2027 Health Home Core Sets Annual Review: Orientation Meeting Transcript
April 30, 2025, 1:00–2:00 PM ET

Emily Costello:

Welcome, everyone, to the 2027 Medicaid Health Home Core Set Annual Review Orientation Meeting.

My name is Emily Costello. I am an advisory services analyst at Mathematica. My colleagues and I are part of 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.

Welcome to the orientation meeting for the 2027 Annual Review of the Medicaid 1945 and 1947A Health Home Core Sets. Whether you are listening to the meeting live or listening to a recording, thank you for joining us. I hope everyone is doing well and ready for another annual review together.

Next slide.

Now I'd like to share with you the objectives for this meeting.

First, we will introduce the Workgroup members. We are excited to welcome returning Workgroup members, as well as members who are joining the Workgroup for the first time.

This year's review will focus on updates to the 2027 Health Home Core Sets for both the 1945 and 1945A Health Home programs. While last year's Workgroup did not make any recommendations for addition to or removal from the 1945 or 1945A Health Home Core Sets, CMS is still finalizing updates related to the 2026 Health Home Core Sets reporting, and they will be announcing these updates in the coming months.

Next we will describe the charge, timeline, and vision for the 2027 Annual Review. After that, we will provide background information on the 1945 and 1945A Health Home Core Sets.

Finally, we'll present this year's process to suggest measures for addition to or removal from the 2027 Health Home Core Sets. Our Co-Chairs, Kim Elliott and Jeff Schiff, will then give brief remarks about the journey ahead of us this year. We will take questions from Workgroup members and the public near the end of the meeting.

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

Next slide.

Now I'd like to acknowledge my colleagues at Mathematica who are part of the Health Home Core Sets Review Team: Maria Dobinick, who you'll be hearing from later, as well as Grace, Tricia, Kalidas, Maddie, Rick, and Cristal.

Next slide.

Now I would like to introduce the Workgroup for the 2027 Health Home Core Sets Annual Review. In the interest of time today, we will not have a roll call. This slide and the next slide list the Workgroup members, their affiliations, and whether they were nominated by an organization. However, as we have discussed in the past, Workgroup members nominated by an organization do not represent that organization during the review process. All Workgroup members are here to provide their expertise as individuals and not as representatives of an organization.

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

Next slide.

The roster continues on this slide again. New Workgroup members are denoted by an asterisk after their name. As you can see from these two slides, we have assembled a diverse workgroup that spans a range of perspectives, quality measure expertise, and Health Home program experience.

Thank you all to the Workgroup members for your service.

Next slide.

We would also like to thank our federal liaisons for their participation in the annual review process. Federal liaisons are non-voting members of the Workgroup, reflecting CMS' partnerships and collaboration to ensure alignment across federal agencies and programs.

Next slide.

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

Next slide.

This graphic is the visual representation of the planned milestones for the 2027 Medicaid Health Home Core Sets Annual Review. First, thank you for joining us for today's orientation meeting. Additionally, following this meeting the call for measures for the 2027 Annual Review will be open to the public. May 30th is the deadline to suggest measures for removal or addition.

On August 20th, we plan to reconvene the Workgroup to prepare for the voting meeting. We will introduce the measures suggested for consideration for the 2027 review and describe the process we will use to discuss and vote on the measures. The voting meeting will be virtual and is planned to take place across two days, September 10th and 11th. Note that all of these meetings *are* open to the public, and registration links will be made available one month in advance.

This process will culminate in the development of a report based on the recommendations of the Workgroup. We've planned for the Draft Report to be made available for public comment in November. The Final Report, along with additional input, will inform CMS's update to the 2027 Health Home Core Sets.

Next slide, please.

Now we want to discuss the vision for this year's annual review. I will begin with some big-picture perspectives.

Next slide.

This graphic is a visual representation of the concept of multilevel alignment of quality measures. At the bottom, we have measures at the clinician practice level which feed into measures of 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.

The Child and Adult Core Sets measures are considered state-level measures because they are intended to capture all Medicaid and CHIP beneficiaries within the state. State-level measures can then be aggregated to the national level for monitoring the Medicaid and CHIP programs as a whole. CMS values alignment of quality measures across programs and levels because it can help drive quality improvement by addressing each level of care so that improvement at one level may lead to improvement at other levels. Moreover, alignment is intended to streamline data collection and reduce reporting burden.

Next slide, please.

Beginning with the most recently reported 2024 Core Sets, reporting is mandatory for states with approved Health Home programs in operation for at least six months of the reporting period. We ask the Workgroup members to consider the feasibility and viability of current and future Health Home Core Set measures as mandatory reporting continues. Programs are required to include all measure-eligible populations in reporting, regardless of the health home's target population.

We also ask the Workgroup to consider whether a measure could be stratified by factors such as race, ethnicity, sex, age, and geography. Beginning with the 2025 Core Sets reporting, states will be expected to stratify a subset of mandatory measures, as stratification will be required for all eligible mandatory measures beginning with 2028 Core Sets reporting.

Given these mandatory reporting requirements, we ask Workgroup members to consider the feasibility and viability for *all* programs to report a measure within two years of the measure being added to the Core Sets for all populations that are enrolled in Health Home programs.

Next slide.

We want to share some thoughts about the Workgroup's role in strengthening the 2027 Health Home Core Sets. The annual Workgroup is designed to identify gaps in the existing Core Sets and suggest updates to strengthen and improve them. The Workgroup must determine if a measure is feasible for reporting and, if so, also consider the different facets, the desirability, and viability of adding the measure to the Core Sets.

While there are many good quality measures, we need to keep in mind the perspective that the measures must be feasible and viable for use in program-level quality measurement and improvement in Medicaid Health Home programs.

Next slide.

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

I'll start by providing information about Section 1945 Health Home programs and then briefly discuss the 1945A Health Home program option.

Next slide.

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

Next slide.

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

Next slide.

This slide lists the core services provided by Health Home programs. The services include comprehensive care management; care coordination; health promotion; comprehensive transitional care from inpatient to other settings, including appropriate follow up; individual and family support services; referral to

community and social services; and the use of information technology to link services as feasible and appropriate.

Next slide.

This chart shows the distribution of Health Home programs by target population over the last three reporting cycles. In 2024, which is the most recent reporting cycle, there were 16 Health Home programs serving individuals with serious mental illness; seven programs serving individuals with chronic conditions; and five programs serving individuals with substance use disorders. There are also five hybrid Health Home programs, which refer to those who have two or more focus areas. There is one Health Home program focused on supporting individuals with HIV or AIDS.

As a condition of payment, health home providers are required to report quality measures to the State; and states expected to report program-level measures to CMS. As mentioned earlier, states are expected to report *all* of the 1945 Health Home Core Set measures, regardless of the program's focus area.

Next slide.

This slide contains information on the number of Health Home programs reporting on the 1945 Health Home Core Set measures for 2023 Core Set reporting. The dark blue bars indicate the number of programs using the Core Set specifications, and the lighter bars indicate programs that reported the measure but deviated from Core Set specifications, such as using alternate data sources or a different population.

The most commonly-reported measures were Emergency Department Visits, Follow Up After Hospitalization for Mental Illness, Inpatient Utilization, and the Use of Pharmacotherapy for Opioid Use Disorder. The least-frequently reported measures were Screening for Depression and the Follow-Up Plan and Controlling High Blood Pressure.

Of note, the Ambulatory Care Emergency Department Visits measure, or AMV, is being retired by NCQA for HEDIS measure year 2024. This aligns with 2025 Health Home Core Set reporting. Additionally, CMS removed PQI-92 from the 2025 1945 Health Home Core Set, following Workgroup recommendations.

The most common reason for not reporting these measures included lack of access to medical records or electronic health records and the lack of required codes in administrative data. In addition, small health home populations and continuous enrollment requirements limited the number of enrollees that were eligible for some of these measures.

Next slide.

Now we are going to highlight the 1945A Health Home State Program Option.

The Accountability Act of 2019 authorized states to cover health home state-plan benefits for Medicaid-eligible children with medically-complex conditions and enacted Section 1945A of the Social Security Act. Under Section 1945, beginning October 1, 2022, states have the option to cover health home services for Medicaid-eligible children with medically complex conditions as defined under 1945A(i) of the Act.

The State Medicaid Director letter with information on the 1945A health home benefits, which was released on August 1, 2022, is accessible by link at the bottom of this slide. At this time, there are no approved 1945A Health Home programs though there are several states that have been in communication with CMS related to the submission of a state plan amendment.

Next slide.

1945A Health Home programs coordinate prompt care for children with medically-complex conditions, including access to pediatric emergency services at all times. The programs develop an individualized comprehensive pediatric family-centered plan for children with medically-complex conditions that accommodates patients' preference to work in a culturally- and linguistic-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.

Finally, programs coordinate access to subspecialized pediatric services and programs for children with medically-complex conditions, including the most intensive diagnostic treatments and critical care levels as medically necessary; palliative services, if the state provides Medicaid coverage for the services; and out-of-state providers furnishing care to the maximum extent practicable for the families of such children and where medically necessary.

Next slide.

The core services for the 1945 and 1945A Health Home Core programs are similar, as you can see on this slide. In the interest of time, I won't go through them all. However, it is important to highlight one key difference; that is, a care coordination for specialty and subspecialty medical services which can occur with out-of-state providers as medically necessary.

Next slide.

Another key difference between 1945 and 1945A Health Home programs is that enrollment in a program for 1945A is eligibility-driven, where 1945 Health Home programs enrollment is condition-driven. To qualify for 1945A Health Home services, beneficiaries must be under 21 years of age with a medically-complex condition and be eligible for medical assistance or under a waiver of the state plan, which CMS interprets to include eligibility under a section 1115 demonstration.

A child with a medically-complex condition must have at least one or more chronic conditions that 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, and 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.

Now I would like to turn it over to Maria, who will review the Call for Measures process.

Next slide.

Maria Dobinick:

Thank you so much, Emily.

Now I'd like to review some changes to the Call for Measures process that we are *so* excited to introduce.

The Call for Measures for the 2027 1945 and 1945A Health Home Core Sets will be open to all members of the public and not limited to Workgroup members or federal liaisons as it has been in the past. We will share more information about this change over the next few slides.

Next slide.

To focus the Call for Measures and measures that are a good fit for the 1945 and 1945A Health Home Core Sets, Mathematica has defined the criteria for addition and removal in three areas. Note that we have made some changes to criteria for suggesting measures for addition and removal since last year's review to accommodate both mandatory reporting and the transition to a public Call for Measures process. Over the coming slides, I will highlight those criteria that are new for the 2027 review cycle. These criteria *do* align with the Child and Adult Core Set workgroup Public Call for Measures process. So if you were involved in that, these should be familiar to you.

I also want to note that to be discussed by the Workgroup at the voting meeting, all measures suggested for addition must meet the minimum technical feasibility criteria; and this is the same requirement as has been in previous years.

Next slide.

I'll begin with the criteria for suggesting measures for addition. This list of criteria is available in the Call for Measures material packet on our website, so I'll just review it here at a high level.

Starting with the minimum technical feasibility and appropriateness requirement, these requirements help to ensure that if a measure is placed on the 1945 and/or 1945A Health Home Core Sets, the measure will be appropriate and feasible for program-level reporting:

First, a measure must be fully-developed and have detailed specifications that enable production of the measure at the program level.

It must have been tested in state Medicaid or CHIP programs or currently be in use by one or more Medicaid and CHIP programs according to measure specifications.

There must be an available data source that contains all the elements needed to calculate the measure, including an identifier for Medicaid beneficiaries.

The specifications and data source should allow states to calculate the measure consistently.

The measure should also align with current clinical guidelines and/or positive health outcomes. Note that this criteria is new for the 2027 review cycle.

The measure must include technical specifications, including code sets that are provided free of charge for state use in the 1945 and 1945A Health Home Core Sets.

Our team will determine whether all suggested measures meet the criteria, and we encourage Workgroup members and the public to pay close attention to them.

Next slide.

Now we have the actionability criteria. These criteria are largely the same as those used last year; however, I will highlight criterion B4, which is new for this review cycle. This criterion notes that suggested measures should fill a gap in the Core Sets or add value to existing measures in the Health Home Core Sets.

Other criteria in this area include whether the measure addresses a priority for improving health care delivery in outcomes in Medicaid Health Home programs, whether the measure can be stratified by stratification category, and whether the measure can be used to access progress in improving health care delivery and outcomes.

Other considerations for suggesting a measure for addition include whether the condition being measured is prevalent enough to produce reliable and meaningful results, whether the measure is aligned with those used in other CMS programs, and whether all Health Home programs will be able to produce the new measures for Core Sets reporting within two years of the measure being added to the Health Home Core Sets.

Two new criteria in this area are:

Adding the measure to the Core Sets should *not* result in a substantial data collection burden for providers *or* Health Home enrollees, and

The Core Sets and codes specified in the measure must be in use by Medicaid and CHIP programs or otherwise readily-available to Medicaid and CHIP programs to support the calculation of the measure.

Next slide.

Now for the criteria for suggesting measures for removal. We ask that workgroup members and the public look through the current measures and consider whether any measures no longer fit the criteria for inclusion on the 1945 and/or 1945A Health Home Core Sets. To make this a little easier, we've provided a list of criteria for removal which reflect reasons that a measure may no longer meet the criteria for inclusion.

Under technical feasibility, this could be that the measure is not fully developed, that a majority of the states have difficulty accessing the data source, or that the results across states are inconsistent for reasons like variations in coding or data completeness.

For actionability, a measure could be suggested for removal if it's no longer aligned with priorities, is not suitable for comparative analysis, is topped out, or its improvement on the measure is outside the direct influence of Medicaid health home providers. In this area, there are two new criteria for this review cycle:

First, if the measure no longer aligns with current clinical guidelines and/or positive health outcomes, or if another measure has been suggested for replacement which is more broadly applicable, more proximal in time to the desired enrollee outcomes, and/or more strongly associated with the desired enrollee outcomes.

Next slide.

Other considerations include whether the condition being measured is not prevalent enough to produce reliable and meaningful program-level results, whether the measure is not aligned across federal programs, and whether all programs cannot produce the measure for the Core Sets reporting within two years of it being added to the Health Home Core Sets.

One new consideration in this area is criterion C3, which is whether including the measure on the Core Sets results in substantial data collection burden for Health Home providers or Medicaid Health Home enrollees.

We encourage anyone interested in suggesting a measure for addition or removal to review the Call for Measures material packet available on our website. This includes a list of measures previously discussed by the Workgroup that either were not recommended for removal or were recommended for removal but retained by CMS. While we understand that circumstances can change over time, we suggest becoming familiar with and then building upon our prior annual reviews.

Next slide.

So before we transition into the Call for Measures process, I did want to take a moment to recap the work of the 2026 Health Home Core Set Annual Review Workgroup.

No measures were recommended for addition to or removal from the 2026 1945 or 1945A Health Home Core Sets. The Workgroup discussed but did not recommend one measure for addition to the 2026 1945 Health Home Core Set, Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication.

The Workgroup discussed but did not recommend *two* measures for addition to both 1945 and 1945A Health Home Core Sets: Metabolic Monitoring for Children and Adolescents on Antipsychotics and Social Needs Screening and Intervention.

Please note that this is a summary of the Workgroup's recommendations, and CMS has not yet formally released the 2026 Health Home Core Sets. They are forthcoming.

On this slide, we provide a recap of the Health Home Core Sets measure gap discussed during the 2026 review.

As you know, the annual review Workgroup process is designed to identify gaps in the existing Core Sets and suggest updates to strengthen or improve them. It is important to note that the gaps discussion did *not* prioritize the measure gaps suggested by individual Workgroup members, assess the fit or feasibility for the Core Sets, or represent a consensus about the gaps. In some cases, measures may not yet 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 for considering updates to strengthen the Health Home Core Sets.

During the discussion, the Workgroup identified gap areas in patient-reported outcomes and experiences of care; several condition-specific gaps; social drivers; and a few other areas. The full list of gap areas is available on the Call for Measures material packet on our website.

Next slide.

Now let's discuss the process for suggesting measures for addition to or removal from the 1945 and 1945A Health Home Core Sets.

Next slide.

As part of the Call for Measures, anyone – including Workgroup members, federal liaisons, any members of the public – is invited to suggest measures for addition to or removal from the 2027 1945 and 1945A Health Home Core Sets. The Call for Measures process opens today; and after this meeting, you may use the link shown on this slide to access the form to suggest the measure for addition, the form to suggest the measure for removal, and additional resources to support the Call for Measures process. These materials are already available on our website.

Our team will also send out an email with the links to the forms and the instructions on how to suggest measures for addition or removal. All measure suggestions are due by Friday, May 30th, at 8:00 p.m. Eastern Time.

Next slide.

Our website includes a wealth of resources which workgroup members and the public both should use to inform their measure suggestions.

If you navigate to the "2027 Resources" tab on our website and filter by Call for Measures, you will see a comprehensive list of all the resources that are available to support the Call for Measures process. A few resources that might be particularly helpful are the Call for Measures material packet. This packet includes the instructions for suggesting measures, including these criteria that we reviewed earlier; a list of measures discussed during the previous Workgroup meetings; a list of previously-identified measure gaps; as well as the 2025 1945 and 1945A Health Home Core Set Measure List.

The "2027 Resources" section of the website also contains background resources on the 1945 and 1945A Health Home Core Sets; Word preview documents of the Measure Suggestion form; and a Measure Submission Tips and FAQs Resources, which I will preview shortly.

Next slide.

On this slide, you can see a preview of the form to suggest measures for addition to the Health Home Core Sets. If you click on the "Submission Form" link provided on this slide, you'll arrive at the starting page. Click the "Start" button in the lower-left corner of the page to advance the form and complete your submission. The form to suggest a measure for removal looks very similar. Both forms are web-based and were designed to be user-friendly and accessible to the public. So if you experience any technical difficulties at all with the forms, please email our team for support.

Next slide.

We want to provide some general tips on submitting measure suggestions. First, we want to note that this Measure Submission Form is the most important input to the materials that Workgroup members will review prior to the voting meeting. So this form really is your best opportunity to explain why the Workgroup should consider a measure for addition or removal. Please provide evidence to support your suggestion, including citations and links where applicable.

If you have suggested a measure that the Workgroup has considered in the past but not recommended, please include detailed and specific information about why you're suggesting the measure be reconsidered. For the measures for addition, just one more reminder to be sure that you address the minimum technical feasibility and appropriateness criteria that we reviewed earlier.

If you are suggesting a measure for addition to *replace* a similar measure currently on the Core Sets, please remember to submit both an addition form for the new measure and a removal form for the current measure. The Workgroup cannot discuss the current measure for removal without a completed form for that current measure.

In terms of the technical details, we recommend that you review the preview versions of the forms -- they are available on our website -- to ensure that you have *all* the required information before you start the online form. If there's any additional information that you can't include in the body of the form, you can submit it as an attachment at the end of the form.

Next slide.

This slide and the next include the answers to some of our most frequently asked questions about the Call for Measures process.

The first question that we've been asked is whether or not all measures submitted will be considered by the Workgroup during the voting meeting. The answer to that is, "No." Our team will review all measure submission forms and determine which measures meet the criteria for the Workgroup's review and discussion.

One reason why a measure might not be discussed is if the submission form is incomplete or if the questions in the form are not fully addressed. Another reason is if the measure has been previously discussed and the submitter did not provide a strong justification and new evidence explaining why the Workgroup should reconsider the measure.

Measure suggestions for addition must also meet the minimum technical feasibility and appropriateness criteria to be considered by the Workgroup. During past reviews, the most common reason why a measure suggested for addition has *not* been considered was that it had not been tested in Medicaid or CHIP or was not in use by any Medicaid or CHIP program.

Another question we've been asked is what do we mean by strong justification and new evidence that would justify the Workgroup reconsidering a measure that has been discussed in the past. While this slide does not contain a comprehensive list of all of the reasons why the Workgroup might reconsider a measure, some examples include that there's been a substantive change to the measure's technical specifications that impacts the feasibility of program-level reporting; for example, a change to the data

collection method or required code sets, or evidence that the measure has been widely adopted by states since the last time it was considered, or perhaps there was a change in relevant clinical guidance for a population health condition.

Next slide.

As I mentioned, historically the most common reason why a measure suggested for addition has *not* been discussed by the Workgroup is that it has not been tested in Medicaid or CHIP *or* was not in use by a Medicaid or CHIP program.

So we wanted to take a little time to explain what we mean by testing in Medicaid and/or CHIP program and state use of a measure. Training versus the testing piece – to meet minimum technical feasibility and appropriateness requirements, measures must have been field tested in, or be currently in use by, state Medicaid and CHIP programs.

Field testing, also known as beta testing, occurs after the development of a complete specification and is designed to test implementation and usability in the target population; in this case, state Medicaid and CHIP programs.

By "state use," we mean that the measure must be in current sue according to technical specifications by at least one state Medicaid or CHIP program. If a state has adapted the specifications of an existing quality measure – for example, changing the data collection methods or the codes used – this does *not* qualify as a state use of the measure.

Finally, we want to close out with the answer to one frequently-asked technical question, which is, "Will I need to complete the form in one session, or is there an option to save my work and continue later?" The great news is both forms *do* include an option to save your work and continue it later. But please note that you must complete all required questions on a given page before you can access the "Save and Continue Later" feature.

If you have additional questions about the Call for Measures process, including the criteria/forms, we encourage you to relative the "Measure Submission Tips and FAQs" document that is available on our website. If the answer to your questions is not there, please send us an email. Our team is here to support you with this Call for Measures process.

Next slide.

Now I'd like to invite our Co-Chairs, Kim Elliott and Jeff Schiff, to provide a brief welcome – although I think I have heard that Jeff is not available due to technical difficulties.

So, Kim, I'm just going to hand it over to you.

Kim Elliott:

Thank you.

I know I say this often, but I really am excited every time we start the measure review process. There's so much value in the work that we're doing. The opportunity to make an impact on improving outcomes for individuals served through health homes is so very important.

And I'd really like to welcome everyone to this process – the Workgroup members and anyone else that is really listening in or participating in – and I want to thank everybody in advance for the work. Because it is a lot of work, and it really is valuable and very much appreciated. The work of this Workgroup is important. These Core Sets meetings ensure that measures are included that serve the purpose of measuring access to quality of care and services and delivery for vulnerable members, such as those with chronic conditions, or those who have a serious mental illness that are included in health homes.

I sincerely appreciate the wide range of subject matter expertise that each Workgroup member brings to the work, and especially the discussions that occur, as we discuss measures for addition or removal. As we begin our work, we need to think about the populations served through health homes and review the measure set to determine what measures would add value.

We also must look at the measures currently in the measure set and ask ourselves...

Do they add value?

Are states able to access the data to report the measure? That's really a critical piece too. If they can't access the data, it doesn't really make sense for them to be included in a Core Set.

Is there an opportunity to improve the rates? I also think that it's really important for us to think about the whole person as we consider measures for addition or removal.

I'd really like to Mathematica for the resources that they consistently provide to make our work *much* more efficient, and I also encourage all of you to review what is available to start your work.

Since Jeff isn't here, he did ask us to make a few points or things that are really important when he thinks are our work on the Core Sets. One thing that he likes to emphasize is that there is a high value placed on primary care, which is a strength of the Health Home programs and a real driving factor in the current administration. So I just wanted to bring to everyone else's attention as well.

So welcome, I'm really excited to work with all of you again on this Core Set Review process.

Maria Dobinick:

Thank you so much, Kim, as always for giving us those wise words and helping forge the way as we start this year's review process. Thanks also for handling Jeff's points too. We look forward to seeing Kim in the next few meetings.

Next slide.

Now I would like to open it up for any Workgroup members who might have a question. If you have a question, please raise your hand if you'd like to speak; and we can unmute you so you can make your comments.

[Pause for questions]

That "Raise Hand" feature is in the bottom of the webinar application.

Okay, I'm not seeing anything from the Workgroup members; so next slide.

Now I will open it up for any members of the public who would like to make a public comment. Again, if you would like to say something, please raise your hand using that "Raise Hand" feature; and we will unmute you so you can make your comments or ask your question.

[Pause for responses]

All right, not seeing any public comments either. That is okay. Our email box is always open for any questions you might have as we begin this process.

Next slide.

Now I'm going to wrap up and recap our next steps.

Next slide.

So as we mentioned earlier, the forms to suggest a measure for addition to or removal from the 2027 Health Home Core Sets are now live on our website, along with a number of resources to support the Call for Measures process.

Everybody who is on our mailing list and attending today's webinar will also receive an email tomorrow with the links to the submission forms and instructions on how to suggest measures for addition or removal. Again, all submissions are due no later than 8:00 p.m. Eastern Time on Friday, May 30, 2025.

The meeting to prepare for the voting meeting is planned for August 20, 2025, from 1:00 p.m. to 2:00 p.m. Eastern Time via webinar. We are planning the voting meeting for September 10th and 11th from 11:00 a.m. to 4:00 p.m. Eastern Time via webinar.

Both meetings are open to the public, and registration links and information will be sent via email and posted on our website later this summer.

Next slide.

On this slide, you will see many links that will lead you to all of the key resources on Medicaid.gov and the Health Home Core Set Annual Review webpage. In addition to the Call for Measures resources, the Annual Review webpage includes previous reports, agendas, and slides for all of those past meetings.

Next slide.

As I mentioned, if you have *any* questions at all about the Health Home Core Set Annual Review, please reach out to our team.

Next slide.

That's it! We want to thank everybody for participating in today's meeting.