

**Medicaid Health Home Core Set Stakeholder Workgroup:
2022 Annual Review Webinar to Prepare for the Voting Meeting
Transcript
August 3, 2021, 1:00 – 2:00 PM ET**

All right. It is the top of the hour, so I think we will go ahead and get started. Good afternoon everyone and welcome to the 2022 Medicaid Health Home Core Set Stakeholder Workgroup webinar to prepare for the voting meeting. My name is Patricia Rowan and I'm a Senior Researcher here at Mathematica. Before we get started, I'd like to cover a few housekeeping items.

Next slide.

All attendees of today's webinar have entered the meeting muted. There will be opportunities throughout the webinar for Workgroup members and the public to make comments. To make a comment, please use the raise hand feature in the lower right corner of the participant panel. A hand icon will appear next to your name in the attendee list.

For those of you who have joined us today using the mobile app, you will need to open the participant panel by tapping on the participant's icon. The raise hand icon will then appear at the bottom of your screen. You will be unmuted in the order in which your hand was raised. Please wait for your cue to speak, and remember also to lower your hand when you have finished speaking.

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If you have any technical issues during today's webinar, please send the event producer a message through the Q&A function. Please note that the chat function is not enabled during this webinar, so you will need to use the Q&A to ask for support.

All right, now, I will turn it over to Margo Rosenbach.

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

It's my pleasure to welcome you to the second 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.

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Now, I'd like to share with you the objectives for this meeting. First, we'll review the measure review strategy and recap the criteria for addition to or removal of measures from the Medicaid Health Home Core Set. Second, we'll identify the measures suggested by Workgroup members for addition to or removal from the 2022 Health Home Core Set. And thank you to those Workgroup members who suggested measures for addition or removal.

Next, we'll describe resources that are available to Workgroup members, to help them review the measures being discussed at the voting meeting in two weeks. We'll also present the approach and logistics for the voting meeting, and finally, we'll provide an opportunity for public comment.

So, 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 will not have time today to engage in discussion about the Core Set or the individual measures. However, we will have plenty of time for discussion at the voting meeting in two weeks.

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So, now I'd like to acknowledge my colleagues at Mathematica who are part of the Health Home Core Set review team - Patricia, Dayna, Eunice, Erin, Jeral - who are all working from home, still, and I appreciate their efforts to implement this virtual review process. Now, I'll pass it back to Tricia.

Thanks Margo. Next slide.

All right, so in the interest of time today, we will not do a formal roll call. This slide lists Workgroup members and their organizational affiliations. I'm just going to quickly run through this list. I have seen Fran, and Kim and David and Dee Brown and James Bush. Karolina Craft, I see you. Samantha, I do not see Samantha. Samantha, if you are on the line, can you please raise your hand using the raise hand icon? I also do not see Pamela. So, Pamela if you are on the line, please use the raise hand icon. I have seen Elizabeth, Linette, and Theresa. I see Pamela now, good. I have not seen Jon or Roderick, So, Jon and Roderick if you guys are on the line, if you wouldn't mind also using the raise hand function that would be great.

All right, I would also like to acknowledge that Joe Weissfeld, who was one of our previous Workgroup co-chairs, left his position at Families USA and so Kim Elliott, from Health Services Advisory Group has agreed to step in and serve as co-chair alongside Fran Jensen from Maine. So, thank you, Kim, for your willingness to serve.

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This slide shows the federal liaisons participating in this group, reflecting CMS's partnership and collaboration with other agencies to ensure alignment across federal agencies and programs. Federal liaisons are non-voting members of the Workgroup and we thank them for their participation in the annual review process.

Next slide.

So, this graphic is a visual representation of the milestones for this review process. We convened this Workgroup for the orientation meeting on April 27th and opened the Call for Measures for 2022 review on April 28th, the next day. Today, we are reconvening the Workgroup to prepare for our voting meeting. The purpose of today's call is to introduce the measures suggested for consideration for the 2022 review and describe the process we would use to vote on measures.

The voting meeting will be virtual, and it will take place on August 17th and 18th. We will have a two-day voting meeting instead of the originally announced three-day meeting. This process will culminate in the development of a draft report based on the recommendations of the Workgroup. The report will be made available for public comment. And the final report, along with additional stakeholder input will inform CMS's update to the 2022 Health Home Core Set, which will be released by December 31st, 2021.

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So, now I'd like to turn it over to my colleague, Jeral Self, to discuss the measure review strategy and criteria.

Thanks Tricia. Next slide.

This slide may look familiar, but we wanted to revisit the role of the Workgroup in strengthening the 2022 Health Home Core Set. The annual review process is designed to identify gaps in the existing Health Home Core Set and suggest measures for addition or removal that will strengthen and improve the Core Set. This can involve suggesting new measures for addition to fill gaps or suggesting existing measures for removal because they no longer meet the criteria for inclusion that we will discuss later in this meeting.

We recognize that there is an inherent balance across three different facets of desirability, feasibility, and viability. Here we show a Venn diagram that depicts the intersection of a measure's desirability from the perspective of diverse stakeholders, technical feasibility for program-level reporting, and financial 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 improvement and measurement for Medicaid Health Home programs.

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Now, I would like to suggest how this translates to the Workgroup's 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 the Medicaid Health Home enrollees. 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.

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To help Workgroup members review the measures that have been suggested, we wanted to recap Mathematica's defined criteria for addition and removal in three areas. These areas are minimal technical feasibility, actionability and strategic priority, and other considerations. These are the same criteria used in the review of measures for the Adult and Child Core Sets.

Next slide.

I'll begin with the criteria for suggesting measures for addition. On this slide, we show the criteria for meeting the minimal technical feasibility requirements. First, a measure must have detailed specifications that enable production of the measure at the program level. It must have been tested in State Medicaid and/or CHIP programs 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 assessed all suggested measures for meeting for these minimum criteria.

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Next, measures suggested for addition should be actionable and aligned with strategic priorities in Medicaid. More specifically, when taken together with other Core Set measures, the measure 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 socio-economic disparities.

Second, the measure should address a strategic priority for improving health care delivery and outcomes in Medicaid Health Home programs. Finally, the measure should be able to be used to assess progress and improve 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 important considerations for assessing measures 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.

Next slide.

To help Workgroup members assess suggested measures for removal, we provided a set of criteria for removal, which reflects reasons that a measure may no longer meet the criteria for inclusion. Under feasibility, this could be that the measure that is not fully developed, that states have difficulty accessing the data source, that results across states are inconsistent for reasons outside of quality differences, or that the measure will no longer be maintained by the measure steward.

For actionability and strategic priority, a measure could be 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 impact 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.

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We wanted to highlight three additional considerations that Workgroup members should keep in mind as they review the measures suggested. 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 in the next slide. Second, the Workgroup should consider the feasibility for all health homes 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 this 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 the practice level which feed into the measures at the program, health plan, health system, or community level. Health Home Core Set measures are considered program-level measures because they are for distinct subpopulations 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 improvement at one level may lead to improvement at other levels. Moreover, alignment is intended to streamline data collection and reporting burden.

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

Thanks, Jeral. We have time for a few questions now and then there'll be other opportunities to ask questions later in the meeting. So, we wanted to give the Workgroup members and federal liaisons an opportunity to ask any questions that you have about the criteria at this point. So, please remember, if you would like to speak, raise your hand using the raise your hand icon and we will call on you in turn.

Derek, do we have any hands raised? I'm not seeing any, maybe I'm missing it.

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Patricia, no, I do not see any hands raised at this time.

All right, well, like I said, we'll have other opportunities for folks to ask questions, so why don't we keep moving along.

Next slide.

So, now I would like to introduce measures that were suggested by Workgroup members for addition to or removal from the 2022 Medicaid Health Home Core Set. Before I get started, I'd like to thank the Workgroup members for their time and effort that went into suggesting these measures.

Next slide.

This slide lists the eight measures that will be reviewed and voted on during the voting meeting. The slide includes the measure steward, the National Quality Forum – or NQF – number, the data collection method, age ranges and an indicator of whether the measure is also in the Child or Adult Core Set.

There were three measures suggested for removal from the Health Home Core Set. The first one is Ambulatory Care: Emergency Department Visits, or the AMB-HH measure. Note that this measure has also been recommended for the removal from the 2022 Child Core Set. The second is Screening for Depression and Follow-Up Plan measure, or CDF. Finally, the Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment Measure, or IET.

There were five measures suggested for addition to the Health Home Core Set. The first is Follow Up After Emergency Department Visit for Mental Illness. This measure is currently on the Adult Core Set and has been recommended to the 2022 Child Core Set. Next is Asthma Medication Ratio. This measure is currently on both the Child and Adult Core Sets. Then we have the Comprehensive Diabetes Care Hemoglobin A1C Poor Control greater than 9.0 percent. This measure is on the Adult Core Set.

Then we have Colorectal Cancer Screening, and this measure has been recommended for the addition to the 2022 Adult Core Set. Finally, we have the Consumer Assessment of Healthcare Providers and Systems – or CAHPS – Health Plan Survey. For this measure we'll be voting on two separate measures. First, we will vote on the child version of the survey, which includes Medicaid And Children with Chronic Conditions and Care Coordination Supplemental Items. And second, we'll vote on adult version of the survey.

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Two other measures were suggested for addition that will not be reviewed at the voting meeting because they were withdrawn by the Workgroup member. These

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measures are Housing Status and Dental Services, Oral Evaluation. As Jeral presented, the call for measures included a specific set of criteria for suggesting a measure for addition including that the measure could only be considered in its specified form. And the Workgroup member who suggested these measures indicated that, while they are worthwhile measure concepts for consideration for the Health Home Core Set, they are not currently specified for the entire population. We will discuss these measure concepts at the voting meeting as part of our discussion of gaps in the Health Home Core Set, but we'll not be voting on adding them to the 2022 Health Home Core Set.

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So, now I'd like to go over some guidance for Workgroup members on how to review the suggested measures and the resources available to assist you in that task.

Next slide.

In preparation for the voting meeting, we ask that Workgroup members review all the measures suggested for consideration. Workgroup members will have access to a Workgroup Member Resource Platform that includes material to help assess each measure's appropriateness for the Health Home Core Set. Workgroup members, you will receive an email later today with a user guide and credentials to login to this resource platform.

As you go through your review, please keep in mind the criteria for addition of new measures or removal of existing measures from the Health Home Core Set. We will also provide a measure review worksheet that Workgroup members can use to record and organize their notes, questions, and a preliminary vote on each measure.

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The primary resource we developed to help you review the measures are the measure information sheets. We have created a measure information sheet for each measure that was suggested for addition to or removal from the Health Home Core Set. These information sheets provide standardized information for each measure to facilitate your review. For measures for addition, this includes technical information like numerators, denominators, and data collection methods as well as information on the measure's alignment with the minimum technical feasibility criteria. We've also included comments from the Workgroup member who suggested the measure on how the measure meets the feasibility, actionability, and strategic priority criteria. This sheet also includes additional information like use of the measures in other programs, prevalence of the condition in Medicaid, and measure performance data where available.

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We also have measure information sheets for the measures that were suggested for removal which include many of the same elements of some measures for addition, including technical specifications, the nominating Workgroup member's reason for removal and other information including measure alignment across programs. For these current measures, we were also able to provide information on Core Set reporting history and any challenges noted by the health home programs in reporting the measure. For measures that were publicly reported, we also included current measure rates and infographics.

Next slide.

As you sit down to review these measures suggested for addition and removal, we recommend starting with the measure information sheets. You can use the measure review worksheet, which will also be available on the resource platform, to record your notes and questions as you go through these. If you have any outstanding questions or you want additional background information on the measure or condition, there are some additional resources you may consult.

First, the Medicaid and CHIP Beneficiary Profile can be used to locate more information on the characteristics and health status of Medicaid and CHIP beneficiaries including prevalence of certain conditions and expenditures in different areas of care. The Health Home Information Resource Center also contains background information on Health Home programs that may be useful.

We will also link to the Chartpacks and Measure Specific Tables for the Child, Adult, and Health Home Core Sets, which have more information on state reporting and measure rates. And we also suggest reviewing the Health Home Measure Summaries, particularly for the measures suggested for removal for information on SPA reporting and measure performance including reasons for not reporting the measure. Finally, we will also provide the Core Set Resource Manuals and technical specifications for the Child, Adult, and Health Home Core Set. For measures recommended for addition, the technical specifications are linked in the measure information sheets.

Once you've found any additional information you need, you can assess the measure against the criteria for addition or removal and record your preliminary vote to recommend addition or removal in the measure review worksheet.

Next slide.

The resources previously mentioned will be available to Workgroup members on a Workgroup Member Resource Platform, which utilizes a file-sharing platform called Box. Later today, Workgroup members will receive an email from

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Mathematica's IT department with account information to access this platform. We will also email Workgroup members with a user guide and a notification when these resources are available. If you have any questions as you're reviewing these resources, please reach out to our team at the email address listed on this slide.

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All right, so now I'd like to pause and see whether there are any questions from Workgroup members about the measure suggestions. I see David Basel; you have your hand raised. Derek can we unmute David?

Thank you, Dave Basel, Avera Health. Thank you for all the help. And my question is kind of about the timing of the agenda in general. A couple of truisms of performance improvement from my perspective is that the more resources we are supposed to gather to be reporting new measures, the fewer resources available to improve those measures and kind of a corollary of that is if everything is a priority then nothing is a priority. So, in general, my bias is to reduce the total number of measures that we're reporting on to be able to focus in on those that are truly the most important and a strategic priority. As such, could we review the measures to be deleted first, because the number of measures that are deleted are going to affect how high I set the bar on my review of the ones to be added. So, if we don't remove any, then I'm going to be much less likely to vote for adding some. If we remove all three, I would be a little bit looser and so that was my comments.

Hi David, this is Margo. I could start off with that. So it's a great point, and it's certainly one that we consider a lot. We are working on the order of the measure discussion. What I would encourage is that each measure be considered on its own merits, but definitely with some consideration, as you've mentioned, to what the overall burden is or the overall contribution to the Core Set and to measuring as we said, the purpose being the overall national quality of care for Medicaid beneficiaries in health homes. So, I think it's a complicated conversation as you're referencing, but we encourage you to consider each measure on its own merits and how it would contribute to the overall Core Set. And we will have a chance to talk about some of those general concerns throughout the meeting in terms of what the overall structure of the Core Set should look like.

Thank you.

I also see Dee Brown has a hand raised. Derek, can you unmute Dee?

Thank you very much. The question that I'm struggling with is thinking about the actionability of these measures and whether or not a care manager in a health home can really impact the measure and the outcome expected from the measure and is that, you know, it's one of the criteria because this is at a

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program level. Is that something we're going to weight a little bit more as a weighted thought process? As a group, should we be thinking more about, can these care managers impact on this measure? More readily to David's point about having fewer measures that are more meaningful and representative of the program's impact. So, in my mind I've weighted the actionability. I'm not sure if I'm looking at it the right way and I just wanted to see if that was why you were thinking about the actionability so much.

Yeah, that's a good question, Dee. One of our criteria as you mentioned is around actionability and whether it is within the control of the health home program, so as part of that, we consider the measure as a whole and don't have different weights for the different criteria, but Margo is there anything you would add there?

Yeah, I think that's a really important point because there are lots of considerations in constructing a Core Set, and I think the Venn diagram that Jeral presented about desirability, feasibility, viability reflects a lot of those trade-offs and in some ways, the tensions that are inherent in structuring the overall Core Sets. So, we very much encourage you to reflect those perspectives of measures that are highly desirable and actionable versus those - and it's not really a 'versus' but it's an 'and' - and what the feasibility, desirability, viability considerations are. So, we want to hear everything about every measure, in terms of your considerations about the desirability, feasibility, viability and then going back to David's point, the overall contribution to the Core Set.

And, as I think was mentioned previously, there is no magic number or no target number of measures in the Core Set. And so, I think, thinking both about the individual measures on their own merits as well as their contributions to the overall Core Set, is the way we would encourage Workgroup members to think about this. And also know that we have folks from CMS that are listening in and are just really appreciating everything that you're saying and the expertise that you're bringing and that they'll be considering that in reviewing the Workgroup recommendations and making the final decisions about the additions and removals.

Thanks Margo. Fran, I see you have your hand raised. I think you should be able to unmute yourself and ask your question.

Okay, I think this is basically the same question, but I'm not entirely sure, so I'm going to just throw it out there, but just in my work I've heard over and over again, as I'm sure everyone has is the burden of reporting particularly on the provider side and the clinician side, so where is that sort of factored in, like I guess it's feasibility, but that's one of the things I really focus on. Is it reasonable to report on? Is it hard to do? Does it take forever? That kind of thing.

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Yeah, that's a really good point. The measure information sheets that we talked about and that will be available to Workgroup members later this afternoon, do include some information about the feasibility of reporting the measure and any challenges that the Workgroup member who suggested the measure may have foreseen for the health home program reporting. So, that is in there for your consideration as Workgroup members review the measures suggested for addition or removal.

I will also say that in the measure information sheets for the measures suggested for removal we did include some information on reasons for not reporting the measure, so difficulties that they may have had reporting the measure and also technical assistance questions that our team has received from health home programs about reporting the measure. So, that information is in the measure information sheets that you will see and that you all can take into consideration as you consider your preliminary vote. Margo, anything you would add.

No, I think that's great.

Okay. Great. Pamela Lester, I see your hand is raised. Derek, can you unmute Pamela?

Oh, thanks so much. Thank you. One of the things that I think is really important as we talk about the number of measures is that we have different populations and different types of health home programs within and across each state. And I think that limiting the number of measures that we have could potentially leave out a lot of my population and how I'm doing in a state might look different in another state. And so, out of these measures, I might be focusing on a few of them. We might have quality incentive measures from that to help improve those measures. So, I think having a variety of measures that addresses all of the populations of all the different health home programs are important to have. So, I worry about limiting that. I just wanted to kind of share that thought from my perspective on the measures and the types.

We very much appreciate that point and recognize that there is a huge diversity in programs in terms of the populations they're serving and what the measures may be in terms of the priorities for improvements. So, I think that's all going to be really important in the conversation that we have about these measures and as you're reviewing them. I think Tricia will come back to this a little bit more as well that as you're reviewing them, please do reflect that in your own comments and then when we're talking as part of the discussion, mention those that are important to your programs, to your population, so that we have a reflection of that as it pertains to the diversity of programs across the country.

And I think that's the real benefit of having this Workgroup assembled with such a diverse group of programs being included and people with different experience. We're definitely hearing perspectives from the provider level, the care coordinator

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level, different programs, and that's the richness of the conversation we hope to have and keeping in mind that this is the first time that this Core Set has been reviewed by external stakeholders. So, again that's another really important opportunity here to be reflecting how these measures can be used by programs and also by CMS to drive improvement.

Cindy Brach, I see you have your hand up, do you have a question? Derek, can we unmute Cindy?

Thank you. Yes, and I had also requested if we could bring back the list of measures that are being proposed for removal and additions, but my question is, we made suggestions to add measures without knowing which if any measures would get removed and if we remove some measures that might leave a gap, that we would want to fill. So, is there any sequential part of this process that says, okay well, we removed a measure because there are various problems with that measure but that's still a topic that we want measured and let's propose a different measure that would, satisfy coverage on that topic, as well as any technical issues?

Yeah, that's a really great question Cindy. I want to take the first part of your question which was about the measure list. We will be sending out that list later today to Workgroup members and federal liaisons, so you'll have it handy.

And then to the second part of your question about the sequencing and whether a removal creates a new gap. We will have an opportunity during the voting meeting to discuss gaps in the Health Home Core Set broadly, but there will not be an opportunity right then to suggest another measure to fill that gap. That would have to be for next year's review. So, we encourage Workgroup members and federal liaisons to keep that in mind in the discussion of the measure and whether or not to remove it or add a different one. Given that, obviously, we don't have any walk-on measures at the voting meeting, but the discussion of gaps can inform next year's suggestions. Margo, what would you add?

I think that covers it. Cindy does that answer your question?

Yes, it answers it, but it seems slightly flawed and I guess then I have a follow-up question. Could one provisionally remove, say, well we'll keep it in this year, but next year, it's out and then at the next year's convening alternatives or that's just going to be for next year's, because it could be a continuing problem because let's say we don't want to remove a measure because we think it's substandard, but important and so, it's better than nothing, but then if we don't remove it, the next group is going to be in the same boat. Where they see a measure there so they may not propose any new ones, and then it gets proposed for removal and you're back in that cycle.

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Yeah, Cindy, that is definitely a cycle. And we strive for some continuity in the process, so that the conversation this year, I think can hopefully lead toward some actionability over the coming year that if there's a measure that either is removed that leaves a gap, then there's a suggestion for replacement for next year or perhaps there's a conversation about we're hesitant to remove it this year because it would leave a gap, then there's an opportunity next year to suggest a replacement measure.

So, I think, there is a fluid process. It's something that I think CMS takes very, very seriously, that if a removal of a measure would leave a gap, they'll certainly consider that. And we certainly encourage Workgroup members to think about the recommendations from this year for the next year's Workgroup convening to think about what has been learned. And it will be another year of experience also with the Health Home Core Set measures as we head into next year's Workgroup. So, I don't want to look that far ahead, as we still have lots and lots and lots of work to do.

Well, and I recognize that, but I guess, I would like to put in a bid for quality improvement and that next year's process, maybe provides a flag of proposed measures for removal and maybe a two-week window to suggest additional measures with that information or something, something that sort of sequences it a little bit. Anyway thanks.

Thank you.

I think we have time for one more question and I see Dee Brown has her hand raised. Derek, can you unmute Dee?

This is going to be very brief. I just got the email for Box and it is blocked by my company. So, is there somebody on your end that I could have our technical people speak to your technical people or?

Oh, sure Dee, we can follow up with you offline and we could always email you the resources or figure something out.

Okay, okay, okay. Perfect. Thank you so much. Thank you.

Sure. All right, I think that's all the questions that I see. We'll have the opportunity at the end of the meeting. So, why don't we move along?

Next slide, please.

So, now, I'd like to transition to discuss the approach to the voting meeting.

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So, the virtual voting meeting will take place on August 17th and 18th. Please note that this is only a two-day meeting instead of the initially announced three-day meeting. So, you can all thank me for the time back in your calendar. The voting meeting, like all of our Workgroup meetings, will be open to the public, and registration is now available on our website for the voting meeting on the slide listed here. More information about the meeting agenda and resources including those measure information sheets that I mentioned will be posted publicly on our website prior to the meeting.

Next slide.

As I mentioned, the Workgroup will vote on a total of eight measures during the voting meeting, five measures suggested for addition and three suggested for removal. We'll begin by discussing the measures suggested for removal. And note that measures are voted on in their specified form. We also have discussion about gaps in the Health Home Core Set and areas for future measure development.

Next slide.

Voting will take place after Workgroup discussion and public comment. For each measure suggested for addition, a 'Yes' vote equals 'I recommend adding the measure to the Health Home Core Set.' And a 'No' vote equals 'I do not recommend adding the measure to the Health Home Core Set.' Similarly, for each measure suggested for removal, Workgroup members will vote 'Yes' or 'No', where 'Yes' equals 'I recommend removing the measure' and 'No' equals 'I do not recommend removing the measure.' For a measure to be recommended for removal from or addition to the Health Home Core Set, the 'Yes' vote needs to receive two-thirds of the eligible votes.

We will be providing a voting guide to Workgroup members with more information on how to vote and that will be available on the Workgroup Member Resource Platform over the next few days, and we'll let you know when that's ready to go.

Next slide.

All right, so now I'd like to open the floor for any final Workgroup member questions about the voting process or any questions that weren't addressed earlier. If you would like to speak, please raise your hand in the platform and we will call on you in turn.

I do not see any questions here, so I think we can move on.

Next slide.

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Now, I would like to open it up for public comment. As a reminder, folks from the public, if you would like to make a comment, please raise your hand using the raise hand feature in the WebEx panel and we will unmute you to speak.

I do not see any raised hands. Derek, am I missing anybody?

Patricia no. So, no questions, oh excuse me, no hands raised at this time.

Right. All right, well, as I mentioned, there will be several opportunities at the voting meeting for public comment as well. So, why don't we keep going?

Next slide.

So, let me quickly wrap up and recap our next steps.

Next slide.

The Workgroup Member Resource Platform will be updated later today with measure review materials that we discussed. Measure information sheets will also be posted on our website publicly prior to the voting meeting. And then we got some questions in the Q&A that Workgroup members should have already received an email from Mathematica's IT department with information about logging into that platform, and we will send an email in the next couple of hours with more information and a user guide. So, let us know if you don't get that or aren't able to login.

If you have any difficulty accessing resources or any questions about the measures, please email our team at the email address here on the slide. And now before we adjourn, I would like to give our co-chairs Fran and Kim an opportunity to provide some concluding remarks. Fran, would you like to go first?

Sure, can you hear me, okay?

Yeah, we can.

Great, so thanks so much. This was super helpful for me. I hope it was for everybody else, understanding the process. I'm really looking forward to diving a little deeper, quite deep into the measures. Generally, haven't paid too much attention previously to this sort of technical component and how you actually get the measure. So, again looking forward to that. I have some pretty strong opinions about using clinical measures that are relevant, and how to do patient-centered care with a population health focus, so, again, looking forward to it and thanks for priming the pump here.

Thank you. Kim, would you like to go next?

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Sure, happy to. I think that we're all here because we really value the Core Sets and how the Core Sets are really the driver of improvement and quality and we really measure the quality across the different programs within Medicaid. So, I think the work that we're doing and the work that all of us will do in preparation for the voting meeting is really critical to understanding the feasibility and the actionability of the measures that we're considering either removing or adding to the Core Set. So, I thank everybody for all the hard work that you're going to be putting in, and all of the attention you're going to be putting into the voting meeting to make sure that we make good recommendations for CMS to consider.

Thanks. Thanks so much to both of you.

Next slide.

So, this slide contains links to some of the resources that we previously discussed, and I do want to mention that these slides are available on our website if folks want to reference them.

Next slide.

So, I want to just thank everyone for participating in today's meeting. We really look forward to virtually convening with you all again in two weeks for our voting meeting. Workgroup members and federal liaisons, as you are reviewing the resources we've provided, please don't hesitate to reach out if you have any questions or need any clarification, and again, we look forward to that meeting in two weeks. Thanks everyone and the meeting is now adjourned.