
Medicaid Health Home Core Set Stakeholder Workgroup:

Webinar to Prepare for the Voting Meeting

June 21, 2022

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. A hand icon will appear next to your name in the participant panel.

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- You will be unmuted in turn. Please wait for your cue to speak and lower your hand when you have finished speaking.
- Please note that the chat function is disabled for this webinar.

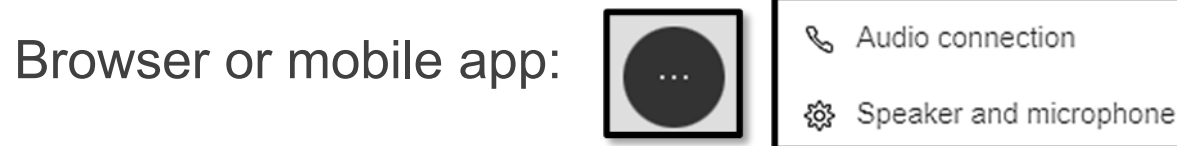
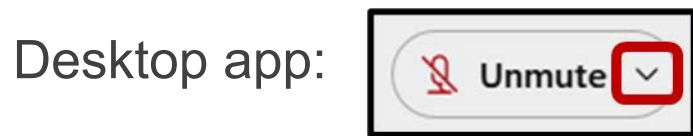
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Welcome and Meeting Objectives

Meeting Objectives

- **Discuss measure review strategy and criteria**
- **Identify the measure suggested for addition to the 2023 Medicaid Health Home Core Set**
- **Describe resources available to Workgroup members for review of measure suggested for addition**
- **Present the voting meeting agenda and approach**
- **Provide opportunity for public comment**

Mathematica Medicaid Health Home Core Set Review Team

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

2023 Medicaid Health Home Core Set Review Workgroup

Voting Members

Co-Chair: Fran Jensen	Maine Department of Health and Human Services
Co-Chair: Kim Elliot	Health Services Advisory Group
Carrie Amero Nominated by AARP	AARP Public Policy Institute
David Basel Nominated by South Dakota Department of Social Services	Avera Medical Group
Dee Brown	UnitedHealthCare
James Bush	Wyoming Department of Health
Karolina Craft	UnitedHealthCare Community Plan of Minnesota
Amy Houtrow Nominated by American Academy of Pediatrics	University of Pittsburgh School of Medicine

2023 Medicaid Health Home Core Set Review Workgroup (continued)

Voting Members

Pamela Lester Nominated by Iowa Medicaid	Iowa Medicaid Enterprise
Elizabeth Nichols	New York State Department of Health
Lydia Orth Nominated by Families USA	Families USA
Linette Scott	California Department of Health Care Services
Sara Toomey Nominated by Children's Hospital Association	Boston Children's Hospital
Laura Vegas Nominated by National Association of State Directors of Developmental Disability Services	National Association of State Directors of Developmental Disability Services

Note: Affiliations are as of February 1, 2022.

2023 Medicaid Health Home Core Set Review Workgroup

Federal Liaisons (Non-voting)

Administration for Community Living, DHHS

Agency for Healthcare Research and Quality, DHHS

Center for Clinical Standards and Quality, CMS, DHHS

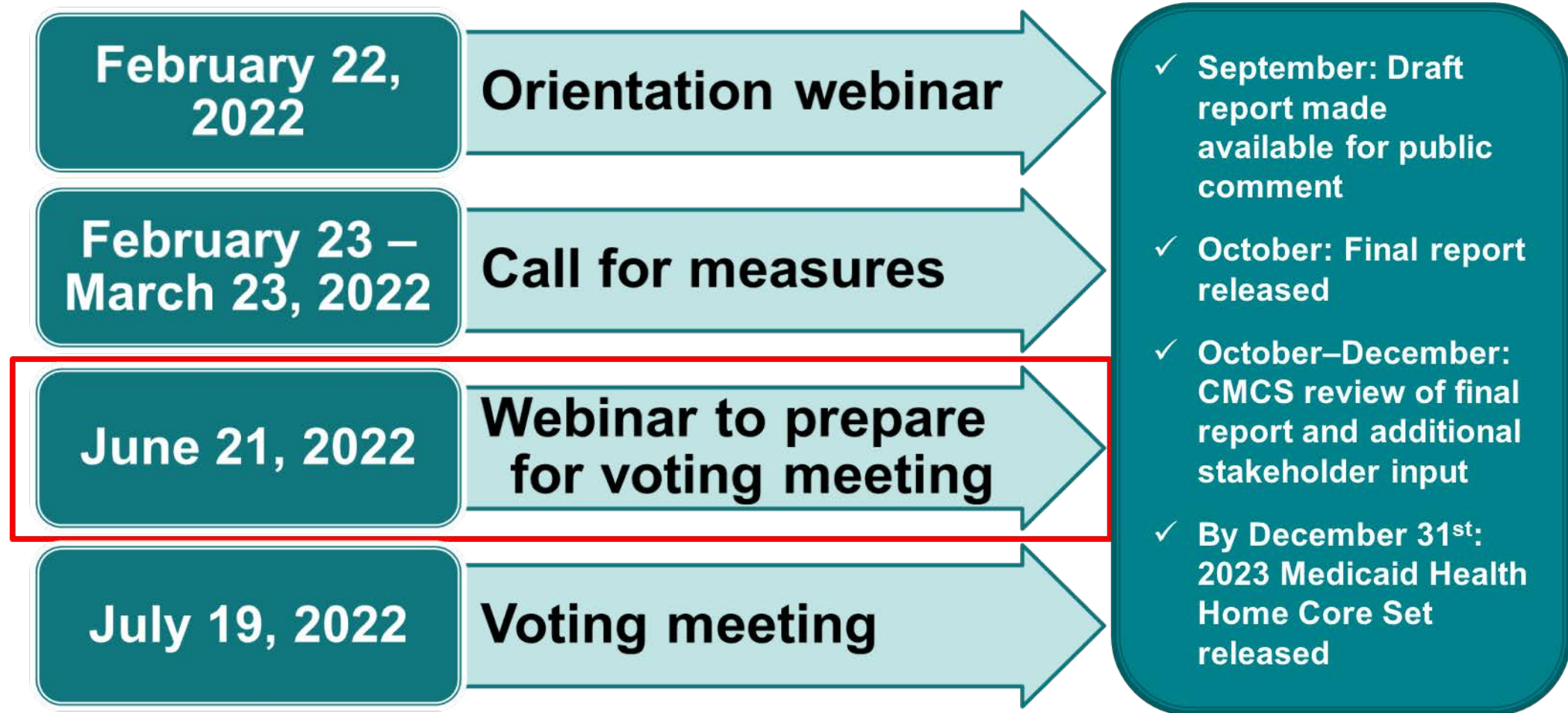
Department of Veterans Affairs, VA

Health Resources and Services Administration, DHHS

Office of Minority Health, DHHS

Substance Abuse and Mental Health Services Administration, DHHS

Milestones for the 2023 Medicaid Health Home Core Set Annual Review



Measure Review Strategy and Criteria

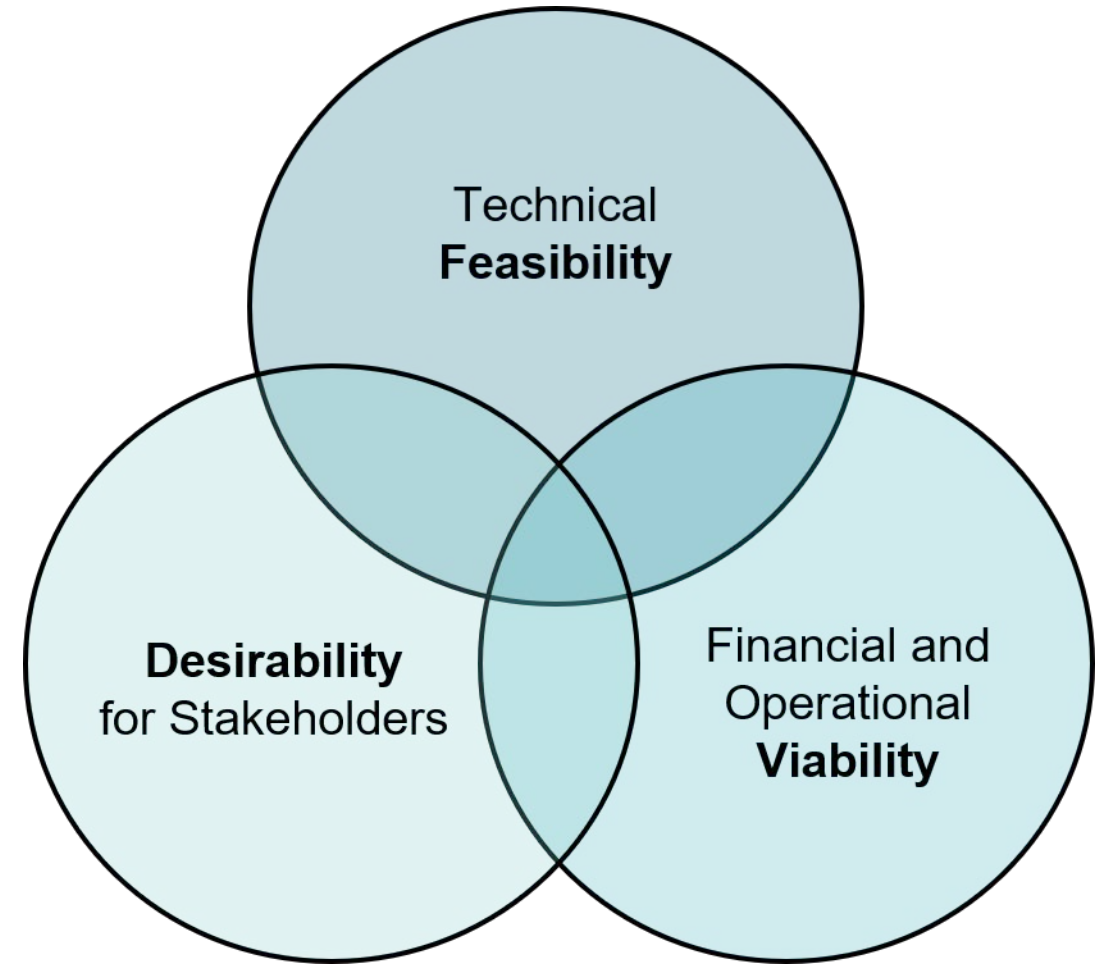
2023 Medicaid Health Home Core Set Annual Review Workgroup Charge

The Medicaid Health Home Core Set Stakeholder Workgroup for the 2023 Annual Review is charged with assessing the 2022 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.

Role of the Workgroup in Strengthening the 2023 Health Home Core Set

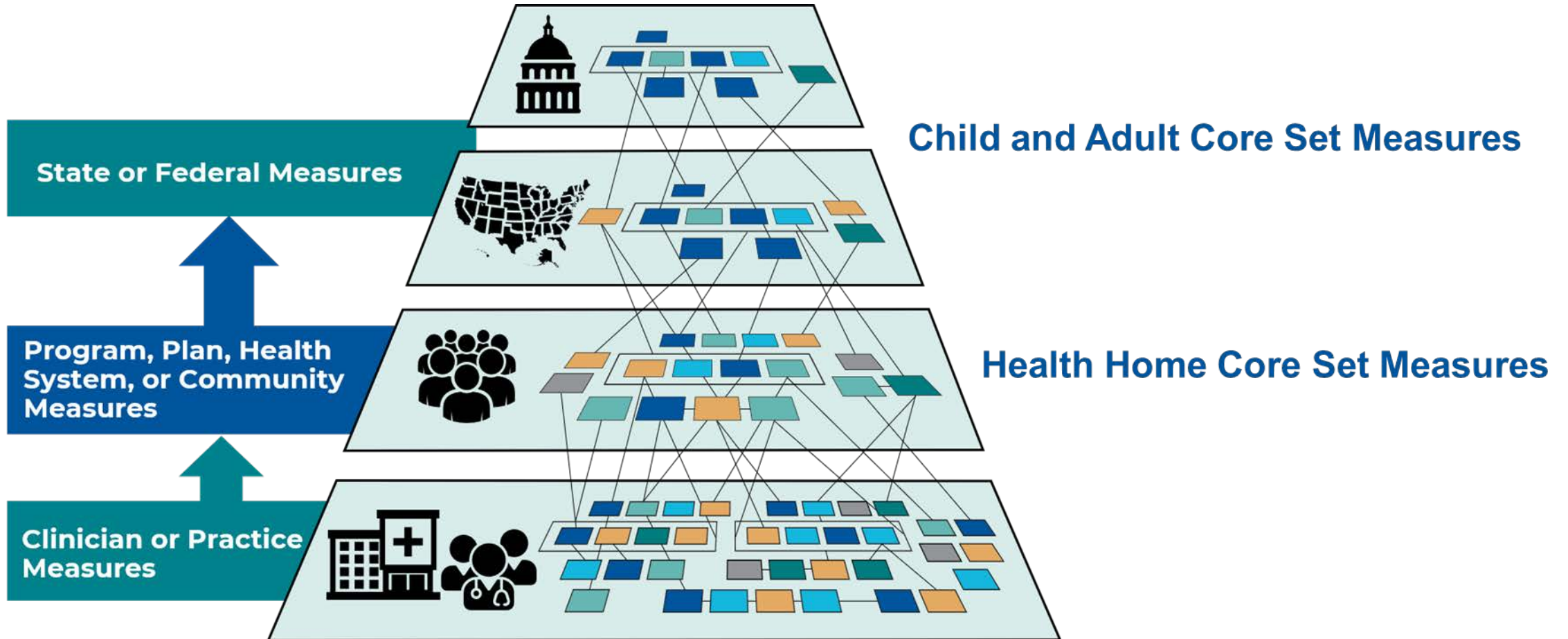
- The annual Workgroup process is designed to identify gaps in the existing Medicaid Health Home Core Set and suggest updates to strengthen and improve the Core Set.
- The Workgroup discussion must balance the desirability, feasibility, and viability of measures from the perspective of program-level 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.

Alignment Across Multiple Levels to Facilitate Quality Improvement



Recap of Criteria for the 2023 Medicaid Health Home Core Set Annual Review

- **To assess measures for inclusion in the 2023 Medicaid Health Home Core Set, Workgroup members will use criteria in three areas:**
 - Minimum Technical Feasibility Requirements
 - Actionability and Strategic Priority
 - Other Considerations
- **To be considered for the 2023 Medicaid Health Home Core Set, 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 and to perform comparative analyses of racial, ethnic, and socioeconomic disparities among Medicaid beneficiaries.
- ✓ 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 states, 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 by the FFY 2024 Core Set reporting cycle 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 or does not allow for comparative analyses of racial, ethnic, and socioeconomic disparities among Medicaid beneficiaries.
- ✓ 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 states, 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 by the FFY 2024 Core Set reporting cycle or may not be able to include all Medicaid health home populations (e.g., all age groups, eligibility categories, and delivery systems).

Workgroup Questions

Measure Suggested for Addition to the 2023 Medicaid Health Home Core Set

Measure Suggested for Addition


Measure Name	Measure Steward	NQF #	Data Collection Method	Age Range	Included in 2022 Child or Adult Core Sets
Measure for Addition					
Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions	NCQA	Not endorsed	Administrative (claims only)	18 years and older	No

NCQA = National Committee for Quality Assurance; NQF = National Quality Forum.

Guidance to Workgroup Members for Reviewing Measure

- **Before the voting meeting, Workgroup members should review the measure suggested for consideration by the Workgroup.**
- **Resources are available to help Workgroup members assess the measure for addition to the 2023 Medicaid Health Home Core Set.**
- **To guide their review, Workgroup members should refer to the criteria for addition of new measures.**
- **The Measure Review Worksheet can be used to record and organize notes, questions, and planned vote for the suggested measure.**

Measure Information Sheet

 Mathematica <small>Progress Together</small>	
MEASURE INFORMATION SHEET	
HEALTH HOME CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR ADDITION TO THE 2023 CORE SET	
Measure Information	
Measure name	Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions
Description	The percentage of emergency department (ED) visits for members 18 years and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit.
Measure steward	National Committee for Quality Assurance (NCQA)
NQF number (if endorsed)	Not endorsed
Meaningful Measures area(s)	Promote Effective Prevention & Treatment of Chronic Disease
Measure type	Process
Recommended to replace current measure?	No
Is the measure on the Child or Adult Core Set?	No
Technical Specifications	
Ages	Age 18 years and older as of the ED visit. The measure contains two age stratifications and a total rate for the Medicaid population: <ul style="list-style-type: none"> • Ages 18 to 64. • Age 65 and older. • Total (age 18 and older).
Data collection method	Administrative (claims only).
Denominator	An ED visit on or between January 1 and December 24 of the measurement year where the member was 18 years or older on the date of the visit. The denominator for this measure is based on ED visits, not on members. If a member has more than one ED visit, identify all ED visits between January 1 and December 24 of the measurement year. Eligible ED visits are identified where the member had two or more different chronic conditions prior to the ED visit. Eligible chronic condition diagnoses are as follows (each bullet indicates an eligible chronic condition): <ul style="list-style-type: none"> • COPD and asthma • Alzheimer's disease and related disorders • Chronic kidney disease • Depression • Heart failure • Acute myocardial infarction • Atrial fibrillation • Stroke and transient ischemic attack

- Measure information and technical specifications
- Information on minimum technical feasibility
- **New:** Whether the data source allows for stratification by racial, ethnic, and sociodemographic characteristics
- 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

Guidance for Measure Review

1. **Review Measure Information Sheet and record notes and questions in measure review worksheet.**
2. **Consult other available resources as needed including:**
 - **Medicaid and CHIP Beneficiary Profile: Beneficiary characteristics, prevalence of conditions, and expenditures**
 - **Health Home Core Set History Table: When measures were added to or removed from the Health Home Core Set**
 - **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**
 - **Chart Packs and Measure Specific Tables: State reporting and measure rates**
 - **Health Home Measure Summaries: Information on state reporting and measure performance, including detailed reasons on why states are unable to report measures**
 - **Health Home Core Set Resource Manual and Technical Specifications: Instructions on how to calculate the measures**
3. **Assess the measure against the criteria for addition.**
4. **Record preliminary vote in measure review worksheet.**

Workgroup Homework

- Resources will be emailed to Workgroup members following this meeting.
- If you have questions while reviewing the resources, please email MHHCORESETREVIEW@MATHEMATICA.ORG.
- Thank you for taking the time to prepare for the discussion and voting!

Workgroup Questions

Voting Meeting Agenda and Approach

Voting Meeting Logistics

- **The virtual voting meeting will take place on July 19th from 11:00 AM – 4:00 PM ET.**
 - Registration is now available at [https://www.mathematica.org/features/hhcoresetreview.](https://www.mathematica.org/features/hhcoresetreview)
- **The meeting will be open to the public.**
- **More information about the meeting agenda and resources will be posted on our website prior to the meeting:**
[https://www.mathematica.org/features/hhcoresetreview.](https://www.mathematica.org/features/hhcoresetreview)

Preview of Voting Meeting Agenda

- **Voting on the measure suggested for addition to the 2023 Health Home Core Set.**
- **Discussion of gaps in the Health Home Core Set.**
- **Considerations for the future of the Health Home Core Set, including:**
 - Use of alternate data sources
 - Measure stratification
 - Other considerations
- **Feedback on technical assistance to strengthen Health Home Core Set reporting.**

Voting Process

- **Voting will take place after Workgroup discussion and public comment on the measure suggested for addition.**
- **Workgroup members will vote on the measure in its specified form.**
 - 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
- **Measures will be recommended for addition if two-thirds of eligible Workgroup members vote “yes”.**

Workgroup Questions

Opportunity for Public Comment

Wrap Up

Next Steps

- **Workgroup members will receive resources via email tomorrow, June 22nd.**
- **Agenda and measure information sheet will be posted publicly prior to the voting meeting.**
- **For help accessing resources or any other questions, Workgroup members should email MHHCoreSetReview@mathematica-mpr.com.**

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>.

THANK YOU FOR PARTICIPATING!