

**2025 Health Home Core Sets Annual Review:
Meeting to Prepare for the Voting Meeting Transcript
June 13, 2023, 1:00 – 2:00 PM EST**

Maria Dobinick:

Hello, everyone. My name is Maria Dobinick, and I'm pleased to welcome you to the Medicaid Health Home Core Sets Annual Review, Meeting to Prepare for the 2025 Review. Before we get started, we wanted to cover a few technical instructions. Next slide.

If you are having any technical issues during today's webinar, please send a message to all panelists through the Q&A function located on the bottom right corner of your screen. If you are having issues speaking during Workgroup or public comments, please make sure you are also not muted on your headset or phone. Connecting to audio using computer audio or the Call Me feature in WebEx are the most reliable options. Please note that call-in-only users cannot make comments. If you wish to make comments, please make sure that your audio is associated with your name in the meeting platform. Next slide.

All attendees of today's webinar have entered the meeting muted. There will be opportunities during the webinar for Workgroup members and the public to make comments. To make a comment, please use the raise hand feature in the lower right corner of the participant panel. A hand icon will appear next to your name in the attendee list. You will be unmuted in the order in which your hand was raised. Please wait for your cue to speak and remember to lower your hand when you have finished speaking by following the same process you used to raise your hand. Note that the chat is disabled for this webinar. Please use the Q&A feature if you need support. Closed captioning is available in the WebEx platform. To enable closed captioning, click on the CC icon in the lower left corner of your screen. You can also click Control-Shift-A on your keyboard to enable closed captioning.

And with that, I'll hand it over to Patricia Rowan to get us started.

Patricia Rowan:

Thanks, Maria. Next slide, please.

Good afternoon, everyone, or good morning, if you're joining us from another time zone. My name is Tricia Rowan, and I'm a Principal Researcher at Mathematica. I'm the Health Home Lead with Mathematica's Technical Assistance and Analytics Support Team for the Medicaid and CHIP Quality Measurement and Improvement Program, which is sponsored by the Center for Medicaid and CHIP Services, it's my pleasure to welcome you to the second meeting for the 2025 Annual Review of the Medicaid Health Home Core Sets. Whether you're listening to the meeting live or listening to a recording, thank you for joining us. Next slide.

I'd like to share the objectives of this meeting. So first, I'll discuss the measure review strategy and recap the criteria that Workgroup members used for assessing suggested measures. Next, Maria will identify the measures suggested by Workgroup members for addition to or removal from the 2025 Health Home Core Sets. We won't be discussing specific measures today, but we will have plenty of time for those discussions at the voting meeting in a few weeks. Maria will also describe resources that are available to Workgroup members to aid in your review of the

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measures. She'll also present the agenda, approach, and logistics for the voting meeting in July. Finally, we'll also provide an opportunity for public comment at the end of this meeting, and we have several opportunities throughout the meeting for Workgroup members to share comments or ask questions. Next slide.

So let me take a moment to acknowledge my colleagues at Mathematica who are part of the Health Home Core Set review team. Since the call for measures closed in February, this team has been very busy gathering information on the measures that Workgroup members suggested and developing materials to facilitate the Workgroup's review. Thanks everybody listed on this slide for your efforts. Next slide.

This slide and the next show a list of the members of the 2025 Health Home Core Sets Annual Review Workgroup. In the interest of time, I'm not going to be doing a roll call today, but we are taking attendance based on the webinar participant list. I'd also like to give a special thank you to Kim Elliot and Jeff Schiff for serving as our co-chairs this year. Next slide.

Here are the rest of our Workgroup members. Thank you to all of you for your time and service as part of this process. Next slide.

I'd also like to acknowledge the participation of federal liaisons in the annual review process. The Workgroup includes representation from the Administration for Community Living, AHRQ, CCSQ at CMS, the Department of Veterans Affairs, HRSA, the Office of Disease Prevention and Health Promotion, the Office of Minority Health, and SAMHSA. The inclusion of federal liaisons reflects CMS's partnership and collaboration with other agencies to assure alignment across federal agencies and programs. Federal liaisons are non-voting members of the Workgroup, and we thank them for their participation in this review process. I'd also like to recognize the support of staff in the Medicaid Benefits and Health Programs Group at the Center for Medicaid and CHIP Services. Next slide.

So, this slide presents a visual representation of the milestones in the annual review process. We first convened this year's Workgroup with an orientation meeting on January 24th, and we opened the call for measures for the 2025 Annual Review the very next day on January 25th. Today, we're gathering to prepare for the voting meeting, which will be held virtually on July 11th and 12th. At that point, we will convene to discuss and vote on the measures that were suggested for addition or removal. Please note that this year we will have a 2-day meeting on July 11th and 12th instead of the originally announced 3-day meeting. After the voting meeting, our team will prepare a draft report summarizing the Workgroup's recommendations, and that report will be posted on our website and made available for public comment in September. The final report, along with additional input from other partners, will inform CMS's updates to the 2025 Health Home Core Sets, which will be released by December 31st, 2023. Next slide.

So now we'd like to take a moment to discuss the measure review strategy and the criteria that we used. Next slide.

Just to recap, 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

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that are actionable, aligned, and appropriate for program-level reporting to ensure that measures can meaningfully drive improvement in quality of care and outcomes for Medicaid health home program enrollees. Next slide.

As we've done in the past, we wanted to share this slide, which highlights the balance that this Workgroup faces in assessing measures in terms of their feasibility, desirability, and viability. Our goal in this year's review is to optimize the overlap of these three elements, technical feasibility for collecting and reporting measures, desirability of measures, which relates to their actionability and strategic priority, and financial and operational viability, such as alignment across programs and state capacity for reporting, particularly at the program level.

We know that there are many good quality measures out there, but we need to keep in mind that measures must be good for use in program-level quality measurement in order to be useful for the Medicaid health home program. We also give an example on this slide of the types of tradeoffs that Workgroup members may consider. For example, while outcome measures may be more desirable to stakeholders than process measures, the Workgroup also needs to consider the feasibility and viability for program-level reporting of those measures. Outcome measures may be more desirable than process measures, but they are often more challenging to report based on data availability and resource intensity. Next slide.

So, if you've been around, this graphic probably also is familiar. It is a visual representation of this concept of multilevel alignment and quality measurement. At the bottom, we have measures at the clinician or practice level, which feed into measures at the program, health plan, health system, or community level. Health Home Core Set Measures, which are our focus today, are considered program-level measures because they are for distinct subpopulations within a state's Medicaid program. The Child and Adult Core Set Measures are considered state-level measures because they are intended to capture all Medicaid and CHIP beneficiaries within the state. State-level measures can then be aggregated to the national level for monitoring the Medicaid and CHIP program as a whole. CMS values alignment of quality measures across programs and levels because it can help drive quality improvement by addressing each level of care so that improvement at one level may lead to improvement at other levels. Moreover, alignment of measures helps to streamline data collection and minimize reporting burden. Next slide.

So, to help Workgroup members review the measures that have been suggested this year, we wanted to recap Mathematica's defined criteria for addition and removal in three areas. These three areas are minimum technical feasibility, actionability and strategic priority, and other considerations. I will note that these are the same criteria that we use in the review of measures for the Child and Adult Core Sets as well. And as we mentioned back in January at the Orientation Meeting, in order for a measure to be discussed by the Workgroup at the voting meeting in July, a measure must have met all the minimum technical feasibility requirements. Next slide.

So, on this slide, we show the criteria for adding a measure, which starts with the minimum technical feasibility requirements. We use these criteria to assess the measures that were suggested by Workgroup members during that call for measures and to help us determine which measures would be discussed and voted on by the Workgroup at the voting meeting.

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Starting with those minimum technical feasibility requirements, these requirements help us ensure that if a measure is placed on the Health Home Core Set, states will be able to report on the measure for each of their approved Health Home programs. So, a measure must be fully developed and have detailed technical specifications that enable production of the measure at the program level. It must have been tested in state Medicaid and/or CHIP programs or currently be in use by one or more Medicaid and/or CHIP programs. It must have an available data source or validated survey that contains all required data elements that are needed to calculate the measure, including an identifier for Medicaid beneficiaries or the ability to link to such an identifier. The measure also needs to be able to be calculated in a consistent manner across health home programs using that available data source.

Finally, another criteria that has been articulated by CMCS is that the measure must include technical specifications, including code sets, that will be provided free of charge for state use in the Health Home Core Set. So, our team at Mathematica assessed all the suggested measures for adherence to these minimum criteria, and in a few minutes, Maria will present the measures that the Workgroup will discuss at the voting meeting. I'm not going to go over the rest of the criteria on this slide today, just in the interest of time, but the Workgroup will be referring to these criteria as they prepare for that discussion at the voting meeting. Next slide.

So, on this slide, we show the criteria for considering a measure that was suggested for removal from the Health Home Core Set. The criteria for removal reflect reasons that a measure may no longer meet the criteria for being included. So, under minimum technical feasibility requirements, this might be that states have significant challenges accessing the data that contains the necessary elements to calculate the measure. It may also be that the specifications or data sources did not allow for consistent calculation across health home programs, or sometimes instances where a measure is being retired by the measure steward. Next, the criteria around actionability and strategic priority. The Workgroup members should assess measures that were suggested for removal based on whether that measure is making a significant contribution to estimating the overall quality of healthcare in the health home program. Also, if a measure is not suitable for comparative analysis or doesn't address a strategic priority for improvement, or if it's no longer useful for monitoring healthcare delivery and outcomes in the health home program, it might be a candidate for removal. Other considerations include whether another measure would be better aligned across federal programs, or if all health home programs may not be able to produce the measure for Core Set reporting within two years of the reporting cycle that is being reviewed, or unable to include all of their populations. Next slide.

I want to briefly elaborate on one of the criteria that I mentioned prior about the criteria for adding a measure, and that is the criteria that a measure must be tested in or in use by a Medicaid or CHIP program in order to be considered for the Core Sets. So, there are two broad types of testing that we often think about with quality measures, and we've adapted these definitions from the CMS Measures Blueprint. The first is alpha testing, which is sometimes known as formative testing, and that occurs alongside the development of a measure's technical specifications. It helps to provide baseline information on whether the data elements exist, the quality of that data, and initial information about feasibility for reporting. The second type of testing is beta testing, which is the type of testing that we consider in our criteria. This is field

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testing that occurs after a specification is fully developed. Beta testing is used to test the implementation and usability of a measure, in this case, within state Medicaid and/or CHIP programs. So, in order to meet that minimum technical requirement around measures having been tested or in use, a measure must have been field tested to ensure that the specifications can be implemented by state Medicaid and/or CHIP programs in order to produce consistent program-level rates. Next slide.

So now I'd like to hand it back to Maria to present on the measures that were suggested by Workgroup members, either for addition to or removal from the 2025 Health Home Core Sets.

Maria Dobinick:

Thanks, Tricia. Before I get started, I'd like to thank the Workgroup members for their time and effort in considering measure suggestions. Next slide.

This year, we received two measures suggested for addition to the 2025 1945 Health Home Core Set. This slide lists one measure that was suggested for addition that will be reviewed during the voting meeting and one measure that was suggested for addition that will not be reviewed during the voting meeting. The measure suggested for addition that will be reviewed during the voting meeting is Medicaid-Managed Long-Term Services and Supports Comprehensive Care Plan and Update, or MLTSS-2. The measure steward is CMS, and it is not NQF-endorsed. The data collection method is case management record review. It is specified for individuals age 18 and older. A similar measure, CPU-AD, is included on the Adult Core Set.

The other measure suggested for addition will not be discussed during the voting meeting. The measure we will not discuss is Screening for Social Drivers of Health, or SDOH-1. This measure was determined not to meet minimum technical feasibility criteria for addition to the Health Home Core Set. We did not identify any evidence that the measure had been tested or used by one or more state Medicaid and/or CHIP programs. However, as we will mention later, during the voting meeting the Workgroup will discuss screening and referral for social drivers in health home programs. Next slide.

This slide lists the four measures suggested for removal from the 2025 1945 Health Home Core Set that will be reviewed during the voting meeting. In the interest of time, I'm just going to read out the measure names today. Controlling High Blood Pressure (CBP-HH), Screening for Depression and Follow-Up Plan (CDF-HH), Admission to a Facility from the Community (AIF-HH), and Prevention Quality Indicator 92, Chronic Conditions Composite, or (PQI-92-HH). This slide also includes information on the measure steward, NQF number, data collection method, age ranges, and an indicator of whether the measure is also included in the Child or Adult Core Sets.

Before we turn to Workgroup questions, we wanted to mention that there were no measures suggested for addition to or removal from the proposed 2024 1945A Health Home Core Set. As you may recall, during the orientation meeting in January, we introduced the new 1945A Health Home State Plan option to establish Health Home programs for children with medically complex condition. We also presented the proposed 2024 1945A Health Home Core Set. The Workgroup did not suggest any changes, additions or removals, to the proposed 2024 1945A Health Home

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Core Set. Therefore, all measures being discussed during the voting meeting are related to the 1945 Health Home Core Set only. Next slide.

We have time for a few questions now, and there will be more opportunities to ask questions later in the meeting. Please remember to raise your hand using the feature in the bottom right corner of the participant panel to join the queue, and please lower your hand when you are done. We'll let you know when you've been unmuted.

Patricia Rowan:

I am not seeing any hands raised yet. Are there any questions from the Workgroup on the information that's been presented so far? We will have more opportunities to ask questions as we go. All right. Well, I think that might be it for now. Why don't we move on? All right.

Maria Dobinick:

Next slide, please.

Now I'll go over some guidance for Workgroup members on how to review the suggested measures and the resources available to assist you in that task. Next slide.

In preparation for the voting meeting, we ask that Workgroup members review all measures suggested for addition or removal. We will be sending Workgroup members an email that contains the resources to facilitate your review, and as you go through your review, please keep the criteria for addition of new measures and removal of existing measures top of mind. We're also providing a measure review worksheet that Workgroup members can use to record and organize their notes, questions, and preliminary vote on each measure. Next slide.

The primary resource we've developed to help you review the measures are measure information sheets. We have created a measure information sheet for each measure that was suggested for addition to or removal from the 2025 1945 Health Home Core Set. The information sheet provides standardized information for each measure to facilitate your review. For the measure for addition, the measure information sheet includes comments from the Workgroup member who nominated the measure on how the measure meets the feasibility, actionability, and strategic priority criteria. It also includes technical specifications, information on the measure's alignment with the minimum technical feasibility criteria, and other information, like the use of measures in other programs, prevalence of the condition in Medicaid, and measure performance data where available. We also note whether the measure's data source allows for stratification by racial, ethnic, and sociodemographic characteristics. Next slide.

We also have measure information sheets for measures suggested for removal, which include many of the same elements as the measures for addition, including measure alignment across programs. For the current measures, we also provide information on states' reporting history and any challenges noted by states in reporting the measure. For measures with publicly reported rates, which are those with more than 15 health home programs reporting, we also include the most recent measure performance rates. For measures that have been discussed by the Workgroup previously, we've also summarized prior Workgroup discussions. We hope this will help Workgroup members build on the conversations we've had in the past. Next slide.

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When Workgroup members sit down to review the measures, we recommend starting with a review of the measure information sheets. You can use the measure review worksheet, which we will send via email, to record notes and questions as you go through these. If you have any outstanding questions or want additional background information on the measure or condition, there are some additional resources you may want to consult. First, the Medicaid and CHIP Beneficiary Profile can be used to locate more information on the characteristics and health status of Medicaid and CHIP beneficiaries, the prevalence of certain conditions, and expenditures in different areas of care. The Health Home Information Resource Center also contains background information on health home programs that might be useful. We will also provide links to the chart packs and measure-specific tables for the Child, Adult, and Health Home Core Sets, which have more information on state reporting and measure rates.

For the measures suggested for removal, we suggest reviewing the health home measure summaries for information on state health home reporting and measure performance, including reasons for not reporting the measures. Finally, we will provide the Core Set resource manuals and technical specifications for the Child, Adult, and Health Home Core Sets. For the measure recommended for addition, the technical specifications are linked in the measure information sheet. Once you've reviewed any additional information you need, you can assess the measure against the criteria for addition or removal and record your preliminary vote to recommend addition or removal in the measure review worksheet. Next slide.

The measures I just reviewed will be emailed to Workgroup members following this meeting. We will also send guidance to Workgroup members with more information on how to vote, and we ask that you log into the voting platform and answer the test question to practice voting before the day of the meeting. If you have any questions as you are reviewing the resources, please reach out to our team at the email address listed on this slide. Next slide.

Now I'll spend a few minutes discussing our agenda and approach to the voting meeting. Next slide.

Like last year, we'll be holding the meeting virtually. It will take place on July 11th and 12th, and as Tricia mentioned before, it will be a two-day meeting instead of the initially announced three-day meeting. The meeting will start at 11 a.m. Eastern time to accommodate those joining us from the west coast, and we plan to end by 4 p.m. Eastern each day. The voting meeting, like all Workgroup meetings, will be open to the public. Registration for the voting meeting is now available on our website listed on the slide here. More information about the meeting agenda and resources, including the measure information sheets, will be posted on our website for the public prior to the meeting. Next slide.

This year, there will be a total of five measures to discuss, one suggested for addition and four suggested for removal. We'll begin the review with the measure suggested for addition, then on to the measures suggested for removal. Measures will be considered in their specified form, meaning we will discuss and vote on the measures as they are currently specified by the measure stewards, without conditions or modifications. Next slide.

As for the voting process, voting will take place after Workgroup discussion and public comment for the measure, or measure groups, under consideration. For the measure for addition, a yes vote means I recommend adding the measure to the 1945 Health Home Core Set, and a no

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vote means I do not recommend adding the measure to the 1945 Health Home Core Set. Similarly, for each measure for removal, Workgroup members will vote yes or no, where yes means I recommend removing the measure and no means I do not recommend removing the measure. For a measure to be recommended for addition to or removal from the Core Set, the yes vote needs to receive two-thirds of the eligible votes. We will be providing a voting guide via email to Workgroup members with more information on how to vote. Next slide.

In addition to the suggested measures, the agenda for the voting meeting will include a few other cross-cutting topics for Workgroup discussion. We'll spend part of the first day discussing screening and referrals for social drivers of health in Medicaid Health Home Programs. On the second day, we'll discuss stratification of measures in the Health Home Core Sets. Some of the topics we'll cover include stratification categories, stratification priorities, and feasibility considerations. And as always, we'll be discussing gaps in the Health Home Core Sets, and this year, we will be discussing areas for future measure development. Next slide.

And with that, I'll turn it over to Tricia to take any final questions from Workgroup members. If you have a question, please use the raise hand feature in the bottom right of the participant panel to join the queue and lower your hand when you are done. We'll let you know when you've been unmuted.

Patricia Rowan:

Thanks, Maria. Any questions from Workgroup members about the voting process, the measures that we will discuss, or the resources that our team will make available? All right. Quiet group today. Next slide.

I see Dee Brown has her hand up. Dee, do you have a question? Derek, can you unmute Dee Brown?

Derek Mitchell:

Sure. Dee, your line should be unmuted.

Patricia Rowan:

Dee, you might need to unmute locally as well.

Dee Brown:

I had a box that popped up.

Patricia Rowan:

There we go. We can hear you.

Dee Brown:

Yes. Thank you. Are there any technical considerations for the voting tools or for downloading the materials for our consideration?

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Patricia Rowan:

That's a great question. So, to make it as easy on you as possible, we are planning to email those resources directly to you at the same email where you get all of our communication. So, you should get the packet of information probably tomorrow at some point. This year, we are using a different voting platform than we have used in the past. So, in the packet of information that we're sending to Workgroup members, there is a step-by-step guide on how to log into the voting platform. So that's why we do ask folks to try to take a few minutes ahead of the July 11th meeting just to test your credentials and make sure that you can get into that platform. We think it's a little bit more straightforward than previous years, but it is a change. So, I appreciate that question, Dee. Does that help?

Dee Brown:

It does. Thank you very much.

Patricia Rowan:

Sure. Any other questions from Workgroup members?

All right. Well, I'd also like to open it up now for public comment. So as a reminder, if you're a member of the public and you would like to make a comment, please also use the raise your hand feature at the bottom of the WebEx panel if you wish to speak. And when we unmute your line, please give your name and your affiliation.

Okay.

Last call for any comments or questions from Workgroup members or members of the public before we wrap up. Next slide, please.

So, before I wrap up, I do want to pause and give our two co-chairs, Kim Elliot and Jeff Schiff, an opportunity to share some remarks about the work ahead of us.

Kim, would you mind raising your hand so we can unmute your line?

Derek, can we unmute Kim?

Go ahead, Kim. I think we should be able to hear you now.

Kim Elliot:

Can you hear me now?

Patricia Rowan:

Yes, we can.

Kim Elliot:

Wonderful. I am very happy to be with all of you again. This work is really important work for all of us. And it's such a thoughtful process in making these decisions as we start to review these measures to really consider whether these are feasible measures for the states and what value they're really going to bring, particularly for the Medicaid members that participate in health

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homes. I know we've got a lot of work ahead of us and not a lot of time to do it all, but enough time. I'm really excited to be doing this with all of you and look forward to the meetings in July.

Patricia Rowan:

Thanks, Kim. Jeff?

Jeff Schiff:

Everyone, I want to echo what Kim said. I want to thank the Mathematica staff for their hard work and thorough preparation, which makes the review a viable workload for those of us on the committee. I want to also say that I think that Pat did a really nice job on presenting where this fits into the perspective of the Child and Adult Core Sets being state and these being more programmatic level measures.

And also, to remind folks that right out of the website from CMS on the Health Home, it says Health Home providers will integrate and coordinate all primary acute behavioral health and long-term services and supports to treat the whole person. So, this measure set is hopefully, with our work, always improving so we achieve that vision, and we identify for CMS and Mathematica where we think we still have more work to do. I look forward to being with all of you in a few weeks.

Patricia Rowan:

Thanks, Jeff and Kim.

All right, next slide.

So, like I mentioned, Workgroup members will receive the resources that we mentioned earlier via e-mail after this meeting. We also ask that Workgroup members log in to that voting platform and answer the test questions so that you can practice voting before the voting meeting.

If you've attended in the past, there's always a learning curve with the voting. So, if you do have a few minutes between now and July 11th, please do follow the directions in the resource packet and try out that voting approach.

The voting meeting and agenda and measure information sheets will also be posted on our website publicly prior to the voting meeting, so probably a couple weeks in advance. If you have any difficulty accessing the resources, or you have questions about the measures or the voting platform, please don't hesitate to e-mail our team @MHHCoreSetReview @Mathematica-mpr.com. The e-mail address is here on the slide. Next slide.

This slide contains some links to some of the resources previously discussed, and these links will also be included in the packet that we share. Next slide.

So, we'd like to thank everyone for participating in today's meeting. We look forward to having you join us in July to discuss the measures suggested for addition and removal. And now I will give you 20 minutes back in your day. So, thanks, everyone, for joining, and have a good rest of your day. Take care.