next slide.

I would like to introduce the Workgroup for the 2022 Medicaid Health Home Core Set Annual Review. In the interest of time today, we will not have a formal roll

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call. This slide lists the Workgroup members and their organizational affiliations. So far, I've seen most of our Workgroup members here in the meeting. We have Fran Jensen from Maine. Joe Weissfeld from Families USA. David Basel from Avera Medical Group. Dee Brown from United HealthCare. James Bush from Wyoming Department of Health. Karolina Craft from Minnesota Department of Human Services. Kim Elliot from Health Services Advisory Group. Samantha Ferencik from Kansas Department of Health and Environment. I don't see Samantha. Samantha, if you are on the line, can you raise your hand?

Okay, we also have Pamela Lester from Iowa Medicaid Enterprise. Elizabeth Nichols from New York State Department of Health. Linette Scott from the California Department of Health Care Services. Jon Villasurda from Michigan Department of Health and Human Services. Theresa Walske from Wisconsin. And Roderick Winstead from Connecticut Department of Social Services.

We ask all Workgroup members to bring their expertise as individuals and not as representatives of their state or organization so that the Workgroup can contribute to a robust Health Home Core Set that serves all types of Health Home programs and enrollees. I would also like to thank Fran Jensen from Maine and Joe Weissfeld from Families USA for their willingness to serve as co-chairs for the Workgroup.

Next slide.

This slide shows the federal liaisons, reflecting 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 as well.

Next slide.

The disclosure of interest for 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 in August. Any members deemed to have an interest in the measures submitted for consideration will be recused from voting on that measure.

Next slide.

Now I'd like to turn it over to Sara Rhoades to share CMCS's vision for the 2022 Health Home Core Set review. Sara is the Technical Director for Health Homes

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in the Disabled and Elderly Health Programs Group at CMCS. Sara, you have the floor.

Hello, and welcome everyone, and I just want to say thank you so much for being part of this Health Homes Workgroup and being with us this afternoon, or this morning, again, depending on what time zone you're in. Like Patricia said, for those of you who don't know me, I'm the current Technical Director for Health Homes. I have a background in long-term care and working with people with intellectual and developmental disabilities. I replaced Mary Pat, who some of you are probably familiar with, who led Health Homes for many years. Mary Pat Farkas has been promoted to our Division Director, but we – she still works with us within our division. So, I'm now the current Technical Director. As many of you may be aware, Health Homes has never posted our data publicly, and for the first time, we have done so, and that information can be found on our quality page at Medicaid.gov. So, we are very excited to finally be publicly posting the data that we have been collecting on health homes.

We also have never done an annual review of our measures. So, what our vision is, is that we are trying to align with the Child and Adult Core Set, which some of you may be familiar with. And, they do these processes. They have been posting their data publicly as well as these annual reviews, and just, you know, in an effort not only to align with them but to make sure that our measures are truly capturing what should be captured in order for not only CMS but for states and ultimately beneficiaries to be getting the best services. And an understanding of whether health homes are being effective or not, and what kinds of measures may be introduced, or not working. We hope to have that come out of this Workgroup, and how things could be maybe adjusted to meet the needs of the Health Homes program, or things that may be added, or need to be taken away. We are very excited to expand the work as health homes continue to serve a variety of populations.

We're seeing – we started out with a lot of chronic condition health homes, but we are now seeing a lot of substance use disorder health homes. We've also seen some intellectual and developmental disability health homes. And so, we're starting to get various populations in, and so we're just very excited about what we can do on the quality end to make sure, like I said, that these programs are in fact doing what CMS intends them to do, and help the beneficiaries. Again, I just want to thank you all for being part of this Workgroup and I will turn it back to Patricia. Thank you.

Great, thanks, Sara. Next slide.

Now I'd like to invite our co-chairs the chance to offer a brief welcome and reflections on the vision for the 2022 Workgroup. Fran, would you mind going first?

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Of course. No, I mean, I won't, I don't mind going first, yes. So, this is Fran Jensen. I'm the Medical Director for the Office of Maine Care Services, which is the Medicaid agency in the great state of Maine. I've been here since about September. Just a little bit of background on me that can provide some context for my interest in this work. I have sort of three different perspectives on the importance and challenges that we hope to solve together. First, I am an Internist by training – had many, many different roles in that world. And most recently, I've been providing medication assisted treatment to the justice-involved residents of Baltimore City.

Previous to that, I was at the Innovation Center and led the State Innovation Model, as well as a few other models in the State Innovation Group. Many of the states actually that are on this call right now were members of – or participated in SIM. Through that work, though, we supported – not models of PCMH or health homes per se, but provided a lot of the funding and technical assistance for some infrastructure, including data collection and integration, some reporting, public and internal reports on quality and cost, as well as learning collaboratives for health homes. And in that work provided support for convening quality measure development, and stakeholder engagement. I think one of the – or what we heard over and over again was the importance of aligning of quality measures. People generally understand the importance of reporting on quality. But it is, as you know, extremely – can take up a lot of time and energy, and alignment is absolutely key. Because, again, it's important, but it – we don't want it to take away from the good work we do in providing the best care for our – the beneficiaries, or members, as we call them in Maine.

And now I'm in Maine as the Medical Director of Maine Care Services. We have three different models of health homes. We have a primary care health home, we have a behavioral health home, which is – must have an affiliation or association with the health home and does actually has the capability of doing bi-directional data collection, which is super cool. And we also have an opioid health home, and we are trying super hard to align those where they make sense. And so, I really look forward to working with you all to see how we can support each other, and most importantly, the members and beneficiaries we serve. So, thank you.

Thanks very much, Fran.

Sure.

Joe, would you like to say a few words?

Absolutely. Thanks Tricia, and thanks Fran for those excellent remarks. Glad to be here today and glad to be with so many smart Medicaid policy folks, so many state Medicaid officials, and others who collectively are just no strangers to the measurement process. Like the slide says, I'm the Director of Medicaid Initiatives at Families USA, a consumer advocacy organization. But, before coming to

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Families USA, I led payment delivery system reform work at D.C.'s Medicaid agency, including designing, developing, and implementing their primary care-led health home initiative. So, I come here with a couple hats that I'll be wearing, and excited to be a part of this process.

Briefly I wanted to just talk quickly about purpose. I think Fran hit on this a little bit here, but I think it's helpful for us to stay grounded with what we're trying to do, and to think about. And I think with these quality measures, our ultimate goal really is improving the health and quality of care for consumers. And I think Sara also hit on this as well.

And for better or worse, measurement is our friend. And so, you know, I don't think the work in front of us is easy, but if you don't mind, I just want to reflect briefly on some of my prior experience in D.C. with our health home program where we tried to implement a pay-for-performance component of our health home. Because I think it puts some of the work in front of us in perspective, and I think, as this group can imagine, it was not easy to find measures on the Core Set, the Health Home Core Set or the Child or Adult Core Set that helped – that really reflected whether a care coordination program was improving a person's health or quality of life. In fact, as a state we struggled pretty mightily to find enough measures that we could align for that pay-for-performance component. And when we were thinking through tying additional dollars or penalties to outcomes, we wanted to be pretty certain about our measures.

And I'll say, it was even harder when we started to look at our child population, and I – again, I know this group will understand that because of some of the technical measure specifications. But this process was really enlightening for me, and if our purpose in front of us is to drive change and to improve health, we should really think about our core measures with a similar level of scrutiny as the ones we tried to tie dollars to. And, you know, it shouldn't just be an academic exercise, and it shouldn't just be an exercise because CMS tells us to do it. Although that's a good reason in a lot of ways. But I think my charge here is that what we have in front of us is not an easy charge, but it's an important one, and I think the health home model is a powerful one. And like Fran said, meaningful and aligned measures can really help continue to improve this program for states, for providers and, for me, most importantly, for consumers.

So, I'm excited for this Workgroup and I'm looking forward to working together, so thank you and I will pass it back to you, Tricia.

Great, thank you both. Next slide.

I'll now describe the Workgroup charge and the process for the 2022 Medicaid Health Home Core Set Annual Review. We've defined the Workgroup charge as follows: 'The Medicaid Health Home Core Set Stakeholder Workgroup for the 2022 Annual Review is charged with assessing the 2021 Medicaid Health Home

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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.'

Later in this meeting we'll be discussing the criteria for suggesting measures for addition or removal in order to meet the goals of a Health Home Core Set that are actionable, aligned, and appropriate for program-level reporting.

Next slide.

The annual review process has several components. Workgroup members will review the 2021 Health Home Core Set measures and the FFY 2019 Health Home program performance. The Workgroup should consider the Health Home Core Set individually but also alignment with the Child and Adult Core Sets and other CMS initiatives. Workgroup members will then suggest measures for addition to or removal from the 2022 Medicaid Health Home Core Set. And finally, the Workgroup will be asked to help identify gaps and areas for future measure development. Recommendations from the Workgroup will inform CMCS's updates for the 2022 Medicaid Health Home Core Set.

Next slide.

This graphic is a visual representation of the milestones for this review process. Tomorrow, Workgroup members will receive the Call for Measures for the 2022 annual review. May 21st is the deadline for Workgroup members to suggest measures for addition or removal.

On August 3rd, we'll re-convene the Workgroup to prepare for the voting meeting. We will then introduce the measures suggested for consideration for the 2022 review and describe the process we will use to vote on measures. The voting meeting will be virtual and take place August 17th to 19th and note that all of these meetings are open to the public. The process will culminate in the development of a draft report based on the recommendations of the Workgroup. The report will then be made available for public comment and the final report, along with additional stakeholder input, will inform CMS's updates to the 2022 Health Home Core Set, which will be released by December 31st, 2021.

Next slide.

Now I'd like to hand it back to Margo to present the vision for the 2022 Medicaid Health Home Core Set Annual Review.

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Thanks, Tricia. Since this is the first time the Workgroup is convening to review the Medicaid Health Home Core Set, I'd like to spend a few minutes discussing the vision for the annual review process.

Next slide, please.

First, we'd like to do a little bit of level setting about the measures to be reviewed by the Workgroup. This slide contains the measures in the 2021 Medicaid Health Home Core Set. There are 11 measures, including 8 quality of care measures and 3 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. And, note that all health home programs are expected to report all measures, regardless of which population group the program serves.

So, you can see from the slide that the age ranges vary, with two measures specified for all ages. Five measures include adults age 18 and older, and for the remaining four measures, the age ranges vary. Some include children and adolescents. The measures are distributed across the various health home focus areas, which we'll discuss in greater detail later in the meeting. And finally, all but three of the Health Home Core Set measures are also included in either the Child or Adult Core Sets.

Next slide.

Next, we wanted to share some thoughts with the Workgroup about their role in strengthening the 2022 Health Home Core Set. As previously mentioned, 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'll discuss later in this meeting.

We wanted to highlight that there is an inherent balance across three different facets of desirability, feasibility, and viability. And 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, outcome measures that rely on electronic health records may be highly desirable but may not yet be feasible or viable for the majority of states.

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Now I'd like to suggest how this translates to the Workgroup charge as part of the Core Set Review process. First, the Workgroup is charged with identifying quality measures that are desirable to diverse stakeholders, including CMS and states, for the purpose of assessing the quality of care provided to Medicaid Health Home enrollees. And second, feasibility and viability of program-level reporting are also key considerations when assessing measures since health home programs generally serve smaller populations of beneficiaries with chronic conditions that may not be highly prevalent in the Medicaid population. Workgroup members should also consider alignment with the Child and Adult Core Sets when considering measures for the Health Home Core Set. Alignment of measures across these Core Sets can reduce the reporting burden on states and allow for monitoring the quality of care across different populations in the Medicaid program.

Next slide.

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

Thanks, Margo. We have time now for a few questions from Workgroup members, and there will be more opportunities throughout the meeting to ask questions later on. Remember, if you would like to speak, please raise your hand and I will call on you in turn. It looks like Dee Brown has her hand up. Derek, can you unmute Dee?

Go ahead, Dee.

Thank you for this opportunity. Will you be providing the SMEs with a list of the measures that have been dropped from the Child and Adult measures that may be in the current Health Home measure set so that we can align them?

I want to make sure I understand your question. Are you asking about the measures that are no longer in the Child and Adult Core Sets but may be in the Health Home Core Sets?

Yes.

We will provide the slides here that have the alignment of measures between the Health Home Core Set with the Adult and Child Core Set.

Does that help?

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Yes, because somebody had mentioned to me that one of the measures was recently dropped, that is still in the Health Home Core Set. That's why I was asking.

Oh okay. Well, we'll be sure in the resources that we send you to include links to the current measure sets so that you can see which measures are in both the Health Home Core Set and the Child and Adult Core Sets as well.

Thank you so much.

Great, thank you. It looks like Fran has a question. Fran, I think you can unmute yourself.

Yeah, given that I have a CMMI sort of value-based purchasing, linking quality to payment, should we use that as a consideration in terms of – I know that we're talking about quality improvement. But there – want to make sure that we do support that priority as well, in terms of we want to pay for good care. So, what is – how should we incorporate that into the process? Or maybe we'll get to that.

This is Margo, I can start off. I think that's a great question, Fran. As we think about the purpose and uses of the Core Sets, whether it's Adult, Child, or Health Home, we think of it from the standpoint of quality improvement and monitoring the overall quality of care. So, I think you make a good point that we want, as I think generally want to see, good care, evidence-based care being paid for. But I think in terms of the way to think about these measures, as you'll see further information being presented, I think the goal here is to think about measures that really contribute to understanding the overall quality of care being delivered, opportunities for quality improvement. And I think that – and thinking of it from a performance improvement perspective is really the orientation that we tend to bring to this. Does that help?

Yes, yes. But as a payer, it's always important to keep in mind how people are doing in terms of actually providing the care. So, yeah, it should be related, obviously.

It should be, and I think, thinking about how the measures are aligned with delivery of good quality care, that hopefully you're seeing that with these measures, improvement is being driven and care delivery is being improved.

Yeah, okay. Thank you.

Great. It looks like Karolina Craft has a question, Derek, can you please unmute Karolina?

Hi, thank you.

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Go ahead, Karolina.

Thank you, hi, this is Karolina Craft from Minnesota. I actually wanted to piggyback on Fran's question. Because in the submission of health home quality measures to CMS, there is a question about cost, and there's a question how much money health homes save. So, I was actually wondering if – I can – I understand that in terms of alignment with the Child and Adult Core Sets – the Child and Adult Core Sets are only focused on quality. But I was wondering about the question that is in the Health Home Core Set, or health home reporting to CMS that includes the question about cost. That question has now – that question does not come with any technical specifications as quality measures come. Quality measures come with technical specifications, where the question about cost doesn't. So, does it – I understand from I think Margo's – your answer is that we will not be evaluating that area of reporting about health homes, this area related to cost at all? Even though it is part of the reporting?

Hi, Karolina. Yes, that – that's true from the standpoint of the Health Home Core Set of quality measures. I think the cost question is separate, and Sara, is that something you would want to address? How the cost question relates to the Core Set measures?

And Sara, you're on mute.

Yeah, I'm off of mute now. Thank you. That's not necessarily our primary focus when looking at these measures. I mean, obviously, if there's a good measure that states can report on, and, you know, it's also – I mean, there's cost savings there obviously that would be attractive. But our measures really are – we want to see if the programs, the health home programs are in fact benefiting or not benefiting the beneficiaries that are being served.

Thank you.

Thanks, Sara.

It looks like David Basel has his hand up. Derek, can you unmute David? Or maybe that was an error. I don't see David's – David, do you have a question? You – I think you're unmuted, you can go ahead.

Thank you. Dave Basel with Avera in South Dakota, and I come at it from a medical group standpoint, and certainly understand that the – this set is a state reporting quality group but – and so from an alignment – from the Adult and Child Core Set makes sense. But also, are we looking at it from an alignment with other quality and value-based programs across the spectrum? Certainly, I've seen a big trend over the last several years which I think is a good one, of really honing down and reducing the number of measures. It's hard to concentrate on 10 or 12 different things. I can give an example of the CMS Medicare Shared

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Savings Program. They've honed their measures down in the last year down from 30 measures down to 6. And so, are we also looking at one alignment with broader trends within quality and value-based reporting, such as reducing the number of measures? And if so, how do we incorporate some of those greater trends and take those into account?

Yeah, thank you so much for that question, and we will talk a little bit later about the criteria for considering measures for suggestion, and we certainly do include alignment not only with the Child and Adult Core Sets, but other CMS initiatives. I do want to mention that CMS does not have a target number of measures to include on the Health Home Core Set. So, the actual number of measures should not be a separate consideration. Does that help?

Thank you.

Great. I don't see any other hands up right now. So, again, we'll have another opportunity for questions a little bit later in the call. But why don't we go ahead and move on to the next slide, please?

Now I'd like to turn it over to Jeral Self who will present an overview of Medicaid Health Home programs and quality measure reporting.

Thank you, Tricia. Next slide, please.

To help frame a review of the Medicaid Health Home Core Set, we'd like to now turn to some background information on the health home program. This might be familiar to many of you, but we'd like to make sure that the Workgroup members and public have a common background on the program. The Affordable Care Act authorized a 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 support. 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 dual eligibility status. Each health home program requires a separate SPA, and you'll notice that throughout this presentation and in publicly reported documents, we refer to SPA-level performance.

Next slide, please.

As you can see here, health home programs are targeted to beneficiaries diagnosed with two chronic conditions, those with one chronic condition and who are at risk for a second one, or those with a serious mental illness. Chronic conditions include mental health conditions, substance use disorders, asthma,

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diabetes, heart disease and being overweight. Additional chronic conditions, such as HIV and AIDS, may be considered by CMS for approval.

Next slide, please.

This slide lists the six core services provided by health home programs. The services include comprehensive care management, care coordination, health promotion, comprehensive transitional care and follow-up, individual and family support services, and referral to community and social services using health information technology.

Next slide.

This slide shows the distribution of health home programs by targeted population over the last three reporting cycles. First you can see that the number of approved health home SPAs has increased over time. In FFY 2019, the most recent reporting cycle, there were 16 health home programs serving individuals with serious mental illness. And an additional 10 programs serve individuals with chronic conditions. There are also five hybrid SPAs which refer to programs that have two or more focus areas.

Next slide, please.

In FFY 2019, health home programs served 1.75 million Medicaid beneficiaries. About 70 percent were adults ages 18 and older, and 30 percent were children or adolescents. The pie chart shows the distribution of health home enrollees based on the SPA focus area. The five hybrid SPAs I mentioned earlier served over half of all health home enrollees, while the 16 SMI SPAs served about 11 percent of enrollees.

Next slide, please.

Now turning to the health home quality reporting, CMS established a Health Home Core Set of quality metrics 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 first time in FFY 2013, and recently completed reporting for FFY 2019. The FFY 2020 reporting cycle is currently in progress, and generally covers services delivered in calendar year 2019. 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 Margo mentioned earlier, SPAs are expected to report on all of the Health Home Core Set measures, regardless of their focus area.

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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 2019. As of April 2020, 21 states had 35 approved health home programs. As you can also see, some states had multiple SPAs that target different populations.

Next slide, please.

CMS recently released performance and trending data for Health Home Core Set measures for the first time. All 35 SPAs were expected to report Health Home Core Set measures for FFY 2019, and 31 SPAs reported at least one measure. The other four SPAs did not submit data in time to be included in publicly reported data. SPAs reported a median of 7 of the 10 Health Home Core Set measures in the FFY 2019 measure list. Seven measures were reported by at least two-thirds of the SPAs expected to report.

Reporting remained consistent or increased for 24 of the 25 SPAs that reported for all three years from FFY 2017 to FFY 2019. Reporting also increased for all nine measures included in both the FFY 2017 and FFY 2019 Health Home Core Sets.

Next slide, please.

This slide contains a graph of the Health Home Core Set reporting over the last three reporting cycles from FFY 2017 to FFY 2019. As the number of SPAs expected to report has increased, so has the number of SPAs reporting at least one Core Set measure.

Next slide, please.

This slide contains information on the number of SPAs reporting each of the 10 Health Home Core Set measures for FFY 2019. The blue bars indicate the number of SPAs using Core Set specifications. And the grey bars indicate SPAs that reported the measure but deviated from 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 Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment measure. The least frequently reported measures included the Screening for Depression and Follow-Up Plan measure, the Controlling High Blood Pressure measure, and the Admission to an Institution from the Community measure. The most common reasons for not reporting these measures included lack of access to medical records or electronic health records, and a lack of required codes in administrative data. In addition, small health home populations and continuous enrollment requirements limit the number of enrollees that were eligible for some of these measures. Later on, Tricia will be telling you about measure-specific

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resources that will better explain state challenges with the less frequently reported measures.

Next slide, please.

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

Thanks so much, Jeral. Workgroup members, if you have any questions and would like to speak, please raise your hand in the WebEx participant panel, and we will call on you in turn.

Karolina, I see your hand is up. I'm not sure if that's still from your last question or if you have another question? Go ahead.

I apologize, that's from the last question. Sorry.

Okay, thanks. Yeah, that's fine.

Just as a reminder, once you have asked your question, you can lower your hand also in the participant panel. Fran, I see your hand is up. Did you have a question?

Not initially, but I could ask a question. I always have questions. First of all, like how do I lower my hand? And second of all, I'm – what I've heard from my compatriots here in Maine is – and we'll probably get into this as we talk about the measures – but they say there's significant challenges getting the Follow-up After an Acute Psychiatric Hospitalization. I believe that was on there. And that depression screenings actually should be one of them, and it's easy to get, and I see that that's sort of the opposite. So maybe we can talk about that at another time, like why those are reported more so than I expected.

Yeah, that's – I guess I will answer your first question. To lower your hand, the same way that you raised it. You can just press that hand icon again for everyone on the line. And then I appreciate your second point regarding reporting. Later on, as Jeral said, we'll talk about some measure-specific resources that our team has developed to help for each of the measures to give you more information on what the specific challenges were for states and reporting, what the technical assistance needs, and things like that have been for each of the measures. So hopefully that will help answer some of the questions.

I see Cindy Brach has her hand up. She's one of our federal liaisons. Derek, can you unmute Cindy?

Hi, thanks.

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Go ahead, Cindy.

So, one of my major questions is trying to figure out my role as a federal non-voting liaison. And so, I'm wondering whether I should be participating actively in these discussions, and, you know, participating in the call for measures, and those activities like the other panelists. Or is there a different role for me?

I appreciate that question. Federal liaisons are encouraged to actively participate in the review process. You are eligible to suggest measures for addition and removal. But you will not be eligible to vote on recommending whether a measure should be added or removed. I'll also mention that later this week on Friday we'll have a meeting specifically for federal liaisons to help clarify your role and answer any questions you have.

Great, thank you. And my – then I will just sort of make an observation similar to what we just heard for – to put a pin in it for a future discussion. But the observation that the measures seem to be very dominated by those related to inpatient care. And just would be interested in if there is background about the reasons for that and whether or not those reasons persist?

Yeah, that's a helpful observation. I do think some of the measure-specific resources we'll share will have some of that information. But we can certainly discuss it at the voting meeting as well. I see David Basel – you have your hand raised?

I was just wanting to get a little bit of guidance. Because these health homes are such a heterogenous group, coming up with a Core Set for all of them is difficult. So, if you take, you know, kind of the most narrow focused one, say being an HIV health home, a lot of the Core Set measures that, say, go to other chronic conditions really don't apply. So, does an HIV health home have the opportunity to opt out of ones that don't apply to their specific set? How does that work? And what is our charge, you know, trying to get one that works for all of the different types of health homes?

Yeah, that's a great question. CMS's expectation is that all health home programs report all of the Health Home Core Set measures regardless of their focus area. And so, as you said, there might be some measures that seem to be more focused on a certain population or not. But the goal of the Workgroup is to help create a Health Home Core Set that is robust for all populations and all health home program areas. And we'll talk a little bit more about the criteria for thinking about the measures for suggestion. Margo, is there anything else you'd like to add to that question that I didn't cover?

I think that covers it as to what has been the history so far. I think if you have specific suggestions of measures that might be appropriate for one group but not for all, we'd certainly welcome that perspective. I think as you'll see in the

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materials that Tricia has mentioned, and we'll talk about more later on, there are some issues of small sample sizes. For example, one of the health homes has 900 enrollees and there are some data suppression issues for privacy because of small measure eligible populations. So I think it is something that is worth having a conversation about, and in your measure suggestions and the comments to support the measures, you should certainly mention if you think it's more appropriately focused to one area or another, and whether there might be challenges for one type of health home program or another. And you'll see the forms when we share them with you tomorrow, provide ample space for that.

Great, thanks, Margo. I don't see any other questions right now, so why don't we move on to the next slide, please?

So now I will transition to discussing the process that Workgroup members will use to suggest measures for addition to or removal from the 2022 Health Home Core Set.

Next slide.

In order to focus the call for measures and ensure that measures suggested by Workgroup members are a good fit for the Health Home Core Set, Mathematica has defined criteria for addition and removal in three areas. These areas are minimum technical feasibility, actionability and strategic priority, and other considerations. I want to note that these are the same criteria used in the review of measures for the Child and Adult Core Sets. To be discussed by the Workgroup at the August voting meeting, all suggested measures must meet the first criterion, which is minimum technical feasibility requirements.

Next slide.

So, let me begin by discussing the 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. On this slide we show the criteria for meeting the minimum technical feasibility requirements. First, a measure must have detailed specifications that enable the 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 that contains all required data elements needed to calculate the measure, including an identifier for Medicaid beneficiaries. The measure needs to be able to be calculated in a consistent manner across health home programs using the available data source.

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

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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 CMCS to determine whether specifications are available free of charge for Core Set reporting.

Next slide.

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. Additionally, the measure should allow for comparative analyses of racial, ethnic, and socioeconomic disparities.

Second, the measure should address the strategic priority for improving health care delivery and outcomes in Medicaid Health Home programs. And finally, the measures should be able to be used to assess progress in improving health care delivery and outcomes in Medicaid 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 the measure?

Next slide.

Some other 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 health home programs may be able to produce the measure by FFY 2024, including for all Medicaid health home populations. And if necessary, we encourage Workgroup members to think about opportunities for technical assistance that will help states report the measure.

Next slide.

Now the criteria for suggesting measures for removal. Over the next month, 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 the 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.

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For actionability and strategic priority, a measure could be suggested for removal if it's not contributing to estimating the national quality of care, doesn't address a strategic priority for improvement, or 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 results, whether another measure would be better aligned with other federal programs, or if all health home programs may be unable to produce the measure by FFY 2024. In the latter situation, we encourage Workgroup members to consider opportunities for technical assistance to support states that have experienced challenges producing the measure.

Next slide.

We wanted to highlight three additional considerations that Workgroup members should keep in mind in suggesting measures for addition to or removal from the 2022 Health Home Core Set.

First, the Workgroup should consider alignment with current measures in the Child and Adult Core Sets to achieve multi-level alignment, which we'll talk about more on the next slide. Second, the Workgroup should consider the feasibility for all health home programs to report a measure if reporting of the Medicaid Health Home Core Set becomes mandatory in 2024. Finally, the Workgroup should consider measures that could be used to monitor quality of care for a new optional Medicaid health home benefit for children with medically complex conditions, known as ACE Kids. CMS is currently developing guidance about specific measures that ACE Kids Health Homes would be required to report and is seeking input from the Workgroup about potential measures to inform this guidance.

Next slide.

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 or health system, or community level. Health Home Core Set measures are considered program-level measures because they are for distinct sub-populations within the 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 within 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 can help drive quality improvement by addressing each level of care, so that

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improvement at one level may lead to improvement at other levels. Moreover, alignment is intended to streamline data collection and reporting burden.

Next slide.

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 2022 Health Home Core Set. Tomorrow, Workgroup members and federal liaisons will receive links to forms they can use to submit their measure suggestions. The Call for Measures will open on Wednesday, April 28th, and close on Friday, May 21st at 8:00pm Eastern. If you have any questions or technical difficulties submitting measure suggestions, please contact our team at the email address shown on this slide.

Next slide.

We know that there are many good quality measures that Workgroup members may consider for addition to the Health Home Core Set. We have compiled a list of resources that may be useful for Workgroup members to consider as they assess potential measures. We've broken each of these resources into three categories. Medicaid and CHIP Core Set reporting resources, program and population resources, and other quality measurement resources. We'll be sending the Workgroup members a list with links to all of these resources, but I wanted to quickly highlight a few of them here.

Next slide.

This slide contains links to resources related to Health Home Core Set reporting, including the technical specifications for Health Home Core Set measures, a summary of updates highlighting changes in the 2021 Health Home Core Set, a data quality checklist to support complete and accurate Health Home Core Set reporting, and a measurement period table that contains the look-back periods and other information about each measure. These resources will be helpful in assessing the current Health Home Core Set measures.

Next slide.

We also want to highlight some recently published resources on Health Home Core Set measure data that Sara mentioned earlier. The Chart Pack contains measure performance data and trends, along with information on health home program reporting. The Measure Specific Tables contain SPA-level measure performance and information on populations included and excluded in each SPAs reporting. We've also developed Measure Summaries for each of the Health Home Core Set measures, which contain information about the measure, an overview of SPA reporting on the measure, including the reasons for not reporting and technical assistance needs, and measure performance and trend

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data. Finally, we've published a methods brief that describes the criteria for reporting performance on Health Home Core Set measures, as well as trending measures performance over time. The methods brief also contains information about the suppression of numerators, denominators, and rates to comply with CMS privacy requirements. This brief might be helpful in thinking about how suggested measures could be used to support analyses in the future. We encourage you to review these resources as they highlight Health Home quality measure reporting both within and across SPAs.

Next slide.

Workgroup members may also find it helpful to review the Child and Adult Core Set measure lists, the technical specifications, and information on state performance on these measures as they consider alignment of the Health Home Core Set with the Child and Adult Core Sets.

Next slide.

The Health Home Information Resource Center contains background information on Medicaid Health Home programs, including frequently asked questions about health homes, and resources to support state implementation of health homes.

Next slide.

The Medicaid and CHIP Beneficiary Profile provides information on beneficiaries served by Medicaid and CHIP programs, including their demographic characteristics, health status, access, utilization, expenditures, and experience.

Next slide.

The Medicaid and CHIP Scorecard was created in 2018 to increase transparency about program administration and outcomes. Pillar one of the Scorecard is state health system performance, which includes some but not all of the measures in the Child and Adult Core Sets.

Next slide.

I also want to highlight three other resources that Workgroup members may consult for additional information about quality measures. The CMS Measure Inventory Tool provides information on the use of quality measures across CMS programs, and this resource may be helpful when considering alignment of measures across programs. The NQF Quality Positioning System allows users to search for quality measures based on clinical conditions, use in federal programs, and other filters. The Core Quality Measures Collaborative is a public-private partnership with the goal of facilitating measure alignment across payers. They have created lists of quality measures based on population and clinical

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categories that may be of interest to Workgroup members. For example, there's a set of pediatric measures, which is closely aligned with the Child Core Set and a set of behavioral health measures, which is closely aligned with the Child and Adult Core Sets. Additionally, CQMC has a set of measures related to accountable care organizations, patient-centered medical homes, and primary care, which may be relevant for health home programs.

Next slide.

This slide contains the links to some of the websites previously mentioned. All of these links will be included in the resource list we distribute to Workgroup members tomorrow in order to open the Call for Measures.

Next slide.

Now I'd like to open the floor again for Workgroup members to ask any final questions. Workgroup members, if you'd like to speak, please raise your hand and we will call on you in turn. Cindy, I see you have your hand raised. Derek, can you unmute Cindy?

He just did, thanks. Is there a limit on the number of measures that can be in the Core Set? I mean, I know we all would want a parsimonious set, but wanted to know whether there's going to be a goal of no more than X number of measures?

No, CMS does not have a target number of measures to include in the Health Home Core Set.

Thanks.

Yeah. Any other questions from Workgroup members? Remember to raise your hand in the participant panel. All right, well, I'm not seeing any other questions from Workgroup members. So why don't we move on?

Next slide, please.

Now I'd like to open it up for public comment. As a reminder, anyone on the line, please raise your hand in the participant panel if you wish to speak, and we'll call on you in the order the hands were raised. Just a reminder during this period of public comment, anyone on the line is able to share a comment or ask a question. This is not just limited to Workgroup members as the previous opportunities were.

Al right, well, quiet group this afternoon, but that's all right. There will definitely be other opportunities to ask questions and make public comment at future meetings.

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So next slide, please.

As mentioned earlier, the Workgroup members and federal liaisons will receive an e-mail tomorrow, April 28th, with instructions on how to suggest measures for addition or removal. All submissions are due no later than 8:00pm Eastern on May 21st. The next meeting will be held on August 3rd via webinar, and this meeting will provide information on the measures that will be discussed at the voting meeting. That voting meeting will take place on August 17th to 19th via webinar. Those 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 email our team at MHHCoreSetReview@mathematica-mpr.com. Before we adjourn, I'd like to ask our co-chairs, Fran and Joe, whether they have any concluding remarks. Fran, would you like to go first?

Sure, thanks for that. I'm looking forward to diving into the materials, so I get a little better sense of our charge. And learning about what we mean by alignment, because that's always a challenge to figure that out. So just want to thank you for that overview, and like I said, looking forward to learning more and working with you all, and just appreciate everybody's time, and excited to work with you all.

Great, thanks. Joe?

Yeah, I'd like to echo that. Listening closely to the conversation today, you know, I might just acknowledge that some of the questions highlight the need that we do review and ensure that the measures of this program are meeting the needs of health homes across the country. But it is complex, and we have lots of different types of health homes. So, this process is necessary, and I just want to applaud CMS for adding this to the slate of programs or measures that get annual reviews. So really applaud CMS for that and thankful to Mathematica for your leadership leading this, and thankful for the rest of the Workgroup, and looking forward to working with you throughout the spring and the summer. So, looking forward to the process.

Great. Well, let me extend my thanks again to Fran and Joe for their willingness to serve as co-chairs of this inaugural Workgroup.

Next slide, please.

So, with that, we'd like to thank everyone for participating in today's meeting. This meeting is now adjourned. Thank you.