

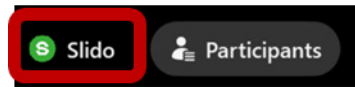
Medicaid Health Home Core Sets Annual Review Workgroup:

2027 Annual Review Orientation Meeting

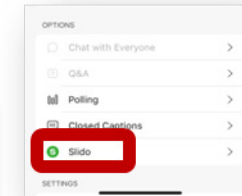
April 30, 2025

Technical Instructions (1/2)

- If you are experiencing technical issues during the webinar, please send a message through the **Slido Q&A** function. To access the Q&A, click the **Slido** panel in the lower right corner of your screen.



On the mobile app:



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



Technical Instructions (2/2)

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



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



Welcome, Introductions, and Workgroup Objectives

Meeting Objectives

- **Introduce the 2027 Medicaid Health Home Core Sets Annual Review Workgroup.**
 - This year's review will focus on updates to the 2027 1945 and 1945A Health Home Core Sets.
 - CMS is reviewing the recommendations of the 2026 Workgroup and aims to release the 2026 Core Sets in the coming months.
- **Describe the charge, planned timeline, and vision for the 2027 Health Home Core Sets Annual Review.**
- **Present the process for suggesting measures for addition to or removal from the 2027 Health Home Core Sets.**
- **Provide opportunity for questions.**

Mathematica Health Home Core Sets Review Team

- **Research, analytics, and logistics team: Emily Costello, Maria Dobinick, Grace Reynolds, Patricia Rowan, Kalidas Shanti, Madelaine Spiering**
- **Communications Support: Rick Stoddard and Christal Stone Valenzano**

2027 Health Home Core Sets Review Workgroup (1/2)

Voting Members

Co-Chair: Kim Elliot, PhD, CPHQ, CHCA	Health Services Advisory Group
Co-Chair: Jeff Schiff, MD, MBA	AcademyHealth
Clarissa Barnes, MD* <i>Nominated by South Dakota Medicaid</i>	South Dakota Department of Social Services, Division of Medical Services
Macy Daly, MPA	Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals
Ari Houser, PhD	AARP Public Policy Institute
Pamela Lester, RN, BSN, MSHS	Iowa Medicaid Enterprise
Linda Molina*	Children's Health Network, New York

* New Workgroup member

2027 Health Home Core Sets Review Workgroup (2/2)

Voting Members

Elizabeth Nichols, PhD, MS	New York State Department of Health
Kayla Romero, MPH	New Mexico Department of Health
Johnny Shults* <i>Nominated by the Washington State Health Care Authority</i>	Washington State Health Care Authority
Laura Vegas, MPS <i>Nominated by National Association of State Directors of Developmental Disability Services</i>	National Association of State Directors of Developmental Disability Services
Jeannie Wigglesworth, MS	Connecticut HUSKY Health Behavioral Health Administrative Services Organization

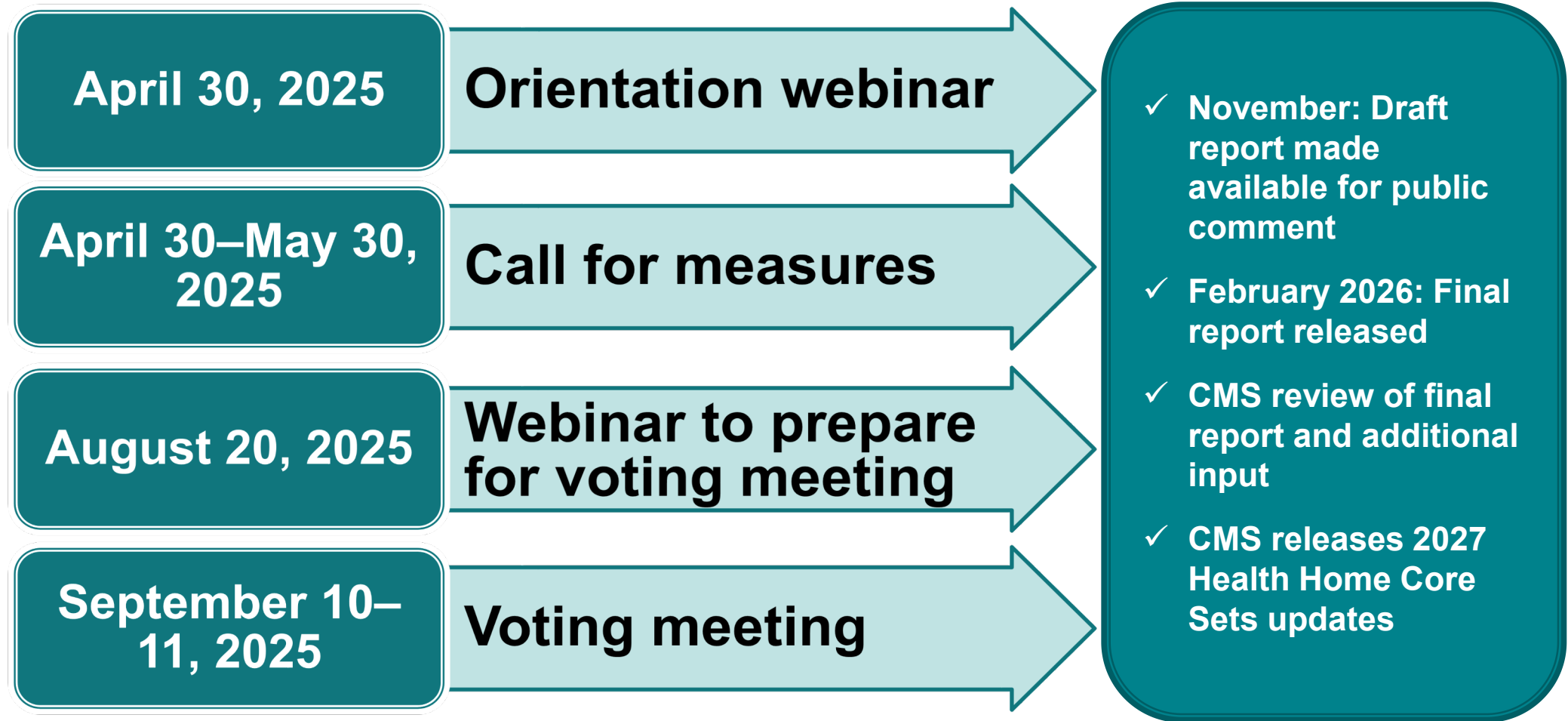
* New Workgroup Member

2027 Health Home Core Sets Review Workgroup: Federal Liaisons

Disclosure of Interest

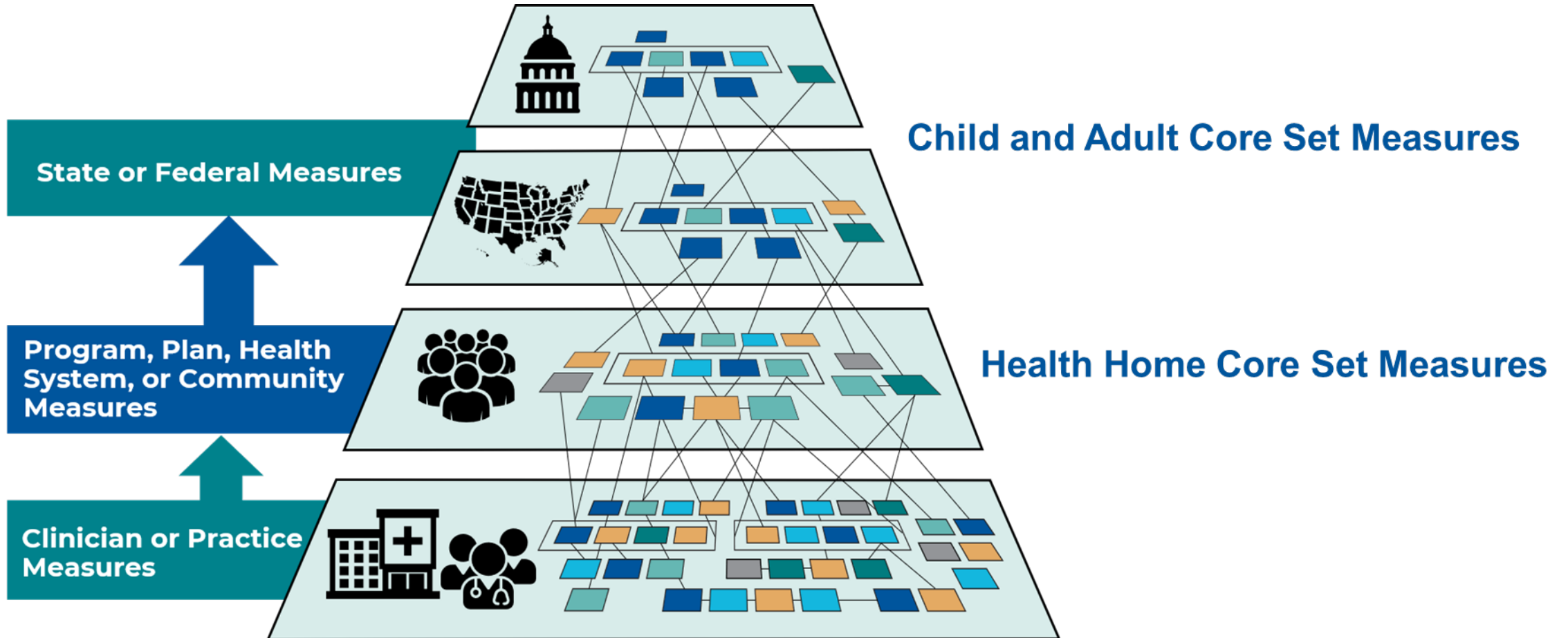
- **All Workgroup members are required to submit a Disclosure of Interest form.**
 - **Mathematica requires that Workgroup participants disclose any interests, relationships, or circumstances over the past four years that could give rise to a potential conflict of interest or the appearance of a conflict of interest related to the current Health Home Core Sets measures or measures reviewed during the Workgroup process.**
- **Workgroup members will review and update their Disclosure of Interest form before the voting meeting.**
- **Members deemed to have an interest in a measure recommended for consideration will be recused from voting on that measure.**
- **During the voting meeting, Workgroup members will be asked to disclose any interests, though such disclosure may not indicate that a conflict exists.**

Planned Milestones for the 2027 Medicaid Health Home Core Sets Annual Review



Vision for the 2027 Medicaid Health Home Core Sets Annual Review

Alignment Across Multiple Levels to Facilitate Quality Improvement



Mandatory Medicaid Health Home Core Sets Reporting

- Beginning with the most recently reported 2024 Core Sets, reporting of the Medicaid Health Home Core Sets is mandatory for states with approved Health Home Programs in operation for at least six months of the reporting period.
- Feasibility and viability of program-level reporting of current and future Health Home Core Set measures are key considerations for mandatory reporting.
- Another key consideration is the ability to stratify measures by factors such as race, ethnicity, sex, and geography. Beginning with 2025 Core Sets reporting, states will be expected to stratify a subset of mandatory measures. Stratification will be required for all eligible mandatory measures beginning with 2028 Core Sets reporting.
- Workgroup recommendations for the 2027 Health Home Core Sets should consider feasibility for all programs to report a measure for all health home enrollees within two years of the measure being added to the Health Home Core Sets.

Role of the Workgroup in Strengthening the 2027 Health Home Core Sets

- The annual Workgroup process is designed to identify gaps in the existing Health Home Core Sets and suggest updates to strengthen and improve the Core Sets.
- The Workgroup discussion must first determine whether a measure is feasible and then balance the desirability and viability of measures from the perspective of program-level quality measurement and improvement.
 - Keep in mind mandatory reporting requirements: Quality measures must be feasible for program-level reporting to be included on the Health Home Core Sets.

Background on the Medicaid Health Home Core Sets

1945 Health Home Programs

- **The Medicaid Health Home State Plan Option, authorized under the Affordable Care Act (§1945 of the Social Security Act), allows states to design Medicaid health homes to provide comprehensive care coordination for Medicaid beneficiaries with complex needs.**
 - 1945 health homes integrate physical and behavioral health and long-term services and supports.
- **States must submit a Medicaid state plan amendment (SPA) to CMS to create a 1945 health home program.**
 - States can target 1945 health home enrollment by condition and geography, but not age, delivery system or dual eligibility status.
 - Each health home program requires a separate SPA. Publicly reported documents present performance at the health home program level.

Populations Served by 1945 Health Homes

- **To qualify for 1945 health home services, beneficiaries must be diagnosed with the following:**
 - Two chronic conditions;
 - One chronic condition and risk for a second; or
 - A serious mental illness
- **Section 1945(h)(2) of the Social Security Act defined “chronic condition” to include mental health conditions, substance use disorder, asthma, diabetes, heart disease, and being overweight (body mass index over 25). Additional chronic conditions, such as HIV/AIDS, may be considered by CMS for approval.**

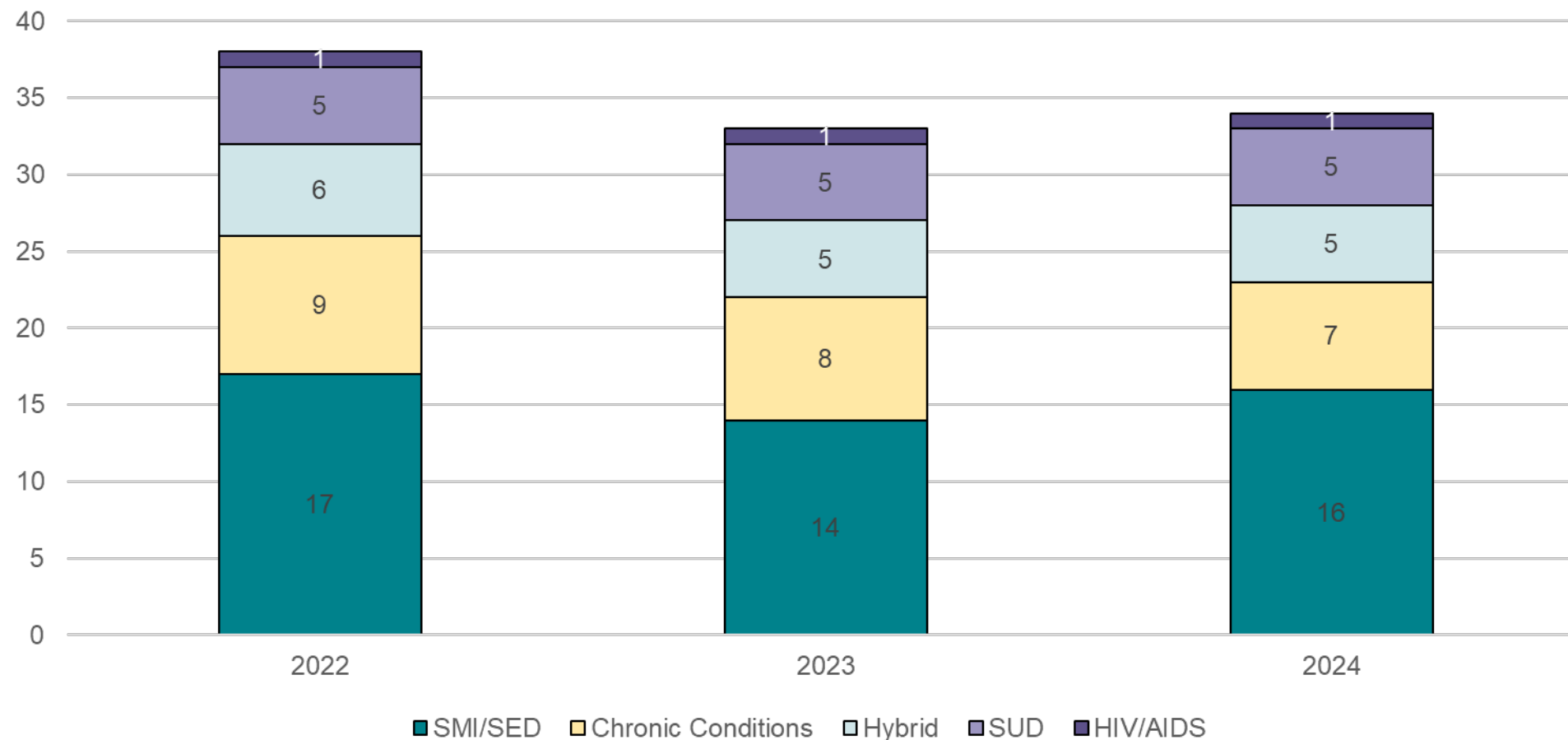
Source: <https://www.medicaid.gov/medicaid/long-term-services-supports/health-homes/index.html>.

Core Services Provided by 1945 Health Homes

1945 Health Home Programs must provide the following core services to enrollees:

- **Comprehensive care management**
- **Care coordination**
- **Health promotion**
- **Comprehensive transitional care from inpatient to other settings, including appropriate follow-up**
- **Individual and family support services**
- **Referral to community and social support services**
- **Use of health information technology to link services, as feasible and appropriate**

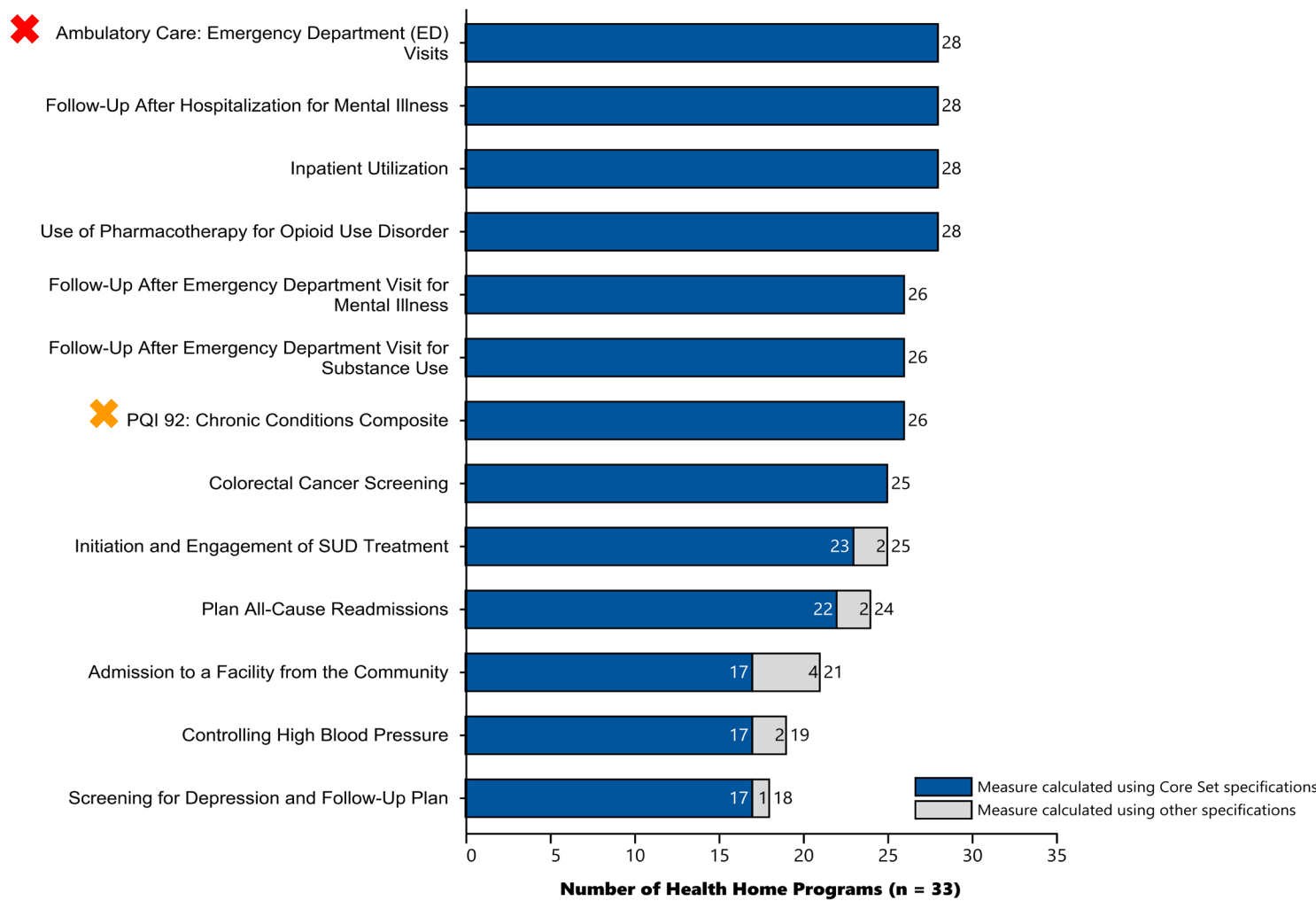
Number of Approved 1945 Health Home Programs by Target Population, 2022–2024



Source: Centers for Medicare & Medicaid Services, Medicaid and CHIP Core Set Technical Assistance and Analytic Support Program, January 2025.

Note: SMI = Serious Mental Illness; SED = Severe Emotional Disturbance; SUD = Substance Use Disorder. Hybrid health home programs refer to those that have two or more areas of focus (e.g., SUD and SMI/SED).

Number of Health Home Programs Reporting the 1945 Health Home Core Set Measures, 2023



Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of June 4, 2024.

Note: 2023 Core Set is the most recent year for which data are available.

Measure retired from the 2025 1945 Health Home Core Set NCQA announced in July 2023 that AMB will be retired for HEDIS MY 2024 (2025 Health Home Core Set reporting).

Measure removed from the 2025 1945 Health Home Core Set CMS removed PQI-92 from the 1945 Health Home Core Set following 2025 Workgroup recommendations.

1945A Health Homes

- **The Accountability Act of 2019 (P. L. 116-16) authorized states to cover an optional health home state plan benefit for Medicaid-eligible children with medically complex conditions and enacted section 1945A of the Social Security Act (Act).**
- **Under section 1945A, beginning October 1, 2022, states have the option to cover health home services for Medicaid-eligible children with medically complex conditions as defined in section 1945A(i) of the Act.**
- **A State Medicaid Director letter regarding the 1945A health home benefit was released on August 1, 2022 and can be found at <https://www.medicaid.gov/federal-policy-guidance/downloads/smd22004.pdf>.**
- **At this time, there are no approved 1945A Health Home Programs.**

1945A Health Home Programs

- Coordinate prompt care for children with medically complex conditions, including access to pediatric emergency services at all times.
- Develop an individualized comprehensive pediatric family-centered care plan for children with medically complex conditions that accommodates patient preferences.
- Work in a culturally and linguistically appropriate manner with the family of a child with medically complex conditions to develop and incorporate into such child's care plan, in a manner consistent with the needs of the child and the choices of the child's family.
- Coordinate access to:
 - Sub-specialized pediatric services and programs, including the most intensive diagnostic, treatment, and critical care levels as medically necessary.
 - Palliative services if the state provides Medicaid coverage for such service.
 - Out-of-state providers furnishing care to the maximum extent practicable for the families of such children and where medically necessary, in accordance with guidance issued under subsection €(1) and section 431.53 of title 42, Code of Federal Regulations.

Core Services Provided by 1945A Health Homes

- **Comprehensive care management.**
- **Care coordination, health promotion, and the provision of access to the full range of pediatric specialty and subspecialty medical services, including services from out-of-state providers, as medically necessary.**
- **Comprehensive transitional care, including appropriate follow-up, from inpatient to other settings.**
- **Patient and family support (including authorized representatives).**
- **Referrals to community and social support services, if relevant.**
- **Use of health information technology to link services, as feasible and appropriate.**

1945A Eligibility Criteria

- **To qualify for 1945A health home services, beneficiaries must be under 21 years of age with medically complex conditions and 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 medically complex conditions must have at least:**
 - **One or more chronic conditions that cumulatively affect three or more organ systems and severely reduces cognitive or physical functioning (such as the ability to eat, drink, or breathe independently) and that also requires the use of medication, durable medical equipment, therapy, surgery, or other treatments; or**
 - **One life-limiting illness or rare pediatric disease (as defined in section 529(a)(3) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360ff(a)(3)).**

Preparing for the Public Call for Measures for the 2027 Health Home Core Sets

Call for Measures: 2027 Medicaid Health Home Core Sets Annual Review

- To focus the Call for Measures for the 2027 Annual Review on measures that are a good fit for the Medicaid Health Home Core Sets, Mathematica has defined criteria for addition and removal in three areas.
- To be considered for addition to the 2027 Medicaid Health Home Core Sets, all measures must meet minimum technical feasibility requirements.

Criteria for Suggesting Measures for Addition (1/2)

- All minimum technical feasibility and appropriateness criteria must be met for a measure to be considered by the Workgroup during the voting meeting.

Minimum Technical Feasibility and Appropriateness

- A1.** The measure must be fully developed and have detailed technical specifications that enable production of the measure at the program level (e.g., numerator, denominator, and value sets). (Specifications must be provided as part of the submission.)
- A2.** The measure must have been tested in state Medicaid and/or CHIP programs or be in use by one or more state Medicaid and/or CHIP programs according to measure specifications. (Documentation is required as part of the submission.)
- A3.** An available data source or validated survey instrument exists that contains all the data elements necessary to calculate the measure, including an identifier for Medicaid beneficiaries (or the ability to link to an identifier). (Evidence about the reliability and validity of measures is required as part of the submission or explain why such information is not available.)
- A4.** The specifications and data source must allow for consistent calculations across states (e.g., coding and data completeness). (Documentation of data quality and consistency across states is required as part of the submission.)
- A5.*** The measure aligns with current clinical guidance and/or positive health outcomes.
- A6.** The measure must include technical specifications (including code sets) that are provided free of charge for state use in the Core Sets.

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

Criteria for Suggesting Measures for Addition (2/2)

Actionability

- B1.** The measure addresses a priority for improving health care delivery and outcomes in Medicaid Health Home Programs.
- B2.** The measure is able to be stratified by the required stratification categories included in the March 2024 State Medicaid Director Letter for the Medicaid Health Home population. Considerations could include adequate sample and population sizes and available data in the required data source(s).
- B3.** The measure can be used to assess progress in improving health care delivery and outcomes in Medicaid Health Home Programs (e.g., the measure has room for improvement, performance is trendable, and improvement can be directly influenced by Medicaid Health Home Programs/providers).
- B4.*** The measure would fill a gap in the Health Home Core Sets or would add value to the existing measures in the Health Home Core Sets. (If this measure is being suggested as a replacement of an existing measure, a removal form must be submitted for the existing measure.)

Other Considerations

- C1.** The prevalence of the condition or outcome being measured is sufficient to produce reliable and meaningful results across Health Home Programs, taking into account program population sizes and demographics.
- C2.** The measure and measure specifications are aligned with those used in other CMS programs, where possible (e.g., Core Quality Measures Collaborative Core Sets, Medicare Promoting Interoperability Program, Merit-Based Incentive Payment System, Medicaid and CHIP Quality Rating System, Medicare Advantage Star Ratings, and/or Medicare Shared Savings Program).
- C3.*** Adding the measure to the Health Home Core Sets does not result in substantial additional data collection burden for providers or Medicaid Health Home enrollees.
- C4.** All Health Home Programs should be able to produce the measure for all Medicaid Health Home Program populations within two years of the measure being added to the Health Home Core Sets.
- C5.*** The code sets and codes specified in the measure must be in use by Medicaid programs or otherwise be readily available to Medicaid and CHIP programs to support calculation of the measure.

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

Criteria for Suggesting Measures for Removal (1/2)

Technical Feasibility

- A1.** The measure is not fully developed and does not have detailed technical measure specifications, preventing production of the measure at the program level (e.g., numerator, denominator, and value sets).
- A2.** The majority of states report significant challenges in accessing an available data source that contains all the data elements necessary to calculate the measure, including an identifier for Health Home enrollees (or the ability to link to an identifier).
- A3.** The specifications and data source do not allow for consistent calculations across Health Home programs (e.g., there is documented variation in coding or data completeness across states.)

Actionability

- B1.** The measure is no longer aligned with priorities for improving health care delivery and outcomes in Medicaid Health Home Programs (e.g., priorities have shifted and this measure does not address the most pressing needs of Health Home Program enrollees).
- B2.** The measure cannot be used for comparative analyses of disparities among Medicaid beneficiaries by all the required stratification categories included in the March 2024 State Medicaid Director letter. Considerations could include lack of adequate sample and population sizes or lack of available data in the required data source(s).
- B3.** Measure performance for all populations is so high and unvarying that meaningful distinctions in improvements or performance can no longer be made.
- B4.** Improvement on the measure is outside the direct influence of Medicaid Health Home Programs/providers.
- B5.*** The measure no longer aligns with current clinical guidance and/or positive health outcomes.
- B6.*** Another measure is recommended for replacement which is: (1) more broadly applicable (across settings, populations, or conditions) for the topic, and/or (2) more proximal in time to desired beneficiary outcomes, and/or (3) more strongly associated with desired beneficiary outcomes. (Note that the replacement measure must also meet the minimum technical feasibility criteria to be considered by the Workgroup.)

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

Criteria for Suggesting Measures for Removal (2/2)

Other Considerations

- C1.** The prevalence of the condition or outcome being measured is not sufficient to produce reliable and meaningful program-level results, taking into account program population sizes and demographics.
- C2.** The measure and measure specifications are not aligned with those used in other CMS programs (e.g., Core Quality Measures Collaborative Core Sets, Medicare Promoting Interoperability Program, Merit-Based Incentive Payment System, Medicaid and CHIP Quality Rating System, Medicare Advantage Star Ratings, and/or Medicare Shared Savings Program).
- C3.*** Including the measure in the Health Home Core Sets results in substantial additional data collection burden for providers or Medicaid Health Home enrollees.
- C4.** All health home programs may not be able to produce the measure for all Medicaid health home populations within two years of the measure being added to the Health Home Core Sets.

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

Discussion of Measure Gaps During the 2026 Health Home Core Sets Annual Review

- During the 2026 Health Home Core Set Annual Review, the Workgroup identified the following gap areas in the Core Sets:
 - Patient-reported outcomes and experience of care
 - Condition-specific gaps
 - Other gap areas mentioned by the Workgroup
 - Social drivers of health
- The full list of gap areas identified by the 2026 Workgroup is available in the Call for Measures Materials packet on our website:
[https://www.mathematica.org/features/hhcoresetreview.](https://www.mathematica.org/features/hhcoresetreview)

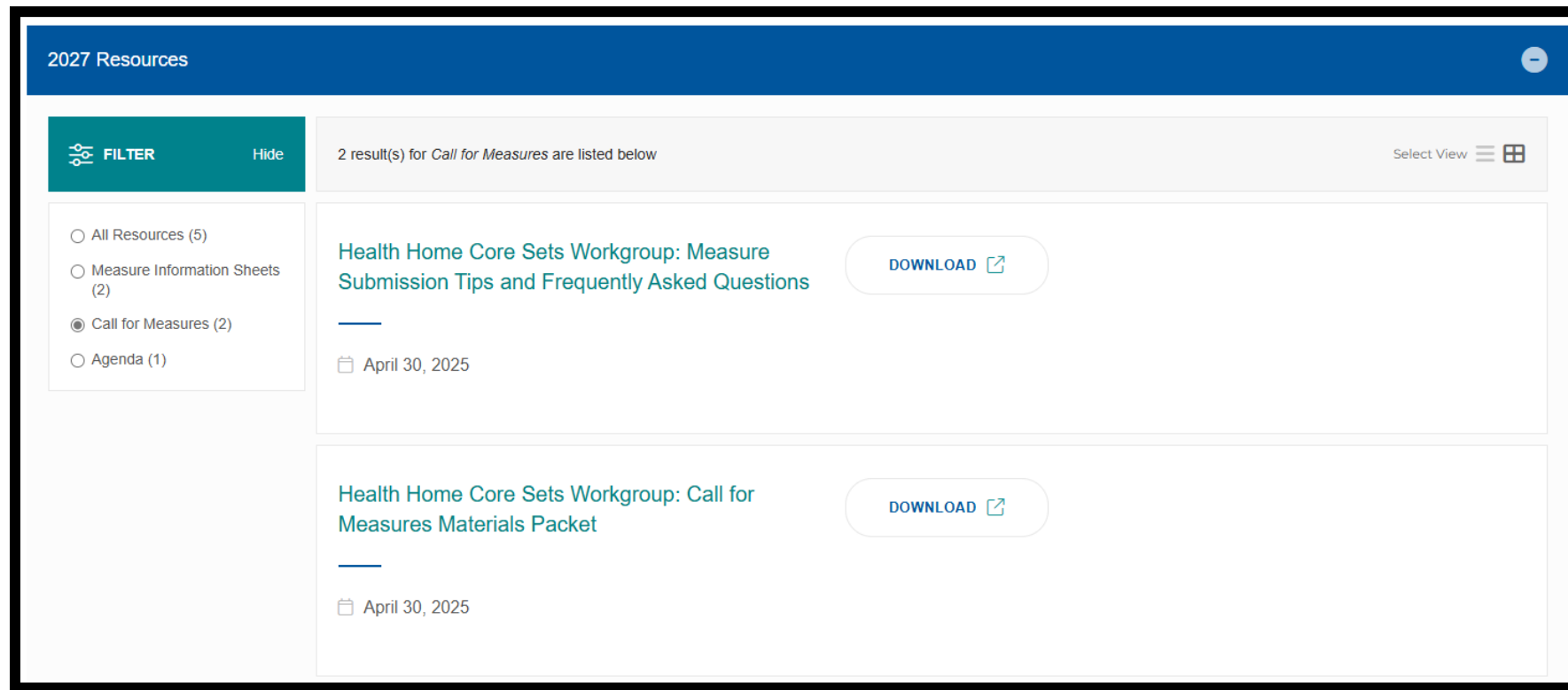
Process for Suggesting Measures for Addition or Removal

Suggesting Measures for Addition or Removal

- For the 2027 review cycle Workgroup members, federal liaisons, and members of the public are invited to suggest measures to add to or remove from the 1945 and 1945A Health Home Core Sets.
- Use the links below to suggest a measure for addition or removal.
 - Form to Suggest a Measure for Addition:
<https://mathematica.questionprogov.com/2027HHCSaddition>.
 - Form to Suggest a Measure for Removal:
<https://mathematica.questionprogov.com/2027HHCSremoval>.
- All measure submission forms must be submitted by 8 PM ET on Friday, May 30, 2025
- The submission forms and additional resources are also available at:
<https://www.mathematica.org/features/hhcoresetreview>.

Call for Measures Resources

- The 2027 Resources tab on the website contains helpful documents including: Call for Measures Materials packet, Measure Submission Tips & FAQs, background resources on the Health Home Core Sets, and Word previews of the measure submission forms.



2027 Measure Submission Form: Measure(s) Suggested for Addition to the Health Home Core Sets



2027 Measure Submission Form: Measure(s) Suggested for Addition to the 1945 and/or 1945A Health Home Core Sets



Instructions

1. Only measures that meet the minimum technical feasibility criteria for addition to the 2027 1945 and/or 1945A Health Home Core Sets will be considered. The criteria are available in the Call for Measures Materials packet posted on <https://mathematica.org/features/MHHCORESetReview>.
2. A response is required for all questions that have an asterisk symbol *.
3. 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.
4. All questions that have a blank text box underneath the question will accept free text responses, with character limits. Please spell out all abbreviations and define special terms at their first occurrence.
5. For questions with defined response options, note whether the question is "select one" or "select all that apply." Please click on your desired response option to select it. For "select all that apply" questions, you can click on the checkbox to remove your selection. To change your response to a "select one" question, click on a different response option.
6. 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 the 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.
7. Send any questions to MHHCORESetReview@mathematica-mpr.com with the subject line "Public Call for Measures."

Start

Save & Continue Later

General Measure Submission Tips

- **Measure submission forms are the foundation for the Measure Information Sheets that Workgroup members review to prepare for the voting meeting.**
 - Provide evidence to support your measure suggestion, including citations where applicable.
 - If the measure has been discussed by the Workgroup previously, consider why the measure was not recommended for addition/removal and include information that justifies discussing the measure again.
 - For measures suggested for addition, be sure to address the minimum technical feasibility and appropriateness criteria.
- **When suggesting a new measure to replace a current Health Home Core Sets measure, remember to submit both an addition form and a removal form.**
- **Use the Word previews of the measure submission forms (available in the 2027 Resources section of the Health Home Core Sets Review website) to ensure that you have all the required information.**
- **Include additional information as an attachment to your measure submission form.**

Measure Submission FAQ (1/2)

- Will all measures submitted be considered by the Workgroup during the voting meeting?
 - No. Mathematica will review all measure submission forms and determine which measures meet the criteria for discussion.
 - One reason why a measure might not be discussed is if the submission form is incomplete or questions in the form are not adequately addressed.
 - Another reason is if the measure has been previously discussed and the submitter did not provide strong justification and new evidence explaining why the Workgroup should reconsider the measure.
 - Measures suggested for addition must also meet all minimum technical feasibility and appropriateness criteria to be considered by the Workgroup. During past reviews, the most common reason why a measure submitted for addition has not been considered has been that it had not been tested in Medicaid or CHIP and was not currently in use by states.
- What are examples of “strong justification and new evidence” that would justify the Workgroup reconsidering a measure that has been discussed in the past?
 - A substantive change to the measure’s technical specifications (e.g., a change to the data collection method or required code sets) that impacts the feasibility of state-level reporting.
 - Evidence that the measure has been widely adopted by states since the last time it was considered.
 - A change in the relevant clinical guidelines or population health conditions.

Measure Submission FAQ (2/2)

- **What do you mean by “testing in state Medicaid Health Home programs”?**
 - 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—or beta testing—occurs after the development of complete specifications and is designed to test implementation and usability in the target population (in this case, state Medicaid and CHIP programs).
- **What qualifies as “state use” of a measure?**
 - The measure must be in current use, according to technical specifications, by at least one state Medicaid or CHIP program.
 - If a state has adapted an existing quality measure, this does NOT qualify as state use of the measure.
- **Will I need to complete the form in one session or is there an option to save my work and continue later?**
 - Both forms include an option to save your work and continue later.
 - Note that you must complete all required questions on a given page before you can access the “Save & Continue Later” feature.

See the “Measure Submission Tips & FAQ” document in the 2027 Resources tab of <https://www.mathematica.org/features/hhcoresetreview> for more questions and answers.

Co-Chair Remarks

Workgroup Questions?

Public Comments

Next Steps and Resources

Next Steps

- Workgroup members, federal liaisons, and members of the public are invited to suggest measures to add to or remove from the Health Home Core Sets.
- All measures suggested for addition or removal are due on Friday, May 30, 2025 by 8:00 PM ET.
- The meeting to prepare for the voting meeting is planned for August 20, 2025, 1:00–2:00 PM ET via webinar.
- The voting meeting is planned for September 10–11, 2025, 11:00 AM–4:00 PM ET via webinar.
- Registration information will be available at [https://www.mathematica.org/features/hhcoresetreview.](https://www.mathematica.org/features/hhcoresetreview)

For More Information

- Information on the Health Home Core Sets Annual Review is available at <https://www.mathematica.org/features/hhcoresetreview>.
- Information on Health Home Core Set quality reporting is available at <https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/health-home-quality-reporting/index.html>.
- Information on 1945 Health Home Programs is available at <https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/index.html>.
- Information on 1945A Health Home Programs is available at <https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/1945a-health-home-resources/index.html>.

Questions

If you have questions about the 2027 Health Home Core Sets Annual Review, please email the Mathematica Core Sets Review Team at: MHHCoreSetReview@mathematica-mpr.com.

THANK YOU FOR PARTICIPATING!

Appendix

2025 Core Set of Quality Measures for 1945 Health Home Programs

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

Source: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2025-health-home-core-set.pdf>.

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

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

CMIT #*	Measure Name	Data Collection Method	Age Range	Included in Other Core Sets
761	Well-Child Visits in the First 30 Months of Life (W30-CH)	Administrative	Birth–30 months	Child Core Set
24	Child and Adolescent Well-Care Visits (WCV-CH)	Administrative	Ages 3–21	Child Core Set
124	Child Immunization Status (CIS-CH)	Administrative, hybrid, or EHR	Age 2	Child Core Set
363	Immunizations for Adolescents (IMA-CH)	Administrative or hybrid	Age 13	Child Core Set
897	Oral Evaluation, Dental Services (OEV-CH)	Administrative	Under age 21	Child Core Set
397	Inpatient Utilization (IU-HH)	Administrative	All ages	1945 Health Home Core Set

Source: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2025-1945a-health-home-core-set.pdf>.

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