
Medicaid Health Home Core Sets Annual Review Workgroup:

2026 Annual Review Orientation Meeting

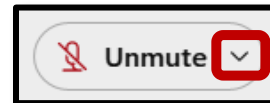
January 31, 2024

Technical Instructions

- If you are experiencing technical issues during the webinar, please send a message through the **Q&A** function to **All Panelists**

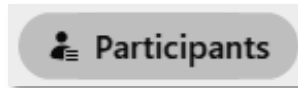


- If you are having issues speaking during Workgroup or public comments, ensure you are not also muted on your headset or phone. Connecting to audio using the “call me” feature in WebEx is the most reliable option
 - Audio settings can be accessed by selecting the arrow next to the unmute button
- Call-in only users cannot make comments. Please ensure your audio is associated with your name in the platform

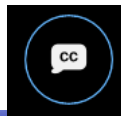


Technical Instructions *(continued)*

- During the webinar, there will be opportunities for Workgroup member comments or public comment.
- To make a comment, please use the **raise hand** feature. A hand icon will appear next to your name in the participant panel.



- You will hear a tone when you have been unmuted. Please wait for your cue to speak and lower your hand when you have finished speaking.
- Please note that the chat function is disabled for this webinar. All questions should be submitted using the **Q&A** function.
- To enable closed captioning, click on the “CC” icon in the lower-left corner of the screen. You can also click “Ctrl, Shift, A” on your keyboard.



Welcome, Introductions, and Workgroup Objectives

Meeting Objectives

- **Introduce the 2026 Medicaid Health Home Core Sets Annual Review Workgroup**
 - This year's review will focus on updates to the 2026 1945 and 1945A Health Home Core Sets
- **Describe the charge, timeline, and vision for the 2026 Health Home Core Sets Annual Review**
- **Present the process for Workgroup members to suggest measures for addition to or removal from the 2026 Health Home Core Sets**
- **Provide opportunity for public comment**

Mathematica Health Home Core Sets Review Team

- **Margo Rosenbach, Project Director**
- **Patricia Rowan, Principal Researcher**
- **Maria Dobinick, Researcher**
- **Madelaine Spiering, Health Analyst**

2026 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
David Basel, MD <i>Nominated by South Dakota Department of Social Services</i>	Avera Medical Group
Dee Brown, MS	UnitedHealthCare
Mackenzie Daly, MPA	Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals
Ari Houser, PhD*	AARP Public Policy Institute
Amy Houtrow, MD, PhD, MPH, FAAP <i>Nominated by American Academy of Pediatrics</i>	University of Pittsburgh School of Medicine
Arielle Kane, MPP	Families USA
Pamela Lester, RN, BSN, MSHS	Iowa Medicaid Enterprise

* New Workgroup Member

2026 Health Home Core Sets Review Workgroup (continued)

Voting Members

Elizabeth Nichols, PhD, MS*	New York State Department of Health
Kayla Romero, MPH*	New Mexico Department of Health
Pamela Tew, LSW*	ZERO TO THREE
Sara Toomey, MD, MPhil, MPH, MSc <i>Nominated by Children's Hospital Association</i>	Boston Children's Hospital
Laura Vegas, MPS <i>Nominated by National Association of State Directors of Developmental Disability Services</i>	National Association of State Directors of Developmental Disability Services
Jeannine Wigglesworth, MS	Connecticut HUSKY Health Behavioral Health Administrative Services Organization

* New Workgroup Member

2026 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 Sets 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**

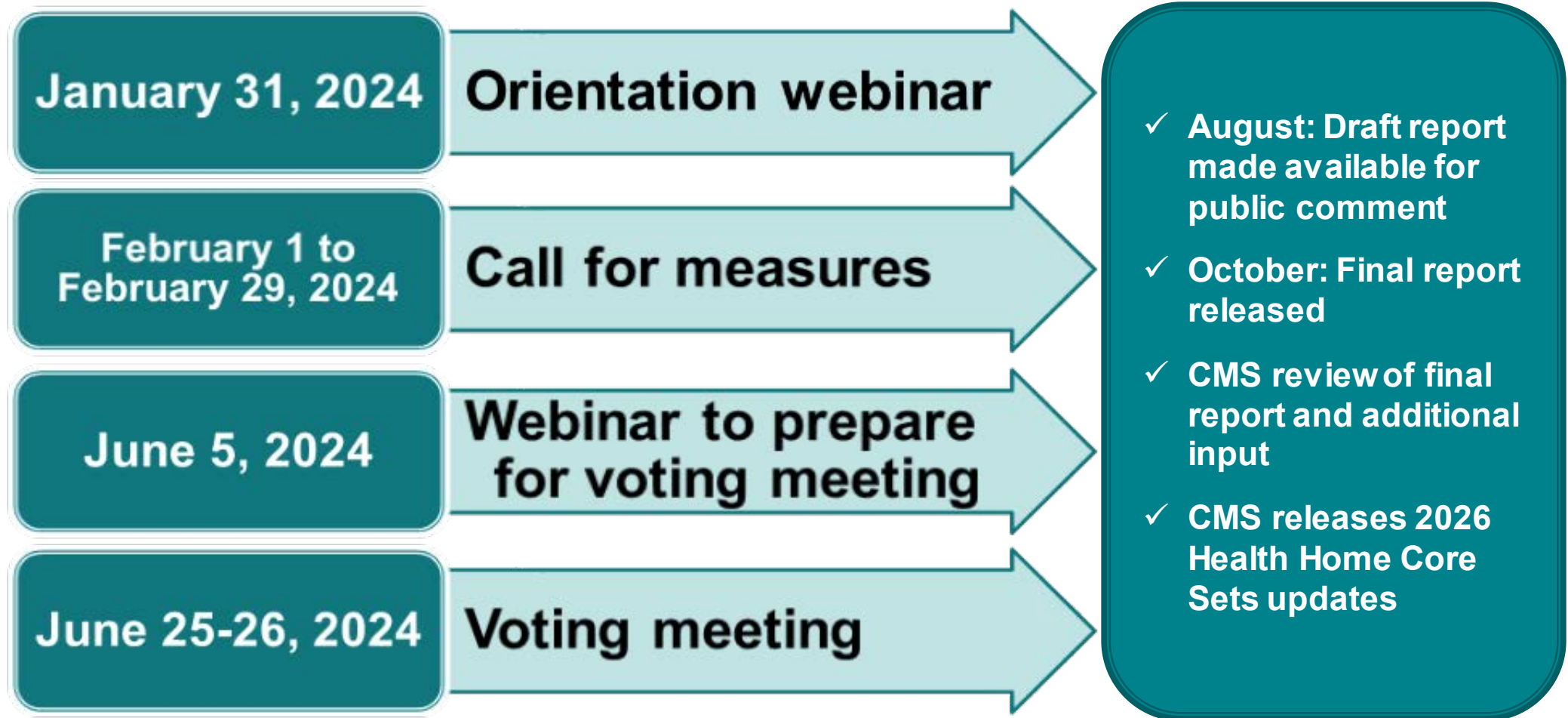
2026 Medicaid Health Home Core Sets Annual Review Workgroup Charge

The 2026 Health Home Core Sets Annual Review Workgroup is charged with assessing the Health Home Core Sets and recommending measures for addition or removal in order to strengthen and improve the 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 health care delivery and outcomes for Medicaid health home program enrollees.

With mandatory reporting requirements beginning 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.

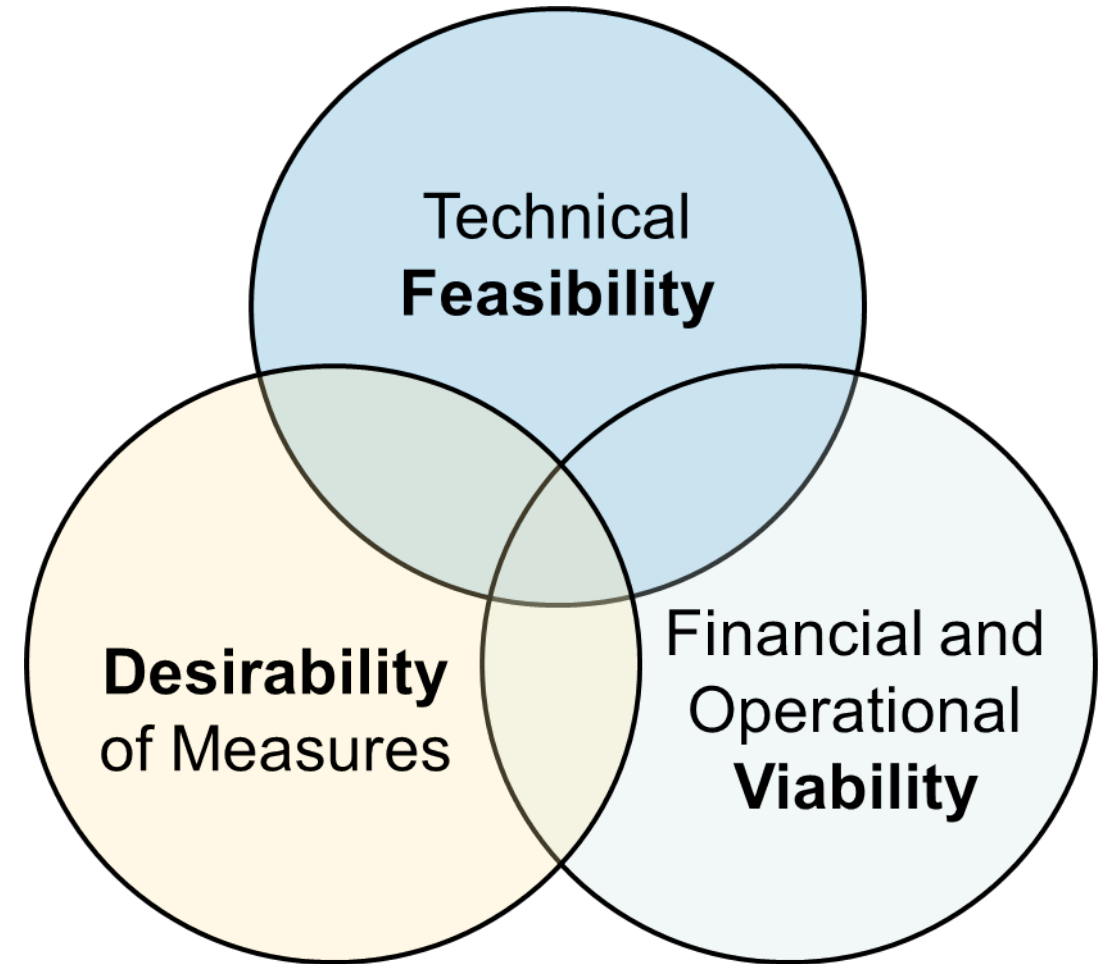
Milestones for the 2026 Medicaid Health Home Core Sets Annual Review



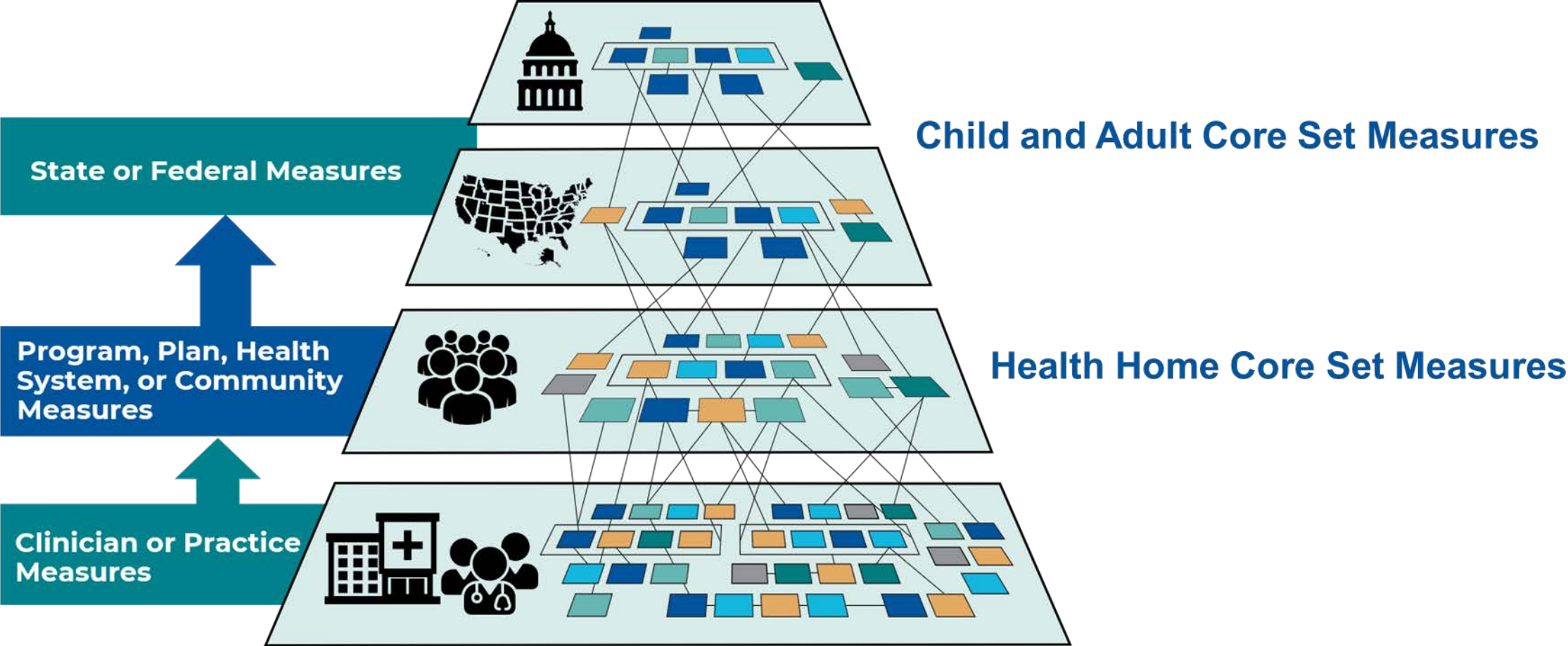
Vision for the 2026 Medicaid Health Home Core Sets Annual Review

Role of the Workgroup in Strengthening the 2026 Health Home Core Sets

- The annual Workgroup process is designed to identify gaps in the existing 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



Preparing for Mandatory Reporting

- Starting in FFY 2024, reporting of the Medicaid Health Home Core Sets will become mandatory for states with approved health home programs in operation for at least six months of the reporting period
- ★ • 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 2026 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

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**

CMCS Remarks

**Sara Rhoades, Technical Director, Health Homes
Medicaid Benefits and Health Programs Group**

Background on the Medicaid 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**

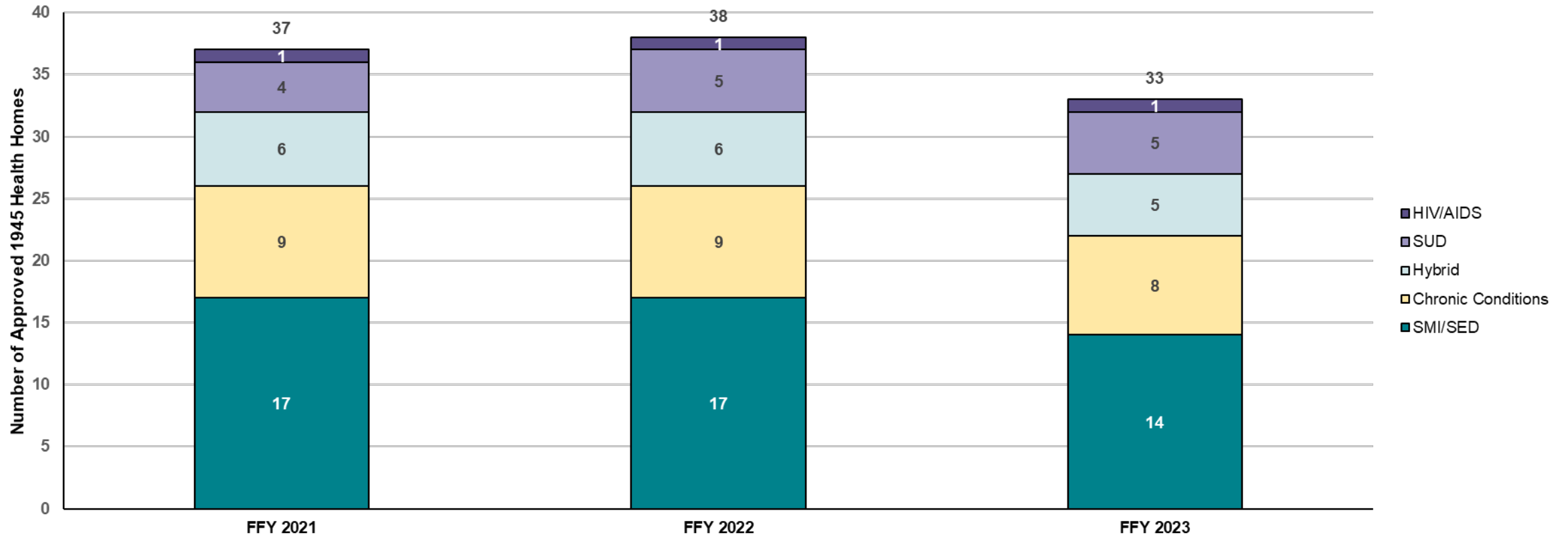
Source: <https://www.medicaid.gov/medicaid/long-term-services-supports/health-homes/index.html>

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 2021–FFY 2023



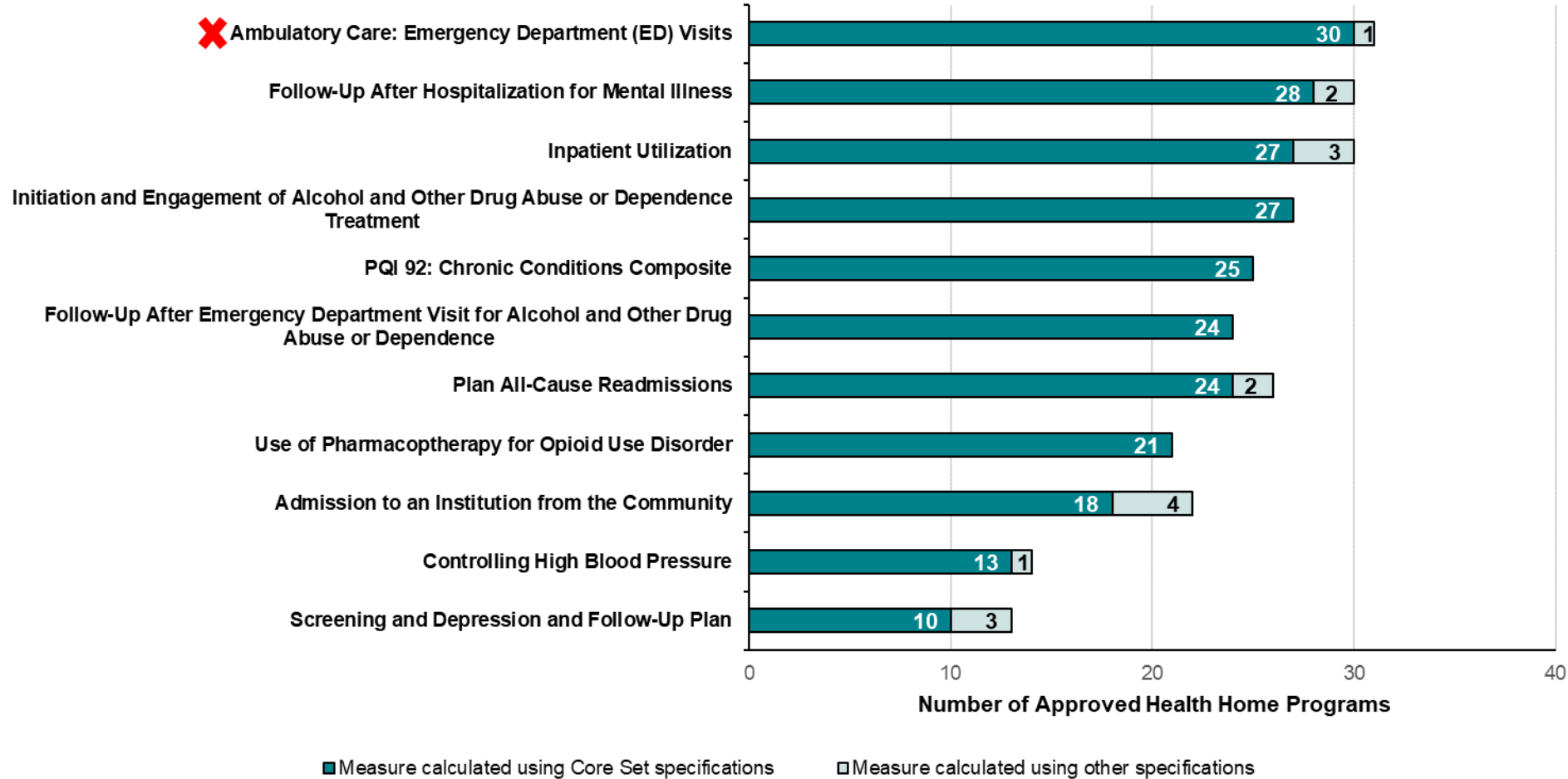
Source: Centers for Medicare & Medicaid Services, Medicaid and CHIP Core Set Technical Assistance and Analytic Support Program, January 2024.

Note: Hybrid health home programs refer to those that have two or more areas of focus (e.g., SUD and SMI/SED).

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**
 - **Public reporting for FFY 2021 and FFY 2022 (generally covering services delivered in calendar years 2020 and 2021) will be available soon**
 - **States recently finished reporting for FFY 2023 (generally covering services delivered in calendar year 2022)**
 - **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 will be available soon.

✘ Measure being retired from the Health Home Core Sets
 NCQA announced in July 2023 that AMB will be retired for HEDIS MY 2024 (FFY 2025 Health Home Core Set reporting)

1945A Health Homes

- **The Accountability Act of 2019 (P. L. 116-16) authorized states to cover an optional health home state plan benefit for Medicaid-eligible children with medically complex conditions and enacted section 1945A of the Social Security Act (Act)**
- **Under section 1945A, beginning October 1, 2022, states have the option to cover health home services for Medicaid-eligible children with medically complex conditions as defined in section 1945A(i) of the Act**
- **A State Medicaid Director letter regarding the 1945A health home benefit was released on August 1, 2022 and can be found at <https://www.medicaid.gov/federal-policy-guidance/downloads/smd22004.pdf>**

Goals of 1945A Health Home Program

- **Coordinate prompt care for children with medically complex conditions, including access to pediatric emergency services at all times**
- **Develop an individualized comprehensive pediatric family-centered care plan for children with medically complex conditions that accommodates patient preferences**

Goals of 1945A Health Home *(continued)*

- **Work in a culturally and linguistically appropriate manner with the family of a child with medically complex conditions to develop and incorporate into such child's care plan, in a manner consistent with the needs of the child and the choices of the child's family**
- **Coordinate access to:**
 - **Sub-specialized pediatric services and programs for children with medically complex conditions, including the most intensive diagnostic, treatment, and critical care levels as medically necessary**
 - **Palliative services if the state provides Medicaid coverage for such services**

Goals of 1945A Health Home *(continued)*

- **Coordinate care for children with medically complex conditions to out-of-state providers furnishing care to the maximum extent practicable for the families of such children and where medically necessary, in accordance with guidance issued under subsection (e)(1) and section 431.52 of title 42, Code of Federal Regulations**

Eligibility Criteria

- **Under section 1945A(i)(1) of the Act, a “child with medically complex conditions” must be under 21 years of age and eligible for medical assistance under the state plan (or under a waiver of the state plan, which CMS interprets to include eligibility under a section 1115 demonstration)**

Eligibility Criteria *(continued)*

- **Under section 1945A(i)(1)(A)(ii), a “child with medically complex conditions” must have at least:**
 - **One or more chronic conditions that cumulatively affect three or more organ systems and severely reduces 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 rare pediatric disease (as defined in section 529(a)(3) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360ff(a)(3)).**

Chronic Conditions

- **A “chronic condition” is defined in section 1945A(i)(2) as “a serious long-term physical, mental, or developmental disability or disease,” including the following:**
 - **Cerebral palsy**
 - **Cystic fibrosis**
 - **HIV/AIDS**
 - **Blood diseases, such as anemia or sickle cell disease**
 - **Muscular dystrophy**
 - **Spina bifida**
 - **Epilepsy**
 - **Severe autism spectrum disorder and/or**
 - **Serious emotional disturbance or serious mental health illness**

Process of Identifying Additional Chronic Conditions

- **States should demonstrate to CMS’s satisfaction, through documentation in their proposed SPAs, that they will establish a process for identifying chronic conditions that are not listed in section 1945A(i)(2) but that meet the statutory definition of a “chronic condition,” because they are serious, long-term physical, mental, or developmental disabilities or diseases**
- **This process should ensure that the state would cover health home services for children who are eligible for these services on the basis of having one or more chronic conditions that are not listed in section 1945A(i)(2) but that meet the statutory definition of a “chronic condition”**

1945A Health Home Services

- **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 to other settings;**
- **Patient and family support (including authorized representatives);**
- **Referrals to community and social support services, if relevant; and**
- **Use of health information technology to link services, as feasible and appropriate.**

2024 Core Set of Quality Measures for 1945 Health Home Programs

CMIT #	Measure Name	Data Collection Method	Age Range	Included in Other Core Sets
394	Initiation and Engagement of Substance Use Disorder Treatment (IET-HH)	Administrative or EHR	Age 13 and older	Adult Core Set
167	Controlling High Blood Pressure (CBP-HH)	Administrative, hybrid, or EHR	Ages 18 to 85	Adult Core Set
139	Colorectal Cancer Screening (COL-HH)	Administrative or EHR	Ages 46 to 75	Adult Core Set
672	Screening for Depression and Follow-Up Plan (CDF-HH)	Administrative or EHR	Age 12 and older	Child & Adult Core Sets
268	Follow-Up After Hospitalization for Mental Illness (FUH-HH)	Administrative	Age 6 and older	Child & Adult Core Sets
561	Plan All-Cause Readmissions (PCR-HH)	Administrative	Ages 18 to 64	Adult Core Set
750	Use of Pharmacotherapy for Opioid Use Disorder (OUD-HH)	Administrative	Ages 18 to 64	Adult Core Set
264	Follow-Up After Emergency Department Visit for Substance Use (FUA-HH)	Administrative	Age 13 and older	Adult Core Set
265	Follow-up after Emergency Department Visit for Mental Illness (FUM-HH)	Administrative	Age 6 and older	Child & Adult Core Sets
593	Prevention Quality Indicator (PQI) 92: Chronic Conditions Composite (PQI92-HH)	Administrative	Age 18 and older	No*
20	Admission to a Facility from the Community (AIF-HH)	Administrative	Age 18 and older	No
49	Ambulatory Care: Emergency Department Visits (AMB-HH) †	Administrative	All ages	Child Core Set, 1945A Health Home Core Set
397	Inpatient Utilization (IU-HH)	Administrative	All ages	1945A Health Home Core Set

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

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

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

*NCQA announced in July 2023 that AMB will be retired for HEDIS MY 2024 (FFY 2025 Health Home Core Sets reporting).

Recap of the 2025 Health Home Core Set Annual Review

- **The Workgroup recommended the removal of two measures from the 2025 1945 Health Home Core Set**
 - Prevention Quality Indicator (PQI) 92: Chronic Conditions Composite (PQI92-HH)
 - Screening for Depression and Follow-Up Plan (CDF-HH)
- **The Workgroup discussed, but did not recommend, two measures for removal from the 2025 1945 Health Home Core Set**
 - Controlling High Blood Pressure (CBP-HH)
 - Admission to a Facility from the Community (AIF-HH)
- **The Workgroup discussed, but did not recommend, one measure for addition to the 2025 1945 Health Home Core Set**
 - Medicaid Managed Long-Term Services and Supports Comprehensive Care Plan and Update (MLTSS-2)
- **No measures were discussed for addition to or removal from the 2025 1945A Health Home Core Set**

Upcoming Changes for 2025

- **NCQA announced in July 2023 that one measure currently on both the 1945 and 1945A Health Home Core Set is being retired:**
 - *Ambulatory Care(AMB-HH)* will be retired for HEDIS MY 2024 (FFY 2025 1945 and 1945A Health Home Core Sets)

Workgroup Questions

Preparing for the Workgroup Call for Measures for the 2026 Health Home Core Sets

Discussion of Measure Gaps During the 2025 Health Home Core Sets Annual Review

- **During the 2025 Health Home Core Set Annual Review, the Workgroup discussed gaps in measures or measure concepts in the 1945 and 1945A Health Home Core Sets**
 - 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**
 - Well-child visits and immunizations
 - Screening for social drivers of health and connections to services to address identified needs
 - Measures for children with special health care needs
 - Screenings for resiliency, adverse childhood experiences, and social-emotional needs
 - Developmental screening
 - Diabetes management

Discussion of Measure Gaps During the 2025 Health Home Core Set Annual Review (continued)

- **Measure Concepts Related to Health Home Program Delivery**
 - Comprehensive care plans that use a person-centered approach and address the social drivers of health
 - Care coordination and the member and family care-coordination experience
 - Care management effectiveness
 - Beneficiaries' ability to access services and whether their health and community-based needs are met
 - Patient and caregiver engagement
 - Measures of unmet health and community-based needs
- **Methodological Considerations**
 - Data sharing between providers, health home program managers, and states
 - Harmonization of Core Set measures to facilitate feasibility of reporting
 - Member and caregiver relationships with providers as a barrier to complete and accurate data collection

Workgroup Call for Measures for the 2026 Medicaid Health Home Core Sets Annual Review

- To focus the Call for Measures for the 2026 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 2026 Medicaid Health Home Core Sets, all measures must meet minimum technical feasibility requirements

Criteria for Suggesting Measures for Addition

Minimum Technical Feasibility Requirements

- ✓ The measure must be fully developed and have detailed technical specifications that enable production of the measure at the program level (e.g., numerator, denominator, and value sets).
- ✓ The measure must have been tested in state Medicaid and/or CHIP programs or be in use by one or more state Medicaid and/or CHIP programs.
- ✓ An available data source or validated survey instrument exists that contains all the data elements necessary to calculate the measure, including an identifier for Medicaid beneficiaries (or the ability to link to an identifier).
- ✓ The specifications and data source must allow for consistent calculations across health home programs (e.g., coding and data completeness).
- ✓ The measure must include technical specifications (including code sets) that are provided free of charge for state use in the Core Set.

Actionability and Strategic Priority

- ✓ Taken together with other Core Set measures, the measure can be used to estimate the overall national quality of health care in Medicaid health home programs.
- ✓ The measure should be suitable for comparative analyses of disparities by factors such as race, ethnicity, sex, age, rural/urban status, disability, and language.
- ✓ The measure addresses a strategic priority for improving health care delivery and outcomes in Medicaid health home programs.
- ✓ The measure can be used to assess progress in improving health care delivery and outcomes in Medicaid health home programs (e.g., the measure has room for improvement, performance is trendable, and improvement can be directly influenced by Medicaid health home programs/providers).

Other Considerations

- ✓ The prevalence of the condition or outcome being measured is sufficient to produce reliable and meaningful results across health home programs, taking into account Medicaid population sizes and demographics.
- ✓ The measure and measure specifications are aligned with those used in other CMS programs, where possible (e.g., Core Quality Measures Collaborative Core Sets, Medicaid Promoting Interoperability Program, Merit-Based Incentive Payment System, Qualified Health Plan Quality Rating System, Medicare Advantage Star Ratings, and/or Medicare Shared Savings Program).
- ✓ All health home programs should be able to produce the measure for Core Set reporting within two years of the measure being added to the Core Set and be able to include all Medicaid health home populations (e.g., all age groups, eligibility categories, and delivery systems).

Criteria for Suggesting Measures for Removal

Technical Feasibility

- ✓ The measure is not fully developed and does not have detailed technical measure specifications, preventing production of the measure at the program level (e.g., numerator, denominator, and value sets).
- ✓ States report significant challenges in accessing an available data source that contains all the data elements necessary to calculate the measure, including an identifier for Medicaid beneficiaries (or the ability to link to an identifier).
- ✓ The specifications and data source do not allow for consistent calculations across health home programs (e.g., there is variation in coding or data completeness across states).
- ✓ The measure is being retired by the measure steward and will no longer be updated or maintained.

Actionability and Strategic Priority

- ✓ Taken together with other Core Set measures, the measure does not contribute to estimating the overall national quality of health care in Medicaid health home programs.
- ✓ The measure is not suitable for comparative analyses of disparities by factors such as race, ethnicity, sex, age, rural/urban status, disability, and language.
- ✓ The measure does not address a strategic priority for improving health care delivery and outcomes in Medicaid health home programs (e.g., it does not promote effective care delivery, does not address the unique and complex needs of Medicaid beneficiaries, or there is a lack of evidence that this measure will lead to quality improvement).
- ✓ The measure cannot be used to assess progress in improving health care delivery and outcomes in Medicaid health home programs (e.g., the measure is topped out, trending is not possible, or improvement is outside the direct influence of Medicaid health home programs/providers).

Other Considerations

- ✓ The prevalence of the condition or outcome being measured is not sufficient to produce reliable and meaningful results across health home programs, taking into account Medicaid population sizes and demographics.
- ✓ The measure and measure specifications are not aligned with those used in other CMS programs, or another measure is recommended for replacement.
- ✓ All health home programs may not be able to produce the measure within two years of the reporting cycle under review or may not be able to include all Medicaid health home populations (e.g., all age groups, eligibility categories, and delivery systems).

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 2026 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 Thursday, February 1 by 5:00 PM ET and close on Thursday, February 29 at 8:00 PM ET**
- **If you have any questions about the process, please email the Mathematica Health Home Core Sets Review team at: MHHCORESETREVIEW@MATHEMATICA.ORG**

Resources for Assessing Measures for Addition and Removal

- **2023 Medicaid and CHIP Beneficiary Profile: Characteristics, Health Status, Access, Utilization, Expenditures, and Experience**
- **Background Resources on the Health Home Core Sets**
 - 2024 Health Home Core Set measure lists
 - 2023 Core Set reporting resources
 - 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
 - List of measure gaps identified by the 2025 Workgroup

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**

Co-Chair Remarks

Kim Elliot
Health Services Advisory Group

Jeff Schiff
AcademyHealth

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 Thursday, February 29, 2024 by 8:00 PM ET
- Meeting to prepare for voting will be held Wednesday, June 5, 2024, 1:00 – 2:00 PM ET via webinar
- Voting meeting will be held Tuesday, June 25, 2024 – Wednesday, June 26, 2024 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/e2a0da95b89e4a91b1d42e450a05b72f>

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 2026 Health Home Core Sets Annual Review, please email the Mathematica Core Set Review Team at: MHHCORESETREVIEW@MATHEMATICA-MPR.COM

THANK YOU FOR PARTICIPATING!