Mathematica 2026 Health Home Core Sets Annual Review:
Meeting to Prepare for the 2026 Review Transcript
June 5, 2024, 1:00–2:00 p.m. EST

Madelaine Spiering:

Hello, everyone. My name is Maddy Spiering, and I am pleased to welcome you to the Medicaid Health Home Core Sets Annual Review: Meeting to Prepare for the 2026 Review. Before we get started, we wanted to cover a few technical instructions. If you have any technical issues during today's webinar, please send a message to "All Panelists" through the Q&A function located on the bottom right corner of your screen. If you are having issues speaking during the workgroup or public comments, please make sure you are not also muted on your headset or phone. Connecting to audio using computer audio or the "Call Me" feature in WebEx are the most reliable options.

Please note that call-in only users cannot make comments. And if you wish to make comments, please make sure that your audio is associated with your name in the meeting platform. Next slide. All attendees of today's webinar have entered the meeting muted. There will be opportunities during the webinar for workgroup members and the public to make comments. To make a comment, please use the "Raise Hand" feature in the lower right corner of the Participant panel. A hand icon will appear next to your name in the attendee list. You will be unmuted in the order in which your hand was raised.

Please wait for your cue to speak and remember to lower your hand when you have finished speaking by following the same process you used to raise your hand. Note that the chat is disabled for this webinar, and please use the Q&A feature if you need support. Closed captioning is available in the WebEx platform. To enable closed captioning, click on the CC icon in the lower left corner of your screen. You can also click control+shift+A on your keyboard to enable closed captioning. And, with that, I will hand it over to Patricia Rowan to get us started.

Patricia Rowan:

Thanks, Maddy. Next slide. So, good afternoon, everyone, or good morning if you're joining us from a different time zone. My name is Patricia Rowan, and I'm a principal researcher at Mathematica. I have the honor of being a senior advisor with Mathematica's Technical Assistance and Analytic Support team for the Medicaid and CHIP Quality Measurement and Improvement Program, which is sponsored by the Center for Medicaid and CHIP Services. It's my pleasure to welcome you to the second meeting for the 2026 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. Next slide.

Let me start by sharing a little bit about the objectives for this meeting. After a brief introduction, Maria will discuss the measure review strategy and recap the criteria for assessing the suggested measures. Next, she will identify the measures that were suggested by workgroup members for addition to the 2026 Health Home Core Sets. I will note that there were no measures suggested for removal from the 2026 Health Home Core Sets. During today's meeting, we won't be discussing specific measures, but we will have plenty of time for those discussions during the voting meeting in about three weeks. Emily will also describe resources that are available to workgroup members to aid in your review of those measures. She'll also present the agenda, approach, and logistics for the voting meeting. Finally, as always, we'll provide an opportunity for public comment at the end and several opportunities throughout the meeting for workgroup members to share comments or ask questions. Next slide.

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I'd like to acknowledge my colleagues at Mathematica who are part of the Health Home Core Sets Review team. Since the call for measures closed in February, they've been super busy gathering information on the measures suggested for addition and developing materials for the workgroup's review of those measures. So, thanks, everybody on the team, for your efforts. I also want to acknowledge that Margo Rosenbach, who many of you know from her years leading this effort, retired last week after nearly three decades of service at Mathematica, where her career was dedicated to improving the quality of the nation's Medicaid and CHIP Program. Rosemary Borck is our new project director. Next slide.

So, this slide and the next show a list of the members of the 2026 Health Home Core Sets Annual Review Workgroup. We won't be doing a roll call today in the interest of time, but we'll take attendance based on the webinar participant list. I'd also like to give a special thank you to Kim Elliot and Jeff Schiff for continuing to serve as our co-chairs. Next slide. Here are the rest of our workgroup members. Thank you to everyone on the workgroup for your time and service. Next slide. I'd also like to acknowledge the participation of federal liaisons in the annual review process. This workgroup includes representation from the Administration for Community Living, the Agency for Healthcare Research and Quality, the Center for Clinical Standards and Quality at CMS, the Department of Veterans Affairs, the Health Resources and Services Administration, the Office of Disease Prevention and Health Promotion, the Office of Minority Health, and the Substance Abuse and Mental Health Services Administration.

The inclusion of federal liaisons in this process reflects CMS's partnership and collaboration with other federal agencies to assure alignment across federal agencies and programs. Federal liaisons are nonvoting members of the workgroup, and we thank them for their participation in the annual review process as well. Finally, I'd like to recognize the support of staff in the Medicaid Benefits and Health Programs Group in the Center for Medicaid and CHIP Services. Next slide.

So, this slide probably looks familiar. It's a graphic visualization of the milestones for the review process. We convened this workgroup with the orientation meeting on January 31st and opened the call for measures for the 2026 Review on February 1st. Today, we are preparing for the voting meeting, which will be held virtually on June 25th and 26th. We will convene then to discuss and vote on the measures suggested for addition. After the voting meeting, we will prepare a draft report summarizing the workgroup's recommendations. And that report will be made available for public comment in August. The final report, along with additional input from other partners, will inform CMS's update to the 2026 Health Home Core Sets, which they will release by December 31, 2024. And, with that, let me hand it over to Maria Dobinick.

Maria Dobinick:

Thanks, Tricia. Next slide, please? Now I am going to discuss the measure review strategy and criteria. Next slide. The Medicaid Health Home Core Sets Workgroup for the 2026 Annual Review is charged with assessing the 2025 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 the quality of care and outcomes from Medicaid Health Home Program enrollees. Next slide.

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As we have done in the past, we wanted to share this slide, which highlights the balance that the workgroup faces in assessing measures in terms of their feasibility, desirability and viability. Our goal in this year's review is to optimize the overlap of these three elements: The technical feasibility of collecting and reporting measures; the desirability of measures which relates to their action ability and strategic priority; and financial and operational viability, such as alignment across programs and state capacity for reporting, particularly at the program level. There are many good quality measures, but we need to keep in mind that the measures must be good for use in program-level quality measurement and improvement for Medicaid health home programs.

We also give examples of the types of tradeoffs that workgroup members should consider. While outcome measures might be more desirable to stakeholders and process measures, the workgroup also 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.

Another familiar graphic. This is a visual representation of the concept of multi-level alignment of quality measures. At the bottom, we have the measures at the clinician or practice level, which then feed up into measures at the program, health plan, health system or community level. Health Home Core Set Measures are considered program-level measures because they are for distinct subpopulations within the state's Medicaid Program. You see, Child and Adult Core Set Measures are considered state-level measures because they're intended to capture all Medicaid and CHIP beneficiaries within the state. State-level measures can then be aggregated up to the national level for monitoring the CHIP and Medicaid Program as a whole.

CMS values alignment of quality measures across programs and levels because it can help drive quality improvement by addressing each level of care so that improvement at one level may lead to improvement at other levels. Moreover, alignment is intended to streamline data collection and reduce reporting burden. Next slide. Before we dive into the criteria for review, we want to mention additional considerations related to mandatory reporting. As you may know, beginning later this year, the reporting of all Health Home Core Set Measures will be required for all states with approved health home programs in operation by June 30th of 2023. States must also adhere to Core Set reporting guidance issued by CMS. More information on the mandatory reporting requirements is available at the link provided.

We also asked the workgroup to consider the feasibility and viability of program-level reporting of current and future Health Home Core Set Measures as they are key considerations as mandatory reporting begins. We also asked that the workgroup consider whether a measure could be stratified by factors such as race, ethnicity, sex, geography, age, disability and language. The stratification of Health Home Core Set Measures will be required beginning with the FFY 2025 Core Set reporting cycle. States will be required to report data stratified by race, ethnicity, sex and geography for a subset of these mandatory measures. Guidance on stratification for the Health Home Core Sets is available at the link included on this slide. Workgroup recommendations for the 2026 Health Home Core Sets should consider the feasibility for all states with approved health home programs to report the measure for all beneficiaries enrolled in their program within two years of the measure being added to the Core Sets. Next slide.

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To help workgroup members review the measures that we have -- that have been suggested, we want to recap Mathematica's defined criteria for addition and removal in three areas. And these areas are the minimum technical feasibility, actionability and strategic priority, and other considerations. These are the same criteria we used in previous review cycles as well as the review of measures for the Child and Adult Core Sets. Also, mentioned during the orientation meeting, in order for a measure to be discussed by the workgroup at the voting meeting, measures must meet the minimum technical feasibility requirements. Next slide.

On this slide, we show the criteria for addition starting with the minimum technical feasibility requirements. We use these criteria to assess the measures being suggested by the workgroup members during the call for measures to determine which measures will be discussed and voted on by the workgroup at the voting meeting. 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 report on the measure for each of their approved health home programs.

First, a measure must be fully developed and have technical specifications that enable the production of the measure at the program level. It must have been tested in state Medicaid and/or CHIP programs or currently be in use by one or more Medicaid and/or CHIP programs. It must have an available data source or a validated survey that contains all required data elements needed to calculate the measure, including an identifier for Medicaid beneficiaries or the ability to link an identifier. The measure needs to be calculated in a consistent manner across health home programs using this available data source. Another criterion articulated by CMCS is that the measure must include technical specifications, including code sets, that are provided free of charge for state use in the Health Home Core Sets.

The Mathematica team has assessed all suggested measures for adherence to these minimum criteria. And, in a few minutes, I'll present the measures that the workgroup will discuss at the voting meeting. I won't go over all the other criteria in the interest of time. However, the workgroup will be referring to these criteria as they prepare for the discussion during the voting meeting. Next slide. On this slide, we show the criteria for considering the measures suggested for removal. The criteria for removal reflect reasons that a measure may no longer meet the criteria for inclusion. As Tricia noted, during the call for measures, no measures were suggested for removal from the FFY 2026 1945 or 1945A Health Home Core Sets. However, this slide serves as an important reference to workgroup members as you think about the current and future Core Sets. Next slide.

And, with that, it's time to review the measures that were suggested for addition to the 2026 1945 and 1945A Health Home Core Sets. Before I get started, I want to take a moment to thank the workgroup members for their time and effort in considering these measures. Next slide.

This year, we received four measures suggested for addition to the 2026 Health Home Core Sets, two for inclusion in the 1945 Health Home Core Set only and two suggested for inclusion in both the 1945 and 1945A Health Home Core Sets. This slide lists three measures that were suggested for addition that will be reviewed during the voting meeting and one measure that was suggested for addition that will not be reviewed during the voting meeting.

The first measure suggested for addition that will be reviewed during the voting meeting is Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications, or SSD. The measure steward is the National Committee for Quality

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Assurance, or NCQA, and the data collection method is administrative. The measure assesses the percentage of members ages 18 to 64 with schizophrenia, schizoaffective disorder or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year. This measure, SSD-AD, is also included on the Adult Core Set. This measure was suggested for addition to the 1945 Health Home Core Set.

The next measure is Metabolic Monitoring for Children and Adolescents on Antipsychotics, or APM. As a HEDIS measure year 2024, which correlates with Core Set FFY25, this measure is an NCQA HEDIS ECDS, or Electronic Clinical Data Systems, measure. The measure assesses a percentage of children and adolescents age one to 17 with two or more antipsychotic prescriptions who had metabolic testing. This measure, APM-CH, is included on the Child Core Set. This measure was suggested for addition to both the 1945 and 1945A Health Home Core Sets.

The next measure is the Social Needs Screening and Intervention, or SNS, measure. This measure is also an NCQA HEDIS ECDS measure. It assesses the percentage of members who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing, and transportation needs, and received a corresponding intervention if they screened positive. This measure was also suggested for addition to both the 1945 and 1945A Health Home Core Sets.

The final measure suggested for addition that will not be discussed during the voting meeting. This measure is the Emergency Department Visits for Chronic Ambulatory Care Sensitive Conditions, or PQE 02. This measure was determined not to meet minimum technical feasibility criteria for the addition to the Health Home Core Sets. We did not identify any evidence that the measure had been tested or been in use by one or more state Medicaid and/or CHIP programs. With all of that, I'll take a deep breath and hand it over to Tricia for workgroup questions.

Patricia Rowan:

Thanks, Maria. Let's go to the next slide. We have time for a few questions now and there will be other opportunities later in the meeting. So, if you have any questions, please use the "Raise Hand" feature in the bottom right of the Participant panel to join the queue and then lower your hand when you're done. We'll let you know when you've been unmuted. So, any questions from workgroup members or federal liaisons at this time? I am not seeing any hands raised. Remember, if you do have a question, there's a little hand raise feature in the bottom right corner that you should be able to press. All right. Well, I am not seeing any. So, in the interest of time, we will move on. Now I am going to hand it to my colleague, Emily, to go over some guidance for workgroup members on reviewing those measures that Maria talked us through. Emily?

Emily Costello:

Thanks, Tricia. Next slide. Now, I will go over some guidance for workgroup members on how to review the suggested measures and the resources available to assist you in that task. Next slide, please?

In preparation for the voting meeting, we ask that workgroup members review all measures suggested for addition. We'll be sending workgroup members an email tomorrow that contains the resources to facilitate your review. As you go through your review, please keep the criteria

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for the addition of new measures top of mind. We're also providing a Measure Review Worksheet that workgroup members can use to record and organize their notes, questions, and preliminary vote on each measure. Next slide.

The primary resource we've developed to help you review the measures are the Measure Information Sheets. We have created a Measure Information Sheet for each measure that was suggested for addition to the 2026 Health Home Core Sets. The information sheets provide standardized information for each measure to facilitate your review. For the measures for addition, the Measure Information Sheets include comments from the workgroup member who nominated the measure on how the measure meets feasibility, actionability and strategic priority criteria.

It also includes technical specifications, information on the measure's alignment with the minimum technical feasibility criteria and other information like the use of the measure in other programs, prevalence of the condition in Medicaid and measure performance data where available. We also note whether the measure's data source allows for stratification by racial, ethnic and socio demographic characteristics. Next slide.

When workgroup members sit down to review the measures, we recommend starting with a review of the Measure Information Sheets. You can use the Measure Review Worksheet, which will be included in the packet of materials we will send tomorrow via email, to record notes and questions as you go through these.

If you have any outstanding questions or want additional background information on the measure or condition, there are some additional resources you may want to consult. First, the Medicaid and CHIP Beneficiary Profile can be used to locate more information on the characteristics and health status of Medicaid and CHIP beneficiaries, the prevalence of certain conditions and expenditures in different areas of care. The Health Home Information Resource Center also contains background information on health home programs that may also be useful. We will also provide links to the chart packs and Measure Specific Tables for the Child, Adult and Health Home Core Sets which have more information on state reporting and measure rates.

Finally, we will also provide the Core Set resource manuals and technical specifications for the Child, Adult and Health Home Core Sets. For the measures recommended for addition, the technical specifications are linked in the Measure Information Sheets. Once you've reviewed any additional information you need, you can assess the measure against the criteria for addition and record your preliminary vote on whether or not to recommend addition in the Measure Review Worksheet. The resources I just reviewed will be emailed to workgroup members tomorrow. We will also send guidance to workgroup members with more information on how to vote. And we ask that you log into the voting platform and answer the test questions to practice voting before the day of the workgroup meeting. If you have any questions as you're reviewing the resources, please reach out to our team via email. Now I am going to hand it back to Maria to discuss the voting meeting approach. Next slide.

Maria Dobinick:

Thanks, Emily. Now I will spend a few minutes discussing our agenda and the approach to the voting meeting. Next slide, please?

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So, just like last year, we will be holding the meeting virtually. It will take place on June 25th and 26th. The meeting will start at 11:00 a.m. Eastern Time each day to accommodate those joining us from the West Coast. And we plan to end by 4:00 p.m. Eastern each day. The voting meeting, like all workgroup meetings, will be open to the public. Registration for the voting meeting is now available on our website, listed here on this slide, and more information about the meeting agenda and resources, including those Measure Information Sheets that Emily just talked about, will be posted on our website for public view prior to the meeting. Next slide.

So, as you heard me talk about, this year, there will be a total of three measures to discuss that were suggested for addition to the Health Home Core Sets. Measures will be considered in their specified form. This means we will discuss and vote on the measures as they are currently specified by the measure stewards without conditions or modifications. Next slide.

As for the voting process, voting process -- voting will take place after workgroup discussion and public comment for the measure under consideration. For the measure suggested for addition, a "Yes" vote is "I recommend adding the measure to the Health Home Core Set." And a "No" vote is "I do not recommend adding the measure to the Health Home Core Set." For a measure to be recommended for addition to the Core Sets, the "Yes" vote needs to receive two-thirds of the eligible votes. We will be providing a Voting Guide to workgroup members with more information on how to vote. And this, again, will be emailed to everybody. Next slide.

As always, the workgroup will discuss gaps in the Core Sets at the voting meeting. And the goal of this gaps discussion is always to inform the call for measures for the next annual review cycle. In the past, the call for measures has only been open to workgroup members and federal liaisons. But starting in the FFY 2027 Review Cycle, we will hold a public call for measures. This new process will allow members of the public to suggest measures for addition or removal from the Health Home Core Sets. More details about this process will be presented at the voting meeting. At the voting meeting, we will also engage in a group discussion about the priorities and criteria for the 2027 public call for measures. And we will also invite public comments on the priorities and criteria as well. Next slide.

Workgroup members, you've got some homework. And that is to prepare for the voting meetings by reviewing the materials related to the measure suggested for addition and to prepare for the discussion on the public call for measures by reviewing the measure criteria, previously identified gaps as detailed in the FFY 2025 Health Home Core Sets Annual Review Final Workgroup Report, which can be found on our website. If you have any questions while reviewing the materials, please do not hesitate to reach out to us. We are more than happy to answer questions to help you prepare for the meeting.

We'd also like to send a special thank you to the measure stewards for sharing information about the measures to help us prepare. Finally, a big, big thank you to our workgroup members for taking your time to prepare and engage in this process. We're really looking forward to an interesting discussion during the voting meeting later this month. Next slide. And, with that, I'll hand it back to Tricia for any final questions from workgroup members or federal liaisons. As a reminder, if you have a question, please use that "Raise Hand" feature on the bottom right of the participant panel to join the queue and lower your hand when you're done. We will let you know when you've been unmuted.

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Patricia Rowan:

All right. I am not seeing any hands raised. Any workgroup members or federal liaisons with questions, please use the "Raise Hand" feature. All right. Well, why don't we move on to the next slide? At this point, we'd like to open it up for public comment. So, if any members of the public on the line would like to ask a question, this is the opportunity to do so. Please use the "Raise Hand" feature in the WebEx if you wish to speak and please state your name and affiliation before making your remarks. All right. Well, I am not seeing any hands raised either from workgroup members, federal liaisons or members of the public. So, with no questions in the queue, I'm going to pass it back to Maria to wrap it up and we'll give you all some time back this afternoon.

Maria Dobinick:

Thanks, Tricia. So, before we wrap up, I do want to pause and give our two co-chairs, Kim Elliott and Jeff Schiff an opportunity to make some remarks about the work ahead of us. So, Derek, if you could please unmute Jeff?

Jeff Schiff:

I think I am -- we did Rock, Paper, Scissors, I think I'm first. No, we didn't. But --

Maria Dobinick:

Perfect. Go for it, Jeff.

Jeff Schiff:

I just want to, first of all, thank Mathematica and then thank the workgroup for coming together for this. I always think that the -- you know, I think back to the initiation of the health home program and I went back this morning and looked at the six key elements of the health home program and I'm going to indulge you all by reading them, they're very short, but it's important. Comprehensive care management, care coordination, health promotion, comprehensive transition and care and follow-up, individual and family support and referral to community services.

And 1945A, the pediatric one, really adds a little bit about health IT and access to pediatric specialty care. I think we're at an interesting time both for the quality measurement programs and for -- and this specifically. I will note that the Final Rules on Managed Care Quality and Access came out just a little while ago and the Final Rule on Access as well. So, we fit into a milieu that is really an important one around looking at access and quality for Medicaid beneficiaries and, in this situation for Medicaid beneficiaries who have something above basic needs. I think as we look over our priorities here I want to just say that one of the things of our three circles we look at is desirability and inside of that is actionability and whether it's a strategic priority.

So, I think we have a great opportunity to review in detail the three measures that are being presented. And then we also have an opportunity in our discussion about gaps to think about where the long arc of quality for Medicaid and specifically for health home for Medicaid should

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land. It's an honor to be – again – I'll just say it's an honor to be part of this group. And I'm looking forward to a rigorous discussion at the end of the month. Thank you again.

Maria Dobinick:

Thanks so much, Jeff. Kim?

Kim Elliott:

[Unintelligible] Elliott, and I am also very honored to participate in this meeting. I just find extreme value in the Core Set Measure Workgroups and the value that they can really bring to achieving quality, access, care coordination, all of the really important things that come together and are measured to really show the effectiveness of some of the programs that we work on to serve this very vulnerable population.

So, to make that all happen, of course, we've got Mathematica, CMS, the federal liaisons, partners, states, really everybody that worked so hard leading up to these meetings to recommend good measures, make sure that they're feasible, actionable so that when we actually get into these workgroup meetings, we are really looking at measures that really could have an excellent and strong impact on improving the quality of care and service for the population being served in the health homes. I was kind of aligning a little bit with Jeff this morning on my thinking because I also went back and looked at the six core services to the members that are enrolled in the health homes.

And, so, I'm not going to repeat that. Thank you. But it is really important and I think that the measures that are selected, and because they go through that vetting process by Mathematica, we have a really good opportunity to strengthen this Core Measure Set and focus on things that are really important in driving the quality of care. So, I want to thank everybody. I know there's a lot of work ahead of us, but I want to thank you for all of that work in advance. And I'm really looking forward to having this discussion with you to continue improving the Core Set that's really driving the quality of care in Medicaid.

Maria Dobinick:

Thank you so much, Kim. Really appreciate those comments by you and Jeff. Can we advance two slides, please? All right. Workgroup members, tomorrow you will receive the resources mentioned multiple times via email. We also ask that you go ahead and log into that voting platform and answer the test questions to practice voting before the voting meeting. The voting meeting agenda and Measure Information Sheets will be posted on our website publicly prior to the voting meeting.

And if you have any difficulty accessing the resources or have any questions at all about the measures, please email our team at mhhcoresetreview@mathematica-mpr.com. Next slide.

For those interested, this slide contains links to some of the resources previously discussed. Next slide. Thank you, everyone, for participating in today's meeting. We look forward to having you join us later this month to discuss the measures suggested for addition. This meeting is now adjourned. Goodbye, everybody.