

---

# Medicaid Health Home Core Set Stakeholder Workgroup

2022 Annual Review

---

**Orientation Meeting**

**April 27, 2021**

---

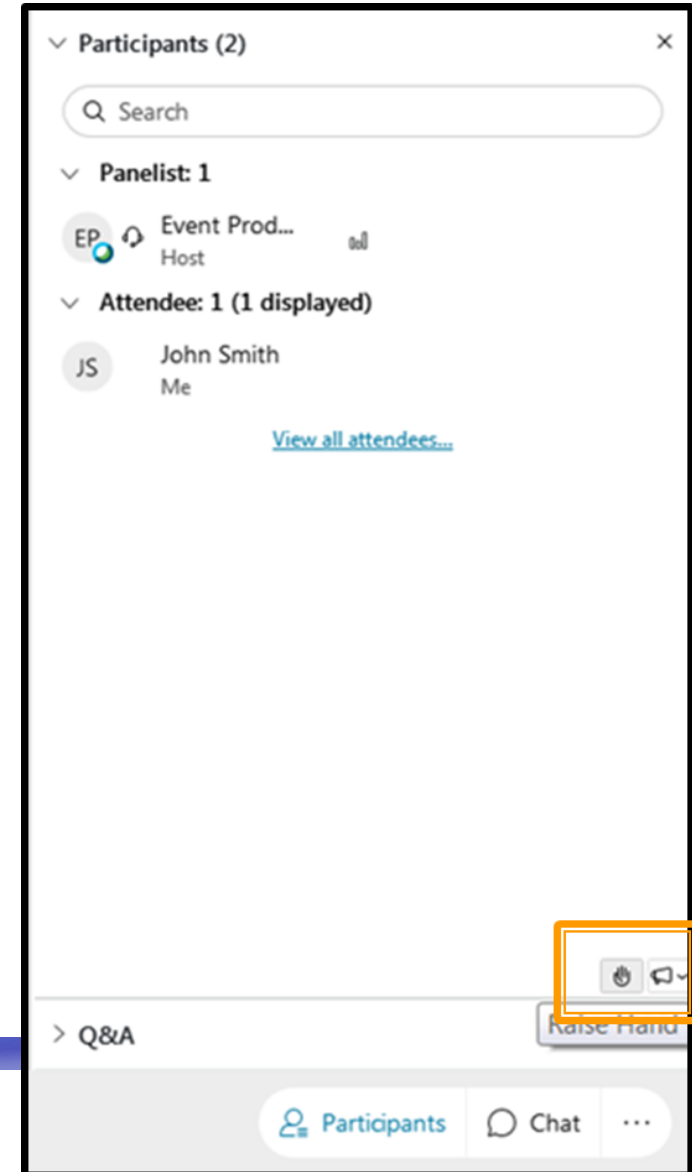
---

# 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

---

- If you are experiencing technical issues during the webinar, please send the event producer/host a private message through the **Q&A** function.
- Please note that there is no chat function; you must use the Q&A function for support.

---

# Welcome and Introductions

# Meeting Objectives

---

- **Introduce the 2022 Medicaid Health Home Core Set Annual Review Stakeholder Workgroup**
- **Describe the charge, milestones, and vision for the 2022 Medicaid Health Home Core Set Annual Review**
- **Provide an overview of Medicaid Health Home programs, describe the 2021 Medicaid Health Home Core Set, and present information on health home quality reporting**
- **Present the process for Workgroup members to suggest measures for addition to or removal from the 2022 Medicaid Health Home Core Set**
- **Provide opportunity for public comment**

# Mathematica Medicaid Health Home Core Set Review Team

---

- **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> Joe Weissfeld	Families USA
David Basel	Avera Medical Group
Dee Brown	UnitedHealthCare
James Bush	Wyoming Department of Health
Karolina Craft	Minnesota Department of Human Services
Kim Elliot	Health Services Advisory Group
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



# Disclosure of Interest

---

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

---

# **Center for Medicaid and CHIP Services (CMCS) Remarks**

**Sara Rhoades, Technical Director, Health Homes  
Disabled and Elderly Health Programs Group**

---

## **Co-Chair Remarks**

**Fran Jensen**  
**Medical Director, Office of MaineCare Services**

**Joe Weissfeld**  
**Director of Medicaid Initiatives, Families USA**

# 2022 Medicaid Health Home Core Set Annual Review Workgroup Charge

---

**The Medicaid Health Home Core Set Stakeholder Workgroup for the 2022 Annual Review is charged with assessing the 2021 Medicaid Health Home Core Set and recommending measures for addition or removal in order to strengthen and improve the Medicaid Health Home Core Set.**

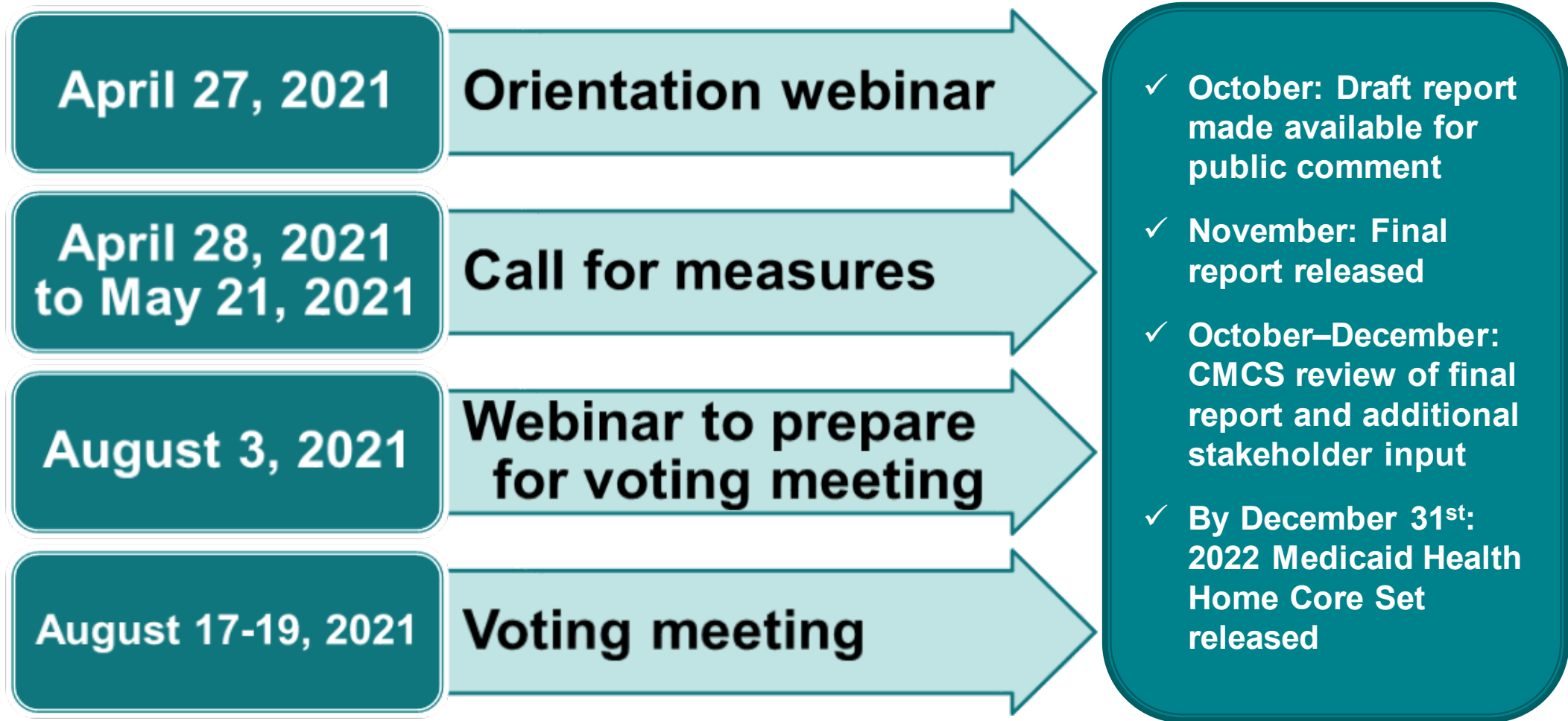
**The Workgroup should focus on recommending measures that are Actionable, Aligned, and Appropriate for program-level reporting, to ensure the measures can meaningfully drive improvement in quality of care and outcomes for Medicaid Health Home program enrollees.**

# Annual Review Process

---

- **The annual review process includes the following components:**
  - Review the 2021 Medicaid Health Home Core Set measures and FFY 2019 Medicaid Health Home program performance
  - Consider the Medicaid Health Home Core Set individually, as well as alignment with the Child and Adult Core Sets and other CMS initiatives
  - Suggest measures for addition to or removal from the 2022 Medicaid Health Home Core Set
  - Identify gaps and areas for future measure development
- **Workgroup recommendations will inform CMCS's updates for the 2022 Medicaid Health Home Core Set**

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



---

# **Vision for the 2022 Medicaid Health Home Core Set Annual Review**

# 2021 Medicaid Health Home Core Set of Quality Measures

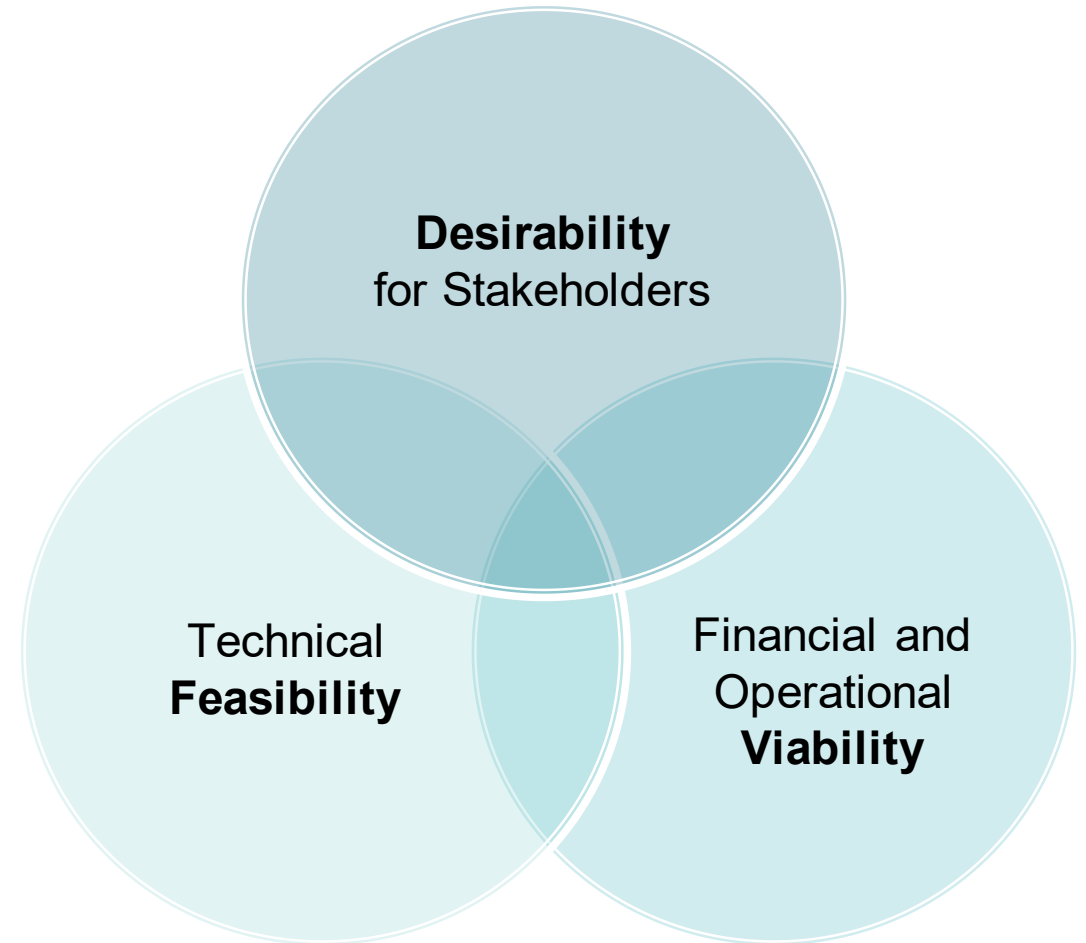
Measure Name	Data Collection Method	Age Range	Focus Area	Included in 2021 Child or Adult Core Sets
<b>Quality Measures</b>				
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-HH)	Administrative or EHR	Age 13 and older	SUD	Adult Core Set
Controlling High Blood Pressure (CBP-HH)	Administrative, hybrid, or EHR	Ages 18 to 85	Chronic conditions	Adult Core Set
Screening for Depression and Follow-Up Plan (CDF-HH)	Administrative or EHR	Age 12 and older	SMI/SED	Child and Adult Core Set
Follow-Up After Hospitalization for Mental Illness (FUH-HH)	Administrative	Age 6 and older	SMI/SED	Child and Adult Core Set
Plan All-Cause Readmissions (PCR-HH)	Administrative	Ages 18 to 64	Chronic conditions	Adult Core Set
Use of Pharmacotherapy for Opioid Use Disorder (OUD-HH)	Administrative	Ages 18 to 64	SUD	Adult Core Set
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-HH)	Administrative	Age 13 and older	SUD	Adult Core Set
Prevention Quality Indicator (PQI) 92: Chronic Conditions Composite (PQI92-HH)	Administrative	Age 18 and older	Chronic conditions	No*
<b>Utilization Measures</b>				
Admission to an Institution from the Community (AIF-HH)	Administrative	Age 18 and older	All	No
Ambulatory Care: Emergency Department Visits (AMB-HH)	Administrative	All ages	All	Child Core Set
Inpatient Utilization (IU-HH)	Administrative	All ages	All	No





# 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.)

---

- 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.

---

# Workgroup Questions

---

# **Overview of Medicaid Health Home Programs and Core Set Reporting**

# Medicaid Health Homes

---

- **The Medicaid Health Home State Plan Option, authorized under the Affordable Care Act (§1945 of the Social Security Act), allows states to design Medicaid health homes to provide comprehensive care coordination for Medicaid beneficiaries with complex needs.**
  - Medicaid health homes integrate physical and behavioral health and long-term services and supports.
- **States must submit a Medicaid state plan amendment (SPA) to CMS to create a health home program.**
  - States can target Medicaid health home enrollment by condition and geography, but not age, delivery system or dual eligibility status.
  - Each health home program requires a separate SPA. Publicly reported documents present performance at the SPA-level.

# Populations Served by Medicaid Health Homes

---

- **To qualify for Medicaid health home services, beneficiaries must be diagnosed with the following:**
  - Two chronic conditions;
  - One chronic condition and risk for a second; or
  - A serious mental illness.
- **Section 1945(h)(2) of the Social Security Act defined “chronic condition” to include mental health conditions, substance use disorder, asthma, diabetes, heart disease, and being overweight (body mass index over 25). Additional chronic conditions, such as HIV/AIDS, may be considered by CMS for approval.**

Source: <https://www.medicaid.gov/medicaid/long-term-services-supports/health-homes/index.html>

---

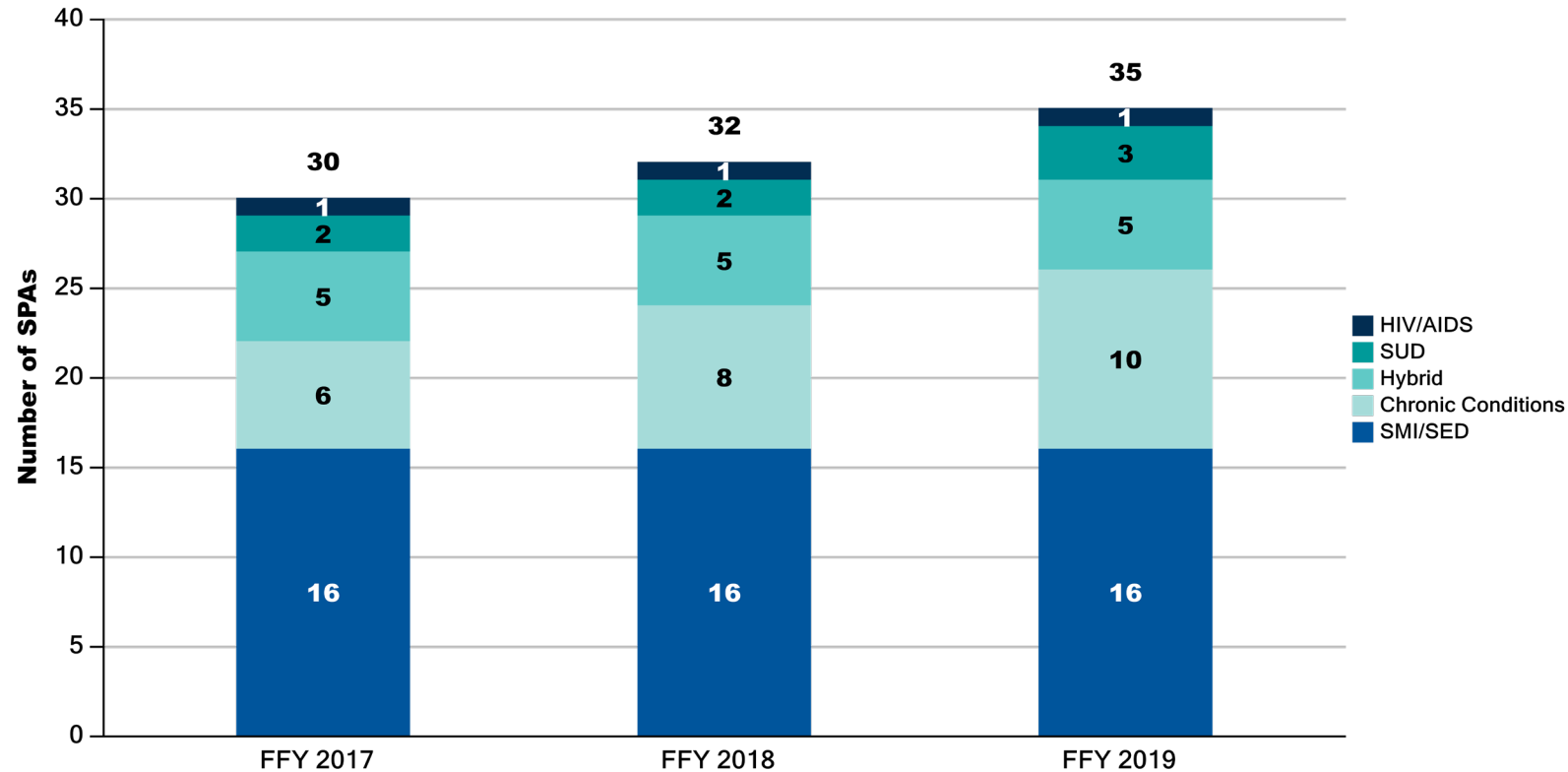
# Core Services Provided by Medicaid Health Homes

---

**Medicaid Health Home programs must provide six core services to enrollees**

- 1. Comprehensive care management**
- 2. Care coordination**
- 3. Health promotion**
- 4. Comprehensive transitional care and follow-up**
- 5. Individual and family support services**
- 6. Referral to community and social services, using health information technology**

# Number of Health Home SPAs by Target Population, FFY 2017–FFY 2019



Source: Centers for Medicare & Medicaid Services, Medicaid and CHIP Core Set Technical Assistance and Analytic Support Program, April 2020.

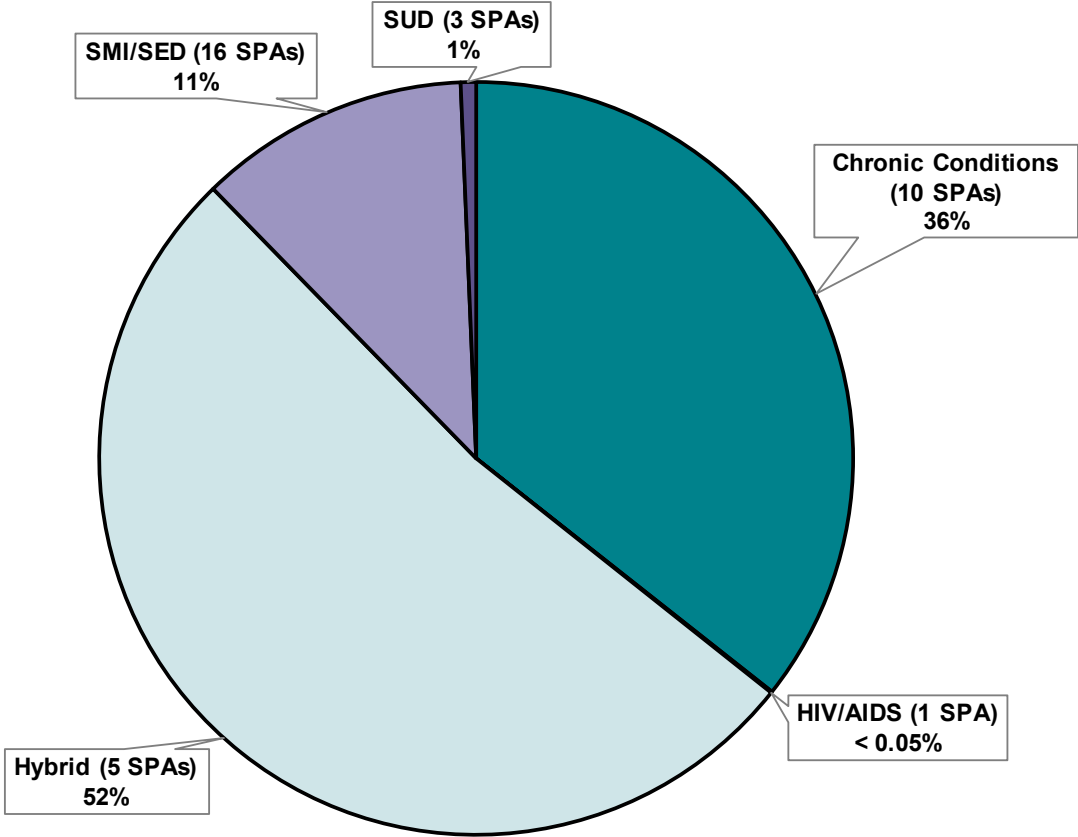
Note: Hybrid SPAs refer to SPAs that have two or more areas of focus (e.g., SUD and SMI/SED).



# Snapshot of Medicaid Health Home Enrollees, FFY 2019

Age group	Number of enrollees (31 SPAs)	Percent of total
All ages	1,750,630	100.0
Children (Ages 0 to 17)	521,427	29.8
Adults (Age 18 and older)	1,229,203	70.2

Medicaid Health Home Enrollees by SPA Focus Area



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of July 27, 2020.

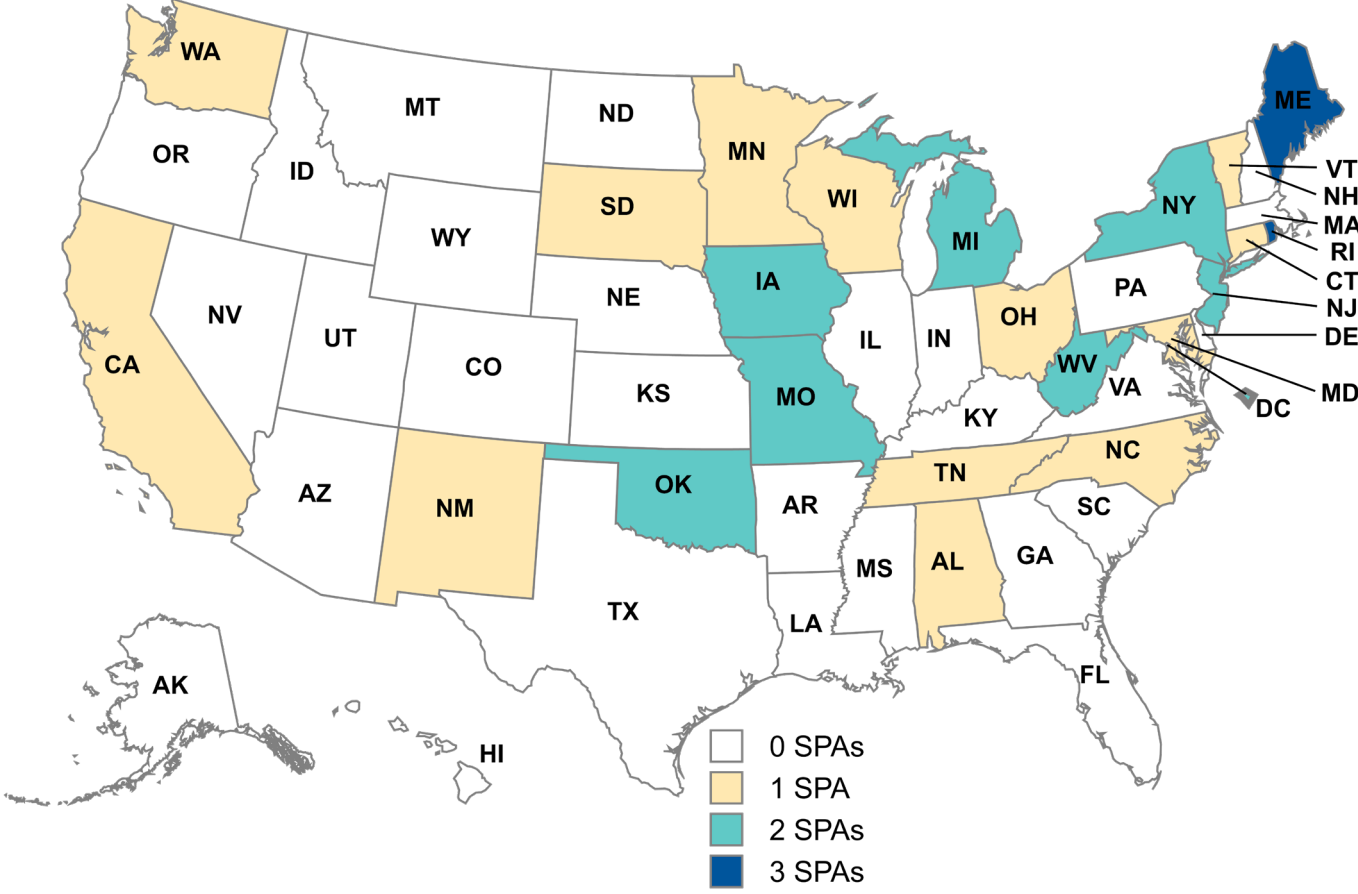
Note: Hybrid SPAs refer to SPAs that have two or more areas of focus (e.g., SUD and SMI/SED). Numbers exclude 4 SPAs that did not report data for FFY 2019 by the deadline: The District of Columbia Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions, New Jersey Behavioral Health Home Adult and Children SPAs, and Rhode Island CEDARR Family Centers Health Home SPA.

# Medicaid Health Home Quality Reporting

---

- **CMS established the Medicaid Health Home Core Set of Quality Measures in January 2013 for the purpose of ongoing monitoring and evaluation across all health home programs.**
  - States reported Health Home Core Set measures for the first time for FFY 2013.
  - States recently completed Health Home Core Set reporting for FFY 2019.
  - The FFY 2020 reporting cycle is currently in process (generally covering services delivered in calendar year 2019).
- **As a condition of payment, Medicaid Health Home providers are required to report quality measures to the state, and states are expected to report these measures to CMS.**
  - Note that SPAs are expected to report all Medicaid Health Home measures, regardless of their focus area.

# States Expected to Report Medicaid Health Home Core Set Measures, by Number of SPAs, FFY 2019



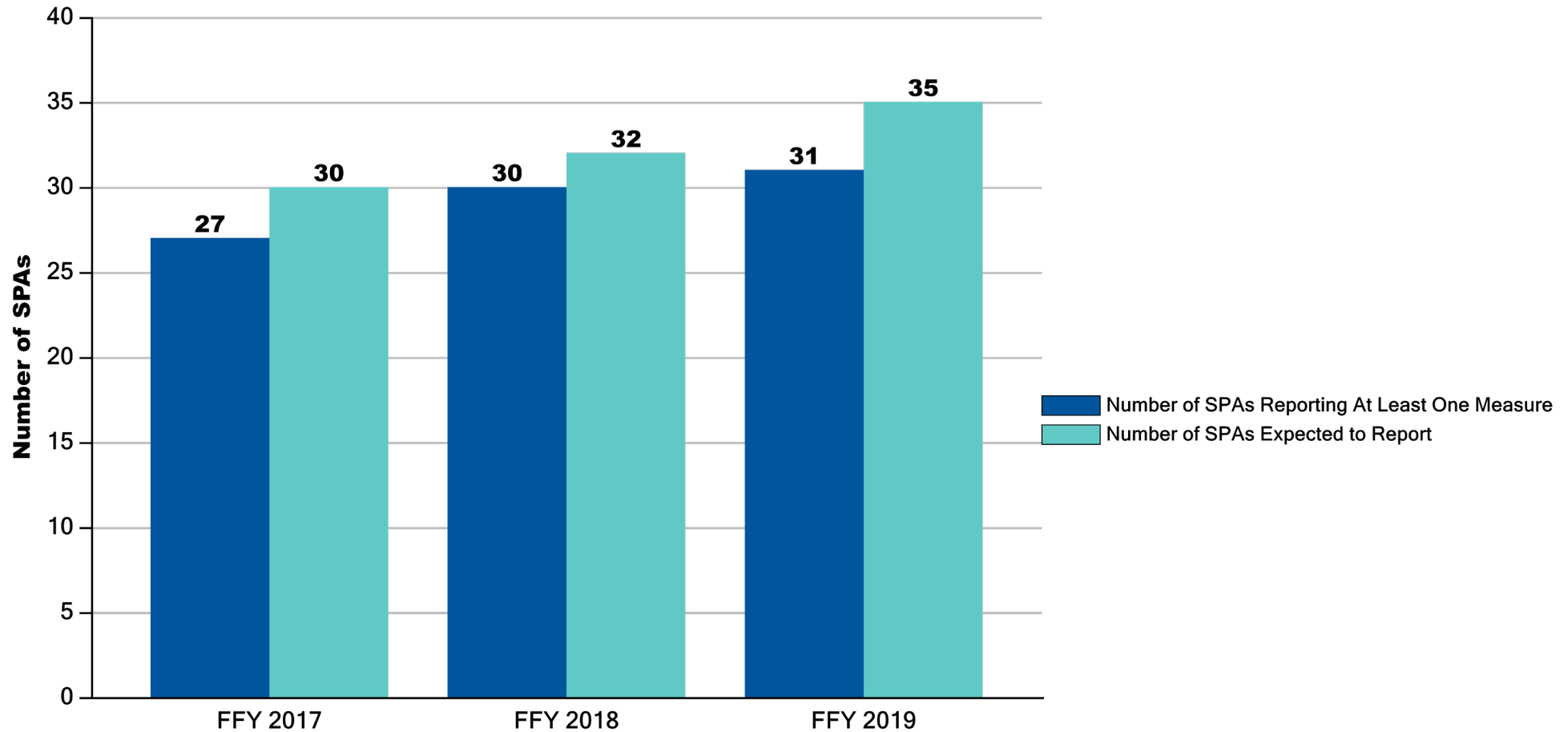
Source: Centers for Medicare & Medicaid Services, Medicaid and CHIP Core Set Technical Assistance and Analytic Support Program, April 2020.  
 Note: This chart shows the number of SPAs in each state that were expected to report Health Home Core Set measures for FFY 2019.

# Overview of FFY 2019 Health Home Core Set Reporting

---

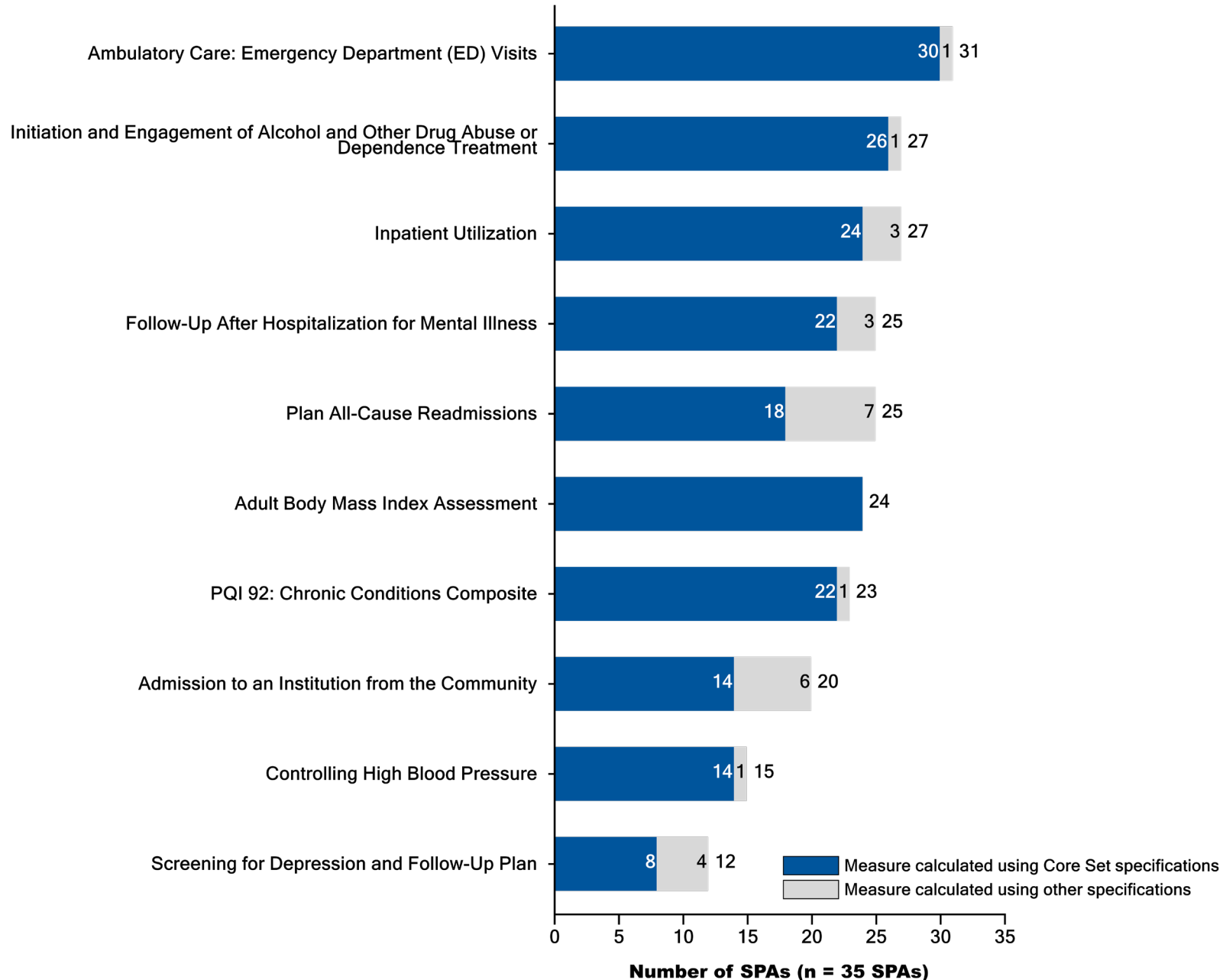
- **Performance and trending data made publicly available for the first time for FFY 2019**
- **35 SPAs were expected to report for FFY 2019; 31 SPAs reported at least one measure**
  - The 31 SPAs reported a median of 7 measures for FFY 2019
  - 7 measures were reported by at least two-thirds of the SPAs that were expected to report for FFY 2019
- **Reporting remained consistent or increased for 24 of the 25 SPAs that reported for all three years from FFY 2017 to FFY 2019**
- **SPA reporting increased for all 9 measures included in both the 2017 and 2019 Medicaid Health Home Core Sets**

# Summary of Health Home Core Set Reporting, FFY 2017–FFY 2019



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of July 27, 2020. FFY 2017 data reflect reporting as of September 28, 2018; FFY 2018 data reflect reporting as of September 13, 2019.

# Number of SPAs Reporting the Health Home Core Set Measures, FFY 2019



**Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of July 27, 2020.**

**Notes: This chart includes all Health Home Core Set measures that SPAs reported for the FFY 2019 reporting cycle. Unless otherwise specified, SPAs used Health Home Core Set specifications to calculate the measures. Some SPAs calculated Health Home Core Set measures using “other specifications.” Measures were denoted as using “other specifications” when the SPA deviated substantially from the Health Home Core Set specifications, such as using alternate data sources, different populations, or other methodologies.**

---

# Workgroup Questions

---

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



# Criteria for the 2022 Medicaid Health Home Annual Review

---

- 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 Suggesting 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 Suggesting 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 Suggesting 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 Suggesting 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.

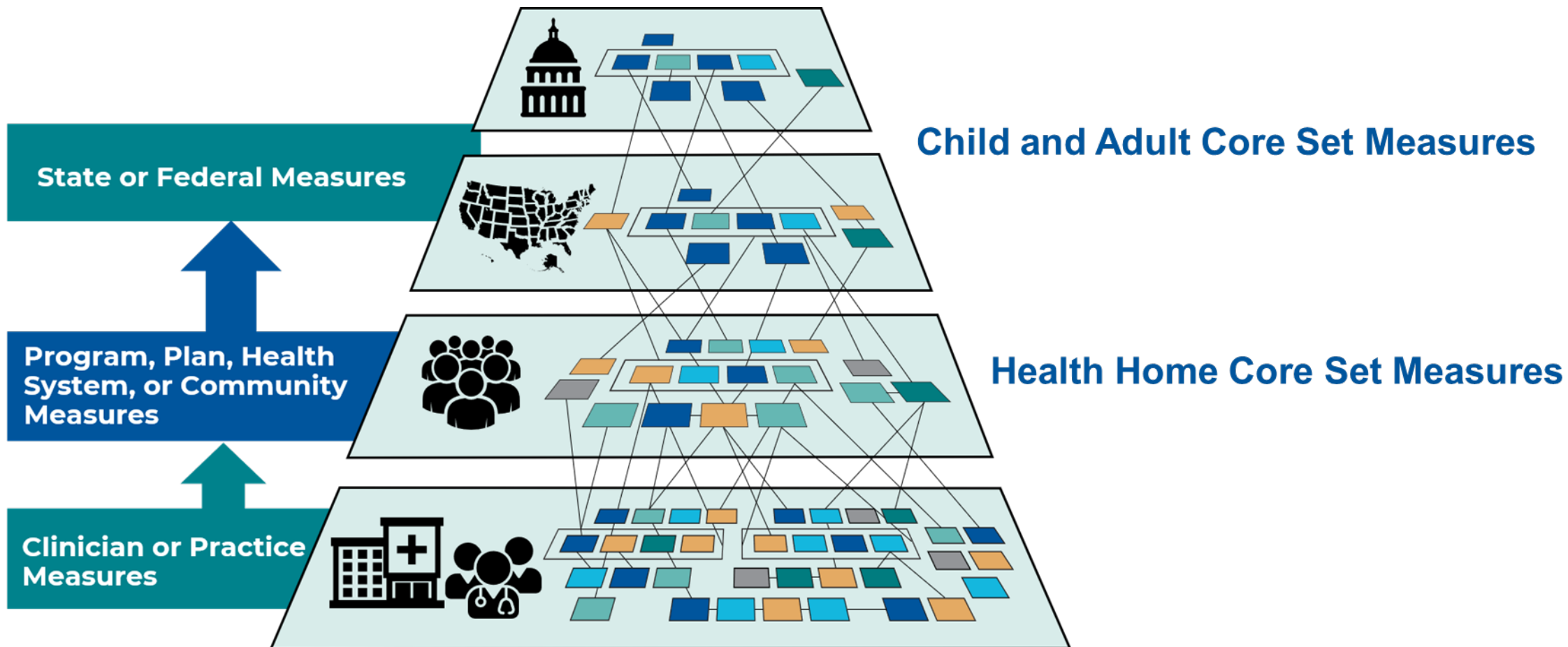
# Additional Considerations for the Call for Measures

---

**When considering 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



## Process for Suggesting Measures for Addition to or Removal from the Health Home Core Set

---

- **Workgroup members and federal liaisons may suggest measures for addition to or removal from the 2022 Medicaid Health Home Core Set**
- **After the orientation meeting, Workgroup members and federal liaisons will receive a link to forms they can use to suggest measures for addition or removal**
- **The call for measures will open on Wednesday, April 28, 2021 by 5:00 PM ET and close on Friday, May 21, 2021 at 8:00 PM ET**
- **If you have any questions about the process, please email the Mathematica team at: [MHHCoreSetReview@mathematica-mpr.com](mailto:MHHCoreSetReview@mathematica-mpr.com)**



# Resources for Assessing Measures for Addition and Removal

---

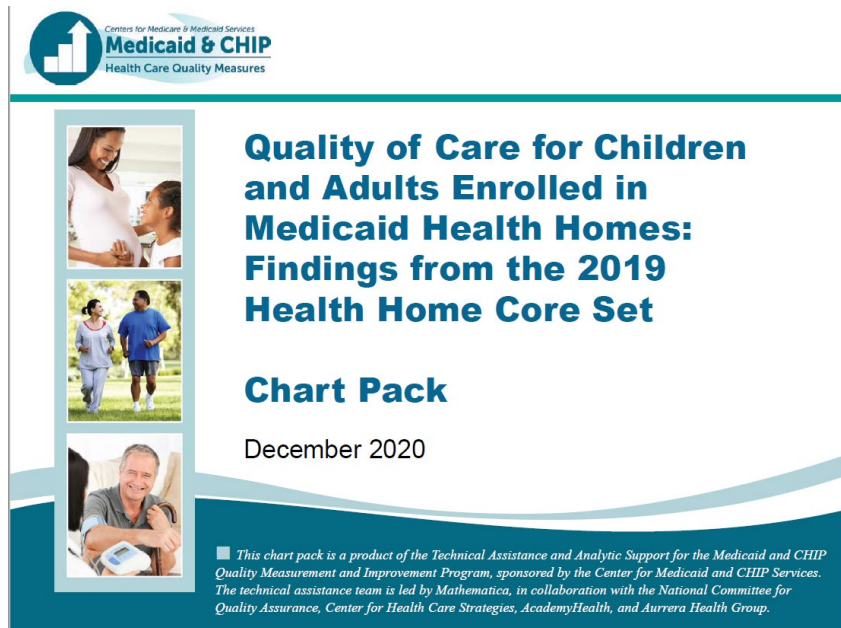
- **Medicaid and CHIP Core Set reporting resources**
  - Health Home Core Set
  - Child and Adult Core Set
- **Background information on the program and population**
  - Health Home Information Resource Center
  - Medicaid and CHIP Beneficiary Profile
  - Medicaid & CHIP Scorecard
- **Other quality measurement resources**

# Health Home Core Set Reporting Resources

Resource	FFY 2021
Reporting Start Date (Targeted)	September 2021
Measurement Year (Generally, see Technical Specifications for specifics)	January 1, 2020 to December 31, 2020
Technical Specifications Manual	<a href="https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/FFY-2021-HH-Core-Set-Manual.pdf">https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/FFY-2021-HH-Core-Set-Manual.pdf</a>
Summary of Updates	<a href="https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/hh-change-summary-2021.pdf">https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/hh-change-summary-2021.pdf</a>
Data Quality Checklist	<a href="https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/data-quality-checklist-for-states-2021.pdf">https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/data-quality-checklist-for-states-2021.pdf</a>
Health Home Core Set Measurement Period Table 2021	<a href="https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/hh-core-set-measurement-period-table-2021.pdf">https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/hh-core-set-measurement-period-table-2021.pdf</a>

# FFY 2019 Health Home Data Products

- FFY 2019 Chart Pack: measure performance data and trends
- Measure Specific Tables: SPA-level measure performance
- Measure Summaries: description of each measure, overview of reporting including technical assistance needs, and measure performance data



**Quality of Care for Children and Adults Enrolled in Medicaid Health Homes: Findings from the 2019 Health Home Core Set**

**Chart Pack**

December 2020

■ This chart pack is a product of the Technical Assistance and Analytic Support for the Medicaid and CHIP Quality Measurement and Improvement Program, sponsored by the Center for Medicaid and CHIP Services. The technical assistance team is led by Mathematica, in collaboration with the National Committee for Quality Assurance, Center for Health Care Strategies, AcademyHealth, and Aurrera Health Group.

<https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/health-home-quality-reporting/index.html>



## HEALTH HOME CORE SET FFY 2019 MEASURE SUMMARY

January 2021

### Admission to an Institution from the Community (AIF-HH)

#### Introduction

Medicaid Health Home programs provide person-centered, team-based care coordination to more than one million Medicaid beneficiaries with chronic conditions. States may create Health Home programs that target specific populations, including beneficiaries with multiple chronic conditions, severe mental illness, or substance use disorder. As of April 2020, 21 states<sup>1</sup> have 35 approved Health Home programs, with some states submitting multiple state plan amendments (SPAs) to target different populations.<sup>2,3</sup>

Each year, CMS releases the Health Home Core Set and specifications that describe quality measure reporting expectations for Health Home SPAs.<sup>4</sup> States are expected to report the quality measures to CMS for each of their SPAs.<sup>5</sup>

CMS's goals for SPA reporting of the Health Home

Table 1 shows the measure description, rates reported, and data collection method for the AIF-HH measure.

**Table 1. Overview of the AIF-HH Measure, FFY 2019**

Measure Description	The number of admissions to an institution among Health Home enrollees age 18 and older residing in the community for at least one month. <sup>6</sup>
Rates Reported	Three rates are reported: <ul style="list-style-type: none"> <li>• Short-term stays, from 1 to 20 days</li> <li>• Medium-term stays, from 21 to 100 days</li> <li>• Long-term stays, 101 days or more</li> </ul> Each rate is reported for four age groups: <ul style="list-style-type: none"> <li>• Ages 18 to 64</li> <li>• Ages 65 to 74</li> <li>• Ages 75 to 84</li> <li>• Age 85 and older</li> </ul>
Data Collection Method	Administrative (claims/encounter data)

# Child and Adult Core Set Resources

- FFY 2021 Child and Adult Core Set measure lists
- State performance on the Child and Adult Core Set measures, FFY 2019

## Child Core Set Reporting Resources

### How States Voluntarily Report Child Core Set Measures

States can voluntarily report the [2021 Child Core Set measures](#) (PDF, 213.52 KB) by using the [2021 Technical Specifications and Resource Manual](#) (PDF, 1.43 MB). A [summary of updates](#) (PDF, 48.38 KB) to the child core set technical specifications and resource manual for federal fiscal year (FFY) 2021 is also available.

#### Additional Reporting Resources

- [2021 Child Core Set HEDIS Value Set Directory](#) (ZIP, 1.03 MB)
- [2021 Child Core Set Non-HEDIS Value Set Directory](#) (ZIP, 210.13 KB)
- [2021 Child Core Set Measurement Periods](#) (PDF, 171.77 KB)
- [2021 Core Set Data Quality Checklist](#) (PDF, 793.61 KB)
- [Technical Assistance Brief: Calculating State-Level Rates Using Data from Multiple Reporting Units](#) (PDF, 426.28 KB) (Updated March 2020)

## Adult Core Set Reporting Resources

### How States Voluntarily Report Medicaid Adult Core Set Measures

States can voluntarily collect the [2021 Adult Core Set](#) (PDF, 191.12 KB) measures by using the [2021 Technical Specifications and Resource Manual](#) (PDF, 1.38 MB). A [summary of updates](#) (PDF, 62.24 KB) to the adult core set technical specifications and resource manual for federal fiscal year (FFY) 2021 is also available.

#### Additional Reporting Resources

- [2021 Adult Core Set HEDIS Measures Value Set Directory](#) (ZIP, 2.78 MB)
- [2021 Adult Core Set Non-HEDIS Measures Value Set Directory](#) (ZIP, 351.21 KB)
- [2021 Adult COB/OHD Value Set Directory](#) (ZIP, 1.13 MB)
- [2021 Adult Core Set Measurement Periods](#) (PDF, 198.82 KB)
- [2021 Core Set Data Quality Checklist](#) (PDF, 793.61 KB)
- [Technical Assistance Brief: Calculating State-Level Rates Using Data from Multiple Reporting Units](#) (PDF, 426.28 KB) (Updated March 2020)

<https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/index.html>

# Health Home Information Resource Center

- Background information such as a Fact Sheet on Medicaid Health Home programs, FAQs, and resources for states to plan their health home program implementation

**Medicaid.gov**  
Keeping America Healthy

Search | Archive | Site Map | FAQs

Federal Policy Guidance | Resources for States | Medicaid | CHIP | Basic Health Program | State Overviews | About Us

Home » Resources for States » Medicaid State Technical Assistance » Health Home Information Resource Center



## Health Home Information Resource Center

Guide to Medicaid Health Home Design & Implementation

Request Health Home Planning Funds

Request Health Homes Technical Assistance

Health Home Technical Assistance Learning Forums

Health Homes Quality Measurement and Evaluation Reports

Health Homes Guidance

## Health Home Information Resource Center

The Medicaid Health Home State Plan Option, authorized under the Affordable Care Act (Section 2703/1945 of the Social Security Act), allows states to design health homes to provide comprehensive care coordination for Medicaid beneficiaries with chronic conditions. States will receive enhanced federal funding during the first eight quarters of implementation to support the roll out of this new integrated model of care. States with a substance use disorder-focused health home state plan amendment, approved after October 1, 2018, may request two additional quarters of enhanced funding, for a total of 10 fiscal year quarters.

The Health Home Information Resource Center was established by the Centers for Medicare & Medicaid Services (CMS) to help states develop these new models to coordinate the full range of medical, behavioral health, and long-term services and supports needed by Medicaid beneficiaries with chronic health needs. Recognizing that states are at various stages in developing health homes, the resource center offers a variety of technical assistance services as well as a resource library of continuously updated materials. States may use the resource center to request one-on-one technical assistance, access peer-learning opportunities, and find resources to guide their health home development and implementation. Technical assistance will include working with states on developing their draft health home proposals before submitting State Plan Amendments (SPAs) to CMS as well as ongoing support during the SPA development process.


### Related Resources

- [Social Security Act Sec. 1945](#)
- [SAMHSA: Health Homes Resources](#)
- [State Medicare-Medicaid Data Guidance](#)

<https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/index.html>

# Medicaid and CHIP Beneficiary Profile

- Background information on Medicaid and CHIP beneficiaries



The image shows the cover of a report titled "Medicaid and CHIP Beneficiary Profile: Characteristics, Health Status, Access, Utilization, Expenditures, and Experience" published in February 2020. The cover features the logo for the Centers for Medicare & Medicaid Services, Medicaid & CHIP, and Health Care Quality Measures. Below the title is a row of five small photographs: a pregnant woman, a young girl with a hula hoop, a young boy with a toothbrush, a couple walking, and a man with a blood pressure cuff. At the bottom, there is a small text box with a disclaimer.

Centers for Medicare & Medicaid Services  
**Medicaid & CHIP**  
Health Care Quality Measures

**Medicaid and CHIP Beneficiary Profile: Characteristics, Health Status, Access, Utilization, Expenditures, and Experience**

FEBRUARY 2020

■ This profile is a product of the Technical Assistance and Analytic Support for the Medicaid and CHIP Quality Measurement and Improvement Program, sponsored by the Center for Medicaid and CHIP Services. The technical assistance team is led by Mathematica, in collaboration with the National Committee for Quality Assurance, Center for Health Care Strategies, AcademyHealth, and Harbage Consulting.

<https://www.medicaid.gov/medicaid/quality-of-care/downloads/beneficiary-profile.pdf>

# Medicaid & CHIP Scorecard

- **Additional background information, including national context and state health system performance**



The Centers for Medicare & Medicaid Services (CMS) developed its Medicaid and Children's Health Insurance Program (CHIP) Scorecard to increase public transparency about the programs' administration and outcomes. The Scorecard includes measures voluntarily reported by states, as well as federally reported measures in three pillars (State Health System Performance, State Administrative Accountability, and Federal Administrative Accountability). States and CMS can use the Scorecard to drive

improvements in areas such as state and federal alignment, beneficiary health outcomes, and program administration.

The Scorecard also includes [National Context](#) data that explain how Medicaid and CHIP programs can vary across states. A summary of the Scorecard can be found in the [Scorecard Fact Sheet](#) (PDF, 118.32 KB).



**National  
Context**



**State Health System  
Performance**



**State Administrative  
Accountability**



**Federal Administrative  
Accountability**

<https://www.medicaid.gov/state-overviews/scorecard/index.html>

# Other Quality Measurement Resources

---

- **CMS Measure Inventory Tool** provides information on the use of quality measures in CMS programs  
[https://cmit.cms.gov/CMIT\\_public/ListMeasures](https://cmit.cms.gov/CMIT_public/ListMeasures)
- **NQF Quality Positioning System** allows users to search for measures based on clinical condition, use in federal programs, and other filters  
<https://www.qualityforum.org/QPS/QPSTool.aspx>
- **Core Quality Measures Collaborative** is a public-private partnership to facilitate measure alignment across payers through the creation of core sets of quality measures  
[https://www.qualityforum.org/CQMC\\_Core\\_Sets.aspx](https://www.qualityforum.org/CQMC_Core_Sets.aspx)



## For More Information

---

- 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>

---

# Workgroup Questions

---

# Opportunity for Public Comment

# Next Steps

---

- **Workgroup members and federal liaisons will receive an email with instructions on how to suggest measures for addition to or removal from the Medicaid Health Home Core Set**
- **All measures suggested for addition or removal are due on May 21, 2021 by 8:00 PM ET**
- **Meeting to prepare for voting will be held August 3, 2021, 1:00–2:30 PM ET via webinar**
- **Voting meeting will be held August 17–19, 2021 via webinar (times TBD)**
- **If you have questions about the Medicaid Health Home Core Set Annual Review, please email the Mathematica Team at: [MHHCORESETREVIEW@MATHEMATICA-MPR.COM](mailto:MHHCORESETREVIEW@MATHEMATICA-MPR.COM)**

---

**THANK YOU FOR PARTICIPATING!**