2027 Measure Submission Template: Measure(s) suggested for Addition to the 1945 and/or 1945A Health home Core Sets

Instructions

1. This template is a tool to help you prepare to suggest a measure for addition to the 2027 1945 and/or 1945A Health Home Core Sets. The online form to suggest a measure for addition is available at <https://mathematica.questionprogov.com/2027HHCSaddition>. Before accessing the online form, please use the template below to prepare your response and ensure that you have all the required information.
2. **Only measures that meet the minimum technical feasibility and appropriateness criteria for addition to the 1945 and/or 1945A Health Home Core Sets will be considered**. The criteria are available at in the Call for Measures Materials packet posted on [https://mathematica.org/features/MHHCoreSetReview](https://mathematica.org/features/MACCoreSetReview).
3. A response is required for all questions that have an asterisk symbol **\***.
4. Questions that have a caret symbol **^** may be conditionally required, depending on your response to a previous question. The instructions provided below will clarify when to complete or skip these questions.
5. All questions that have a blank text response field in the template below will accept free text responses in the online form, with character limits. Please spell out all abbreviations and define special terms at their first occurrence.
6. For check box fields, note whether you are instructed to “select one” or “select all that apply.” You can click on the box to place or remove the “X.”
7. Please include links to supporting documentation where relevant. If links are not available, you may also submit supporting documentation as an attachment at the end of form or via email to MHHCoreSetReview@mathematica-mpr.com. If submitting an attachment, the file name should indicate the related question number in the form.
8. Send any questions to MHHCoreSetReview@mathematica-mpr.com with the subject line “Public Call for Measures.”

Submission and Measure Information

1. Email \*

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2. First and last name \*

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3. Submitter’s organization or affiliation \*

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4. Full measure name \*

*Note that the response is limited to 500 characters.*

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5. Are you suggesting the measure for addition to the 1945 Health Home Core Set, the 1945A Health Home Core Set, or both? \*

*Select one.*

[ ]  1945 Health Home Core Set

[ ]  1945A Health Home Core Set

[ ]  Both the 1945 and 1945A Health Home Core Sets

**6. Provide a brief measure description (from measure specifications)** \*

For example: The number of admissions to a facility among enrollees age 18 and older residing in the community for at least one month. For additional examples, see the descriptions in the Health Home Core Sets Technical Specifications and Resource Manual for 2025 Reporting, available for 1945 Health Home Programs at <https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/health-home-quality-reporting> and 1945A Health Home Programs at <https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/1945a-health-home-resources>.

Note that the response is limited to 1,500 characters.

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7. Measure type \*

For definitions, see: <https://mmshub.cms.gov/about-quality/types/overview>.

*Select all that apply.*

[ ]  Composite

[ ]  Efficiency

[ ]  Intermediate outcome

[ ]  Outcome

[ ]  Patient-Reported Outcome-Based Performance Measure (PRO-PM) or Patient Experience of Care

[ ]  Population health

[ ]  Process

8. Measure steward \*

Provide the name of the organization responsible for updating and maintaining the measure’s technical specifications.

*Note that the response is limited to 500 characters.*

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9. Are you or is your organization the measure steward? \*

*Select one.*

[ ]  Yes ***SKIP TO question 11***

[ ]  No ***Proceed to question 10***

10. Measure steward contact information ^

Provide the contact information for the measure steward, including an email address and the name of any individuals who can answer technical questions about the measure.

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**11. Are you or is your organization the measure developer?** \*

*Select one.*

[ ]  Yes ***SKIP TO question 13***

[ ]  No ***Proceed to*** ***question 12***

12. Measure developer name and contact information

Provide the name and contact information for the measure developer if it differs from the current measure steward (and if known).

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13. Data collection method/source \*

Select all that apply.

[ ]  Administrative (claims/encounter data only)

[ ]  Hybrid (claims and medical record review)

[ ]  HEDIS Electronic Clinical Data Systems (ECDS)

[ ]  Electronic health records (EHRs)

[ ]  Clinical registry

[ ]  Immunization information system (IIS)

[ ]  Vital records

[ ]  Survey

[ ]  Other

 If Other, please describe:

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14. Level of reporting for which specifications are available \*

Select all that apply.

[ ]  State

[ ]  Accountable Care Organization

[ ]  Clinician

[ ]  Facility

[ ]  Health plan

[ ]  Integrated delivery system

[ ]  Program-level (e.g., Medicaid Health Home Programs, 1115 demonstrations, or Home- and Community-Based Services [HCBS] waiver programs)

[ ]  Population: Community, County, City or Regional

[ ]  Other

 If Other, please describe:

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15. Is this measure being suggested to replace a current Core Set measure? \*

Refer to the links below for the list of measures currently in the Core Sets:

* 2025 1945 Health Home Core Set: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2025-1945-health-home-core-set.pdf>.
* 2025 1945A Health Home Core Set: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2025-1945a-health-home-core-set.pdf>.

If Yes, be sure to also submit a form to suggest the measure for removal. The form to suggest measures for removal from the Health Home Core Sets is available at: <https://mathematica.questionprogov.com/2027HHCSremoval>.

Please note, if there is a similar measure currently on the Core Set and you are suggesting the measure be replaced, the Workgroup cannot discuss the measure for removal without the submission of a completed removal form for that measure.

Select one.

[ ]  Yes ***Proceed to*** ***question 16***

[ ]  No ***SKIP TO question 18***

16. Are you suggesting the measure to replace a current Core Set measure in the 1945 Health Home Core Set, the 1945A Health Home Core Set, or both? ^

*Note: Inpatient Utilization (IU-HH) is currently the only Core Set measure in both the 1945 and 1945A Health Home Core Sets.*

*Select one.*

[ ]  Measure in the 1945 Health Home Core Set

[ ]  Measure in the 1945A Health Home Core Set

[ ]  Measure in both the 1945 and 1945A Health Home Core Sets

17. If yes, provide the name of the Core Set measure(s) it would replace. ^

*Note that the response is limited to 500 characters.*

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18. Was this measure discussed by the Workgroup during the 2022, 2023, 2025, and/or 2026 Health Home Core Sets Review? \*

If unsure, refer to the list of previously discussed measures available in the 2027 Resources tab at: <https://mathematica.org/features/HHCoreSetReview>.

Select one.

[ ]  Yes ***Proceed to*** ***question 19***

[ ]  No ***SKIP TO question 20***

19. Why do you suggest that the 2027 Health Home Core Sets Annual Review Workgroup discuss the measure again? ^

Note: If the measure has been discussed during a previous Workgroup meeting, provide strong justification and new evidence to explain why the Workgroup should reconsider the measure. (If unsure of the previous discussion, refer to the 2022, 2023, 2025, and/or 2026 Workgroup final reports at <https://mathematica.org/features/HHCoreSetReview>.)

*Note that the response is limited to 1,500 characters.*

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Minimum Technical Feasibility and Appropriateness Criteria

Measures **must** meet minimum technical feasibility and appropriateness criteria to be considered for addition to the Core Sets. Review the Minimum Technical Feasibility and Appropriateness criteria included in the Call for Measures Materials packet posted on [https://mathematica.org/features/MHHCoreSetReview](https://mathematica.org/features/MACCoreSetReview) and provide the requested information to support your suggestion.

20. Provide a link to the current technical specifications for the measure, which includes detailed information on the data source and data collection method, numerator, denominator, exclusions, rate calculation, and value set (if applicable).\*

If a link to technical specifications is not available, submit the specifications as an attachment to this form or submit via email to MHHCoreSetReview@mathematica-mpr.com.

*Note that the response is limited to 1,500 characters.*

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21. If added to the Core Sets, will the measure’s technical specifications (including code sets) be provided free of charge for state use for Core Set reporting? \*

If you are unsure, check with the measure steward.

Select one.

[ ]  Yes

[ ]  No

[ ]  Don’t know

22. To what extent has the measure been tested or used by state Medicaid and CHIP programs? \*

**Note that a measure must have been tested in Medicaid and/or CHIP or be in use in at least one Medicaid and/or CHIP program in order to be considered by the Workgroup.**

Select one.

[ ]  Measure has been tested in state Medicaid and/or CHIP programs, and is currently in use by at least one state ***Proceed to question 23***

[ ]  Measure has been tested in state Medicaid and/or CHIP programs, but is NOT currently in use by any states (or current use is unknown) ***Proceed to question 23***

[ ]  Measure is currently in use by at least one state according to measure specifications, but has not been formally tested (or the extent of testing is unknown) ***SKIP TO question 25***

[ ]  Measure has not been tested in state Medicaid and/or CHIP programs and is not currently in use by at least one state ***SKIP TO question 25***

23. In which states has the measure been tested or used? ^

Provide the names of the states that have tested or are currently using the measure in their Medicaid and/or CHIP programs. For each state, indicate whether the measure was tested in that state, is currently in use by the state, or both. If available, include a link to documentation of the measure’s use by state Medicaid and CHIP programs (for example, state guidance to managed care plans that the measure has been added to a quality improvement project or managed care contracts requiring reporting of the measure).

*Note that the response is limited to 1,500 characters.*

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24. In which Medicaid and CHIP subpopulations was this measure tested? ^

Please identify the Medicaid and CHIP populations that were included in the testing of this measure, by state. Was the measure tested across all populations and programs or was testing conducted only for certain subpopulations or programs? If available, include a link to the Medicaid and CHIP-specific testing results here. If a link is not available, you may submit testing results as an attachment to this form or via email to MHHCoreSetReview@mathematica-mpr.com.

*Note that the response is limited to 1,500 characters.*

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25. If the measure can be calculated using claims data, what types of codes are needed to calculate the measure? \*

Refer to <https://mmshub.cms.gov/measure-lifecycle/measure-specification/specify-code/code-systems-vocabularies-terminologies> for more information on the CPT, ICD, LOINC, SNOMED, CDT, CVX, and NUCC coding systems.

Refer to <https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system> for more information the HCPCS coding system. HCPCS Level II codes consist of a single alphabetical letter followed by 4 numeric digits and are also known as alpha-numeric codes (e.g., G-codes).

Refer to <https://www.fda.gov/drugs/drug-approvals-and-databases/national-drug-code-directory> for more information on the NDC coding system.

Refer to <https://www.findacode.com/articles/type-of-bill-table-34325.html> for more information on billing codes.

Select all that apply.

[ ]  Current Procedural Terminology (CPT) Category I

[ ]  CPT Category II

[ ]  CPT Category III

[ ]  International Classification of Diseases (ICD)

[ ]  Logical Observation Identifiers Names and Codes (LOINC)

[ ]  SNOMED CT

[ ]  Code on Dental Procedures and Nomenclature (CDT)

[ ]  CVX (for vaccines)

[ ]  National Uniform Claim Committee (NUCC) provider taxonomy codes

[ ]  Healthcare Common Procedure Coding System (HCPCS) Level II

[ ]  National Drug Code (NDC) Directory

[ ]  Uniform Billing Codes (UB)

[ ]  Not applicable (measure is not calculated using claims data)

Select if the measure cannot be calculated using claims data.

[ ]  Other

If Other, please describe:

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26. Note whether there are any required data source(s) or data elements for this measure that may not be available across all programs, or whether technical assistance may be required (such as for data linkages). \*

*Note that the response is limited to 1,500 characters.*

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27. Describe any other potential factors, such as variations in interpretation of coding instructions or completeness of data, that could affect the consistency of calculations across programs. \*

*Note that the response is limited to 1,500 characters.*

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28. Is there evidence that the measure could lead to improvement in the quality of health care delivery and outcomes for Medicaid Health Home enrollees? \*

 *Select one.*

[ ]  Yes ***Proceed to question 29***

[ ]  No ***SKIP TO question 31***

[ ]  Don’t know ***SKIP TO question 31***

29. What type of evidence is available to show that the measure could lead to improvement in the quality of health care delivery and outcomes for Medicaid Health Home enrollees? ^

Refer to the Blueprint content on the CMS Measures Management System (MMS) Hub (<https://mmshub.cms.gov/measure-lifecycle/measure-conceptualization/information-gathering-overview>) and the Environmental Scan supplemental material (<https://mmshub.cms.gov/tools-and-resources/mms-supplemental-materials>) for more information on the types of evidence.

Select all that apply.

[ ]  Clinical guidelines or USPSTF (U.S. Preventive Services Task Force) Guidelines

[ ]  Peer-reviewed systematic review

[ ]  Peer-reviewed original research

[ ]  Empirical data

[ ]  Grey literature (e.g., government reports, conference proceedings, white papers, unpublished clinical trials)

30. Briefly summarize the evidence that the measure could lead to improvement in the quality of health care delivery and outcomes for Medicaid Health Home enrollees and provide citations. ^

Provide a brief summary of the evidence that supports the measure. Provide at least one citation or link for one key article or clinical guideline. If necessary, provide the complete list of citations with accompanying links in a separate attachment.

*Note that the response is limited to 1,500 characters.*

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Actionability

*Review the Actionability criteria included in* the Call for Measures Materials packet posted on [*https://www.mathematica.org/features/hhcoresetreview*](https://www.mathematica.org/features/hhcoresetreview) *and provide the requested information to support your suggestion.*

31. How does the measure address the most pressing needs of Medicaid health home enrollees and promote effective care delivery in Medicaid Health Home Programs?\*

*Note that the response is limited to 1,500 characters.*

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32. Does the data source allow for stratification by the categories included in the March 2024 State Medicaid director letter?\*

Note that beginning with the 2025 Health Home 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 2028 Core Sets reporting. For 2025 Health Home Core Sets reporting, states will be required to stratify a subset of measures by race and ethnicity, sex (defined as biologic sex), and geography.

More information is available at: <https://www.medicaid.gov/federal-policy-guidance/downloads/smd24002.pdf>.

Select all that apply.

[ ]  Race and ethnicity

[ ]  Sex

[ ]  Geography

[ ]  None of the above

[ ]  Unknown

33. Provide evidence supporting the feasibility of stratifying the data source or explain why the measure is NOT able to be stratified. \*

Provide additional context about the response(s) selected in the preceding question.

If you selected “Race and ethnicity,” “Sex” and/or “Geography” on the preceding question, provide supporting evidence here. If measure results were stratified as part of measure development or testing, include a link to the testing results or submit testing results as an attachment via email to MHHCoreSetReview@mathematica-mpr.com.

If you selected “None of the above” or “Unknown” on the preceding question, provide additional details to explain that selection here. For example, you may note that the program-level population sizes may not be large enough to produce reliable results for key subpopulations.

*Note that the response is limited to 1,500 characters.*

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34. Is there evidence of a performance gap for Medicaid Health Home enrollees on the measure? \*

For example, is the overall measure performance rate lower for Medicaid Health Home enrollees than for those with Medicare or commercial coverage? Or, is there evidence for gaps in measure score performance among select subpopulations of interest within Medicaid and CHIP?

Select one.

[ ]  Yes ***Proceed to question 35***

[ ]  No ***SKIP TO question 36***

[ ]  Don’t know ***SKIP TO question 36***

35. What is the evidence of a performance gap for Medicaid beneficiaries on the measure? ^

Provide evidence that there is room for improvement among Medicaid beneficiaries and, therefore, that the implementation of the measure would be meaningful.

*Note that the response is limited to 1,500 characters.*

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36. Describe any other ways in which the measure could be used to monitor improvement in health care delivery and/or outcomes in Medicaid Health Home Programs. \*

For example: Can the measure be trended over time to assess Medicaid Health Home Program performance and progress? Can state Medicaid Health Home programs/providers directly influence improvement on this measure? Provide examples.

*Note that the response is limited to 1,500 characters.*

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37. Does this measure address an existing gap area in the Core Sets? \*

Indicate whether the measure addresses one of priority gap areas identified by the 2026 Workgroup, listed below, or whether it address some other gap area that is not listed. Select “None of the above” if the measure does not address an existing gap area.

Select all that apply.

[ ]  Maternal and perinatal health

[ ]  Patient-reported outcomes and experiences of care

[ ]  Behavioral health care

[ ]  Tobacco use and cessation

[ ]  None of the above

[ ]  Other

If Other, please describe:

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38. Is this measure similar to measure(s) already in the 1945 and/or 1945A Health Home Core Set? \*

Consider other measures with related purposes.

Refer to the links below for the list of measures currently in the Health Home Core Sets:

* 2025 1945 Health Home Core Set: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2025-health-home-core-set.pdf>
* 2025 1945A Health Home Core Set: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2025-1945a-health-home-core-set.pdf>

Select one.

[ ]  Yes, and I have suggested the other measure(s) for removal ***SKIP TO question 41***

[ ]  Yes, and I have NOT suggested the other measure(s) for removal. Reminder, if you do not suggest the other measure for removal, it cannot be discussed for removal during the Voting Meeting. ***Proceed to question 39***

[ ]  No ***SKIP TO question 41***

39. Provide the names of any measures already in the 1945 and/or 1945A Health Home Core Sets that are similar to the measure you are suggesting for addition. ^

*Note that the response is limited to 500 characters.*

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40. How will this measure add value to the 1945 and/or 1945A Core Set, when compared with other similar measures? ^

Describe key differences that set this measure apart from other related measures in the Core Sets and describe benefits of this measure in comparison to those other measure(s).

*Note that the response is limited to 1,500 characters.*

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Other Considerations

*Provide the requested information to support your suggestion.*

41. What is the prevalence of the condition or outcome being measured among Medicaid beneficiaries? \*

Provide links to the most recent estimates of prevalence where possible.

*Note that the response is limited to 1,500 characters.*

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42. Is the measure used in other CMS programs? \*

Refer to the CMS Measures Inventory Tool (CMIT), which shows a measure’s use in CMS programs. It is available at: <https://cmit.cms.gov/cmit/#/MeasureInventory>.

Select one.

[ ]  Yes ***Proceed to question 43***

[ ]  No ***SKIP TO question 44***

43. If the measure is used in other CMS programs, provide additional details here. ^

List the names of any other CMS programs that are currently using the measure. If known, provide the name of the measure as used in the other CMS programs and include the corresponding unique identifier (e.g., CMIT ID, federal program ID, or consensus-based entity [CBE] #).

*Note that the response is limited to 1,500 characters.*

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44. Will provider workflows have to be modified to collect additional data needed to report the measure? \*

Select one.

[ ]  Yes

Select if workflow modifications would impose moderate to significant additional data entry burden on a clinician or other provider to collect the data elements to report the measure because data are not routinely collected during clinical care, OR are not collected using structured electronic health record (EHR) fields.

[ ]  No

Select if workflow modifications would impose no or limited additional data entry burden on a clinician or other provider to collect the data elements to report the measure because data are routinely collected during the clinical care, AND the data are collected using structured EHR fields.

[ ]  Not applicable

Select if the measure imposes no data entry burden on the clinician or provider because:

a) the measure is calculated by someone other than the clinician or provider AND uses data that are routinely generated (i.e., administrative data and claims), OR

b) the data are collected by someone other than the clinician or provider (e.g., Consumer Assessment of Healthcare Providers and Systems [CAHPS] survey), OR

c) the measure repurposes existing data sets to calculate a measure rate (e.g., Transformed Medicaid Statistical Information System [T-MSIS] Analytic Files [TAF]).

[ ]  Unable to determine

Select if a workflow analysis was not completed and/or it cannot be determined whether the workflow modifications impose additional data entry burden to collect data needed to report the measure.

45. What potential barriers could Health Home programs face in calculating this measure, and what technical assistance resources would facilitate program reporting? \*

*Note that the response is limited to 1,500 characters.*

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46. Could this measure be calculated by CMCS on behalf of programs using an existing data source (such as T-MSIS/TAF)? \*

Include “yes”, “no”, or “unknown” in your response and explain your rationale.

*Note that the response is limited to 1,500 characters.*

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47. Provide any other information that would facilitate the Workgroup discussion about adding this measure to the Health Home Core Sets, if applicable.

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48. If you would like to include supporting documentation as an attachment to this form, upload your file(s) below. You can also email supporting documentation to MHHCoreSetReview@mathematica-mpr.com with the subject line “Public Call for Measures.”

*Indicate the related question number in the attachment file name(s). Note that you may upload up to 10 attachments and the maximum file size is 50 mb.*