

Technical Expert Panel (TEP) Charter

Project Title: Development of Medicaid Total Cost of Care Measure

Project Overview:

The Centers for Medicare & Medicaid Services (CMS) contracted Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation (CORE) to develop a Medicaid total cost of care (TCOC) measure for use initially in the CMS Innovation Center’s Innovation in Behavioral Health (IBH) Model. The contract name is Quality Measure Development and Analytic Support. The contract number is HHSM-75FCMC18D0042, Task Order HHSM-75FCMC24F0230. As the organizer of this TEP, CORE convenes groups of stakeholders and experts who contribute direction and thoughtful input on their work and analysis. CORE is seeking input from individuals with relevant experience and expertise who can provide a variety of perspectives on the development of this measure. The TEP will provide input and advice on the approach for measuring TCOC for services provided under the IBH Model to adult Medicaid beneficiaries with moderate to severe behavioral health conditions and substance use disorders (SUD).

Project Objectives:

The primary goal of this TEP is to advise CORE on the development of a new Medicaid TCOC measure for the IBH Model. The IBH Model is designed to help state Medicaid agencies (SMAs) and Behavioral Health (BH) Practices deliver person-centered, integrated behavioral and physical health care to Medicaid and Medicare beneficiaries with moderate to severe behavioral health conditions. The Medicaid TCOC measure will be claims-based and assess overall costs of care delivered by participating SMAs. The measure could be used to inform CMS’ SMA funding under the IBH Model and may be considered for use in other models/programs.

TEP Expected Time Commitment and Dates:

CORE anticipates holding two virtual meetings with a duration of approximately two hours between March 2026 and September 2026, with the possibility of extending to additional meetings after September 2026, if necessary.

Technical Expert Panel (TEP) Objectives:

The TEP is a group of stakeholders and experts who will provide input on the development of a Medicaid TCOC measure. Convening a national TEP ensures transparency and provides an opportunity to obtain balanced input from multiple stakeholders. TEP members are chosen to provide input based on their personal experience, professional experience, expertise, or organizational perspective, and to represent a diversity of perspectives and backgrounds. The TEP will be encouraged to provide input on the proposed methodological approach for measuring TCOC for individuals with moderate to severe behavioral health conditions and SUD within states participating in the IBH Model (states in the first cohort include Michigan, New York, and South Carolina).

CORE follows CMS’ structured and standardized approach to TEP participation, including steps to ensure substantial input from experts and the public. As part of this effort, CORE is seeking input from individuals with relevant experience and expertise who can provide a variety of perspectives on the

approach for measuring TCOC for services provided under the IBH Model to adult Medicaid beneficiaries with moderate to severe behavioral health conditions and SUD.

TEP Requirements:

A TEP of approximately 10-15 individuals will review and provide feedback on the measure concept. The TEP will be composed of individuals with differing areas of expertise and perspectives across the following domains:

- Cost measurement and methodology experts
 - Health economists, actuaries, researchers, or methodologists with experience in cost measurement, attribution, and risk adjustment
- Medicaid Program and data expertise
 - State Medicaid staff or researchers with expertise in Medicaid policy and program design
 - Experts in Medicaid data, analytics, and reporting, including experience with claims and encounter data (e.g., T-MSIS)
 - Individuals with experience in Medicaid performance measurement
- Managed care and healthcare delivery expertise
 - Managed care organization leaders
 - Healthcare delivery leaders overseeing behavioral health integration
- Operational and implementation stakeholders
 - BH practice administrators
 - IT and analytics vendors supporting Medicaid agencies, MCOs, and behavioral health practices
 - Quality measurement and improvement leads familiar with Medicaid and behavioral health initiatives
- Consumer/patient/caregiver
- Clinical and provider expertise (behavioral health and SUD focus)
 - Primary care providers
 - Behavioral health specialists, including psychiatrists, psychologists, addiction medicine
 - Nurses and care coordinators supporting integrated behavioral and physical health care
 - Social workers and community health workers addressing social needs and care navigation

Scope of Responsibilities:

The central role of the TEP will be to provide input and advice on the measure methodologic approach for TCOC measure development. CORE will provide meeting agendas and background materials to TEP members prior to the meeting. CORE will summarize member comments and recommendations in a publicly available report.

Specific responsibilities of TEP members will be to:

- Complete and submit all nomination materials, including the TEP Nomination Form, letter of interest, disclosure of conflicts of interest, and curriculum vitae (patient and family TEP members are not required to submit this document);
- Review background materials provided by CORE prior to each TEP meeting;
- Attend and actively participate in the TEP meetings;
- Provide input and feedback to CORE on key clinical, methodological, and other decisions;
- Provide input and feedback to CORE on key policy or other non-technical issues;

- Review the TEP summary report prior to public release; and
- Be available to discuss recommendations and perspectives following TEP meetings and the public release of the TEP summary report.

Guiding Principles:

Participation as a TEP member is voluntary and the measure developer records the participant's input in the meeting minutes, which the measure developer will summarize in a report that they may disclose to the public. If a participant has chosen to disclose private, personal data, then related material and communications are not covered by patient-provider confidentiality. Patient/caregiver participants may elect to keep their names confidential in public documents. TEP organizers will answer any questions about confidentiality.

All potential TEP members must disclose any significant financial interest or other relationships that may influence their perceptions or judgment. It is unethical to conceal (or fail to disclose) conflicts of interest. However, there is no intent for the disclosure requirement to prevent individuals with particular perspectives or strong points of view from serving on the TEP. The intent of full disclosure is to inform the measure developer, other TEP members, and CMS about the source of TEP members' perspectives and how that might affect discussions or recommendations.

CORE will focus the TEP discussions on measure design decisions that are most important. However, measure developers encourage the TEP to provide input on any or all measure components as part of the TEP's deliberations. Discussions in the TEP meeting will be conducted in a round-robin fashion and will utilize polls to garner feedback as appropriate.

The list of individuals included on the TEP will be made public. However, potential consumer/patient/caregiver participants will be given the option to keep their participation on the TEP confidential in public documents. CORE will ensure confidentiality in the publicly posted TEP reports by summarizing discussion topics and removing the names of TEP members who make specific comments during the meetings. If a participant has disclosed private, personal data by his or her own choice, then that material and those communications are not subject to confidentiality laws. CORE will answer any questions about confidentiality.

Estimated Number and Frequency of Meetings:

CORE anticipates holding two virtual meetings with a duration of approximately two hours each between March 2026 and September 2026, with the possibility of holding additional meetings after September 2026, if necessary.

Date Approved by TEP:

TBD

TEP Membership:

TBD