
Medicaid Health Home Core Sets Annual Review Workgroup:

2025 Annual Review Orientation Meeting

January 24, 2023

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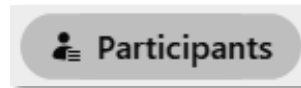
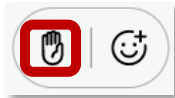


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Welcome, Introductions, and Workgroup Objectives

Meeting Objectives

- **Introduce the 2025 Medicaid Health Home Core Sets Annual Review Workgroup**
 - This year's review will focus on updates to the 2025 Health Home Core Sets
 - CMS released the 2023 and 2024 Health Home Core Sets based on the recommendations of the 2023 Workgroup
 - The Workgroup will also review a proposed set of measures for the new 1945A Health Home state plan option
- **Describe the charge, timeline, and vision for the 2025 Health Home Core Sets Annual Review**
- **Present the process for Workgroup members to suggest measures for addition to or removal from the 2025 Health Home Core Sets**
- **Provide opportunity for public comment**

Mathematica Health Home Core Sets Review Team

- **Margo Rosenbach, Project Director**
- **Patricia Rowan, Senior Researcher**
- **Ilse Argueta, Health Analyst**
- **Maria Dobinick, Researcher**
- **Erin Reynolds, Health Analyst**
- **Jeral Self, Senior Researcher**

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

* New Workgroup Member

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

* New Workgroup Member

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

Disclosure of Interest

- **All Workgroup members are required to submit a Disclosure of Interest form**
 - **Mathematica requires that Workgroup participants disclose any interests, relationships, or circumstances over the past 4 years that could give rise to a potential conflict of interest or the appearance of a conflict of interest related to the current Health Home Core Set measures or measures reviewed during the Workgroup process**
- **Workgroup members will review and update their Disclosure of Interest form before the voting meeting**
- **Members deemed to have an interest in a measure recommended for consideration will be recused from voting on that measure**
- **During the voting meeting, Workgroup members will be asked to disclose any interests, though such disclosure may not indicate that a conflict exists**

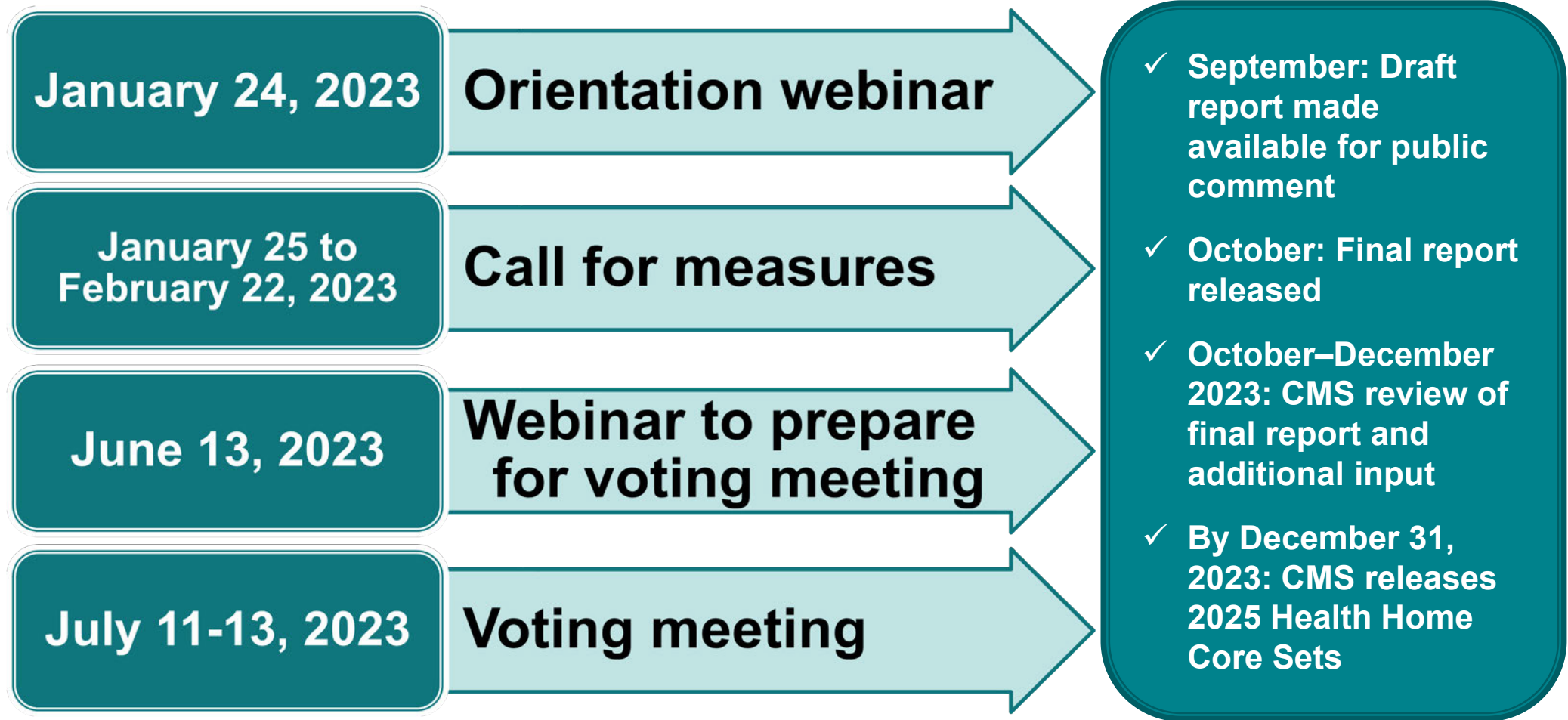
2025 Medicaid Health Home Core Sets Annual Review Workgroup Charge

The 2025 Health Home Core Set 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 Medicaid 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.

With mandatory reporting of the Health Home Core Sets proposed to begin in 2024, the Workgroup should consider the feasibility of reporting by states for all Medicaid populations enrolled in health home programs as well as opportunities for advancing health equity through stratification of Health Home Core Set measures where feasible.

Milestones for the 2025 Medicaid Health Home Core Sets Annual Review



Recap of the 2023 Health Home Core Set Annual Review and Updates

- 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 Core Set
 - Follow-Up After Emergency Department (ED) Visit for People with Multiple High-Risk Chronic Conditions
- CMS released the 2023 and 2024 Health Home Core Sets based on the recommendations of the 2023 Workgroup
 - The 2023 and 2024 Core Set of quality measures for 1945 health home programs is available at <https://www.medicaid.gov/sites/default/files/2022-12/2023-health-home-core-set.pdf>
- CMS released a proposed list of quality measures for 1945A health home programs, but the 2023 review did not cover these measures
 - The proposed 2024 Core Set of quality measures for 1945A health home programs is available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2024-1945a-health-home-core-set.pdf>

Discussion of Measure Gaps During the 2023 Health Home Core Set Annual Review

- **During the 2023 Health Home Core Set Annual Review, the Workgroup discussed gaps in measures or measure concepts in the 1945 Health Home Core Set**
 - Note that the gaps discussion did not prioritize the measure gaps suggested by individual Workgroup members, assess their fit or feasibility, nor develop a consensus about 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
- **Measure-specific Gaps**
 - Social determinants and drivers of health, including housing status, food insecurity, and referral and follow-up
 - Hepatitis C screening
 - Primary and preventive care, including adults' access to care, annual well visits, weight management, and health promotion
 - HIV care
 - Maternal and child health, including prenatal and postpartum care
 - Experience of care and satisfaction with care

Discussion of Measure Gaps During the 2023 Health Home Core Set Annual Review (continued)

- **Measure Concepts Related to Care Delivery**
 - 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 teams for care coordination
 - Beneficiaries' ease of using the health care system, ability to move throughout the system, and ability to get timely, needed care
- **Cross-cutting Methodological Considerations**
 - Stratify measures by race, ethnicity, language, geography, and other factors to identify disparities
 - Explore use of existing data sources to realize efficiencies in reporting and reduce state burden (for example, data from the Transformed Medicaid Statistical Information System)
 - Consider challenges related to sharing information with health home care managers if the information is sensitive or protected (for example, AOD treatment or HIV viral load suppression)

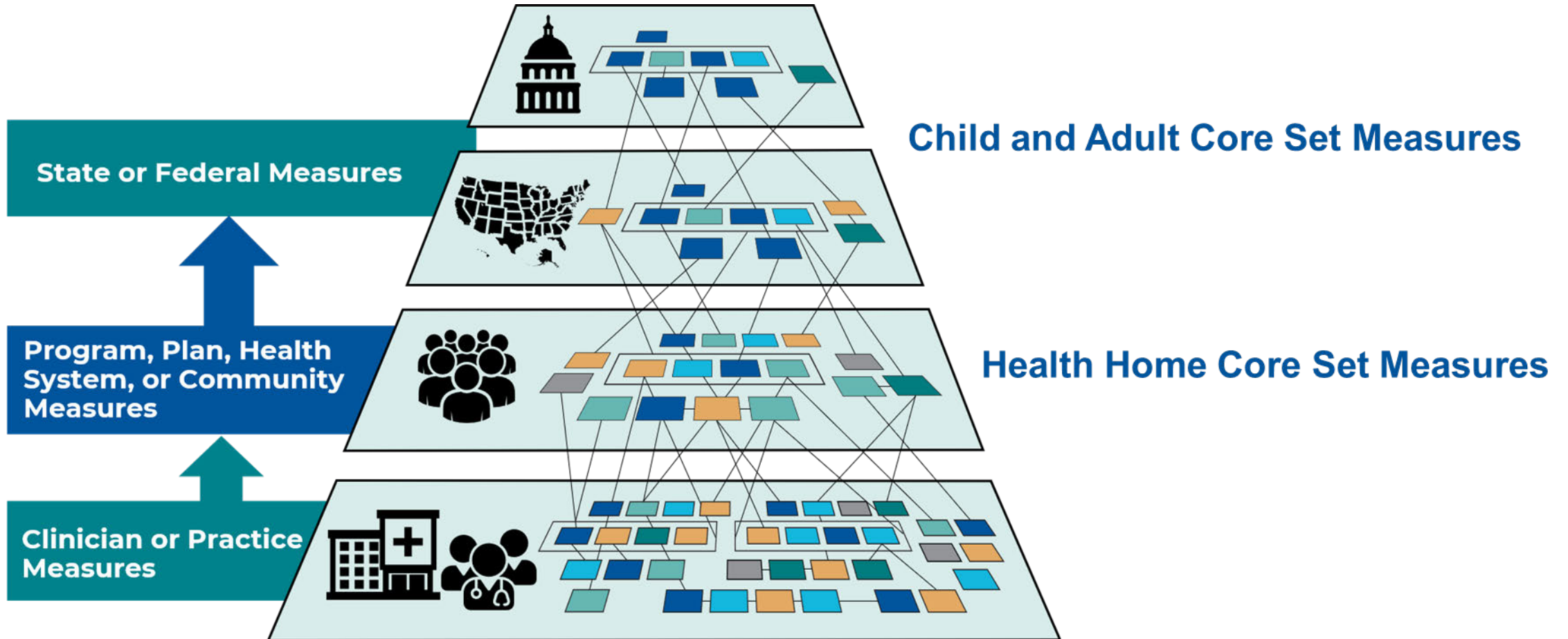
Vision for the 2025 Medicaid Health Home Core Sets Annual Review

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 availability and resource intensity



Alignment Across Multiple Levels to Facilitate Quality Improvement



There are Many Tools to Drive Quality Improvement in Medicaid

- **Medicaid and CHIP Core Sets (Child, Adult, and Health Home)**
- **Medicaid and CHIP Scorecard**
- **Medicaid and CHIP Beneficiary Profile**
- **Managed Care Quality Tools**
 - **Quality Strategy**
 - **External Quality Review, including Compliance Audits, Performance Improvement Projects, and Focus Studies**
 - **Quality Assurance and Performance Improvement (QAPI) Programs**
- **Section 1115 Demonstrations**
- **State Plan Amendments (SPAs and Waivers)**
- **State Directed Payment (SDP) Programs**
- **State Pay-for-Performance and Value-Based Purchasing Initiatives**

Considerations for Mandatory Reporting of the Health Home Core Sets

- With mandatory reporting of the Health Home Core Sets proposed to begin in 2024, the Workgroup should consider the feasibility of reporting by states for all Medicaid populations enrolled in health home programs as well as opportunities for advancing health equity through stratification of Health Home Core Set measures where feasible.
- ★ • Feasibility and viability of program-level reporting of current and future Health Home Core Set measures are key considerations as mandatory reporting begins
- ★ • Another key consideration is the ability to stratify measures by factors such as race, ethnicity, sex, age, rural/urban status, disability, and language
- ★ • Workgroup recommendations for the 2025 Health Home Core Sets should consider feasibility for 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

Center for Medicaid and CHIP Services (CMCS) Remarks

**Sara Rhoades, Technical Director, Health Homes
Disabled and Elderly Health Programs Group**

Co-Chair Remarks

Kim Elliot
Health Services Advisory Group

Jeff Schiff
AcademyHealth

Workgroup Questions

Preparing for the Workgroup Call for Measures for the 2025 Health Home Core Sets

1945 Health Homes

- **The Medicaid Health Home State Plan Option, authorized under the Affordable Care Act (§1945 of the Social Security Act), allows states to design Medicaid health homes to provide comprehensive care coordination for Medicaid beneficiaries with complex needs**
 - 1945 health homes integrate physical and behavioral health and long-term services and supports
- **States must submit a Medicaid state plan amendment (SPA) to CMS to create a 1945 health home program**
 - States can target 1945 health home enrollment by condition and geography, but not age, delivery system or dual eligibility status
 - Each health home program requires a separate SPA. Publicly reported documents present performance at the health home program level

Populations Served by 1945 Health Homes

- **To qualify for 1945 health home services, beneficiaries must be diagnosed with the following:**
 - Two chronic conditions;
 - One chronic condition and risk for a second; or
 - A serious mental illness
- **Section 1945(h)(2) of the Social Security Act defined “chronic condition” to include mental health conditions, substance use disorder, asthma, diabetes, heart disease, and being overweight (body mass index over 25). Additional chronic conditions, such as HIV/AIDS, may be considered by CMS for approval**

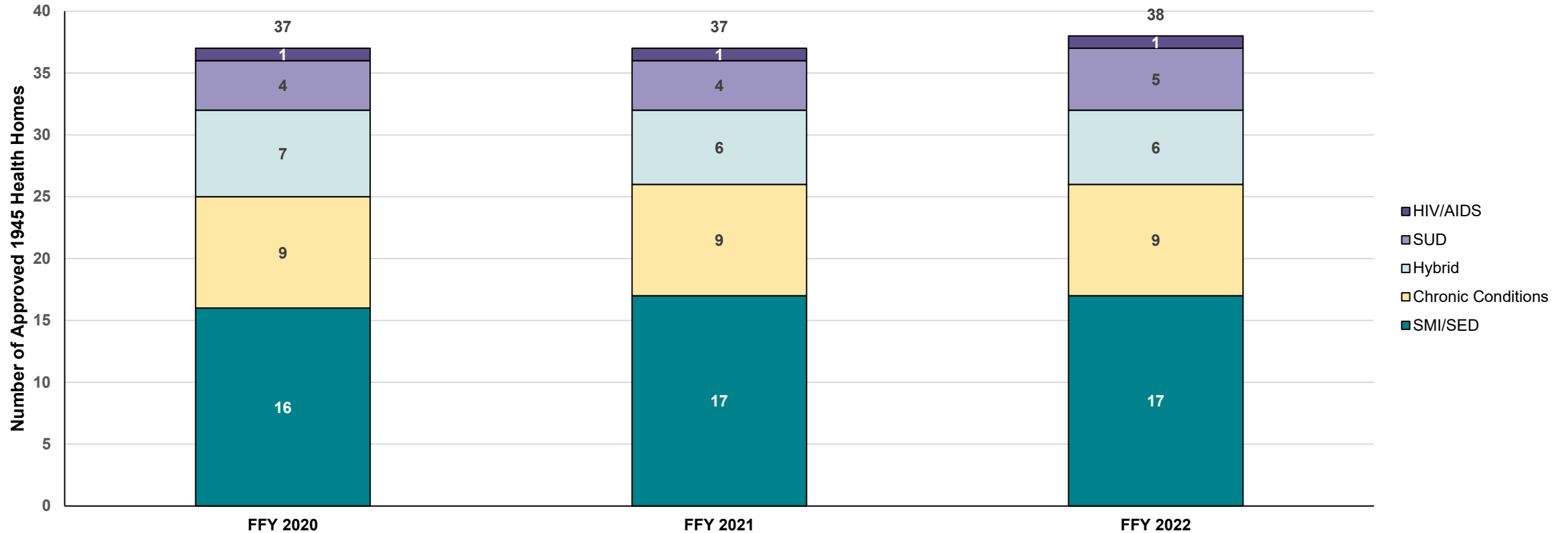
Source: <https://www.medicaid.gov/medicaid/long-term-services-supports/health-homes/index.html>

Core Services Provided by 1945 Health Homes

1945 health home programs must provide the following core services to enrollees:

- **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 support services**
- **Use of health information technology to link services, as feasible and appropriate**

Number of Approved 1945 Health Home Programs by Target Population, FFY 2020–FFY 2022



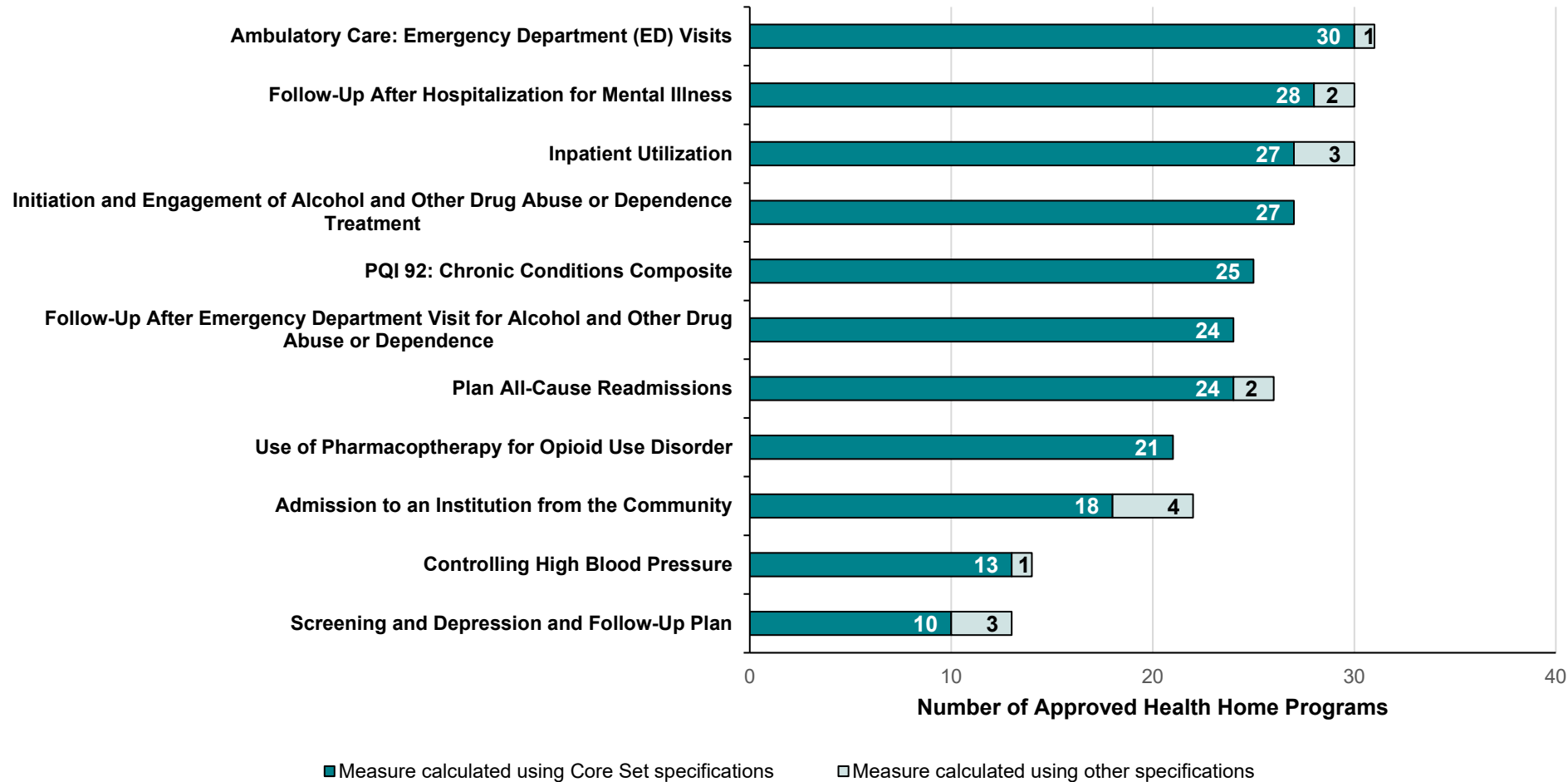
Source: Centers for Medicare & Medicaid Services, Medicaid and CHIP Core Set Technical Assistance and Analytic Support Program, January 2023.

Note: Hybrid health home programs refer to those that have two or more areas of focus (e.g., SUD and SMI/SED). Focus areas may have been updated since the publication of the 2020 Health Home Chart Pack.

1945 Health Home Quality Reporting

- **CMS established the Medicaid Health Home Core Set of Quality Measures in January 2013 for the purpose of ongoing monitoring and evaluation across 1945 health home programs**
 - States reported Health Home Core Set measures for the first time for FFY 2013
 - States recently finished reporting for FFY 2021 and FFY 2022 (generally covering services delivered in calendar years 2020 and 2021)
- **As a condition of payment, Medicaid health home providers are required to report quality measures to the state, and states are expected to report these measures to CMS**
 - Note that health home programs are expected to report all 1945 Health Home Core Set measures, regardless of their focus area

Number of Health Home Programs Reporting the 1945 Health Home Core Set Measures, FFY 2020



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of July 13, 2021.

Note: FFY 2020 is the most recent year for which data is available. FFY 2021 and FFY 2022 data is currently being processed.

2023 and 2024 Core Set of Quality Measures for 1945 Health Home Programs

NQF#	Measure Name	Data Collection Method	Age Range	Included in Other Core Sets
0004	Initiation and Engagement of Substance Use Disorder Treatment (IET-HH)	Administrative or EHR	Age 13 and older	Adult Core Set
0018	Controlling High Blood Pressure (CBP-HH)	Administrative, hybrid, or EHR	Ages 18 to 85	Adult Core Set
0034	Colorectal Cancer Screening (COL-HH)	Administrative or EHR	Ages 46 to 75	Adult Core Set
0418*/0418e*	Screening for Depression and Follow-Up Plan (CDF-HH)	Administrative or EHR	Age 12 and older	Child & Adult Core Sets
0576	Follow-Up After Hospitalization for Mental Illness (FUH-HH)	Administrative	Age 6 and older	Child & Adult Core Sets
1768*	Plan All-Cause Readmissions (PCR-HH)	Administrative	Ages 18 to 64	Adult Core Set
3400	Use of Pharmacotherapy for Opioid Use Disorder (OUD-HH)	Administrative	Ages 18 to 64	Adult Core Set
3488	Follow-Up After Emergency Department Visit for Substance Use (FUA-HH)	Administrative	Age 13 and older	Adult Core Set
3489	Follow-up after Emergency Department Visit for Mental Illness (FUM-HH)	Administrative	Age 6 and older	Child & Adult Core Sets
NA	Prevention Quality Indicator (PQI) 92: Chronic Conditions Composite (PQI92-HH)	Administrative	Age 18 and older	No*
NA	Admission to a Facility from the Community (AIF-HH)	Administrative	Age 18 and older	No
NA	Ambulatory Care: Emergency Department Visits (AMB-HH)	Administrative	All ages	Child Core Set, 1945A Health Home Core Set
NA	Inpatient Utilization (IU-HH)	Administrative	All ages	1945A Health Home Core Set

1945A Medicaid Health Home Programs

- **Section 1945A of the Social Security Act provides an opportunity for states to cover health home services, including care coordination, care management, patient and family support, and similar services, that are expected to support a family-centered system of care for children with medically complex conditions, and that could help to improve health outcomes for these children**
- **As of October 1, 2022, states can submit State Plan Amendments (SPAs) or make a request for health home planning grants to assist state Medicaid agencies in health home program planning**
 - **States are required to begin reporting six months after program enrollment begins**

Populations Served by 1945A Medicaid Health Home Programs

- Children up to 21 years of age with complex medical conditions
- Eligible for medical assistance under the state plan (or a waiver of a state plan, which CMS interprets to include eligibility under a section 1115 demonstration)
- Must be diagnosed with:
 - One or more chronic conditions that cumulatively affect three or more organ systems *and* 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

NOTE: The list of chronic conditions in the statute is not meant to be a complete list of allowable conditions.

Core Services Provided by 1945A Medicaid Health Homes

1945A health home programs must provide the following core services to enrollees:

- **Comprehensive care management**
- **Care coordination, health promotion, and the provision of access to the full range of pediatric specialty and subspecialty medical services, including services from out-of-state providers, as medically necessary**
- **Comprehensive transitional care, including appropriate follow-up, from inpatient and other settings**
- **Patient and family support (including authorized representatives)**
- **Referrals to community and social support services, if relevant**
- **Use of health information technology to link services, as feasible and appropriate**

Source: Medicaid Director's Letter dated 08/01/2022 https://www.medicaid.gov/sites/default/files/2022-08/smd22004_0.pdf

Proposed 2024 Core Set of Quality Measures for 1945A Health Home Programs

NQF#	Measure Name	Data Collection Method	Age Range	Included in Other Core Sets
1392	Well-Child Visits in the First 30 Months of Life (W30-CH)	Administrative	Ages birth – 15 months	Child Core Set
1516	Child and Adolescent Well-Care Visits (WCV-CH)	Administrative	Ages birth – 30 months	Child Core Set
0038	Child Immunization Status (CIS-CH)	Administrative, hybrid, or EHR	Ages birth – 2	Child Core Set
1407	Immunizations for Adolescents (IMA-CH)	Administrative, hybrid, or EHR	Age 13	Child Core Set
2517	Oral Evaluation, Dental Services (OEV-CH)	Administrative	Under age 21	Child Core Set
NA	Ambulatory Care: Emergency Department Visits (AMB-HH)	Administrative	All ages	Child Core Set, 1945 Health Home Core Set
NA	Inpatient Utilization (IU-HH)	Administrative	All ages	1945 Health Home Core Set

NQF = National Quality Forum

Source: Medicaid Director’s Letter dated 08/01/2022 https://www.medicaid.gov/sites/default/files/2022-08/smd22004_0.pdf

Workgroup Call for Measures for the 2025 Medicaid Health Home Core Sets Annual Review

- To focus the Call for Measures for the 2025 Annual Review on measures that are a good fit for the Medicaid Health Home Core Sets, Mathematica has defined criteria for addition and removal 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 states, taking into account Medicaid population sizes and demographics.
- ✓ The measure and measure specifications are aligned with those used in other CMS programs, where possible (e.g., Core Quality Measures Collaborative Core Sets, Medicaid Promoting Interoperability Program, Merit-Based Incentive Payment System, Qualified Health Plan Quality Rating System, Medicare Advantage Star Ratings, and/or Medicare Shared Savings Program).
- ★ ✓ All health home programs should be able to produce the measure 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 states, taking into account Medicaid population sizes and demographics.
- ✓ The measure and measure specifications are not aligned with those used in other CMS programs, or another measure is recommended for replacement.
- ★ ✓ All health home programs may not be able to produce the measure 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).

Process for Suggesting Measures for Addition to or Removal from the Health Home Core Sets

- **Workgroup members and federal liaisons may suggest measures for addition to or removal from the 2025 Medicaid Health Home Core Sets**
- **After the orientation meeting, Workgroup members and federal liaisons will receive a link to forms they can use to suggest measures for addition or removal**
- **The call for measures will open on Wednesday, January 25, 2023 by 5:00 PM ET and close on Wednesday, February 22 at 8:00 PM ET**
- **If you have any questions about the process, please email the Mathematica Health Home Core Set Review team at: MHHCORESETREVIEW@MATHEMATICA.ORG**

General Measure Submission Tips

- **Measure submission forms are the foundation for the Measure Information Sheets that Workgroup members review to prepare for the voting meeting**
 - In your form, explain why the Workgroup should consider recommending a measure for addition or removal
 - Provide evidence to support your measure suggestion, including citations where applicable
 - If the measure has been discussed by the Workgroup previously, consider why the measure was not recommended for addition/removal and include information that justifies discussing the measure again
 - For measures suggested for addition, be sure to address the minimum technical feasibility criteria
- **If suggesting a new measure to replace a current Health Home Core Set measure, remember to submit both an addition form and a removal form**
- **Include additional information as an email attachment, if necessary**
- **More submission tips are included in supplementary materials for Workgroup members**

Resources for Assessing Measures for Addition and Removal

- **2022 Medicaid and CHIP Beneficiary Profile: Characteristics, Health Status, Access, Utilization, Expenditures, and Experience**
- **Background Resources on the Health Home Core Sets**
 - FFY 2023 and FFY 2024 Health Home Core Set measure lists
 - FFY 2022 Core Set reporting resources
 - FFY 2020 Health Home Core Set measure performance
 - Health Home Core Set history table
 - Medicaid and CHIP Scorecard
 - Other quality measurement resources
- **Supplementary Materials for Workgroup members**
 - List of measures discussed during previous Workgroup meeting
 - Child and Adult Core Set measure lists, reporting resources, and measure performance
 - Measure submission tips

Workgroup Questions

Opportunity for Public Comment

Next Steps and Resources

Next Steps

- **Workgroup members and federal liaisons will receive an email with instructions on how to suggest measures for addition to or removal from the Health Home Core Sets**
- **All measures suggested for addition or removal are due on Friday, February 22, 2023 by 8:00 PM ET**
- **Meeting to prepare for voting will be held Tuesday, June 13, 2023, 1:00 – 2:00 PM ET via webinar**
- **Voting meeting will be held Tuesday, July 11, 2023 – Thursday, July 13, 2023 via webinar (11:00 AM – 4:00 PM ET each day)**
- **Registration information is available at <https://mathematicaorg.webex.com/webappng/sites/mathematicaorg/webinar/webinarSeries/register/3712cb766d404acdaff1f50da61c6d0d>**
- **If you have questions about the Health Home Core Sets Annual Review, please email the Mathematica Team at: MHCORESetReview@mathematica.org**

For More Information

- Information on the Health Home Core Sets Annual Review is available at <https://www.mathematica.org/features/hhcoresetreview>
- Information on Health Home Core Set quality reporting is available at <https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/health-home-quality-reporting/index.html>
- Information on 1945 health home programs is available at <https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/index.html>
- Information on 1945A health home programs is available at <https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/1945a-health-home-resources/index.html>

Questions

If you have questions about the 2025 Health Home Core Sets Annual Review, please email the Mathematica Core Set Review Team at: MHHCORESETREVIEW@MATHEMATICA-MPR.COM

THANK YOU FOR PARTICIPATING!