

2027 Health Home Core Sets Annual Review:
Meeting to Prepare for the Health Home Core Sets Annual Review August 20, 2025,
1:00–2:00 PM ET

Grace Reynolds:

Hello, everyone. Thank you for joining. We'll begin in just a few minutes.

Hello, everyone. My name is Grace Reynolds, and I'm pleased to welcome you to the Medicaid Health Home Core Sets Annual Review Meeting to prepare for the 2027 review. Before we get started, we wanted to cover a few technical instructions.

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If you have any technical issues during today's webinar, please send a message through the Slido Q&A function located in the Slido panel on the bottom-right corner of your screen.

If you are having issues speaking during Workgroup or public comments, please make sure you are not also muted on your headset or phone. Connecting to audio using computer audio or the "Call Me" feature in Web-Ex are the most reliable options.

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All attendees of today's webinar have entered the meeting muted. There will be opportunities during the webinar for Workgroup members and the public to make comments. To make a comment, please use the "Raise Hand" feature in the lower-right corner of the participant panel. A hand icon will appear next to your name in the attendee list. You will hear a tone when you have been unmuted. Please wait for your cue to speak and remember to mute your line when you are done speaking. Also, please lower your hand when you are finished speaking by following the same process you used to raise your hand.

Note that while the Chat is disabled for this webinar, please use the Slido Q&A feature if you need support. When you send us a question via the Slido Q&A feature, your question will say, "Waiting for review." Please click the word "Reply" under your question to see our response.

With that, I'll hand it over to Maria Dobinick.

Maria Dobinick:

Great, thank you so much, Grace.

Good afternoon, everyone; or good morning if you are joining us from another time zone.

My name is Maria Dobinick, and I'm a researcher at Mathematica with Mathematica's Technical Assistance and Analytical Support Team for the Medicaid and CHIP Quality Measurement and Improvement Program, which is sponsored by the Center for Medicaid and

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CHIP Services. It is my absolute pleasure to welcome you to the second meeting of the 2027 Annual Review of the Medicaid Health Home Core Sets. Whether you're listening to the meeting live or listening to our recording, we thank you so much for joining us today. Let's take a quick minute to review today's agenda.

After a brief introduction, we will review several key points of the Medicaid Health Home Core Sets and the 2026 Health Home Core Set updates. After that, we will discuss the measure review strategies and recap the criteria for assessing the suggested measure.

Next, I'll identify the measure suggested during the public call for measures for addition to the 2027 1945 Health Home Core Set. Of note, there were no measures suggested for addition to the 1945A Health Home Core Set. There were no measures suggested for removal from either the 1945 or the 1945A Health Home Core Sets. We won't be discussing specifics of the measures today, but we will have plenty of time for that discussion during the Voting Meeting in a few weeks.

Then, Emily is going to describe resources that are available to the Workgroup to aid in their review of the measure. She's also going to present the approach and some logistics for that Voting Meeting. We'll also provide an opportunity for public comment at the end, and we have several opportunities throughout the meeting for Workgroup members to share comments or ask questions.

So again, if you dialed in using a telephone number, please take a moment now to associate your name with that phone number so we can call on you.

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I'd love to acknowledge my colleagues at Mathematica who are part of the Health Home Core Sets Review Team. Since that Call for Measures closed in May, they have been so busy gathering information on the call that was suggested for addition and developing the materials for the Workgroup's review. Thank you, team, for all of your efforts.

Next slide.

This slide and the next show a list of the members of the 2027 Health Home Core Sets Annual Review Workgroup. I will not be doing a roll call today in the interest of time, but we will take attendance based on the webinar participant list.

I would like to give a special thank you to Kim Elliott and Jeff Schiff for serving as our Co-Chairs.

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Here's the rest of our Workgroup members. Thank you all for your time and service.

Next slide.

Here we have to acknowledge the participation of our federal liaisons in the annual review process. The Workgroup includes representation from a variety of agencies, and the inclusion of federal liaisons reflects CMS's partnership and collaboration with other agencies to ensure

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alignment across federal agencies and programs. These federal liaisons are non-voting members of the Workgroup, and we thank them for their participation in the annual review process.

I'd also like to take a moment to recognize the support of the staff at the center for Medicaid and CHIP Services.

Next slide.

So, let's start today with a review of the Workgroup's charge.

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The Medicaid Health Home Core Sets Workgroup for the 2027 Annual Review is charged with assessing the 2026 Medicaid Health Home Core Sets and recommending measures for addition or removal in order to strengthen and improve the Medicaid Health Home Core Sets.

The Workgroup should focus on recommending measures that are actionable, aligned, and appropriate for program-level reporting to ensure the measures can meaningfully drive improvement in the quality of care and outcomes for Medicaid Health Home Program enrollees.

Next slide.

This graphic gives a visual representation of the milestones for our review process:

So, we first convened this Workgroup with the Orientation Meeting back on April 30th. That same day, we opened the public call for measures for the 2027 Annual Review.

Today, we're preparing for the Voting Meeting, which will be held virtually on September 10th. At that time, we will convene to discuss and vote on the measure that was suggested for addition. After that Voting Meeting, we will prepare a Draft Report summarizing the Workgroup's recommendations; and that report will then be made available for public comment in November.

The Final Report, along with additional input from other partners, will be submitted to CMS for their review. That Final Report will help inform CMS's ultimate updates to the 2027 Health Home Core Sets.

Next slide.

So, with that grounding in place, let's continue with some additional big-picture perspectives.

This graphic is a visual representation of the concept of multilevel alignment of quality measures. At the bottom, we have measures at the clinician or practice level which feed into measures at the program, health plan, health system, or community level. The 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 Set measures are considered state-level measures because they are intended to capture all Medicaid and CHIP beneficiaries within a state. State-level measures can then be aggregated to the national level for monitoring. CMS values alignment of quality

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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.

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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. So, we are asking the Workgroup members to consider the feasibility and viability of current and future Health Home Core Set measures as this mandatory reporting continues. Programs are required to include all measure-eligible populations in reporting, regardless of the Health Homes target population.

We also ask Workgroup members to consider whether a measure could be stratified by categories, as referenced in the Final Rule which is linked on this slide for your review. Beginning with the 2025 Core Sets reporting, states will be expected to stratify a subset of mandatory measures; and stratification will be required for all eligible mandatory measures beginning with the 2028 Core Sets reporting. Given these 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 recorded and enrolled in the Health Home programs.

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So, since you last met at the Orientation meeting, CMS released a State Medicaid Director Letter with updates to the 2026 Medicaid Health Home Core Sets. A link to that letter is available on this slide.

Based on input received through the annual review process, CMS is not adding or retiring any measures for the 2026 1945 or 1945A Health Home Core Sets. For 2026 reporting, states *are* required to report stratified data on 50% of the measures in the Core Sets. CMS selected stratification categories and data standards either established by the Office of Management and Budget, OMB, or in use by other CMS and Department of Health and Human Services programs. CMS is interested in stratifying quality measures, including those in Health Home programs, in the categories referenced in regulations.

However, the Secretary does have the discretion to add other categories for stratification; and CMS is particularly interested in stratification by eligibility group, such those beneficiaries covered under the Adult Expansion groups. States should prepare to report on stratification by eligibility group in the near future.

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The measures identified for mandatory stratification for Health Home Core Sets reporting are listed on this slide. States must adhere to Health Home Core Set reporting guidance as issued by CMS. So again, we ask the Workgroup to consider whether a measure could be stratified as defined by the CMS guidance.

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So, to help the Workgroup members review the measure that has been suggested, we want to do a quick recap of Mathematica's defined criteria for addition.

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The criteria are across three areas; and they are the minimum technical feasibility and appropriateness, actionability, and other considerations. As mentioned during the Orientation Meeting to be discussed by the Workgroup at the Voting Meeting, measures must meet the minimal technical feasibility requirements.

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On this slide, we show the criteria for addition starting with the minimum technical feasibility requirements. We use these criteria to assess the measure being suggested during the public call for measures to determine whether the measure would be discussed and voted on by the Workgroup at the Voting Meeting.

Starting with the minimum technical feasibility requirements, these requirements help ensure that if a measure is placed on the Health Home Core Set, states will be able to report on the measure for each of their approved Health Home programs:

First, a measure must be fully developed and have detailed technical specifications that enable the production of the measure at the program level. It must have been tested in state Medicaid and/or CHIP programs or currently be in use by one or more Medicaid and/or CHIP programs according to measure specifications. It must have an available data source that contains all 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. 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.

Mathematica has assessed all measures suggested for adherence to these minimum criteria; and in a few moments, I will present the measure that the Workgroup will discuss at the Voting Meeting.

Next slide.

Next, we have the actionability criteria and other criteria. I'm not going to review these in the interest of time. However, we do ask Workgroup members to please review all of these as part of your preparation for the Voting Meeting.

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With that, it is time to review the measure that was suggested for addition to the 2027 1945 Health Home Core Sets. As I mentioned before, this year we received one measure suggested for addition to the 2027 1945 Health Home Core Sets.

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No measures were suggested for addition to the 2027 1945A Health Home Core Sets, and no measures were suggested for removal from the 2027 1945 or 1945A Health Home Core Sets.

This slide will list the measure that was suggested for addition, and that measure is the Adult Immunization Status or AIS. The measure steward is the National Committee for Quality Assurance, or NCQA; and the data collection method is ECDS. This measure assesses the percentage of members ages 19 years of age or older who are up-to-date on recommended routine vaccinations for influenza; tetanus and diphtheria, TD; or a tetanus, diphtheria, and acellular pertussis, Tdap; zoster; pneumococcal hepatitis B; and coronavirus disease 2019 or COVID-19.

This measure, AIS-AD, is also included on the Adult Core Set. This measure was suggested for addition to the 1945 Health Home Core Set.

Next slide.

So now we have time for a few questions. There will be another opportunity later. But if there are any Workgroup members who have questions at this time, please do remember to use the "Raise Hand" feature on the bottom-right corner of the participant panel to join the queue, and then please lower your hand when you are done. We will let you know when you have been unmuted.

[Pause for questions]

I don't currently see any questions. If anyone wants to ask one, again, please use that "Raise Hand" feature and we will call on you.

Okay, there will be another opportunity in a few minutes.

Next slide.

Now I am going to hand this over to Emily for her guidance on reviewing the measures.

Emily Costello:

Thanks, Maria.

Now I will go over some guidance for Workgroup members on how to review the suggested measure, as well as resources available to assist you in that task.

In preparation for the Voting Meeting, we ask that Workgroup members review the measure suggested for addition. We will be sending Workgroup members an email tomorrow that will contain resources to facilitate your review. As you go through your review, please keep the criteria for addition of new measures top-of-mind.

We're also providing a Measure Review Worksheet that Workgroup members can use to record and organize their notes, questions, and a preliminary vote on the measure.

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When Workgroup members sit down to review the measure, we recommend starting with a review of the Measure Information Sheet, which we will review in a minute. You can use the Measure Review Worksheet, which we will include in the packet of materials we send tomorrow via email, and use that to record notes and questions as you go through these. If you have any outstanding questions or want additional background information on the measure, there are some additional resources you may want to consult.

First, the Medicaid and CHIP Beneficiary Profile can be used to locate more information on the characteristics and health status of Medicaid and CHIP beneficiaries, the prevalence of certain conditions, and expenditures in different areas of care.

The Health Home Information Resource Center also contains background information on Health Home programs that may also be useful. We will also provide links to the Chart Packs and measure-specific tables for the Child, Adult, and Health Home Core Sets, which have more information on state reporting and measure rates.

Once you've reviewed any additional information you need, you can assess the measure against the criteria for addition and record your preliminary vote on whether or not to recommend addition in the Measure Review Worksheet.

Next.

The primary resource we've developed to help you review the measure is the Measure Information Sheet. The information sheet provides standardized information for the measure to facilitate your review. The Measure Information Sheet includes comments from the individual who nominated the measure on how the measure meets the feasibility, actionability, and priority criteria. It also includes technical specifications, information on the measure's alignment with the minimum technical feasibility criteria, and other information like use of measures in other programs; prevalence of the condition within Medicaid; and measure performance data where available. We also note whether the measure's data source allows for stratification.

The resources I just reviewed will be emailed to Workgroup members tomorrow. We will also send guidance to Workgroup members with more information on how to vote, and we ask that you log in to the voting platform and answer the test questions to practice voting before the day of the meeting.

If you have any questions as you're reviewing the resources, please reach out to our team via email.

Now I'm going to hand it back to Maria to discuss the Voting Meeting approach.

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Maria Dobinick:

Thanks so much, Emily.

Now I'm going to spend the next few minutes discussing how we're going to approach the Voting Meeting:

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Like last year, we will be holding the meeting virtually; and it will take place on September 10th. The meeting will start at 11:00 a.m. Eastern to accommodate us and those joining from the West Coast. We plan to end no later than 4:00 p.m.

The Voting Meeting, like all Workgroup meetings, is open to the public. Registration for the Voting Meeting is available on our website listed here.

This year, there will be one measure to discuss that was suggested for addition to the 1945 Health Home Core Set. This measure will be considered in its specified form, meaning that we will discuss and vote on the measure as it is currently specified by the steward without conditions or modifications.

As for the voting process, voting will take place after Workgroup discussion and public comment for the measure under consideration. For the measure suggested for addition, a "Yes" vote means, "I recommend adding the measure to the 1945 Health Home Core Set," and a "No" vote means, "I do *not* recommend adding the measure to the 1945 Health Home Core Set."

As Emily mentioned, we will be emailing a Voting Guide to all Workgroup members with more information on how to vote.

Next slide.

As always, the Workgroup will also discuss gaps in the Core Sets at the Voting Meeting. One goal of the gap discussion is to inform the Call for Measures in the next annual review cycle.

This year, we're asking the Workgroup to think about some things ahead of time to inform this gap in opportunities discussion. In particular, we think we'd like you to think about the future of Health Home Core Set measures related to understanding whole people care in areas such as large organ systems. In other words, are there spaces and opportunities to think about measures across the broad range of chronic and complex needs of all Health Home program enrollees regardless of their specific diagnosis or enrollment eligibility?

At the Voting Meeting, we will also engage the Workgroup in a discussion about priorities for the 2028 Public Call for Measures. We will invite public comments on these priorities as well.

Next slide.

All right, Workgroup members, you do have a little bit of homework to prepare for that Voting Meeting. First, it's to review the materials related to the measure suggested for addition, and also to prepare for the gaps in priorities discussion. We'd really like you to review the measure criteria again and the previously-identified gaps as detailed in the 2026 Health Home Core Sets Annual Review Workgroup Final Report, which can be found on our website.

If you have any questions while reviewing those materials, please do not hesitate to reach out to us. We are more than happy to answer questions to help you to prepare for this meeting.

We'd also like to take a moment right now to thank the measure steward for sharing information about the measure.

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Finally, a big, big thank you to our Workgroup members for taking the time to prepare and engage in this process. We are really looking forward to this discussion during the Voting Meeting.

Okay, so I'm going to open this opportunity again if anybody has any questions that they would like to raise right now starting with Workgroup members.

[Pause for responses]

I see nothing from Workgroup members. If there is anybody from the public who would like to raise their hand and ask a question, again using that "Raise Hand" feature in the participant panel.

[Pause for responses]

Okay, I see no hands. So, if there's no questions before we wrap up, I'm going to actually pause right now and give our two Co-Chairs a moment to make some remarks about the work ahead of us.

I believe in an unceremonial coin toss, Kim Elliott, you are going to go first. You've won that.

Kim Elliott:

I'm a winner, yay!

I also want to welcome everybody to the Health Home Core Set Workgroup meeting, and I really do want to thank Mathematica and CMS for convening this Workgroup to conduct this very important work.

I think that we've learned through the slide deck that we just listened to that we are really charged with assessing the Medicaid Health Home Core Set measures, plus charged with identifying gaps in the Core Sets and, of course, making any recommendations as we go through that gap process that might strengthen or improve the Medicaid Health Home Core Set.

Our work provides opportunities to measure whether individuals receiving care and services through the Health Home Program receive high-quality care and experience improved outcomes. It also provides competence of care coordination for these members, which we really want to have adequate and appropriate measures to determine whether it's working or what we can improve.

The integration that Health Home speaks to – it considers the conditions that qualify the individual for a Health Home program, but it also speaks to the health and well-being of that entire person, including the different systems such as maybe cardiac or behavioral health that that person may have experiences with.

The measures, when considered together, provide an opportunity to measure the quality and outcomes for the individual.

As we prepare for the Voting Meeting, we should consider the recommended measure in the context of the measure itself but also from the health system perspective and how it might move

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the Health Home Program forward. As we use and review the information and data provided by Mathematica or other sources, we should also consider whether it is a strategic priority. Is there room for improvement in outcomes or quality if it is measured? Is it actionable? Is the measure technically feasible and not too resource intensive that the states, the health plans, and the providers are able to implement it without a huge burden or cost? And is the data available? It's really challenging when states are given a measure to report and the data is not easily available to them.

The gap discussion is probably the most challenging segment of the meeting; at least it is for me. If possible, spend some time thinking about the gaps and what members could benefit from for the Health Home Program.

As Emily mentioned, as we prepare for the Voting Meeting if possible please log in to the voting tools so that you are experiencing it and seeing if you have any issues accessing it or using it. That way, we have an opportunity to get those issues resolved pretty quickly.

I want to thank everybody again for your time, your effort and your energy, your thoughtfulness, and your brain power. I really do look forward to continuing to work with all of you on this very exceptional work.

Thank you. I'm going to turn it over to Jeff for some opening remarks.

Jeff Schiff:

Hello, everyone, can you hear me?

Maria Dobinick:

Yeah, we can hear you, Jeff, thanks.

Jeff Schiff:

Thanks.

I want to echo what Kim has to say. I think it's both an honor and a responsibility to be part of these Core Set meetings, and thank you to the federal partners and to everyone in the public who's also watching this.

I want to – just want to emphasize or reiterate something that's been said, and that's that both as a clinician and as someone who's worked in the Medicaid program for a very long time, coordination of care is always important for health outcomes and to improve health outcomes for individuals. Health Homes are really the federal window into supporting that coordination of care via this program, and I would say that what's in this program is also watched in other aspects of Medicaid as it develops.

I'll say that that value to individuals is important; and, importantly, the value to states for coordination of care is also important. We all – I think all of us who are working here have this fundamental belief based on evidence that value is to individuals (audio break) in terms of economic cost to states.

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So, I think that as we know, parts of CMS turn to look more at value-based care; and this is also an important thing for this program. Having this be part of a mandatory set gives us some umph, so I'm actually really glad. I remember the long run up to 2024; and now that it's here, I think it's important that we acknowledge that mandatory reporting is important.

I just last want to say that I think that all of our work – hopefully it's a big support to CMS as they move forward and work to improve the Medicaid Program for everyone, and especially those who warrant the care coordination brought about or envisioned in the Health Home Program.

I'm looking forward, like Kim is, to the gaps conversation because I think we have a lot to look at. So, I'll really encourage folks to look at where we are and think about gaps around populations, like Maria said and also like Kim said, around organized systems and around populations served by Medicaid.

Thank you again. I'll turn this back over.

Maria Dobinick:

Great, thank you both so much.

So here we are, the last slide. For everyone interested, this slide contains links to some of those resources we've been discussing throughout today's meeting.

We just want to take a moment to thank everybody for taking the time out of their exceptionally busy days for participating in today's call, and we look forward to having you join us on September 10th to discuss the measure suggested for addition.

This meeting is now adjourned. Goodbye, everyone.