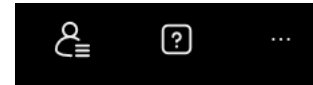

Medicaid Health Home Core Sets Annual Review Workgroup:

Meeting to Prepare for the 2025 Review

June 13, 2023

Technical Issues

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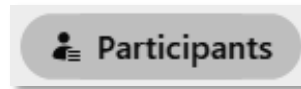


- If you are having issues speaking during Workgroup or public comments, ensure you are not also muted on your headset or phone. Connecting to audio using the “call me” feature in WebEx is the most reliable option.
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- During the webinar, there will 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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Welcome and Meeting Objectives

Meeting Objectives

- **Discuss the strategy and criteria for assessing measures**
- **Identify the measures suggested for addition to or removal from the 2025 Medicaid Health Home Core Sets**
- **Describe resources available to Workgroup members for reviewing measures**
- **Present the agenda and approach for measure discussion at the voting meeting (July 11–12, 2023)**
- **Provide opportunity for public comment**

Mathematica Medicaid Health Home Core Sets Review Team

- **Margo Rosenbach, Project Director**
- **Patricia Rowan, Principal Researcher**
- **Ilse Argueta, Health Analyst**
- **Maria Dobinick, Researcher**
- **Talia Parker, Research Associate**
- **Erin Reynolds, Health Analyst**

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

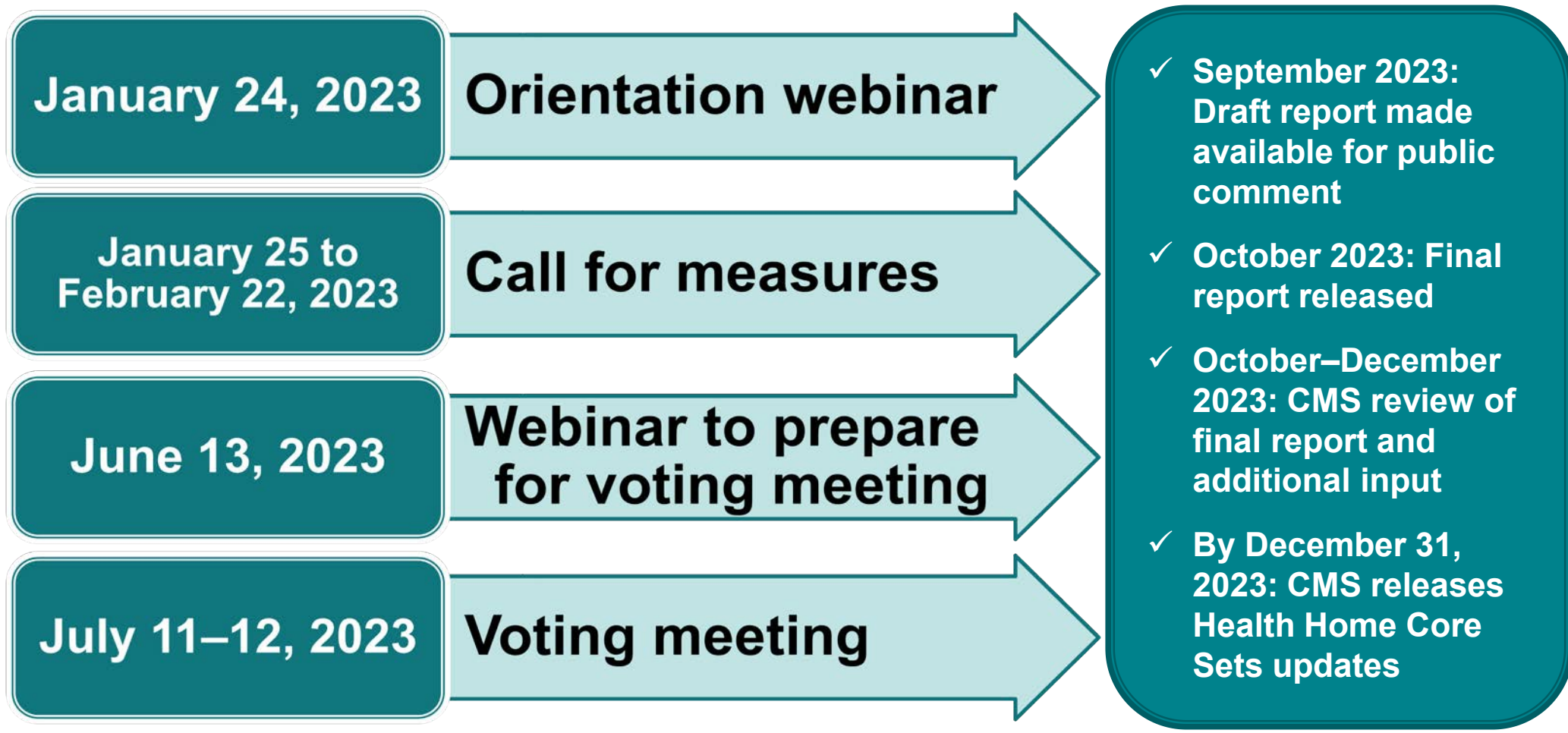
Health Resources and Services Administration, DHHS

Office of Disease Prevention and Health Promotion, DHHS

Office of Minority Health, DHHS

Substance Abuse and Mental Health Services Administration, DHHS

Milestones for the 2025 Medicaid Health Home Core Sets Annual Review



Measure Review Strategy and Criteria

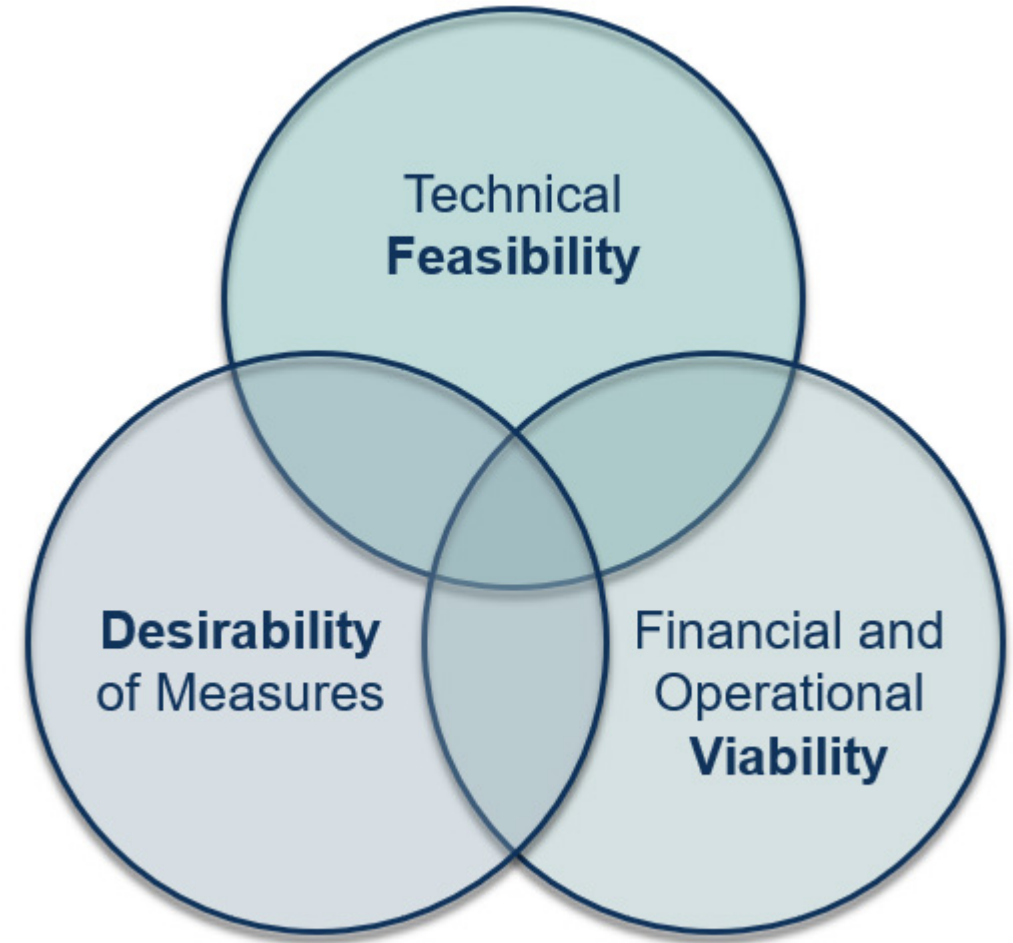
2025 Medicaid Health Home Core Sets Annual Review Workgroup Charge

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

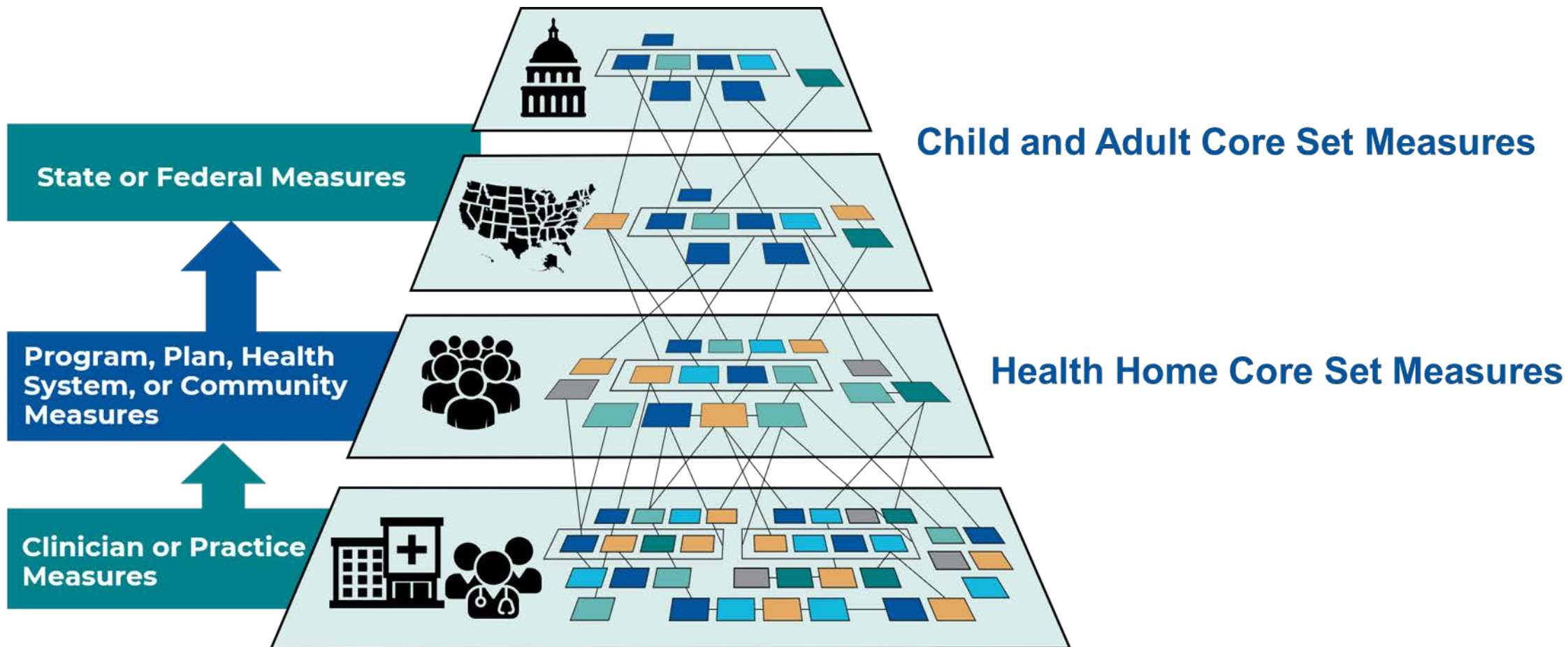
The Workgroup should focus on recommending measures that are actionable, aligned, and appropriate for program-level reporting, to ensure the measures can meaningfully drive improvement in quality of care and outcomes for Medicaid health home program enrollees

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



Alignment Across Multiple Levels to Facilitate Quality Improvement



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).

What Do We Mean by Testing of Measures in Medicaid

- **Alpha testing—or formative testing—occurs concurrently to developing detailed technical specifications**
 - Typically involves small scale, iterative testing to determine the existence and quality of required data elements
 - Provides initial information about the feasibility of collecting required data to calculate and report a measure
- **Beta testing—or field testing—occurs after the development of complete specifications to assess the scientific acceptability and usability of a measure**
 - Field testing is designed to test implementation and usability in the target population, in this case, state Medicaid and CHIP programs
 - Field testing determines measure reliability and validity while providing further feasibility information, such as burden and costs associated with implementing a measure
- **To meet minimum technical feasibility requirements, measures must have been field tested in or currently in use by state Medicaid and CHIP programs to ensure that the specifications can be implemented using state Medicaid and CHIP data for program-level Core Set reporting**

Measures Suggested for Addition to or Removal from the 2025 Medicaid Health Home Core Sets

Measures Suggested for Addition to the 1945 Health Home Core Set

Measure Name	Measure Steward	NQF #	Data Collection Method	Age Range	Included in 2022 Child or Adult Core Sets
Measures Suggested for Addition					
Medicaid Managed Long-Term Services and Supports Comprehensive Care Plan and Update (MLTSS-2)	CMS	NA	Case management record review	Age 18 and older	A similar measure, CPU-AD, is included in the Adult Core Set
Screening for Social Drivers of Health (SDOH-1) <i>This measure will not be discussed because it does not meet minimum technical feasibility criteria for testing in state Medicaid and/or CHIP programs or use by one or more state Medicaid and/or CHIP programs.</i>	CMS	NA	Administrative, EHR, or hybrid	Age 18 and older	No

Measures Suggested for Removal from the 1945 Health Home Core Set

Measure Name	Measure Steward	NQF #	Data Collection Method	Age Range	Included in 2022 Child or Adult Core Sets
Measures Suggested for Removal					
Controlling High Blood Pressure (CBP-HH)	NCQA	0018	Administrative, EHR, or hybrid	Ages 18 to 85	Adult Core Set
Screening for Depression and Follow-Up Plan (CDF-HH)	CMS	0418 ^a / 0418e ^a	Administrative or EHR	Age 12 and older	Adult Core Set Child Core Set
Admission to a Facility from the Community (AIF-HH)	CMS	NA	Administrative	Age 18 and older	No
Prevention Quality Indicator (PQI) 92: Chronic Conditions Composite (PQI92-HH)	AHRQ	NA	Administrative	Age 18 and older	No. However, the Adult Core Set includes four components of this composite measure (PQI 01, PQI 05, PQI 08, and PQI 15).

AHRQ = Agency for Healthcare Research and Quality; NCQA = National Committee for Quality Assurance; NQF = National Quality Forum.


Questions from Workgroup Members

Guidance to Workgroup Members for Reviewing Measures

Guidance for Measure Review

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

Measure Information Sheet: Addition

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MEASURE INFORMATION SHEET
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**HEALTH HOME CORE SETS REVIEW WORKGROUP:
MEASURES SUGGESTED FOR ADDITION TO THE 2025 CORE SET**


Measure Information	
Measure name	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	CMS
NQF number (if endorsed)	Not endorsed
Meaningful Measures area(s)	Chronic conditions
Measure type	Process
Addition of measure to which Core Set(s)?	1945 Health Home Core Set
Recommended to replace current measure?	No
Is the measure on the Child or Adult Core Set?	The Adult Core Set includes the NCQA version of this measure: Long-Term Services and Supports Comprehensive Care Plan and Update (CPU-AD). The CPU-AD measure also includes two performance rates: (1) Care Plan with Core Elements Documented and (2) Care Plan with Supplemental Elements Documented. Required exclusions are reported with the measure rate: (1) Could not be reached for care planning, and (2) Refusal to participate in care planning.

Technical Specifications	
Ages	Age 18 and older as of the first day of the measurement year.
Data collection method	Case management record review.
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. <i>Care Plan with Core Elements.</i> 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. <i>Care Plan with Supplemental Elements.</i> Medicaid MLTSS participants who had a long-term services and supports

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- Measure information and technical specifications
- Information on minimum technical feasibility
- 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 and CHIP and measure alignment across programs
- Summary of prior Workgroup discussions, if previously discussed

Measure Information Sheet: Removal

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MEASURE INFORMATION SHEET
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**HEALTH HOME CORE SETS REVIEW WORKGROUP:
MEASURES SUGGESTED FOR REMOVAL FROM THE 2025 CORE SET**

Measure Information	
Measure name	Screening for Depression and Follow-Up Plan (CDF-HH)
Description	Percentage of health home enrollees aged 12 and older screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of or up to two days after the date of the qualifying encounter.
Measure steward	Centers for Medicare & Medicaid Services (CMS)
NQF number (if endorsed)	0418/0418c (no longer endorsed)
Core Set	1945 Health Home Core Set
Meaningful Measures area	Behavioral Health
Measure Type	Process
If measure is removed, does it leave a gap in the Health Home Core Sets?	The Workgroup member (WGM) who suggested the measure for removal said that removal could potentially leave a gap in the Core Sets.
Has another measure been proposed for substitution (new or existing measure)?	No. The WGM who suggested this measure for removal did not suggest a replacement.
Is there another related measure in the Core Sets?	No
Use in other CMS programs	<ul style="list-style-type: none"> Child Core Set Adult Core Set Merit-based Incentive Payment System Program (MIPS) Medicare Shared Savings Program Core Quality Measures Collaborative (CQMC) End-Stage Renal Disease Quality Incentive Program Care Compare

FFY 2023 Technical Specifications	
Ages	Age 12 or older on date of encounter.
Data collection method	Administrative or electronic health records (EHR)
Denominator	The eligible population with an outpatient visit during the measurement year.
Numerator	Enrollees screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND, if positive, a follow-up plan is documented on the date of the eligible encounter or up to two days after the date of the qualifying encounter using one of the following codes: G8431 or G8510.

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- Measure information and technical specifications
- Nominating Workgroup member(s) reasons for removal, by criteria
- Core Set reporting history and reporting challenges identified by states
- Other information, including measure alignment across programs
- Summary of prior Workgroup discussions, if previously discussed
- Performance measure rates, if publicly reported
- Whether the data source allows for stratification by racial, ethnic, and sociodemographic characteristics

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 1945 Health Home Core Set
 - Health Home Information Resource Center: Background information such as a Fact Sheet on 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 SPAs 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 removal or addition
4. Record preliminary vote in measure review worksheet

Workgroup Homework

- Resources will be emailed to Workgroup members following this meeting
- Log in to the voting platform and answer the test questions to practice voting before the meeting
 - More information about the voting platform for the 2025 Health Home Core Sets Annual Review will be provided after the 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!

Voting Meeting Approach

Voting Meeting Logistics

- **The virtual voting meeting will take place on July 11 and 12, 2023**
 - Registration is now available at <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>

Approach to Measure Discussion

- **The Workgroup will discuss 5 measures during the voting meeting, including 1 measure suggested for addition and 4 measures suggested for removal**
- **Measures will be considered in their specified form**

Voting Process

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

Additional Discussion Topics for the Voting Meeting

- **Screening and referral for social drivers of health in Medicaid health home programs**
- **Stratification of measures in the Health Home Core Sets**
 - Stratification categories
 - Stratification priorities
 - Feasibility considerations
- **Gaps in the Health Home Core Sets and areas for future measure development**

Workgroup Questions

Opportunity for Public Comment

Wrap Up

Next Steps

- **Workgroup members will receive resources after this meeting**
- **Workgroup members should log in to the voting platform and complete the practice vote**
- **Agenda and measure information sheets will be posted publicly prior to the voting meeting**
- **For help accessing resources or any other questions, Workgroup members should email MHCCoreSetReview@mathematica-mpr.com**

For More Information

- Information on the Medicaid Health Home Core Sets Annual Review is available at <https://www.mathematica.org/features/hhcoresetreview>
- Information on Medicaid Health Home Core Sets 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!