

**2025 Medicaid Health Home Core Sets Annual Review:
Orientation Meeting Transcript
January 24, 2023, 1:00 – 2:00 PM EST**

We would like to welcome all of you to the orientation meeting for the 2025 Annual Review of the Medicaid Health Home Core Sets. Whether you're listening to this meeting live or listening to a recording, thank you so much for joining us. I hope you're all doing well and ready to start another journey together.

Next slide.

I'd like to share with you the objectives for this meeting. First, we'll introduce the Workgroup members. We are so excited to welcome returning Workgroup members as well as members who are joining the Workgroup for the first time. Next, we'll describe the charge, timeline, and vision for the 2025 Annual Review, and we'll hear welcome remarks from CMCS and our co-chairs. Then we will present the process that Workgroup members will use to suggest measures for removal from or addition to the 2025 Health Home Core Sets. And near the end of the meeting, we'll provide an opportunity for public comment. If you would like to make a public comment, you will be able to unmute at that time and make your comment.

Before we move on, I wanted to explain how we got to the 2025 Health Home Core Sets Annual Review this year. In case you were wondering, you did not miss out on the 2024 Annual Review. As you may know, CMS released the 2023 and 2024 Health Home Core Sets based on the recommendations of the 2023 Workgroup.

CMS's goal in releasing the two Core Sets at once is to support states in their efforts to prepare for mandatory reporting, which is proposed to begin in 2024. As a result, this year's review will focus on updates to the 2025 Health Home Core Sets. There's something else that's new for this year. During the 2022 and 2023 Annual Reviews, we focused on reviewing a single Core Set of measures for what we will, going forward, call 1945 Medicaid Health Home Programs. As of October 2022, states can choose to implement a 1945A Health Home Program for children with medically complex conditions. States that elect this state plan option will begin reporting a new Core Set of measures for the 1945A Medicaid Health Home Programs. Collectively, we will call these two measure sets the Health Home Core Sets, and we will differentiate them as 1945 and 1945A Health Home Core Sets. We'll explain a little bit more about this in a few minutes.

As you can tell, we have a full agenda today, and the purpose of this meeting is to convey information about the review process. We will not have time to engage in discussion about the Health Home Core Sets or the individual measures, but we will have plenty of time for that discussion at the July voting meeting.

Next slide.

2025 Medicaid Health Home Core Sets Annual Review: Orientation Meeting Transcript

Now, I would like to acknowledge my colleagues at Mathematica who are part of our Health Home Core Sets review team. Margo Rosenbach is our project director. We also have Ilse, Maria, Erin, and Jeral.

Next slide.

Now it's my pleasure to introduce the Workgroup for the 2025 Health Home Core Sets Annual Review. In the interest of time today, we will not have a roll call. This slide and the next slide list the Workgroup members, their affiliations, and whether they were nominated by an organization. However, as we've discussed in the past, Workgroup members nominated by an organization do not represent that organization during the review process. All Workgroup members are here to provide their expertise as individuals and not as representatives of an organization.

I'd like to welcome back the continuing members of our Workgroup. I would also like to thank Kim Elliot and Jeff Schiff for agreeing to serve as co-chairs this year. We're also excited to welcome several new Workgroup members who are indicated with an asterisk after their name on this slide.

Next slide.

The roster continues on this slide. Again, new Workgroup members are denoted by an asterisk after their name. As you can see from these two slides, we have assembled a diverse Workgroup that spans a range of perspectives, quality measure expertise, and health home program experience. Thank you to all of the Workgroup members for your service.

Next slide.

This slide shows the federal liaisons reflecting 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 the annual review process as well.

Next slide.

The disclosure of interest by Workgroup members is designed to ensure the highest integrity and public confidence in the activities, advice, and recommendations of the Annual Review Workgroup. All Workgroup members are required to disclose any interest that could give rise to a potential conflict or appearance of conflict related to their consideration of quality measures for the Health Home Core Sets. Each member will review and update their disclosure of interest form before the voting meeting in July. Any members deemed to have an interest in a measure submitted for consideration will be recused from voting on that measure.

2025 Medicaid Health Home Core Sets Annual Review: Orientation Meeting Transcript

Next slide.

Now I'd like to review the Workgroup charge. The 2025 Health Home Core Sets Annual Review Workgroup is charged with assessing the existing 1945 Health Home Core Set and recommending measures for addition or removal in order to strengthen and improve the 1945 Health Home Core Set. This year's review will also assess the proposed 1945A Health Home Core Set measures for the new state plan option.

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 health care delivery and outcomes for Medicaid health home program enrollees.

And this year, we've added a new element to the charge. With mandatory reporting of the Health Home Core Sets proposed to begin in 2024, the Workgroup should consider the feasibility of state reporting by states with approved health home programs for all Medicaid populations enrolled in their health home programs, as well as opportunities for advancing health equity through stratification of Health Home Core Set measures where feasible.

Next slide.

This graphic is a visual representation of the milestones for the 2025 Medicaid Health Home Core Sets Annual Review. Thank you for joining us for today's orientation webinar. Tomorrow, the Workgroup members will receive the Call for Measures for the 2025 Annual Review. February 22nd is the deadline for Workgroup members and federal liaisons to suggest measures for removal or addition.

On June 13th, we will reconvene the Workgroup to prepare for the voting meeting. We will introduce the measures that were suggested for consideration for the 2025 review and describe the process we will use to discuss and vote on the measures. The voting meeting will be virtual and will take place July 11th to 13th. Please note that all of these meetings are open to the public.

This process will culminate in the development of a report based on the recommendations of the Workgroup. The draft report will be made available for public comment in September, and the final report, along with additional input, will inform CMS's updates to the 2025 Health Home Core Sets, which will be released by December 31st, 2023.

Next slide.

Now I'd like to briefly recap the outcomes of the 2023 Health Home Core Set Annual Review. There were no changes to the 2023 Health Home Core Set. The Workgroup discussed, but did not recommend, one measure for addition to the 2023 Health Home

2025 Medicaid Health Home Core Sets Annual Review: Orientation Meeting Transcript

Core Set, which was the Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions measure.

CMS released the 2023 and 2024 Health Home Core Sets based on the recommendations of the 2023 Workgroup. CMS also released a proposed list of quality measures for 1945A Health Home Programs for the new state plan option. The 2023 Workgroup review did not cover these measures, but the 2022 Workgroup did provide input on an illustrative list of measures for the 1945A Health Home Core Set.

Next slide.

These next two slides provide a recap of the Health Home Core Set measure gaps that were discussed during the 2023 Annual Review. As you know, the annual Workgroup process is designed to identify gaps in the existing Core Sets and suggest updates to strengthen or improve them. It's important to know that the gaps discussion did not prioritize the measure gaps suggested by individual Workgroup members, assess the fit or feasibility for the Core Sets, or represent a consensus about the gaps. In some cases, measures may not be available to fill a potential gap, resulting in suggestions for additional measure development or refinement.

Nevertheless, this information may be helpful as a starting point for considering updates to strengthen the Health Home Core Sets, as well as longer-term planning for future Core Sets. This slide also illustrates some measure-specific gaps that were discussed by the 2023 Workgroup, including social determinants and drivers of health, such as housing status, food insecurity, and referral and follow-up; hepatitis C screening; primary and preventive care, including adult access to care, annual well visits, weight management and health promotion; HIV care; maternal and child health, including prenatal and postpartum care; and experience of care and satisfaction with care.

Next slide.

A synthesis of the 2023 gaps discussion continues on this slide and highlights some measure concepts related to care delivery that include the integration and coordination of behavioral, mental, and physical health services; care coordination, including whether health homes are successfully coordinating care and whether health home enrollees know how to reach their team for care coordination; beneficiary ease of using the health care system, their ability to move through the system, and their ability to get timely needed care.

The Workgroup also discussed cross-cutting methodological considerations, including the ability to stratify measures by race, ethnicity, language, geography, and other factors to identify disparities; an exploration of existing data sources to realize efficiencies in reporting and to reduce state burden, for example, by using data from the Transformed Medicaid Statistical Information System, or T-MSIS; and a consideration of challenges related to sharing information with health home care

2025 Medicaid Health Home Core Sets Annual Review: Orientation Meeting Transcript

managers if the information is sensitive or protected, for example, information on alcohol and other drug treatment or HIV viral load suppression.

We encourage Workgroup members to review this list of gaps listed here and included in your supplementary materials packet as you prepare for the Call for Measures.

Next slide.

So now I'd like to spend a little time on the vision for the 2025 Health Home Core Sets Annual Review Process. I'll start with some big-picture perspectives, followed by remarks from CMCS and our co-chairs.

Next slide.

First, we want to share some thoughts for the Workgroup about their role in strengthening the 2025 Health Home Core Sets, building on our experiences over the last few years. As we just discussed, the Annual Review Process is designed to identify gaps in the existing Health Home Core Sets and suggest measures for addition or removal that will strengthen and improve the Core Sets. This can involve suggesting new measures for addition to fill gaps or suggesting existing measures for removal because they no longer meet the criteria for inclusion that we will discuss later in this meeting.

As we've highlighted in previous years, there is an inherent balance across these three different facets of desirability, feasibility, and viability. And here we show a Venn diagram that depicts that intersection at the desirability of measures from diverse perspectives, technical feasibility for program-level reporting, and financial and operational viability based on state resources.

While there are many very good quality measures, we need to keep in mind that the measures must be good for use in program-level measurement and improvement for Medicaid health home programs. We also give an example here on the slide of the types of tradeoffs that Workgroup members should consider. While outcome measures may be more desirable than process measures, the Workgroup needs to consider the feasibility and viability for program-level reporting. For 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.

Next slide.

This graphic is a visual representation of the concept of multilevel alignment of quality measures. 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 are considered program-level measures because they're for distinct subpopulations within the state's Medicaid program. The Child and Adult Core Set measures are considered state-level measures because they're

2025 Medicaid Health Home Core Sets Annual Review: Orientation Meeting Transcript

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 programs 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, and moreover, alignment is intended to streamline data collection and reporting burden.

Next slide.

We want to take a moment to acknowledge that there are good, important quality measures that may not meet the criteria for inclusion in the Health Home Core Sets. We urge Workgroup members and federal liaisons to recognize that there are many other venues to use measures to monitor quality and drive improvement at the national, state, health plan, program, or provider level. These other tools are listed on the slide, so measures that might not be a good fit for the Health Home Core Sets could be appropriate for use in these other programs.

Next slide.

As you may know, CMS has proposed that beginning in 2024, reporting of all the Health Home Core Set measures will be required for states with an approved health home program. So we ask that Workgroup members consider the feasibility of program-level reporting of both current and future Health Home Core Sets measures. We also ask the Workgroup to consider whether a measure could be stratified by factors such as race, ethnicity, sex, age, rural/urban status, disability, and language.

The Workgroup should also think about the ability of all programs to report a measure for all health home enrollees within two years of the measure being added to the Health Home Core Sets. We encourage Workgroup members to carefully review the criteria for the Call for Measures to assure that suggested measures balance considerations related to desirability, feasibility, and viability in the context of mandatory reporting.

We realize that Workgroup members may have questions about what will be included in the final rule related to mandatory reporting. Because rulemaking is in process, CMS is not able to elaborate on the final rule. Moreover, the Workgroup discussion should focus on the merits of individual measures without reference to the mandatory reporting rule.

Next slide.

Now I'd like to invite Sara Rhoades to share CMS's vision for the 2025 Health Home Core Sets Review. Sara is the Technical Director for Health Homes in the Disabled and Elderly Health Programs Group at CMCS. Sara, you have the floor.

2025 Medicaid Health Home Core Sets Annual Review: Orientation Meeting Transcript

Can everyone hear me?

Yes, we can.

Great. Thank you. Thank you so much for joining today. We really appreciate it and being part of this Workgroup. It is invaluable to us as we move forward with quality. As Tricia just said, we are looking at the proposed mandatory reporting for 2024. And so that would, in essence, if that rule does take effect, it would make both the 1945, which is the health home [program] that we are familiar with, as well as the 1945A, which is the health home program for medically fragile children, would make both of those Core Sets mandatory reporting.

So just to keep that in mind, so for the 2025, both the 1945 and 1945A, you may have also heard of 1945A referred to as ACE Kids. Here at CMS, we are differentiating by the authority in the Social Security Act, 1945 and 1945A. That's just making it clean for us to differentiate. As far as 1945A goes, the Core Set that is introduced in the guidance is a proposed Core Set, so that has not been finalized. So that will be talked about through this Workgroup. And so any suggestions for additions and removals to that Core Set would then eventually be solidified as the final Core Set.

Finally, I do want to touch on two other things the stratification and health equity is very much a CMS priority. Keep in mind when you're thinking of measures to possibly recommend for addition or removal, that health homes are at the program level, so we are really trying to get measures that can be stratified and that can go into the bigger picture of CMS's overarching priority. We want to make sure that it can be done at the program level for this particular Core Set.

And finally, the last thing I just want to introduce on the call is Lauren Beard. She works with us on the health home team, and she's going to be starting to take on more of the quality work. So, you may hear her name as a contact moving forward on quality for health homes. Thank you very much once again for attending this call, and I will turn it back over.

Thanks so much, Sara.

Next slide, please.

Now I'd like to invite our co-chairs to offer a brief welcome and reflections on the vision for the 2025 review. Kim, would you like to go first?

Can you hear me?

Yes, we can.

Perfect. I also would like to welcome everyone to the Health Home Core Sets meetings. This is probably one of the most important things, and it's a valuable

2025 Medicaid Health Home Core Sets Annual Review: Orientation Meeting Transcript

opportunity to really look at the Health Home Core Sets measures that are included, to identify any gaps, and make recommendations that will strengthen and improve the Core Sets. We often talk about how what we measure is what really gets done in our programs. And therefore, it's really important to ensure that we consider and discuss measures that serve the purpose and meaning of health homes and really help improve the quality of care for the individuals served in the program.

So anyway, I'd like to just say thank you, and we've got a lot of work ahead of us. It's going to be exciting work, very interesting work, and a real opportunity to add value to the Medicaid program. Thank you.

Thanks so much, Kim. Jeff, would you like to say a few words as well?

It's a pleasure to welcome everyone, and it's a pleasure to be involved in the Health Home Core Sets. I very much appreciated the slides that showed the health home at the mid or program level. I've been around, like many of us, for a long time, and we were very happy to see the health home program come into existence with the Affordable Care Act, and very happy to see that the quality measurement received high priority.

I think we have this opportunity now, speaking as a pediatrician, to move some of these aspects of quality that have been in a health home or 1945 into 1945A and make sure that children with medical complexity finally get a measurement set at a national stage in Medicaid that can be helpful to move forward both equity and value-based purchasing, which I know are both priorities at Medicaid. It's a pleasure to be here, and I look forward to working with all of you.

Thank you so much, Jeff.

Next slide.

So now we'd like to open it up for questions from Workgroup members. We have time for a few questions now, and we'll have additional opportunities later in the meeting. So Workgroup members, if you have any questions or you'd like to speak, please use the raise your hand feature. It should be kind of at the bottom of your WebEx panel, and we will call on you in turn.

I see Dee Brown has her hand up. Rick, can we unmute Dee? Go ahead, Dee.

Unmuted now?

Yeah, we can hear you.

My question was in prior years -- thank you, number one, for the continued participation -- in prior years we focused on measures that had already been used in either a Medicaid or Medicare program previously in a different Core Set for inclusion

2025 Medicaid Health Home Core Sets Annual Review: Orientation Meeting Transcript

here. I love the focus of health equity and segmentation, but there are some new measures that have come out that are specific to health equity. Would those be available for consideration in this for 2025?

Yeah, that's a great question, Dee. Thanks so much for raising it. So, we will go over the criteria for suggesting measures, and you'll see one of the criteria does remain that the measure should have been tested or used in Medicaid and/or CHIP programs to the extent possible. But, we would encourage you that if there are measures that you think fit the criteria, that you suggest them. Our team will review everything, and if there's any question about whether they meet the criteria, we can work together on that. Or if you have questions about a measure that you're thinking about suggesting, you can always reach out to our team first, and we're happy to chat even before you submit the suggestion, if that would be helpful.

All right. Any other questions from Workgroup members or federal liaisons? Please raise your hand in the WebEx. All right. I'm not seeing any more hands at this point, and like I said, we will have other opportunities for questions later in the meeting.

So, why don't we move to the next slide?

Now I would like to hand it over to my colleague, Maria Dobinick, who will present a brief overview of Medicaid health home programs to help Workgroup members prepare for the Call for Measures.

Thank you, Tricia.

Next slide.

To help frame the review of the Health Home Core Sets, we'd like to provide some background information on the 1945 and 1945A health home programs. After the meeting, we will provide Workgroup members with additional information and resources about the Health Home Core Sets to support your suggestions for adding or removing measures.

The Affordable Care Act authorized the Medicaid Health Home State Plan Option to provide comprehensive care coordination to Medicaid beneficiaries with complex needs. Health home programs are intended to integrate physical and behavioral health along with long-term supports and services. States interested in implementing a health home program must submit a State Plan Amendment, or SPA, to CMS. States are able to focus enrollment in 1945 health home programs based on condition and geography, but cannot limit enrollment by age, delivery system, or dual eligibility status. Each health home program requires a separate SPA, and you'll notice that we refer to program-level performance.

Next slide.

2025 Medicaid Health Home Core Sets Annual Review: Orientation Meeting Transcript

As you can see here, 1945 health home programs are designed for beneficiaries diagnosed with two chronic conditions, those with one chronic condition and who are at risk for a second, or those with a serious mental illness. Chronic conditions include mental health conditions, substance use disorder, asthma, diabetes, heart disease, and being overweight. Additional chronic conditions, such as HIV or AIDS, may be considered by CMS for approval.

Next slide.

This slide lists the core services provided by health home programs. These services include comprehensive care management, care coordination, health promotion, comprehensive transitional care from inpatient to other settings including appropriate follow-up, individual and family support services, referral to community and social services, and the use of health information technology to link services as feasible and appropriate.

Next slide.

This chart shows the distribution of health home programs by target population over the last three reporting cycles. In FFY 2022, the most recent reporting cycle, there were 17 health home programs serving individuals with serious mental illness, nine programs serving individuals with chronic conditions, six hybrid programs, which refer to those that have two or more focus areas, and one health home program focused on supporting individuals with HIV or AIDS.

Next slide.

Now turning to health home quality reporting. CMS established the Health Home Core Set of quality measures in January of 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 in FFY 2013 and are in the process of reporting for FFY 2021 and 2022. As a condition of payment, health home providers are required to report quality measures to the state, and states are expected to report program-level measures to CMS. As mentioned earlier, states are expected to report on all of the 1945 Health Home Core Set measures, regardless of their focus area.

Next slide.

This slide contains information on the number of health home programs reporting on the 11 Health Home Core Set measures for FFY 2020 that are also included in the 2021 and 2022 Core Sets. As mentioned earlier, FFY 2021 and 2022 are currently being reported, and that reporting is in process, and FFY 2020 data are the most current available at this time. The dark green bars indicate the number of programs using Core Set specifications, and the lighter bars indicate programs that reported the measures but deviated from specifications, such as using alternative data sources or different populations. The three most commonly reported measures were Emergency

2025 Medicaid Health Home Core Sets Annual Review: Orientation Meeting Transcript

Department Visits, Follow-Up After Hospitalization for Mental Illness, and Inpatient Utilization.

The least frequently reported measures were Screening for Depression and Follow-Up Plan, and Controlling High Blood Pressure. The most common reasons for not reporting these measures included a lack of access to medical records or electronic health records, and a lack of required codes in administrative data. In addition, small health home populations and continuous enrollment requirements limited the number of enrollees that were eligible for some of the measures.

Next slide.

This slide shows the measures included in the 2023 and 2024 1945 Health Home Core Set. As you can see, the measures span age ranges from child to adult, and most of the measures are included in other Core Sets. All of the measures include administrative data specifications, and a few also include hybrid and EHR specifications.

Next slide.

Now we'd like to provide information about the 1945A Medicaid health home program. Section 1945A of the Social Security Act authorizes a new type of health home program for children with medically complex conditions. The goal of this program is to support a family-centered system of care for children with medically complex conditions. States can submit state plan amendments or request health home planning grant funds for 1945A health homes as of October 1st, 2022. Once approved, 1945A health home programs must begin reporting Health Home Core Set measures six months after enrollment begins.

Next slide.

1945A programs are for children up to 21 years of age with complex medical conditions. They must also be eligible for medical assistance under the state plan or an applicable waiver, and they must meet the specific diagnostic criteria as shown here: one or more chronic conditions that cumulatively affect three or more organ systems and have severely reduced cognitive or physical functioning, such as the ability to eat, drink, or breathe independently, and that also requires the use of medication, durable medical equipment, therapy, surgery, or other treatments; or one life-limiting illness; or a rare pediatric disease as defined by the Federal Food, Drug, and Cosmetic Act.

Next slide.

This slide lists the core services provided by 1945A health homes. In the interest of time, I won't read through all the services on this slide. However, I want to point out the second bullet, which refers to care coordination, health promotion, and the provision of

2025 Medicaid Health Home Core Sets Annual Review: Orientation Meeting Transcript

access to a full range of pediatric specialty and subspecialty medical services, including those from out-of-state providers.

Next slide.

This slide shows the proposed 2024 Core Set of quality measures for 1945A health home programs. The proposed list was included in a state Medicaid director letter issued by CMS on August 1st, 2022. The proposed Core Set includes seven measures that align with measures in the Child Core Set and the 1945 Health Home Core Set. All of the measures have administrative data specifications, and a couple have hybrid or EHR specifications.

Next slide.

And now I'd like to pass it back to Tricia to provide an overview of the 2025 Call for Measures.

Thanks, Maria. The criteria for suggesting measures for addition and removal are similar to those used in previous years. The criteria fit into three areas. They are minimum technical feasibility requirements, actionability and strategic priority, and other considerations. To be discussed by the Workgroup at the voting meeting, all measures suggested for addition must meet the criteria within the minimum technical feasibility area.

Next slide.

I'll begin with the criteria for suggesting measures for addition. Workgroup members will receive a list of these criteria to consider during the Call for Measures, so I'll review them at a high level here. Starting with the minimum technical feasibility requirements, these requirements help ensure that if a measure is placed on the Health Home Core Sets, states will be able to calculate the measure.

First, a measure must be fully developed and have detailed specifications that enable production of the measure at the program level. It must have been tested in state Medicaid or CHIP programs or currently be in use by one or more Medicaid or CHIP programs. There must be an available data source that contains all the elements needed to calculate the measure, including an identifier for Medicaid beneficiaries. The specifications and data source should also allow states to calculate the measure consistently across their health home programs. The measure must also include technical specifications, including code sets, that are provided free of charge for state use in the Health Home Core Sets. Our team will determine whether all suggested measures meet these criteria, and we encourage Workgroup members to pay close attention to them before submitting a measure. For this last criterion around cost, Workgroup members don't need to take this into account. This will be determined by CMS.

2025 Medicaid Health Home Core Sets Annual Review: Orientation Meeting Transcript

Next, we have actionability and strategic priority criteria. Suggested measures should be useful for estimating the overall national quality of health care in health home programs, and the measure should be suitable for comparative analyses of disparities among health home enrollees by factors such as race, ethnicity, sex, age, rural/urban status, disability, and language. Please note that we've separated this out as its own criteria this year and included more details about the type of stratifications that the Workgroup should consider. Third, the measure should address the strategic priority for improving healthcare delivery and outcomes in health home programs. Finally, the measure should be able to be used to assess progress in improving health care delivery and outcomes in health home programs. For example, is there room for improvement on the measure, and can state Medicaid programs or health home providers influence improvement on that measure?

Other considerations for suggesting a measure for addition include whether the condition being measured is prevalent enough to produce reliable and meaningful results, and whether the measure is aligned with those used in other CMS programs. And finally, all states should be able to produce the measure for Health Home Core Set reporting within two years of the measure being added to the Core Set, and this should include reporting for all health home populations. We revised this criteria slightly to reflect the fact that we are now considering updates for the 2025 Health Home Core Sets, which is after the proposed mandatory reporting will have gone into effect.

Next slide.

Now for the criteria for suggesting measures for removal. We ask that Workgroup members look through the current measures and consider whether any measures no longer fit the criteria for the Health Home Core Sets. We've provided a set of criteria for removal, which reflect reasons that a measure may no longer meet the criteria for inclusion. Under feasibility, this could be that states have difficulty accessing the data source, that results across states are inconsistent for reasons like variation in coding or data completeness, or that the measure is being retired by the measure steward.

For actionability and strategic priority, a measure could be suggested for removal if it's not making a significant contribution to measuring the quality of care in health home programs, is not suitable for comparative analyses, doesn't address a strategic priority for improvement, or is no longer useful for monitoring state progress.

Other considerations include whether another measure would be better aligned across other federal programs, or if all health home programs may be unable to produce the measure for core set reporting within two years of the reporting cycle under review, or may not be able to include all populations.

We encourage Workgroup members, especially our new members, to review a supplemental resource that we will be sharing about measures that were previously discussed by the Workgroup and either not recommended for removal or

2025 Medicaid Health Home Core Sets Annual Review: Orientation Meeting Transcript

recommended for removal but retained by CMS. While we understand that circumstances can change over time, we do suggest becoming familiar with and building upon the prior Workgroup experiences.

Next slide.

As part of the Call for Measures, Workgroup members and federal liaisons will have the opportunity to suggest measures for removal from or addition to the 2025 Health Home Core Sets.

The Call for Measures process will begin tomorrow, January 25th, when our team will send Workgroup members and federal liaisons an email with instructions on how to suggest measures for addition or removal. Measure suggestions are due by Wednesday, February 22nd at 8 p.m. Eastern Time. We encourage you to reach out if you have questions about the process, including the criteria, the submission forms, or potential measures.

Next slide.

Based on our previous experience, we wanted to provide some tips on submitting measure suggestions. First, we want to note that measure submission forms are the most important input to the materials that Workgroup members review prior to the voting meeting. So, the form is really your best opportunity to explain why the Workgroup should consider a measure for addition or removal and to provide evidence to support that suggestion, including citations.

If you've suggested a measure that the Workgroup has considered in the past but not recommended, we ask that you include information about why you're suggesting that the Workgroup reconsider the measure this year. And for measures that are suggested for addition, please be sure you address the minimum technical feasibility as well as you can or email us if you have questions.

If you're suggesting a measure to replace a current Health Home Core Set measure, please be sure to submit both an addition and a removal form. Please be sure to indicate on the form if you're making the recommendation for addition and/or removal from the 1945 Health Home Core Set, the 1945A Health Home Core Set, or both.

If you'd like to submit additional information, you can send it to us as an email attachment. And we encourage Workgroup members to review all the measure submission tips that we will include in the supplementary materials you receive tomorrow.

Next slide.

The Call for Measures email that we send out tomorrow will include a wealth of resources which Workgroup members should use to inform their suggestions. The

2025 Medicaid Health Home Core Sets Annual Review: Orientation Meeting Transcript

2022 Medicaid and CHIP Beneficiary Profile, which provides background on various aspects of the Medicaid and CHIP programs. We'll also give you a list of publicly available background resources on the current Health Home Core Sets, including measure lists, state performance on those measures, a document showing the history of measures in the Core Sets, and the Medicaid and CHIP Scorecard.

Finally, the other supplementary materials we send out will include a list of measures that were discussed by previous Workgroups, a list of measure gaps that were identified by previous Workgroups, and the measure submission tips I mentioned previously.

Next slide.

All right. We've covered a lot of information, so I'd like to open it back up for Workgroup questions. Please use the raise your hand function in WebEx if you have a question or you wish to speak.

I see David. Can we unmute David?

Thank you. Dave Basel with Avera. Just a question on the 1945A, which is kind of the new piece of this. Will all states that have any type of health home need to also report the 1945A, even if they're not doing a 1945A program? Or only those states that choose to apply and institute a 1945A program have to report that set?

Yep. Great question. The answer is the latter. Only states that elect the 1945A state plan option will be required to report the 1945A measures.

Other questions? All right. I am not seeing any other hands raised, so we can go to the next slide.

Now we'd like to open it up for public comment. As a reminder, if you're on the line and you're a member of the public, this is your opportunity to make a comment or ask a question.

Please raise your hand if you wish to speak, and we will also ask that you introduce yourself, including your affiliation. Any other questions from members of the public? Please raise your hand.

And if there are other questions from Workgroup members, you can raise your hand as well. I am not seeing any questions, so why don't we go to the next slide?

Now we will wrap up and just recap the next steps.

Next slide.

2025 Medicaid Health Home Core Sets Annual Review: Orientation Meeting Transcript

As I mentioned earlier, the Workgroup members and federal liaisons will receive an email from our team tomorrow, January 25th, with instructions on how to suggest measures for addition or removal. Those submissions are due no later than 8 p.m. Eastern on Wednesday, February 22nd. Apologies, the day on the slide here is wrong, but it's 4 weeks from tomorrow, February 22nd.

The next meeting will be held on June 13th via webinar, and this meeting will provide information on the measures that will be discussed at the voting meeting, which will take place July 11th through July 13th, also via webinar. Both of those meetings are open to the public, and registration is available at the link on this slide, which is also on our website. If you have any questions about the process or measures that you are considering, please do not hesitate to contact our team at the email listed on the slide here.

Next slide.

On this slide, you'll see links that will lead you to some key resources on Medicaid.gov and the Health Home Core Sets annual review webpage. The annual review webpage in that first bullet includes resources such as previous reports, agendas, and slides for each of our previous meetings, and a calendar of events.

Next slide.

Again, if you have any questions about the Health Home Core Sets or the annual review process, please email our team at MHH -- for Medicaid Health Home -- MHHCORESETREVIEW@MATHEMATICA-MPR.COM.

So Kim and Jeff, do you all have any final remarks you'd like to share before we adjourn the meeting? Kim?

Yeah, I just want to say that I'm really pleased to be working with such a great group of people with a lot of really good experience that they can apply to the Core Measure Set Review. So, I'm really going to be thankful and appreciative of all of the information and experience you bring to this Workgroup process, and it's a great opportunity, and I'm really excited to move forward.

Thank you, Kim. Jeff, any closing remarks?

I'll echo Kim's enthusiasm of working with people who I have had the honor and privilege to work with before, and new folks. And I just will say that I think looking at the criteria and some of the gaps, I think we should all spend some time in the next month thinking hard about how this set of measures could help the folks serving the Medicaid program. So, I look forward to seeing what comes out of the submissions. Thanks.

Yeah, thank you both so much.

2025 Medicaid Health Home Core Sets Annual Review: Orientation Meeting Transcript

Next slide.

We want to thank everyone for participating in today's meeting. This meeting is now adjourned. The slides and the recording will be [available] on our website at your convenience. Thanks, everyone. Take care. Bye.