

Health Home Core Sets Annual Review Workgroup:
Instructions and Supplementary Materials
for the 2027 Public Call for Measures

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April 2025

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2027 1945 AND 1945A HEALTH HOME CORE SETS ANNUAL REVIEW: INSTRUCTIONS FOR SUGGESTING MEASURES FOR ADDITION OR REMOVAL

On behalf of the Centers for Medicare & Medicaid Services (CMS), Mathematica is issuing a Call for Measures as part of CMS's process to make updates to the 2027 1945 and 1945A Health Home Core Sets. Through this Call for Measures, Workgroup members, federal liaisons, and members of the public are invited to suggest measures for addition to or removal from the 1945 and 1945A Health Home Core Sets. Measures suggested for addition to or removal from the 1945 and 1945A Health Home Core Sets will be considered by the Health Home Core Sets Annual Review Workgroup, which is charged with identifying ways to strengthen and improve the 1945 and 1945A Health Home Core Sets for Medicaid Health Home Programs. CMS will update the Health Home Core Sets based on Workgroup recommendations, along with other sources of input.

Submission Process

Those suggesting measures for addition or removal must complete the forms at the links below. Separate forms must be submitted for each measure. For reference, the questions included in the forms are attached to the Call for Measures email in Word format to assist you in preparing your measure submission.

- **Form to Suggest a Measure for Addition:** <https://mathematica.questionprogov.com/2027HHCSaddition>
- **Form to Suggest a Measure for Removal:** <https://mathematica.questionprogov.com/2027HHCSremoval>

All measure suggestion forms must be submitted by 8 PM ET on Friday, May 30, 2025 in order to be considered for the 2027 Annual Review. After submitting a form, you will receive a confirmation email with your recorded responses from MHHCORESETREVIEW@MATHEMATICA-MPR.COM. If you cannot locate this email, please contact Mathematica to confirm your submission was received.

Criteria for Suggesting Measures

When considering measures for addition or removal, please note the following criteria. This information will inform the discussion at the annual voting meeting.

Table 1. Criteria for Suggesting Measures for Addition

Minimum Technical Feasibility and Appropriateness (ALL criteria must be met)	
<input type="checkbox"/>	A1. 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). (Specifications must be provided as part of the submission.)
<input type="checkbox"/>	A2. 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 according to measure specifications. (Documentation is required as part of the submission.)
<input type="checkbox"/>	A3. 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). (Evidence about the reliability and validity of measures is required as part of the submission or explain why such information is not available.)
<input type="checkbox"/>	A4. The specifications and data source must allow for consistent calculations across states (e.g., coding and data completeness). (Documentation of data quality and consistency across Health Home Programs is required as part of the submission.)
<input type="checkbox"/>	A5.* The measure aligns with current clinical guidance and/or positive health outcomes.
<input type="checkbox"/>	A6. The measure must include technical specifications (including code sets) that are provided free of charge for state use in the Health Home Core Sets.
Actionability	
<input type="checkbox"/>	B1. The measure addresses a priority for improving health care delivery and outcomes in Medicaid Health Home Programs.
<input type="checkbox"/>	B2. The measure is able to be stratified by the required stratification categories included in the March 2024 State Medicaid Director Letter for the Medicaid Health Home population. Considerations could include adequate sample and population sizes and available data in the required data source(s).
<input type="checkbox"/>	B3. 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).
<input type="checkbox"/>	B4.* The measure would fill a gap in the Health Home Core Sets or would add value to the existing measures in the Core Sets. (If this measure is being suggested as a replacement of an existing measure, a removal form must be submitted for the existing measure.)
Other Considerations	
<input type="checkbox"/>	C1. The prevalence of the condition or outcome being measured is sufficient to produce reliable and meaningful results across Health Home programs, taking into account program population sizes and demographics.
<input type="checkbox"/>	C2. The measure and measure specifications are aligned with those used in other CMS programs, where possible (e.g., Core Quality Measures Collaborative Core Sets, Medicare Promoting Interoperability Program, Merit-Based Incentive Payment System, Medicaid and CHIP Quality Rating System, Medicare Advantage Star Ratings, and/or Medicare Shared Savings Program).
<input type="checkbox"/>	C3.* Adding the measure to the Health Home Core Sets does not result in substantial additional data collection burden for providers or Medicaid Health Home enrollees.
<input type="checkbox"/>	C4. All Health Home Programs should be able to produce the measure for all Medicaid Health Home Program populations within two years of the measure being added to the Health Home Core Sets.
<input type="checkbox"/>	C5.* The code sets and codes specified in the measure must be in use by Medicaid and CHIP programs or otherwise be readily available to Medicaid and CHIP programs to support calculation of the measure.

* Criterion is new for the 2027 Health Home Core Sets review cycle.

Table 2. Criteria for Suggesting Measures for Removal

Technical Feasibility	
<input type="checkbox"/>	A1. 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).
<input type="checkbox"/>	A2. 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 Health Home enrollees (or the ability to link to an identifier).
<input type="checkbox"/>	A3. 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).
Actionability	
<input type="checkbox"/>	B1. The measure does not address priorities for improving health care delivery and outcomes in Medicaid Health Home Programs (e.g., priorities have shifted, and this measure does not address the most pressing needs of Health Home Program enrollees).
<input type="checkbox"/>	B2. The measure cannot be used for comparative analyses of disparities among Health Home enrollees by all the required stratification categories included in the March 2024 State Medicaid Director letter. Considerations could include lack of adequate sample and population sizes or lack of available data in the required data source(s).
<input type="checkbox"/>	B3. Measure performance for all populations is so high and unvarying that meaningful distinctions in improvements or performance can no longer be made.
<input type="checkbox"/>	B4. Improvement on the measure is outside the direct influence of Medicaid Health Home Programs/providers.
<input type="checkbox"/>	B5.* The measure no longer aligns with current clinical guidance and/or positive health outcomes.
<input type="checkbox"/>	B6.* Another measure is recommended for replacement which is: (1) more broadly applicable (across settings, populations, or conditions) for the topic, and/or (2) more proximal in time to desired beneficiary outcomes, and/or (3) more strongly associated with desired beneficiary outcomes. (Note that the replacement measure must also meet the minimum technical feasibility criteria to be considered by the Workgroup.)
Other Considerations	
<input type="checkbox"/>	C1. The prevalence of the condition or outcome being measured is not sufficient to produce reliable and meaningful program-level results, taking into account program population sizes and demographics.
<input type="checkbox"/>	C2. The measure and measure specifications are not aligned with those used in other CMS programs (e.g., Core Quality Measures Collaborative Core Sets, Medicare Promoting Interoperability Program, Merit-Based Incentive Payment System, Medicaid and CHIP Quality Rating System, Medicare Advantage Star Ratings, and/or Medicare Shared Savings Program).
<input type="checkbox"/>	C3.* Including the measure in the Health Home Core Sets results in substantial additional data collection burden for providers or Medicaid Health Home enrollees.
<input type="checkbox"/>	C4. All health home programs may not be able to produce the measure for all Medicaid health home populations within two years of the measure being added to the Health Home Core Sets.

* Criterion is new for the 2027 Health Home Core Sets review cycle.

For More Information

If you have questions about the Call for Measures or any technical difficulties with the forms, please contact us at MHHCORESETREVIEW@MATHEMATICA-MPR.COM.

MEASURES DISCUSSED BY THE 2022–2026 HEALTH HOME CORE SETS ANNUAL REVIEW WORKGROUPS

This resource identifies measures discussed by the Health Home Core Sets Workgroup during the 2022–2026 Core Sets Annual Reviews to inform the Public Call for Measures for the 2027 1945 and 1945A Health Home Core Sets Annual Review. The 2025 Core Sets Annual Review was the first review cycle where both the 1945 and the 1945A Health Home Core Sets were reviewed. Please review this resource prior to proposing a measure for addition to, or removal from, the 1945 and/or 1945A Health Home Core Sets. If the measure has been discussed by the Workgroup previously, refer to the applicable Measure Information Sheet for background on the measure and to the Final Report for a summary of the discussion and recommendation.

The Measure Information Sheets and Final Reports are available on the [Health Home Core Sets Annual Review website in the archive for each annual review](#).

- Table 1 shows measures that the Workgroup previously discussed for removal, including (1) measures that were recommended by the Workgroup for removal and retained by CMS and (2) measures that were discussed and not recommended for removal.
- Table 2 shows measures that the Workgroup previously discussed but were not recommended for addition.
- Table 3 shows measures that were not discussed by the Workgroup because they did not meet the minimum technical feasibility criteria for discussion.

For information on measures that were added to or removed from the 1945 Health Home Core Set by CMS, please refer to the [1945 Health Home Core Set History Table](#).¹

- State Medicaid Director Letter, 2025 1945 and 1945A Health Home Core Set updates:
<https://www.medicaid.gov/federal-policy-guidance/downloads/smd24002.pdf>.

If you have any questions, please contact the mailbox at MHHCORESETREVIEW@MATHEMATICA-MPR.COM.

¹ The 1945A Health Home Core Set has not had any measures added or removed based on Workgroup recommendation since its introduction. Two measures were retired by the measure stewards.

Table 1. 1945^a Health Home Core Set Measures the Workgroup Previously Discussed for Removal

Measure Name (Acronym)	2022	2023/2024 ^b	2025	2026
Measures Discussed and Recommended by the Workgroup for Removal in Any Annual Review but Retained by CMCS				
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-HH)	X			
Screening for Depression and Follow-Up Plan (CDF-HH)	X		X	
Measures Discussed but Not Recommended by the Workgroup for Removal in Any Annual Review				
Ambulatory Care: Emergency Department (ED) Visits (AMB-HH)	X			
Controlling High Blood Pressure (CBP-HH)			X	
Admission to a Facility from the Community (AIF-HH)			X	

Table 2. Health Home Core Set Measures the Workgroup Previously Discussed for Addition

Measure Name	2022	2023/2024	2025	2026
Measures Discussed but Not Recommended by the Workgroup for Addition in Any Annual Review				
Asthma Medication Ratio	X			
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	X			
Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey 5.1H, Child and Adult Medicaid Versions	X			
Follow-Up After Emergency Department (ED) Visit for People With Multiple High-Risk Chronic Conditions		X		
Medicaid Managed Long Term Services and Supports Comprehensive Care Plan and Update (MLTSS-2)			X	
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications				X
Metabolic Monitoring for Children and Adolescents on Antipsychotics*				X
Social Needs Screening and Intervention*				X

^a Since the 2025 Workgroup first discussed the 1945A Health Home Core Set, no measures have been recommended for removal.

^b No measures were recommended for removal during the 2023/2024 and the 2026 Annual Reviews.

* Measure was discussed for addition to both the 1945 and the 1945A Health Home Core Sets. The measures were not recommended for addition to either Health Home Core Set.

Table 3. Measures Not Discussed by the Workgroup Because They Did Not Meet Minimum Technical Feasibility Criteria

Measure Name	2022	2023/2024	2025	2026
Screening for Social Drivers of Health (SDOH-1)			X	
Emergency Depart Visits for Chronic Ambulatory Care Sensitive Conditions (PQE 02)				X

Note: Mathematica specifies minimum technical feasibility criteria for measures to be considered by the Workgroup. The criteria are: (1) the measure must be fully developed and have detailed technical specifications that enable production of the measure at the state level, (2) the measure must have been tested or be in use by one or more state Medicaid or CHIP programs, (3) an available data source or survey instrument must exist that contains all the data elements necessary to calculate the measure (including an identifier for Medicaid and CHIP beneficiaries), and (4) the specifications and data source must allow for consistent calculations across states, and (5) the measure must include technical specifications (including code sets) that are provided free of charge for state use in the Core Set. This fifth criterion is assessed by CMCS after the Workgroup has made its recommendations.

HEALTH HOME CORE SETS GAPS IDENTIFIED BY THE 2022, 2023, 2025 AND 2026 HEALTH HOME CORE SETS ANNUAL REVIEW WORKGROUPS

Each year, the Health Home Core Sets Annual Review Workgroup discusses potential gaps in the Health Home Core Sets. This document includes the exhibits summarizing the gap discussions contained in the final reports from the 2022, 2023, 2025 and 2026 annual reviews. Note that the gaps discussions and the tables do not prioritize the measure gaps suggested by individual Workgroup members, assess the fit or feasibility for the Health Home Core Sets, nor develop a consensus about gaps. 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. In some cases, measures may not be available to fill a potential gap, resulting in suggestions for additional measure development or refinement.

Exhibit 1. Potential Gap Areas for Future 1945 Health Home Core Set Measures, 2022 Health Home Core Set Annual Review

Themes from Cross-Cutting Gap Discussions
Measure Areas <ul style="list-style-type: none"> • Social determinants of health • Patient experience of care • Depression screening and follow-up (more feasible than existing measure) • All-cause ED follow-up • Dental and oral health care, with a particular focus on children • Adverse childhood experiences (ACEs) • Trauma-informed care • Outcomes from assessments conducted by health home providers (for example, Patient Health Questionnaire-9 [PHQ-9], Differential Ability Scales-II [DAS] cognitive assessments, ACEs)
Health Care Delivery <ul style="list-style-type: none"> • Progress and outcomes of referral process • Effectiveness of care coordination • Use of care managers within health homes
Other Measure Attributes <ul style="list-style-type: none"> • Assessment of the sophistication of data systems and data completeness across states • Partnering with other entities, such as public health departments, to link data for health home enrollees

Source: Recommendations for Improving the Medicaid Health Home Core Set of Health Care Quality Measures: Summary of a Workgroup Review of the 2022 Health Home Core Set, Final Report, December 2021, available at <https://www.mathematica.org/features/hhcoresetreview>.

Exhibit 2. Potential Gap Areas for Future 1945 Health Home Core Set Measures, 2023 Health Home Core Set Annual Review

Potential Gaps in the Health Home Core Set
Measure-specific Gaps <ul style="list-style-type: none"> • Assess social determinants and drivers of health • Hepatitis C screening • Primary and preventive care, including adults' access to care, annual well visits, primary care practitioner visits, and weight management • Health promotion • HIV care • Maternal and child health, including prenatal and postpartum care • Patient experience of care and satisfaction with care
Measure Concepts Related to Care Delivery <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • Measure disparities among health home enrollees • Stratify measures including by health home enrollees compared with non-health home enrolled Medicaid beneficiaries with similar chronic conditions as well as the overall Medicaid population • Use existing data sources to realize efficiencies in reporting and reduce state burden (for example, data from the Transformed Medicaid Statistical Information System, Child and Adult Core Sets) • Avoid measures that require chart review • Take into account challenges related to sharing information with providers to measure all the care health home enrollees receive • Consider reducing the number of measures in the Health Home Core Set focused on substance use disorder

Source: Recommendations for Improving the Medicaid Health Home Core Set of Health Care Quality Measures: Summary of a Workgroup Review of the 2023 Health Home Core Set, Final Report, November 2022, available at <https://www.mathematica.org/features/hhcoresetreview>.

Exhibit 3. Potential Gap Areas for Future 1945 and 1945A Health Home Core Set Measures, 2025 Health Home Core Sets Annual Review

Themes from Cross-cutting Gap Discussions
Measure Concepts Related to Health Home Program Delivery <ul style="list-style-type: none"> • Comprehensive care plans that use a patient-centered approach • Care coordination and the patient 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 (e.g., Patient Activation Measure® and Caregiver Activation Measure) • Measures of patients' unmet needs
Measure Specific Gaps <ul style="list-style-type: none"> • Well-child visits and immunizations • Well-child screenings across domains • Measures for children with special health care needs • Diabetes management
Methodological Considerations <ul style="list-style-type: none"> • Data sharing between providers, health home program managers, and states • Harmonization of Core Set measures to allow for minimum standards of feasibility • Address patient and caregiver relationships with providers as a barrier to complete and accurate data collection

Source: Recommendations for Improving the Medicaid Health Home Core Sets of Health Care Quality Measures: Summary of a Workgroup Review of the 2025 Health Home Core Sets, Final Report, October 2023, available at <https://www.mathematica.org/features/hhcoresetreview>.

Exhibit 4. Potential Gap Areas for Future 1945 and 1945A Health Home Core Set Measures, 2026 Health Home Core Sets Annual Review

Themes from Cross-cutting Gap Discussions
Health Equity and Social Drivers of Health
<ul style="list-style-type: none"> • Measurement of screening for social determinants of health or interventions • Stratification of measures by health home enrollee populations, including individuals with medical complexity
Patient-Reported Outcomes and Experience of Care
<ul style="list-style-type: none"> • Patient and family-reported quality of life • Patient and family experiences on the effectiveness of care coordination and health home services delivery • Whole-person care for young children
Condition-Specific Gaps
<ul style="list-style-type: none"> • Diabetes screening and measurement • Sepsis prevalence and management
Other Gap Areas Mentioned by the Workgroup
<ul style="list-style-type: none"> • Effectiveness of care coordination • Access to dental care
Methodological Considerations
<ul style="list-style-type: none"> • Focus on quality improvement infrastructure • Consideration of variability in target populations across health home programs • Support providers' investment in quality improvement efforts • Alignment of measures across federal quality measurement programs and initiatives

Source: Recommendations for Improving the Medicaid Health Home Core Sets of Health Care Quality Measures: Summary of a Workgroup Review of the 2026 Health Home Core Sets, Final Report, October 2024, available at <https://www.mathematica.org/features/hhcoresetreview>.

MEASURES IN THE 1945 AND 1945A HEALTH HOME CORE SETS FOR THE 2025 CORE SETS REPORTING CYCLE

2025 Core Set of Health Care Quality Measures for 1945 Medicaid Health Home Programs (1945 Health Home Core Set)

CMIT #*	Measure Steward	Measure Name	Data Collection Method
Core Set Measures			
394	NCQA	Initiation and Engagement of Substance Use Disorder Treatment (IET-HH)	Administrative or EHR
167	NCQA	Controlling High Blood Pressure (CBP-HH)	Administrative, EHR, or hybrid
139	NCQA	Colorectal Cancer Screening (COL-HH)	Administrative or EHR ^a
672	CMS	Screening for Depression and Follow-Up Plan (CDF-HH)	Administrative or EHR
268	NCQA	Follow-Up After Hospitalization for Mental Illness (FUH-HH)	Administrative
561	NCQA	Plan All-Cause Readmissions (PCR-HH)	Administrative
750	CMS	Use of Pharmacotherapy for Opioid Use Disorder (OUD-HH)	Administrative
264	NCQA	Follow-Up After Emergency Department Visit for Substance Use (FUA-HH)	Administrative
265	NCQA	Follow-Up After Emergency Department Visit for Mental Illness (FUM-HH)	Administrative
Utilization Measures			
20	CMS	Admission to an Institution from the Community (AIF-HH)	Administrative
397	CMS	Inpatient Utilization (IU-HH)	Administrative

Note: More information on updates to the 2025 Health Home Core Sets 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>. A resource that provides a history of the measures included in the Health Home Core Set is available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2025-health-home-core-set-history-table.pdf>.

* The CMS Measures Inventory Tool (CMIT) is the repository of record for information about the measures that CMS uses to promote healthcare quality and quality improvement. More information is available at <https://cmit.cms.gov/cmit/>. A public access quick start guide for CMIT is available at <https://cmit.cms.gov/cmit/assets/CMIT-QuickStartPublicAccess.pdf>.

^a The Colorectal Cancer Screening measure is also specified for Electronic Clinical Data System (ECDS) reporting. ECDS specifications are not currently available for Health Home Core Set reporting.

CMIT = CMS Measures Inventory Tool; CMS = Centers for Medicare & Medicaid Services; EHR = Electronic Health Record; NCQA = National Committee for Quality Assurance.

2025 Core Set of Health Care Quality Measures for 1945A Health Home Programs (1945A Health Home Core Set)

CMIT#*	Measure Steward	Measure Name	Data Collection Method
761	NCQA	Well-Child Visits in the First 30 Months of Life (W30-HH)	Administrative
24	NCQA	Child and Adolescent Well-Care Visits (WCV-HH)	Administrative
124	NCQA	Childhood Immunization Status (CIS-HH)	Administrative, EHR, or hybrid ^a
363	NCQA	Immunizations for Adolescents (IMA-HH)	Administrative or hybrid ^a
897	DQA (ADA)	Oral Evaluation, Dental Services (OEV-HH)	Administrative
397	CMS	Inpatient Utilization (IU-HH)	Administrative

Note: More information on the 2025 Health Home Core Sets 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>.

* The CMS Measures Inventory Tool (CMIT) is the repository of record for information about the measures that CMS uses to promote healthcare quality and quality improvement. More information is available at <https://cmit.cms.gov/cmit/>. A public access quick start guide for CMIT is available at <https://cmit.cms.gov/cmit/assets/CMIT-QuickStartPublicAccess.pdf>.

^a The Childhood Immunization Status and Immunizations for Adolescents measures are also specified for Electronic Clinical Data System (ECDS) reporting. ECDS specifications are not currently available for Health Home Core Set reporting.

CMIT = CMS Measures Inventory Tool; CMS = Centers for Medicare & Medicaid Services; DQA (ADA) = Dental Quality Alliance (American Dental Association); EHR = Electronic Health Record; NCQA = National Committee for Quality Assurance.

BACKGROUND RESOURCES ON THE HEALTH HOME CORE SETS

This resource list includes Health Home Core Sets reporting and analytic resources as well as other quality measurement resources. We hope these resources will help inform the 2027 Health Home Core Sets Annual Review.

Health Home Core Sets Reporting Years and the Annual Review Cycle

First, it might be helpful to understand the Health Home Core Sets reporting and review cycle, as we work on multiple years simultaneously. The resources listed cover one or more of these reporting years.

- The most recent publicly reported data is for the 2023 1945 **Health Home Core Set**; information for the 2023 reporting cycle was released by the Center for Medicaid and CHIP Services (CMCS) in late 2024. Links are provided below.
- State reporting of data for the **2024 1945 Health Home Core Set** closed December 31, 2024 and is currently in CMS review.
 - In August 2023, CMS released the final rule for Mandatory Medicaid and Children's Health Insurance Core Set Reporting. Beginning with the 2024 Health Home Core Sets reporting, states are required to report on all measures of the Health Home Core Sets for all Health Home Programs in effect for at least six months of the reporting year. More information is available at <https://www.federalregister.gov/public-inspection/2023-18669/mandatory-medicaid-and-childrens-healthinsurance-program-core-set-reporting>.
 - A **State Medicaid Director's Letter** dated August 2022 provides a description of 1945A Health Homes for Children with Medically Complex Conditions. It is available at <https://www.medicaid.gov/federal-policy-guidance/downloads/smd22004.pdf>.
- State reporting of data for the **2025 Health Home Core Sets** will take place in fall 2025.
 - A **State Medicaid Director's Letter** dated March 2024 with updates to the 2025 Health Home Core Sets and mandatory reporting guidance. The letter details the requirements and expectations for mandatory reporting. More information is available at <https://www.medicaid.gov/federal-policy-guidance/downloads/smd24002.pdf>.
 - The technical specifications and related resources for the 2025 Health Home Core Sets were released in April 2025. Links are provided below.
- State reporting of the **2026 Health Home Core Sets** will take place in fall 2026.
 - The final report of the 2026 Health Home Core Set Annual Review, containing recommendations for the **2026 Health Home Core Set**, is available at <https://mathematica.org/features/HHCoreSetReview>.
 - CMS is reviewing the recommendations of the 2026 Workgroup and the 2026 Health Home Core Sets are forthcoming.
- The **2027 Health Home Core Sets** Annual Review Workgroup is charged with assessing the existing 1945 and 1945A Health Home Core Sets and recommending measures for addition or removal to strengthen and improve the 2027 Health Home Core Sets.
 - More information about the Health Home Core Sets Annual Review and Selection Process is available at <https://www.mathematica.org/features/hhcoresetreview>.

2025 Core Set Reporting Resources for 1945 Medicaid Health Home Programs

The 2027 Health Home Core Sets Annual Review Workgroup is charged with recommending improvements to the Health Home Core Set for 1945 and 1945A Medicaid Health Home Programs. The following resources related to the 2025 Health Home Core Set measures are available on Medicaid.gov.

- The **2025 Core Set of Health Care Quality Measures for Medicaid Health Home Programs** show the measure names, measure stewards, the CMS Measure Inventory Tool (CMIT) number, and the data collection method.
 - The **2025 1945 Health Home Core Set** measure list is available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2025-health-home-core-set.pdf>.
 - The **2025 1945A Health Home Core Set** measure list is available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2025-1945a-health-home-core-set.pdf>.
- The **2025 Medicaid Health Home Core Set Technical Specifications and Resource Manuals** include background information about the Health Home Core Set, provides general information on data collection and reporting, and includes technical specifications and measure-specific reporting guidance for each measure.
 - The **2025 1945 Health Home Core Set Technical Specifications and Resource Manual** is available at <https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/2025-1945-HH-Core-Set-Manual.pdf>.
 - The **2025 1945A Health Home Core Set Technical Specifications and Resource Manual** measure list is available at <https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/2025-1945A-HH-Core-Set-Manual.pdf>.
- A **Summary of Updates** describes the changes between the 2024 and 2025 1945 Health Home Core Set Technical Specifications and Resource Manual. This resource is available at <https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/1945-hh-change-summary-2025.pdf>.
- The **2025 1945 Health Home Core Set History Table** provides a list of the measures included in the 1945 Health Home Core Set from 2013 to 2025. The table also documents CMS's reasons for adding or removing measures over time. The table is available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2025-health-home-core-set-history-table.pdf>.
- The **Expected Health Home Core Set Reporting Table** provides a list of Medicaid health home programs expected to report for each reporting period.
 - The **2025 1945 Expected Health Home Core Set Reporting Table** is available at <https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/1945-health-home-reporting-table.pdf>.
- The **2025 Data Quality Checklist** helps states improve the completeness, accuracy, consistency, and documentation of data reported for the Child, Adult, and Health Home Core Set measures. The checklist includes common issues noted in reviewing Core Set data, and helps states review the data entered in the web-based reporting system before they submit Core Set data. This resource is available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-adult-healthhomes-data-quality-checklist.pdf>.
- The **2025 Core Set Measurement Period Table** specifies the measurement period for the denominators, numerators, and continuous enrollment periods for each Health Home Core Set measure.
 - The **2025 1945 Health Home Core Set Measurement Period Table** is available at <https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/1945-hh-core-set-measurement-period-table-2025.pdf>.

- The **2025 1945A Health Home Core Set Measurement Period Table** is available at <https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/1945A-hh-core-set-measurement-period-table-2025.pdf>.
- Information from CMS related to the 2026 Health Home Core Sets and future reporting guidance is forthcoming.

2023 Health Home Core Set Measure Performance (1945 Health Home Core Set)

As noted earlier, 2023 is the most recent year of public reporting for the 1945 Health Home Core Set. The following resources provide an overview of measure performance and health home program reporting at the program level.

- **2023 Criteria for Using the Health Home Core Set Measures to Assess Performance and Trends in Performance in Medicaid Health Homes**, includes the criteria for assessing and reporting Health Home Core Set performance for 2023 and for assessing trends in performance from 2021 to 2023. It also contains information on rules for data suppression in accordance with CMS's cell-size suppression policy. This resource is available at <https://www.medicaid.gov/resources-for-states/downloads/health-home-core-set-methods-brief-dec-2024.pdf>.
- The summary **Fact Sheet** provides an overview of the findings from 2023 reporting of the Health Home Core set. This resource is available at <https://www.medicaid.gov/resources-for-states/downloads/2023-health-home-fact-sheet.pdf>.
- The **Health Home Core Set Chart Pack** summarizes health home program reporting on 2023 Health Home Core Set measures and provides measure-level performance data for 2023 and trends from 2021 to 2023 where available. This resource is available at <https://www.medicaid.gov/resources-for-states/downloads/2023-health-home-chart-pack.zip>.
- **Performance on the Health Home Core Set Measures, 2023** is presented through measure-specific tables for each measure. The tables show program-level performance, including the population, methodology, denominator, and rate. These resources are available at <https://www.medicaid.gov/resources-for-states/downloads/hh-2023-mpts.zip>.

Child and Adult Core Set Resources

Workgroup members may also find it helpful to reference resources related to the Child and Adult Core Sets as they consider alignment between the Health Home Core Sets and the Child and Adult Core Sets.

- The State Health Official letter (SHO) describing updates to the **2025 Child and Adult Core Sets** was released in May 2024. The 2025 SHO is available at <https://www.medicaid.gov/federal-policy-guidance/downloads/sho24001.pdf>.
- The technical specifications and related resources for the **2025 Child and Adult Core Sets** were released in April 2025. Links are provided below.
- The most recent publicly reported data are for the **2023 Child and Adult Core Sets**; information for the 2023 reporting cycles was released by the Center for Medicaid and CHIP Services (CMCS) on a rolling basis starting in September 2024. Links are provided below.

Child Core Set	Adult Core Set
2025 Technical Specifications and Resource Manual	2025 Technical Specifications and Resource Manual
2025 Summary of Changes	2025 Summary of Changes
2025 Data Quality Checklist	2025 Data Quality Checklist
2025 Measurement Period Table	2025 Measurement Period Table
2023 Child Core Set Chart Pack	2023 Adult Core Set Chart Pack

Program and Population Resources

Medicaid Health Home Information Resource Center

The Medicaid Health Home Information Resource Center contains information for states to establish and implement health home programs, including program requirements and Frequently Asked Questions (FAQ) documents. The Resource Center is available at <https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/index.html>.

- The **Medicaid Health Homes Fact Sheet** provides an overview of Medicaid Health Home programs and a list of current Medicaid health home programs and their focus areas. The Fact Sheet is available at <https://www.medicaid.gov/resources-for-states/downloads/hh-overview-fact-sheet-oct-2024.pdf>.
- The **Map of State Health Home Activity** provides a snapshot of Medicaid health home development and implementation across states. This map is available at <https://www.medicaid.gov/resources-for-states/downloads/hh-map-oct-2024.pdf>.
- Information describing the **1945A health home state plan option**, including implementation guidance from CMS, are available at <https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/1945a-health-home-resources/index.html>.

Medicaid and CHIP Beneficiary Profile

The Medicaid and CHIP Beneficiary Profile provides an overview of the characteristics, health status, access, utilization, expenditures, and experience of the beneficiaries served by Medicaid and CHIP. This resource is available at <https://www.medicaid.gov/sites/default/files/2023-04/beneficiary-profile-2023.pdf>.

Medicaid and CHIP Scorecard

The Medicaid and CHIP Scorecard was released in 2018 to increase public transparency about the programs' administration and outcomes. The State Health System Performance pillar includes publicly reported measures that show how states serve Medicaid and CHIP beneficiaries across the life span.

- Information about the Medicaid and CHIP Scorecard is available at <https://www.medicaid.gov/state-overviews/scorecard/index.html>.
- The current version of the Scorecard generally uses 2021–2023 data.
- While many of the measures in the State Health System Performance Pillar of the Scorecard are included in the Child and Adult Core Sets, not all measures in the Child and Adult Core Sets are included in the Scorecard.

Other Quality Measurement Resources

This section identifies additional quality measurement resources that may inform the suggestion of measures for addition to or removal of measures from the 2026 Medicaid Health Home Core Sets, including efforts to reduce reporting burden, facilitate alignment, and address gaps.

- **The Centers for Medicare & Medicaid Services (CMS) Measure Inventory Tool (CMIT)** is a repository of information about the measures that CMS uses to promote health care quality and quality improvement. The searchable database provides information on more than 2,000 measures, including title, numerator, denominator, exclusions, type, status, use in federal and other programs, measure steward, health care priorities, and other attributes. The tool is available at <https://cmit.cms.gov/>.
- **The Core Quality Measures Collaborative (CQMC)** is a public-private partnership to facilitate measure alignment across payers through the creation of core sets of quality measures. The CQMC aims to reduce burden by identifying high-impact, evidence-based measures and by eliminating redundancies and inconsistencies in measure specifications and reporting requirements across payers. More information is available at <http://www.qualityforum.org/cqmc/>.
- CMS launched its **meaningful measures initiative** in 2017 to identify high priority areas for quality measurement and improvement. Information on the framework and measurement areas is available at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/MMF/General-info-Sub-Page.html>.

For More Information

If you have questions, please contact the Mathematica Health Home Core Sets Review Team at MHHCoreSetReview@mathematica-mpr.com.