Mathematica
Progress Together

Medicaid Health Home Core Sets Annual Review Workgroup:

Meeting to Review Measures for the 2025 Core Sets

Day 1

July 11, 2023

Technical Instructions

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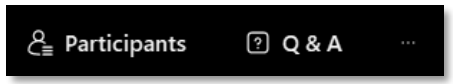

- If you are having issues speaking during Workgroup or public comments, ensure you are not also muted on your headset or phone. Connecting to audio using the "call me" feature in WebEx is the most reliable option.
  - Audio settings can be accessed by selecting the arrow next to the unmute button.

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Technical Instructions *(continued)*

- During the webinar, there will be opportunities for Workgroup member comments or public comment.
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- To enable closed captioning, click on the "CC" icon in the lower-left corner of the screen. You can also click "Ctrl, Shift, A" on your keyboard.

Welcome and Meeting Objectives

Mathematica Project Team

- Project director: Margo Rosenbach
- Research, analytics, and logistics team: Patricia Rowan, Ilse Argueta, Maria Dobinick, Talia Parker, Erin Reynolds
- Communications support: Christal Stone Valenzano and Derek Mitchell
- Writing support: Aurrera Health Group team, led by Megan Thomas and Jenneil Johansen

Meeting Objectives

- Review the measures suggested for addition to or removal from the Medicaid Health Home Core Sets
- Recommend updates to the Medicaid Health Home Core Sets
- Discuss gap areas and areas for future measure development
- Provide an opportunity for public comment

Introduction of Workgroup Members and Disclosure of Interests

Disclosure of Interest

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

Workgroup Roll Call

- Please use the “Raise Hand” feature to be unmuted during introductions
- Please mute yourself after speaking
- If a Workgroup member exits and re-enters the WebEx platform, they must again use the raise hand feature to be unmuted
- When your name is called, please indicate whether you have anything to disclose and, as an icebreaker, please mention one thing you are looking forward to during the meeting

2025 Medicaid Health Home Core Sets Review Workgroup

Voting Members	
Co-Chair: Kim Elliot, PhD, CPHQ, CHCA	Health Services Advisory Group
Co-Chair: Jeff Schiff, MD, MBA	AcademyHealth
Carrie Amero, MPP Nominated by AARP	AARP Public Policy Institute
David Basel, MD Nominated by South Dakota Department of Social Services	Avera Medical Group
Jay Berry, MD, MPH	Boston Children's Hospital
Dee Brown, MS	UnitedHealthCare
Stacey Carpenter, PsyD	ZERO TO THREE
Mackenzie Daly, MPA	Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals
Amy Houtrow, MD, PhD, MPH, FAAP Nominated by American Academy of Pediatrics	University of Pittsburgh School of Medicine

2025 Medicaid Health Home Core Sets Review Workgroup *(continued)*

Voting Members	
Raina Josberger, MS	New York State Department of Health
Arielle Kane, MPP	Families USA
Pamela Lester, RN, BSN, MSHS	Iowa Medicaid Enterprise
Amy Salazar	New Mexico Department of Health
Sara Toomey, MD, MPhil, MPH, MSc Nominated by Children's Hospital Association	Boston Children's Hospital
Laura Vegas, MPS Nominated by National Association of State Directors of Developmental Disability Services	National Association of State Directors of Developmental Disability Services
Jeannine Wigglesworth, MS	Connecticut HUSKY Health Behavioral Health Administrative Services Organization

2025 Medicaid Health Home Core Sets Review Workgroup: Federal Liaisons

Federal Liaisons (Non-voting)
Administration for Community Living, DHHS
Agency for Healthcare Research and Quality, DHHS
Center for Clinical Standards and Quality, CMS, DHHS
Department of Veterans Affairs, VA
Health Resources and Services Administration, DHHS
Office of Disease Prevention and Health Promotion, DHHS
Office of Minority Health, DHHS
Substance Abuse and Mental Health Services Administration, DHHS

CMCS Remarks

Sara Rhoades, Technical Director, Health Homes, Medicaid Benefits and Health Programs Group Center for Medicaid and CHIP Services

Opportunities to Advance Health Equity Through the Health Home Core Sets: Screening and Referrals for Social Drivers of Health

Context for Today's Discussion

- Medicaid health home programs are designed to provide comprehensive care coordination to beneficiaries with chronic conditions
  - Intended to address the full range of medical, behavioral, and long-term services and supports for high-need, high-cost Medicaid populations
  - Health homes offer person-centered, team-based care coordination with a strong focus on linking to social supports and services
- Health homes must provide six core services, including referral to community and social services
- Screening and referring health home enrollees based on social drivers of health is one way that states can address the requirements of the health home program

Preview of Discussion Topics

- How are health home programs and providers currently screening health home enrollees for social drivers of health (SDOH)?
  - What are the challenges with current screening approaches?
- How are the outcomes of SDOH screening being measured?
  - Are the results of SDOH screening captured in data systems?
  - Are referrals tracked, and if so, how?
  - Are screening and referral data shared with the state for the purposes of health home program monitoring or quality improvement?
- What additional resources would be needed to advance this work?
- Are there other key considerations for advancing this work?

Workgroup Member Remarks

Jay Berry, Boston Children's Hospital
Stacey Carpenter, ZERO TO THREE
Raina Josberger, New York State Department of Health
Jeannie Wigglesworth, Connecticut HUSKY Health Behavioral Health Administrative Services Organization

Workgroup Member Discussion

Discussion Topics

- How are health home programs and providers currently screening health home enrollees for social drivers of health (SDOH)?
  - What are the challenges with current screening approaches?
- How are the outcomes of SDOH screening being measured?
  - Are the results of SDOH screening captured in data systems?
  - Are referrals tracked, and if so, how?
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Opportunity for Public Comment

Break

Approach to Measure Review and Voting

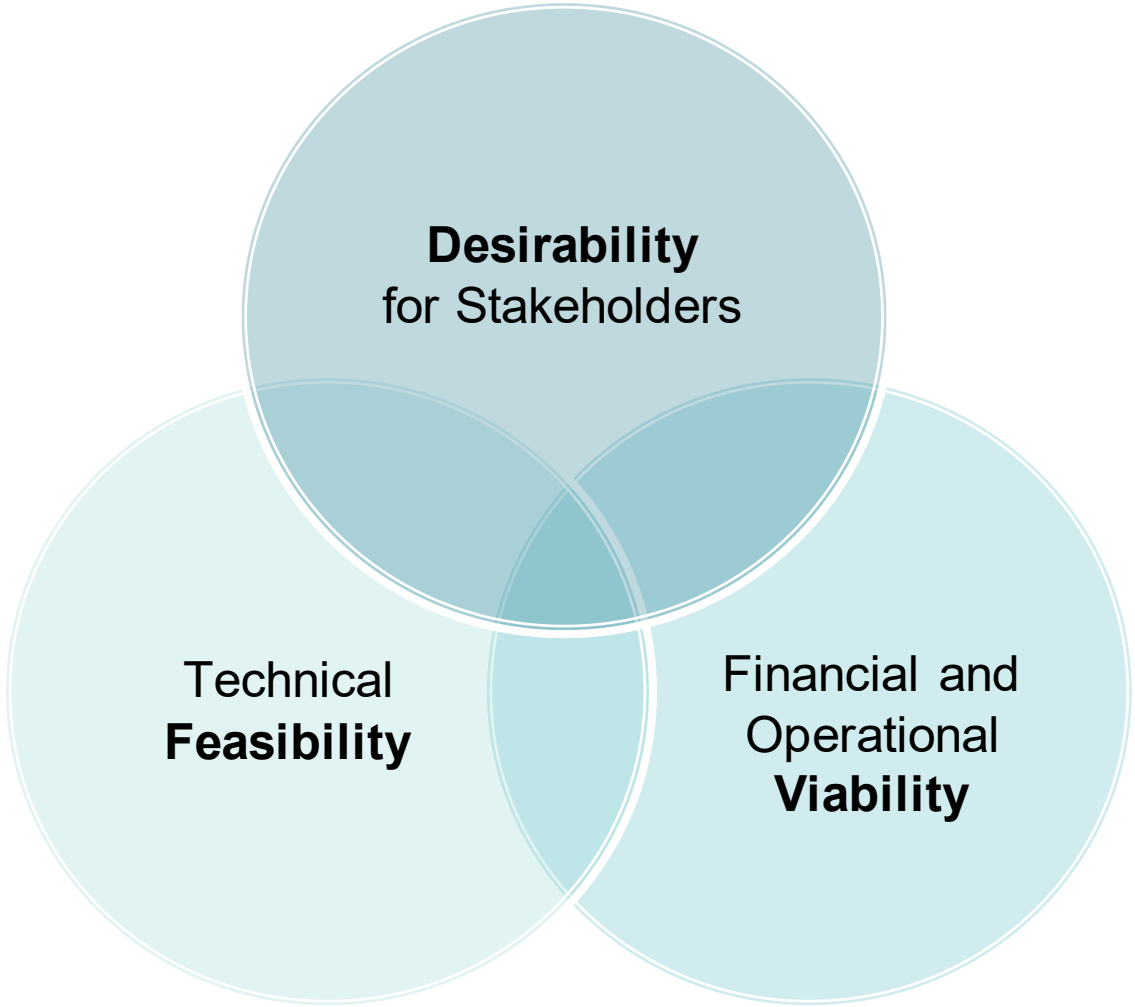
2025 Medicaid Health Home Core Sets Annual Review Workgroup Charge

The Medicaid Health Home Core Sets Workgroup for the 2025 Annual Review is charged with assessing the 2023 and 2024 Medicaid Health Home Core Sets and recommending measures for addition or removal in order to strengthen and improve the Medicaid Health Home Core Sets.

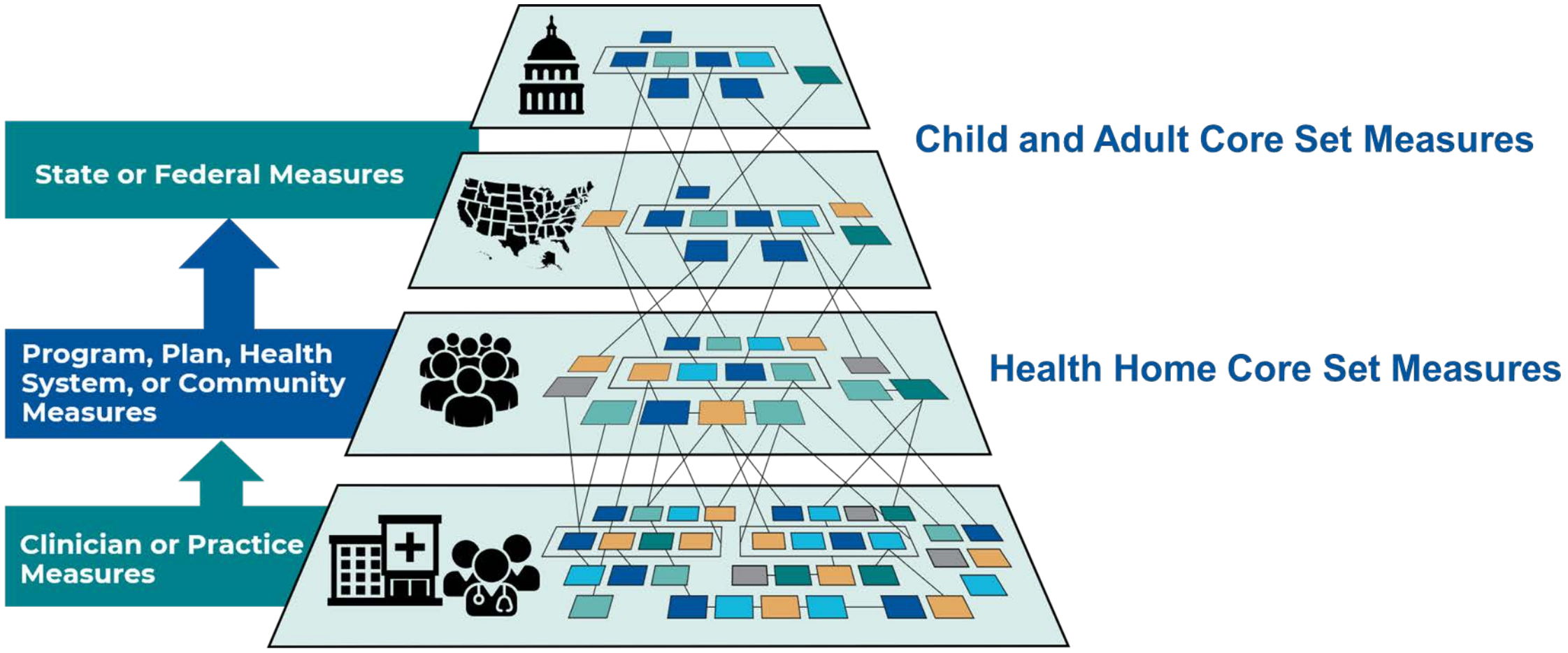
The Workgroup should focus on recommending measures that are actionable, aligned, and appropriate for program-level reporting, to ensure the measures can meaningfully drive improvement in quality of care and outcomes for Medicaid health home program enrollees.

Role of the Workgroup in Strengthening the 2025 Health Home Core Sets

- The annual Workgroup process is designed to identify gaps in the existing Medicaid Health Home Core Sets and suggest updates to strengthen and improve the Core Sets
- 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



Alignment Across Multiple Levels to Facilitate Quality Improvement



Level-Setting about the Medicaid Health Home Core Sets

- The 2023 Health Home Core Set contains 13 measures
  - There is no target number of measures (maximum or minimum) for the Health Home Core Sets
- 37 health home programs were expected to report Health Home Core Set measures for FFY 2020; 34 reported at least 1 measure
  - States reported a median of 9 measures for FFY 2020
  - Reporting remained consistent or increased for 24 of the 26 approved health programs that reported for all three years from FFY 2018 to FFY 2020
  - Reporting increased for all 9 measures included in both the 2018 and 2020 Medicaid Health Home Core Sets

Level-Setting *(continued)*

- **Measure stewards update quality measures annually, including data sources, code sets, denominator and numerator definitions and calculations, exclusions, and measure names**
  - **Changes may reflect new clinical guidance, coding updates, emerging data sources, and technical corrections**
- **The measure information sheets for the measures under consideration by the Workgroup are based on publicly available information and information from measure stewards as of May 2023**
  - **Measures may undergo updates and the measure information sheets may not reflect the measure specifications for 2025 reporting**
- **This reflects the evolving nature of quality measurement in health care**

Level-Setting *(continued)*

- **As of October 1, 2022, states could submit a State Plan Amendment (SPA) or request a planning grant to cover health home services to support a family-centered system of care for children with medically complex conditions**
  - **These are known as 1945A health home programs**
  - **No states have submitted a SPA or requested a planning grant as of June 2023**
- **CMS released the Proposed 2024 Core Set of Quality Measures for 1945A Health Home Programs (see Appendix)**
- **The Workgroup did not suggest any measures for addition to or removal from the proposed 1945A Health Home Core Set**

Criteria for Measure Review

Recap of Criteria for the 2025 Medicaid Health Home Core Sets Annual Review

- To assess measures for inclusion in the 2025 Medicaid Health Home Core Sets, Workgroup members will use criteria in three areas:
  - Minimum Technical Feasibility Requirements
  - Actionability and Strategic Priority
  - Other Considerations
- To be considered for the 2025 Medicaid Health Home Core Sets, all measures must meet minimum technical feasibility requirements

Criteria for Suggesting Measures for Addition

Minimum Technical Feasibility Requirements

- ✓ The measure must be fully developed and have detailed technical specifications that enable production of the measure at the program level (e.g., numerator, denominator, and value sets).
- ✓ The measure must have been tested in state Medicaid and/or CHIP programs or be in use by one or more state Medicaid and/or CHIP programs.
- ✓ An available data source or validated survey instrument exists that contains all the data elements necessary to calculate the measure, including an identifier for Medicaid beneficiaries (or the ability to link to an identifier).
- ✓ The specifications and data source must allow for consistent calculations across health home programs (e.g., coding and data completeness).
- ✓ The measure must include technical specifications (including code sets) that are provided free of charge for state use in the Core Set.

Actionability and Strategic Priority

- ✓ Taken together with other Core Set measures, the measure can be used to estimate the overall national quality of health care in Medicaid health home programs.
- ✓ The measure should be suitable for comparative analyses of disparities by factors such as race, ethnicity, sex, age, rural/urban status, disability, and language.
- ✓ The measure addresses a strategic priority for improving health care delivery and outcomes in Medicaid health home programs.
- ✓ The measure can be used to assess progress in improving health care delivery and outcomes in Medicaid health home programs (e.g., the measure has room for improvement, performance is trendable, and improvement can be directly influenced by Medicaid health home programs/providers).

Other Considerations

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

Criteria for Suggesting Measures for Removal

Technical Feasibility

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

Actionability and Strategic Priority

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

Other Considerations

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

Questions from Workgroup Members

Practice Voting

Voting Process

- **Voting will take place after Workgroup discussion and public comment on the measure, or group of measures, being reviewed**
- **Voting is open to Workgroup members only**
- **Workgroup members will vote on each measure in its specified form**
  - **Measures for addition:**
    - Yes, I recommend adding this measure to the Core Set
    - No, I do not recommend adding this measure to the Core Set
  - **Measure for removal:**
    - Yes, I recommend removing this measure from the Core Set
    - No, I do not recommend removing this measure from the Core Set
- **Measures will be recommended for removal or addition if two-thirds of eligible Workgroup members vote "yes"**

Practice Vote #1

Do you prefer dogs over cats?

- Yes, I prefer dogs
- No, I prefer cats

Practice Vote #2

Do you prefer beach vacations over mountain vacations?

- Yes, I prefer beach vacations
- No, I prefer mountain vacations

Measure Suggested for Addition

Addition: Medicaid Managed Long-Term Services and Supports Comprehensive Care Plan and Update (MLTSS-2)

Description	The percentage of Medicaid managed long-term services and supports (MLTSS) participants age 18 and older who have documentation of a long-term services and supports comprehensive care plan in a specified timeframe that includes documentation of core elements. Two performance rates are reported for this measure: (1) Care Plan with Core Elements and (2) Care Plan with Supplemental Elements. Two exclusion rates are also reported: (1) Participant Could Not be Contacted and (2) Participant Refused Care Planning.
Measure steward	Centers for Medicare & Medicaid Services (CMS)
NQF number (if endorsed)	Not endorsed
Data collection method	Case management record review
Is the measure on the Child or Adult Core Sets?	The Adult Core Set includes the NCQA version of this measure: Long-Term Services and Supports Comprehensive Care Plan and Update (CPU-AD)
Use of measure in other CMS programs	CMS Home and Community Based Services (HCBS) Quality Measure Set, which is also being considered for pilot use in 1115 demonstrations

Addition: Medicaid Managed Long-Term Services and Supports Comprehensive Care Plan and Update (MLTSS-2) *(continued)*

Denominator	This measure is based on review of Medicaid MLTSS plan case management records from a systematic sample drawn from the eligible population.
Numerator	Two performance rates are included in the numerator. 1. Care Plan with Core Elements. Medicaid MLTSS participants who had a long-term services and supports comprehensive care plan with nine core elements documented within 120 days of enrollment (for new participants) or during the measurement year (for established participants). 2. Care Plan with Supplemental Elements. Medicaid MLTSS participants who had a long-term services and supports comprehensive care plan with nine core elements and at least four supplemental elements documented within 120 days of enrollment (for new participants) or during the measurement year (for established participants).

Workgroup Member Discussion

Opportunity for Public Comment

Vote on Measure

Addition Vote #1: Medicaid Managed Long-Term Services and Supports Comprehensive Care Plan and Update (MLTSS-2)

Should the Medicaid Managed Long-Term Services and Supports Comprehensive Care Plan and Update (MLTSS-2) measure be added to the 2025 1945 Health Home Core Set?

- **Yes, I recommend adding this measure to the 2025 1945 Health Home Core Set**
- **No, I do not recommend adding this measure to the 2025 1945 Health Home Core Set**

Measures Suggested for Removal, Part 1

Removal: Prevention Quality Indicator (PQI) 92: Chronic Conditions Composite (PQI92-HH)

Description	Hospitalizations for ambulatory care sensitive chronic conditions per 100,000 health home enrollee months for enrollees age 18 and older.
Measure steward	Agency for Healthcare Research and Quality (AHRQ)
NQF number (if endorsed)	Not endorsed
Data collection method	Administrative
Denominator	Total number of months of health home enrollment for enrollees age 18 and older during the measurement period.
Numerator	Discharges for health home enrollees age 18 and older, that meet the inclusion and exclusion rules for the numerator in any of the following Prevention Quality Indicators (PQIs): • PQI 01: Diabetes Short-Term Complications Admission Rate • PQI 03: Diabetes Long-Term Complications Admission Rate • PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate

Removal: Prevention Quality Indicator (PQI) 92: Chronic Conditions Composite (PQI92-HH) *(continued)*

Numerator *(continued)*	Discharges for health home enrollees age 18 and older, that meet the inclusion and exclusion rules for the numerator in any of the following Prevention Quality Indicators (PQIs): • PQI 07: Hypertension Admission Rate • PQI 08: Heart Failure Admission Rate • PQI 14: Uncontrolled Diabetes Admission Rate • PQI 15: Asthma in Younger Adults Admission Rate • PQI 16: Lower-Extremity Amputations Among Patients with Diabetes Rate Discharges that meet the inclusion and exclusion rules for the numerator in more than one of the above PQIs are counted only once in the composite numerator.
Has another measure been proposed for substitution?	No
Number of states reporting the measure for FFY 2020	25 approved health home programs

Removal: Admission to a Facility from the Community (AIF-HH)

Description	The number of admissions to a facility among health home enrollees age 18 and older residing in the community for at least one month. The following three performance rates are reported across four age groups (ages 18 to 64, ages 65 to 74, ages 75 to 84, and age 85 and older): • Short-Term Stay. The rate of admissions resulting in a short-term stay (1 to 20 days). • Medium-Term Stay. The rate of admissions resulting in a medium-term stay (21 to 100 days). • Long-Term Stay. The rate of admissions resulting in a long-term stay (greater than or equal to 101 days). The number of short-term, medium-term, or long-term admissions is reported per 1,000 enrollee months. Enrollee months reflect the total number of months each enrollee is enrolled in the program and residing in the community for at least one day of the month.
Measure steward	Centers for Medicare & Medicaid Services (CMS)
NQF number (if endorsed)	Not endorsed

Removal: Admission to a Facility from the Community (AIF-HH) *(continued)*

Data collection method	Administrative
Denominator	Number of enrollee months where the enrollee was residing in the community for at least one day of the month.
Numerator	The number of facility admissions (FA) from a community residence from August 1 of the year prior to the measurement year through July 31 of the measurement year.
Has another measure been proposed for substitution?	No
Number of states reporting the measure for FFY 2020	22 approved health home programs

Workgroup Member Discussion

Opportunity for Public Comment

Vote on Measures

Removal Vote #1 : Prevention Quality Indicator (PQI) 92: Chronic Conditions Composite (PQI92-HH)

Should the Prevention Quality Indicator (PQI) 92: Chronic Conditions Composite (PQI92-HH) measure be removed from the 1945 Health Home Core Set?

- **Yes, I recommend removing this measure from the 1945 Health Home Core Set**
- **No, I do not recommend removing this measure from the 1945 Health Home Core Set**

Removal Vote #2: Admission to a Facility from the Community (AIF-HH)

Should the Admission to a Facility from the Community (AIF-HH) measure be removed from the 1945 Health Home Core Set?

- **Yes, I recommend removing this measure from the 1945 Health Home Core Set**
- **No, I do not recommend removing this measure from the 1945 Health Home Core Set**

Preview of Day 2 and Wrap-Up

Agenda for Day 2

- Opportunities to advance health equity through measure stratification
- Measures suggested for removal, Part 2
- Prioritization of Health Home Core Sets measure gaps
- Workgroup reflections and future directions
- Public comment

Appendix

1945A Medicaid Health Home Programs

- Section 1945A of the Social Security Act provides an opportunity for states to cover health home services, including care coordination, care management, patient and family support, and similar services, that are expected to support a family-centered system of care for children with medically complex conditions, and that could help to improve health outcomes for these children
- As of October 1, 2022, states can submit State Plan Amendments (SPAs) or make a request for health home planning grants to assist state Medicaid agencies in health home program planning
  - States are required to begin reporting six months after program enrollment begins

Populations Served by 1945A Medicaid Health Home Programs

- Children up to 21 years of age with complex medical conditions
- Eligible for medical assistance under the state plan (or a waiver of a state plan, which CMS interprets to include eligibility under a section 1115 demonstration)
- Must be diagnosed with:
  - One or more chronic conditions that cumulatively affect three or more organ systems *and* severely reduced cognitive or physical functioning (such as the ability to eat, drink, or breathe independently) *and* that also requires the use of medication, durable medical equipment, therapy, surgery, or other treatments, *or*
  - One life-limiting illness, *or*
  - A rare pediatric disease as defined by the Federal Food, Drug, and Cosmetic Act

NOTE: The list of chronic conditions in the statute is not meant to be a complete list of allowable conditions.

Proposed 2024 Core Set of Quality Measures for 1945A Health Home Programs

NQF#	Measure Name	Data Collection Method	Age Range	Included in Other Core Sets
1392	Well-Child Visits in the First 30 Months of Life (W30-CH)	Administrative	Ages birth – 15 months	Child Core Set
1516	Child and Adolescent Well-Care Visits (WCV-CH)	Administrative	Ages birth – 30 months	Child Core Set
0038	Child Immunization Status (CIS-CH)	Administrative, hybrid, or EHR	Ages birth – 2	Child Core Set
1407	Immunizations for Adolescents (IMA-CH)	Administrative, hybrid, or EHR	Age 13	Child Core Set
2517	Oral Evaluation, Dental Services (OEV-CH)	Administrative	Under age 21	Child Core Set
NA	Ambulatory Care: Emergency Department Visits (AMB-HH)	Administrative	All ages	Child Core Set, 1945 Health Home Core Set
NA	Inpatient Utilization (IU-HH)	Administrative	All ages	1945 Health Home Core Set

NQF = National Quality Forum