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# **Medicaid Health Home Core Set Stakeholder Workgroup:**

Webinar to Prepare for the Voting Meeting

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**August 3, 2021**

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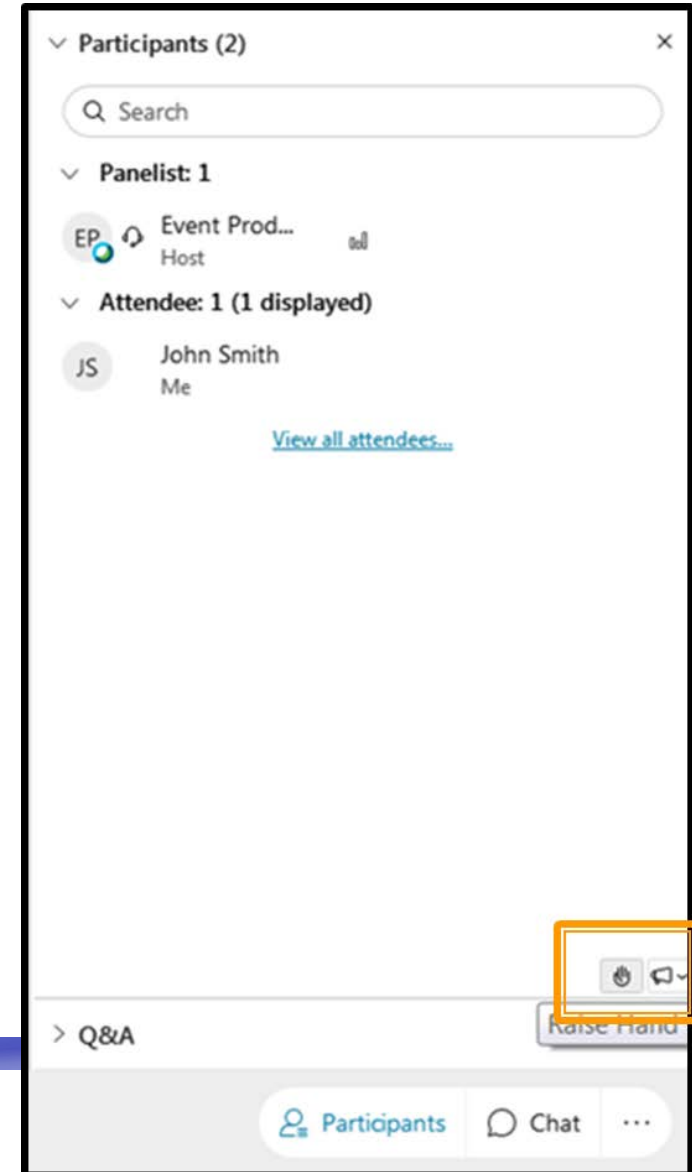
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# To Make Comments or Ask Questions During the Webinar

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



- You will be unmuted in turn. Please wait for your cue to speak and lower your hand when you have finished speaking.



# Technical Issues

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- Please note that there is no chat function; you must use the Q&A function for support.

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# Welcome and Meeting Objectives

# Meeting Objectives

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- **Discuss measure review strategy and criteria**
- **Identify the measures suggested by Workgroup members for addition to or removal from the 2022 Medicaid Health Home Core Set**
- **Describe resources available to Workgroup members for review of measures**
- **Present the voting meeting approach**
- **Provide opportunity for public comment**

# Mathematica Medicaid Health Home Core Set Review Team

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

# 2022 Medicaid Health Home Core Set Review Workgroup

## Voting Members

<b>Co-Chair:</b> Fran Jensen	Maine Department of Health and Human Services
<b>Co-Chair:</b> Kim Elliot	Health Services Advisory Group
David Basel	Avera Medical Group
Dee Brown	UnitedHealthCare
James Bush	Wyoming Department of Health
Karolina Craft	Minnesota Department of Human Services
Samantha Ferencik	Kansas Department of Health & Environment
Pamela Lester	Iowa Medicaid Enterprise
Elizabeth Nichols	New York State Department of Health
Linette Scott	California Department of Health Care Services
Jon Villasurda	Michigan Department of Health and Human Services
Theresa Walske	Wisconsin Department of Health Services
Roderick Winstead	Connecticut Department of Social Services

# 2022 Medicaid Health Home Core Set Review Workgroup

## Federal Liaisons (Non-voting)

Administration for Children and Families, DHHS

Administration for Community Living, DHHS

Agency for Healthcare Research and Quality, DHHS

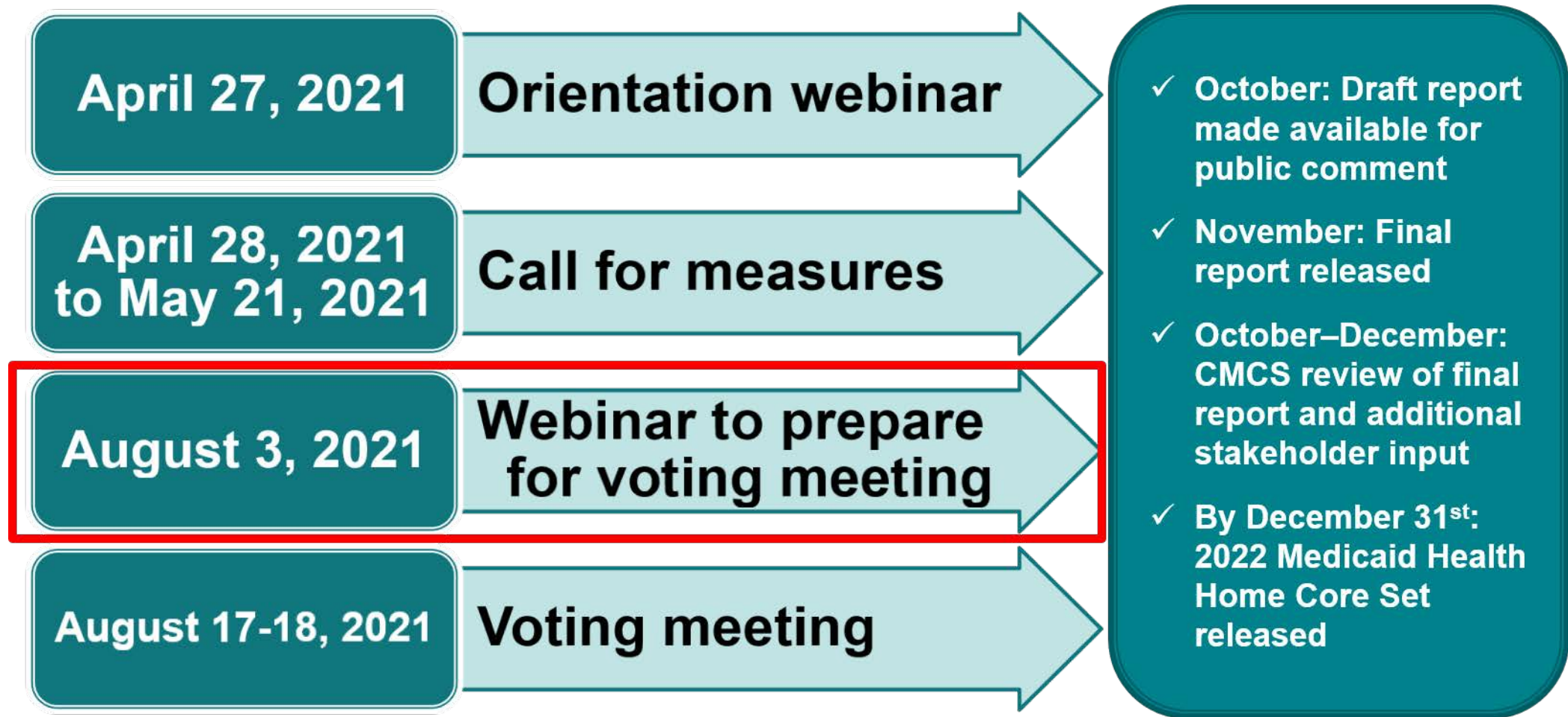
Center for Clinical Standards and Quality, CMS, DHHS

Health Resources and Services Administration, DHHS

Substance Abuse and Mental Health Services Administration, DHHS



# Milestones for the 2022 Medicaid Health Home Core Set Annual Review

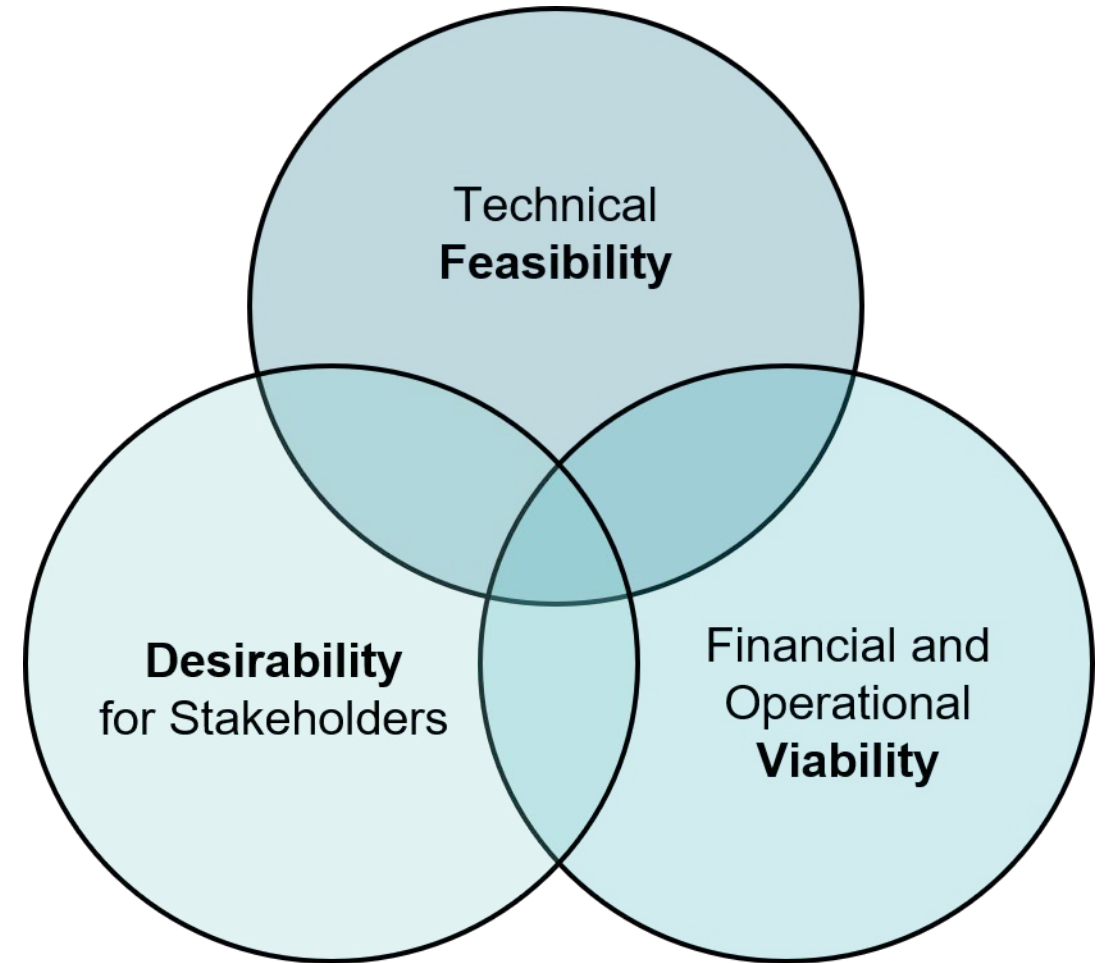


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# Measure Review Strategy and Criteria

# Role of the Workgroup in Strengthening the 2022 Health Home Core Set

- The annual Workgroup process is designed to identify gaps in the existing Medicaid Health Home Core Set and suggest updates to strengthen and improve the Core Set.
- The Workgroup discussion must balance the desirability, feasibility, and viability of measures from the perspective of program-level quality measurement and improvement
  - Example: Quality measures that reflect health outcomes may be more desirable than process measures, but they may be more challenging to report based on data availability and resource intensity



## Role of the Workgroup (cont.)

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- The Workgroup is charged with identifying quality measures that are desirable to diverse stakeholders, including CMS and states, for the purposes of assessing the quality of care provided to Medicaid health home enrollees.
- Feasibility and viability of program-level reporting are also key considerations since health home programs serve smaller populations of beneficiaries with chronic conditions that may not be highly prevalent in Medicaid.
- Workgroup members should consider alignment with the Child and Adult Core Sets (state-level reporting) when considering measures for the Medicaid Health Home Core Set (program-level reporting), as appropriate.
  - Alignment of measures across Core Sets reduces state reporting burden and allows for monitoring the quality of care across Medicaid populations.

# Recap of Criteria for the 2022 Medicaid Health Home Core Set Annual Review

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- To focus the Call for Measures for the 2022 Annual Review on measures that are a good fit for the Medicaid Health Home Core Set, Mathematica has defined criteria for addition and removal in three areas:
  - Minimum Technical Feasibility Requirements
  - Actionability and Strategic Priority
  - Other Considerations
- To be considered for the 2022 Medicaid Health Home Core Set, all measures must meet minimum technical feasibility requirements

# Criteria for Assessing Measures for Addition: Minimum Technical Feasibility Requirements

**1. The measure must be fully developed and have detailed technical specifications that enable production of the measure at the program level (e.g., numerator, denominator, and value sets).**

Note: In the Call for Measures, Workgroup members will be asked to provide the name of the measure steward and a link to the technical specifications, if available.

**2. The measure must have been tested in state Medicaid and/or CHIP programs or be in use by one or more state Medicaid or CHIP agencies.**

Note: In the Call for Measures, Workgroup members will be asked to provide information on state testing of the measure and/or the name of any state(s) currently using the measure, if known.

**3. An available data source or validated survey instrument exists that contains all the data elements necessary to calculate the measure, including an identifier for Medicaid beneficiaries (or the ability to link to an identifier).**

Note: In the Call for Measures, Workgroup members will be asked to provide information on the data source, including evidence that Medicaid and CHIP beneficiaries can be identified in the data source or through a feasible data linkage.

**4. The specifications and data source must allow for consistent calculations across health home programs.**

Note: In the Call for Measures, Workgroup members will be asked to assess whether the specifications or data source will produce consistent calculations across states or whether results may vary (e.g., variation in coding, covered benefits, data completeness).

**5. The measure must include technical specifications (including code sets) that are provided free of charge for state use in the Health Home Core Set.**

# Criteria for Assessing Measures for Addition: Actionability and Strategic Priority

**1. Taken together with other Core Set measures, the measure can be used to estimate the quality of health care in Medicaid health homes and to perform comparative analyses of racial, ethnic, and socioeconomic disparities among Medicaid beneficiaries.**

Note: In the Call for Measures, Workgroup members will be asked to explain how this measure would contribute to creating a Core Set that covers the quality of health care throughout the age span; across the range of preventive, diagnostic, and treatment services; related to physical, behavioral, and long-term services and supports; and to assess whether analyses of disparities can be conducted.

**2. The measure addresses a strategic priority for improving health care delivery and outcomes in Medicaid health home programs.**

Note: In the Call for Measures, Workgroup members will be asked to address:

- Does the measure promote effective care delivery?
- Does the measure address the unique and complex needs of Medicaid health home enrollees?
- Is there evidence that the measure will lead to improvement in the quality of health care for Medicaid health home enrollees?

**3. The measure can be used to assess progress in improving health care delivery and outcomes in Medicaid health home programs.**

Note: In the Call for Measures, Workgroup members will be asked to address:

- Is there room for improvement on the measure?
- Is the measure trendable to assess progress over time?
- Can state Medicaid health home programs/providers directly influence improvement on this measure?

# Criteria for Assessing Measures for Addition: Other Considerations

**1. The prevalence of the condition or outcome being measured is sufficient to produce reliable and meaningful results across health home programs, taking into account Medicaid population sizes and demographics.**

Note: In the Call for Measures, Workgroup members will be asked to provide information on the prevalence of the condition or outcome, preferably in the Medicaid population, to ensure adequate population denominators across health home programs.

**2. The measure and measure specifications are aligned with those used in other CMS programs, where possible.**

Note: In the Call for Measures, Workgroup members will be asked to provide information on the use of the measure in other programs such as the Child and Adult Core Sets, the Core Quality Measures Collaborative Core Sets, Medicaid Promoting Interoperability Program, Merit-Based Incentive Payment System, Qualified Health Plan Quality Rating System, Medicare Advantage Star Ratings, and/or Medicare Shared Savings Program.

**3. All health home programs should be able to produce the measure by FFY 2024, including all Medicaid health home populations (e.g., all age groups, eligibility categories, and delivery systems).**

Note: In the Call for Measures, Workgroup members will be asked to provide information on potential barriers to states in producing the measure and what technical assistance resources would facilitate state reporting to achieve these milestones.



# Criteria for Assessing Measures for Removal

## Technical Feasibility

1. The measure is not fully developed and does not have detailed technical measure specifications, preventing production of the measure at the program level (e.g., numerator, denominator, and value sets).
2. SPAs report significant challenges in accessing an available data source that contains all the data elements necessary to calculate the measure, including an identifier for Medicaid beneficiaries (or the ability to link to an identifier).
3. The specifications and data source do not allow for consistent calculations across health home programs.
4. The measure is being retired by the measure steward and will no longer be updated or maintained.

## Actionability and Strategic Priority

1. Taken together with other Core Set measures, the measure does not contribute to estimating the quality of health care in Medicaid health home programs or does not allow for comparative analyses of racial, ethnic, and socioeconomic disparities among Medicaid health home program enrollees.
2. The measure does not address a strategic priority for improving health care delivery and outcomes in Medicaid health home programs.
3. The measure cannot be used to assess progress in improving health care delivery and outcomes in Medicaid health home programs (e.g., the measure is topped out or improvement is outside the direct influence of Medicaid health home programs/providers).

## Other Considerations

1. The prevalence of the condition or outcome being measured is not sufficient to produce reliable and meaningful results across health home programs, taking into account Medicaid population size and demographics.
2. The measure and measure specifications are not aligned with those used in other CMS programs, or another measure is recommended for replacement.
3. All health home programs may not be able to produce the measure by FFY 2024.

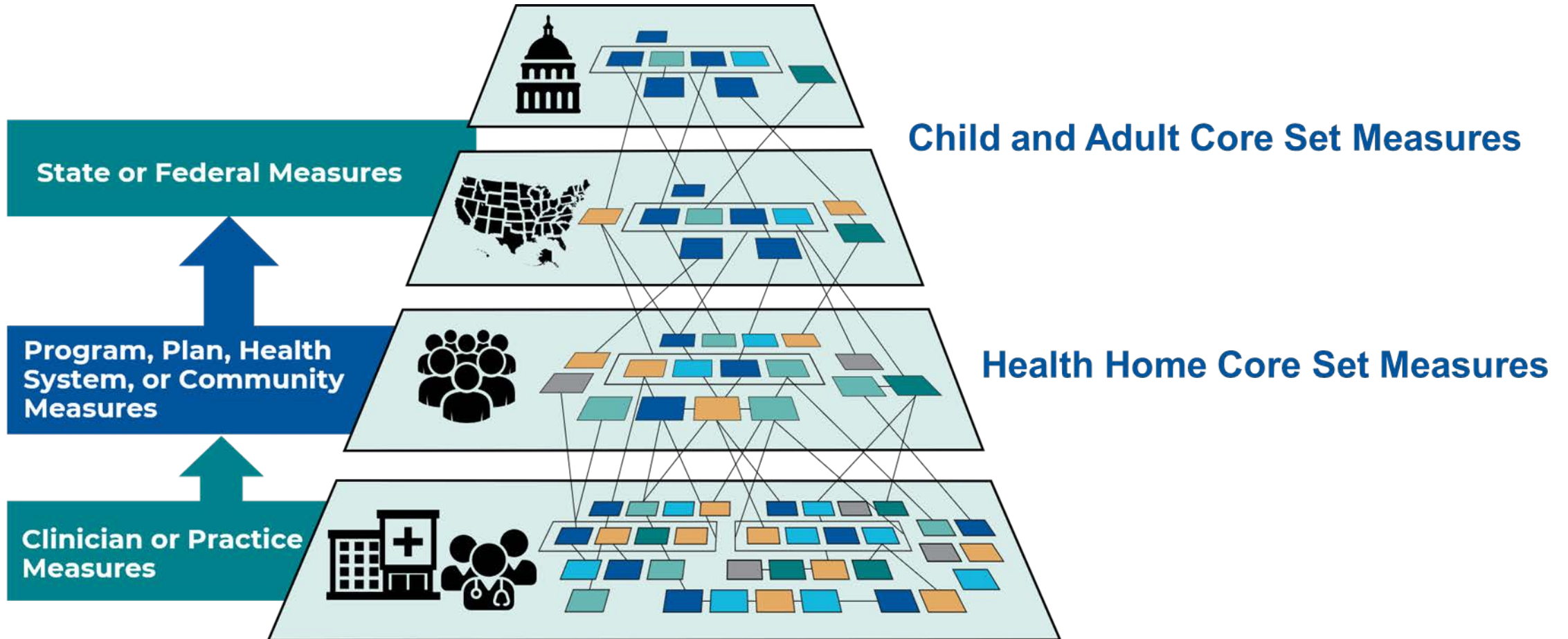
# Additional Considerations

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**When assessing measures for addition to or removal from the 2022 Medicaid Health Home Core Set, Workgroup members should keep in mind three additional considerations**

- 1. The Workgroup should consider alignment with current measures in the Child and Adult Core Sets to achieve “multi-level alignment.”**
- 2. The Workgroup should consider the feasibility for all Health Home programs to report a measure if Medicaid Health Home Core Set reporting becomes mandatory in 2024.**
- 3. 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 (ACE Kids). CMS is 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.**

# Alignment Across Multiple Levels to Facilitate Quality Improvement



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# Workgroup Questions

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# **Measures Suggested for Addition to or Removal from the 2022 Medicaid Health Home Core Set**

# Measures That Will Be Reviewed at the Voting Meeting

Measure Name	Measure Steward	NQF #	Data Collection Method	Age Range	Included in 2021 Child or Adult Core Sets
<b>Measures for Removal</b>					
Ambulatory Care: Emergency Department (ED) Visits (AMB-HH)	NCQA	Not endorsed	Administrative	All ages	Recommended for removal from the 2022 Child Core Set
Screening for Depression and Follow-Up Plan (CDF-HH)	CMS	0418/0418e*	Administrative or EHR	Age 12 and older	Child and Adult Core Sets
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-HH)	NCQA	0004	Administrative or EHR	Age 13 and older	Adult Core Set
<b>Measures for Addition</b>					
Follow-Up After Emergency Department Visit for Mental Illness	NCQA	3489	Administrative	Age 6 and older	Adult Core Set; recommended for addition to 2022 Child Core Set
Asthma Medication Ratio	NCQA	1800	Administrative	Ages 5 to 64	Child and Adult Core Sets
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	NCQA	0059	Administrative, hybrid, or EHR	Ages 18 to 75	Adult Core Set
Colorectal Cancer Screening	NCQA	0034	Administrative, hybrid, or ECDS	Ages 51 to 75	Recommended for addition to the 2022 Adult Core Set
Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey 5.1H, Adult Version and Child Version Including Medicaid and Children with Chronic Conditions and Care Coordination Supplemental Items	AHRQ	0006	Survey	All ages	Child and Adult Core Sets

# Measures That Will Not Be Reviewed at the Voting Meeting

Measure Name	Measure Steward	NQF #	Data Collection Method	Included in 2021 Child or Adult Core Sets
Housing Status <i>Withdrawn by Workgroup Member</i>	HRSA	Not endorsed	Administrative	No
Dental Services, Oral Evaluation <i>Withdrawn by Workgroup Member</i>	HRSA	Not endorsed	Administrative	No

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# **Guidance to Workgroup Members for Reviewing Measures**




# Guidance for Measure Review

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- **Before the voting meeting, Workgroup members should review all the measures suggested for consideration by the Workgroup**
- **Resources are available to help Workgroup members assess the measures for addition to or removal from the 2022 Medicaid Health Home Core Set**
- **To guide their review, Workgroup members should refer to the criteria for addition or new measures and removal of existing measures**
- **The Measure Review Worksheet can be used to record and organize notes, questions, and planned vote for each measure suggested for addition or removal**

# Measure Information Sheet: Addition

 <b>MEASURE INFORMATION SHEET</b>	
<b>HEALTH HOME CORE SET STAKEHOLDER WORKGROUP:</b> <b>MEASURES SUGGESTED FOR ADDITION TO THE 2022 CORE SET</b>	
Measure Information	
<b>Measure name</b>	<b>Follow-Up After Emergency Department Visit for Mental Illness (FUM)</b>
<b>Description</b>	Percentage of emergency department (ED) visits for beneficiaries age 6 and older with a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness. Two rates are reported: <ul style="list-style-type: none"> <li>Percentage of ED visits for mental illness for which the beneficiary received follow-up within 30 days of the ED visit (31 total days);</li> <li>Percentage of ED visits for mental illness for which the beneficiary received follow-up within 7 days of the ED visit (8 total days).</li> </ul>
<b>Measure steward</b>	National Committee for Quality Assurance (NCQA)
<b>NQF number (if endorsed)</b>	3489
<b>Meaningful Measures area(s) of measure</b>	Promote Effective Prevention & Treatment of Chronic Disease
<b>Measure type</b>	Process
<b>Recommended to replace current measure?</b>	Ambulatory Care: Emergency Department (ED) Visits (AMB-HH)
<b>Is the measure on the Child or Adult Core Set?</b>	Currently on the Adult Core Set and recommended for addition to the Child Core Set by the 2022 Child and Adult Core Set Review Workgroup
Technical Specifications	
<b>Ages</b>	Age 6 and older as of the ED visit. The measure includes stratifications for ages 6 to 17, ages 18 to 64, age 65 and older, and a total rate. <ul style="list-style-type: none"> <li>The Adult Core Set includes this measure for beneficiaries age 18 and older. Rates are reported for two age groups: ages 18 to 64 and age 65 and older.</li> <li>This measure has been recommended for addition to the Child Core Set for beneficiaries ages 6 to 17.</li> </ul>
<b>Data collection method</b>	Administrative (claims).
<b>Denominator</b>	The denominator for this measure is based on ED visits, not on beneficiaries. The denominator includes ED visits with a principal diagnosis of mental illness or intentional self-harm on or between January 1 and December 1 of the measurement year where the beneficiary was 6 years or older on the date of the visit.
<b>Numerator</b>	<ul style="list-style-type: none"> <li>30-Day Follow-Up: A follow-up visit with any practitioner, with a principal diagnosis of a mental health disorder or with a principal diagnosis of intentional self-harm and any diagnosis of mental health disorder within 30 days after the ED visit (31 total days). Include visits that occur on the date of the ED visit.</li> <li>7-Day Follow-Up: A follow-up visit with any practitioner, with a principal diagnosis of a mental health disorder or with a principal diagnosis of intentional self-harm and any diagnosis of mental the</li> </ul>

- Measure information and technical specifications
- Information on minimum technical feasibility
- Nominating Workgroup member's comments on feasibility, actionability, and strategic priority
- Other information, including condition prevalence in Medicaid, measure alignment across programs, and measure performance data where available

# Measure Information Sheet: Removal

MEASURE INFORMATION SHEET	
<b>HEALTH HOME CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2022 CORE SET</b>	
Measure Information	
Measure name	<b>Ambulatory Care: Emergency Department (ED) Visits (AMB-HH)</b>
Description	Rate of emergency department (ED) visits per 1,000 enrollee months among health home enrollees.
Measure steward	National Committee for Quality Assurance (NCQA)
NQF number (if endorsed)	Not endorsed
If measure is removed, does it leave a gap in the Health Home Core Set?	The Workgroup members (WGMs) indicated that removing this measure would not leave a gap in the Health Home Core Set.
Has another measure been proposed for substitution (new or existing measure)?	Follow-Up After Emergency Department Visit for Mental Illness (FUM)
Is there another related measure in the Core Set?	No
Meaningful Measures area of measure	Affordability and Efficiency Note: The Meaningful Measures 2.0 Framework is still under development
Use in other CMS programs	<ul style="list-style-type: none"> <li>Child Core Set</li> <li>Medicaid &amp; CHIP Scorecard</li> <li>Medicare/Medicaid FAI Demonstration</li> </ul>
FFY 2021 Technical Specifications	
Ages	All health home enrollees.
Data collection method	Administrative.
Denominator	Number of enrollee months. Enrollee months are an enrollee's "contribution" to the total year enrollment. Enrollee months are calculated by summing the total number of months each enrollee is enrolled in the program during the measurement year.
Numerator	Number of ED visits. Count each visit to an ED once, regardless of the intensity or duration of the visit. Count multiple ED visits on the same date of service as one visit.
Exclusions	<ul style="list-style-type: none"> <li>Exclude enrollees in hospice from the eligible population.</li> <li>Exclude ED visits resulting in an inpatient stay.</li> </ul>
Continuous enrollment period	None.
Allowable gap	None.

- Measure information and technical specifications
- Nominating Workgroup member's reasons for removal, by criteria
- Core Set reporting history and reporting challenges identified by SPAs
- Other information, including measure alignment across programs
- Measure performance data, if publicly reported

# Guidance for Measure Review

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- 1. Review Measure Information Sheet and record notes and questions in measure review worksheet**
  - 2. Consult other available resources as needed**
    - **Medicaid and CHIP Beneficiary Profile** contains beneficiary characteristics, prevalence of conditions, and expenditures
    - **Health Home Information Resource Center** contains background information such as a Fact Sheet on Medicaid Health Home programs, FAQs, and resources for states to plan their health home program implementation
    - **Chart Packs and Measure Specific Tables** contain state-reported information for Health Home measures and measures suggested for addition that are in the Child or Adult Core Sets
    - **Health Home Measure Summaries** contain information on SPA reporting and measure performance, including detailed reasons on why SPAs are unable to report measures
    - **Health Home Core Set Resource Manual and Technical Specifications**
  - 3. Assess the measure against the criteria for addition or removal**
  - 4. Record preliminary vote in measure review worksheet**
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# How to Access Resources

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- Resources will be available to Workgroup members on a Workgroup Member Resource Platform utilizing the file-sharing platform, Box
- Workgroup members will receive an email from Mathematica's IT staff authorizing access to the Workgroup Member Resource Platform
  - Mathematica will email Workgroup members with a User's Guide and a notification when resources are available
- If you have questions while reviewing the resources, please email [MHHCoreSetReview@mathematica.org](mailto:MHHCoreSetReview@mathematica.org)

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# Workgroup Questions

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# Voting Meeting Approach

# Voting Meeting Logistics

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- The virtual voting meeting will take place August 17 – 18
- The meeting will be open to the public
- Registration is now available on our website:  
<https://www.mathematica.org/features/hhcoresetreview>
- More information about the meeting agenda and resources will be posted on our website prior to the meeting



# Measure Discussion

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- **The Workgroup will vote on a total of 8 measures during the meeting, including 5 suggested for addition and 3 suggested for removal**
- **We will first discuss measures suggested for removal**
- **Measures will be considered in their specified form**
- **Workgroup members will also discuss gaps in the Health Home Core Set and areas for future measurement development**

# Voting Process

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

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# Workgroup Questions

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# Opportunity for Public Comment

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# Wrap Up

# Next Steps

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- **The Workgroup Member Resource Platform will be updated with measure review materials for Workgroup members later today, August 3rd**
  - Measure information sheets will be posted publicly prior to the voting meeting
- **For help accessing resources or any other questions, Workgroup members should email [MHCCoreSetReview@mathematica-mpr.com](mailto:MHCCoreSetReview@mathematica-mpr.com)**

## For More Information

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

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**THANK YOU FOR PARTICIPATING!**