

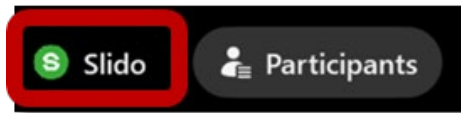
Medicaid Health Home Core Sets Annual Review Workgroup:

Meeting to Prepare for the 2028 Review

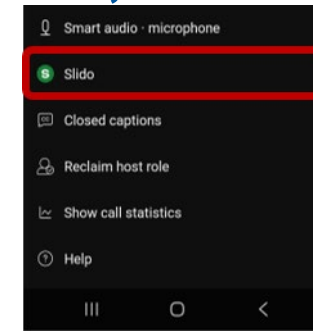
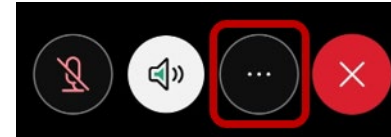
August 19, 2026

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- 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.
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Agenda

- **Welcome**
- **Background**
- **Overview of Objectives for Voting Meeting**
- **Criteria and Measures Suggested for Addition to the 2028 Health Home Core Sets**
- **Guidance to the Workgroup Members for Reviewing the Measures**
- **Voting Meeting Approach and Process**
- **Next Steps for Workgroup Members**
- **Questions**

2028 Health Home Core Sets Review Workgroup (1/2)

Voting Members	Agency
Co-Chair: Kim Elliott, PhD, CPHQ, CHCA	Health Services Advisory Group
Co-Chair: Jeannie Wigglesworth, MS	Carelon Behavioral Health - Connecticut
Clarissa Barnes, MD <i>Nominated by South Dakota Medicaid</i>	South Dakota Department of Social Services, Division of Medical Services
James Brennan*	Rhode Island Executive Office of Health and Human Services
Ari Houser, PhD <i>Nominated by AARP</i>	AARP Public Policy Institute
Raina Josberger, MS* <i>Nominated by New York State Department of Health</i>	New York State Department of Health
Pamela Lester, RN, BSN, MSHS	Iowa Medicaid Enterprise

* New Workgroup member

2028 Health Home Core Sets Review Workgroup (2/2)

Voting Members	Agency
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
Janelle White, MD, MHCM, FAAAP <i>Nominated by AcademyHealth</i>	North Carolina Department of Health and Human Services

2028 Health Home Core Sets Review Workgroup: Federal Liaisons

Federal Liaisons (Non-voting)

Administration for Community Living, DHHS

Agency for Healthcare Research and Quality, DHHS

Center for Clinical Standards and Quality, CMS, DHHS

Department of Veterans Affairs, VA

Health Resources and Services Administration, DHHS

Office of Disease Prevention and Health Promotion, DHHS

Substance Abuse and Mental Health Services Administration, DHHS

Mathematica Health Home Core Sets Review Team

- **Research, analytics, and logistics team: Emily Costello, Maria Dobinick, Nidaa Ekram, Kalidas Shanti, Madelaine Spiering, and Anna Synakh**
- **Technical meeting Support: Fiona Shapiro, Brice Overcash**

Background, Review Strategy and Related Criteria

Medicaid Health Home Core Sets Workgroup Charge

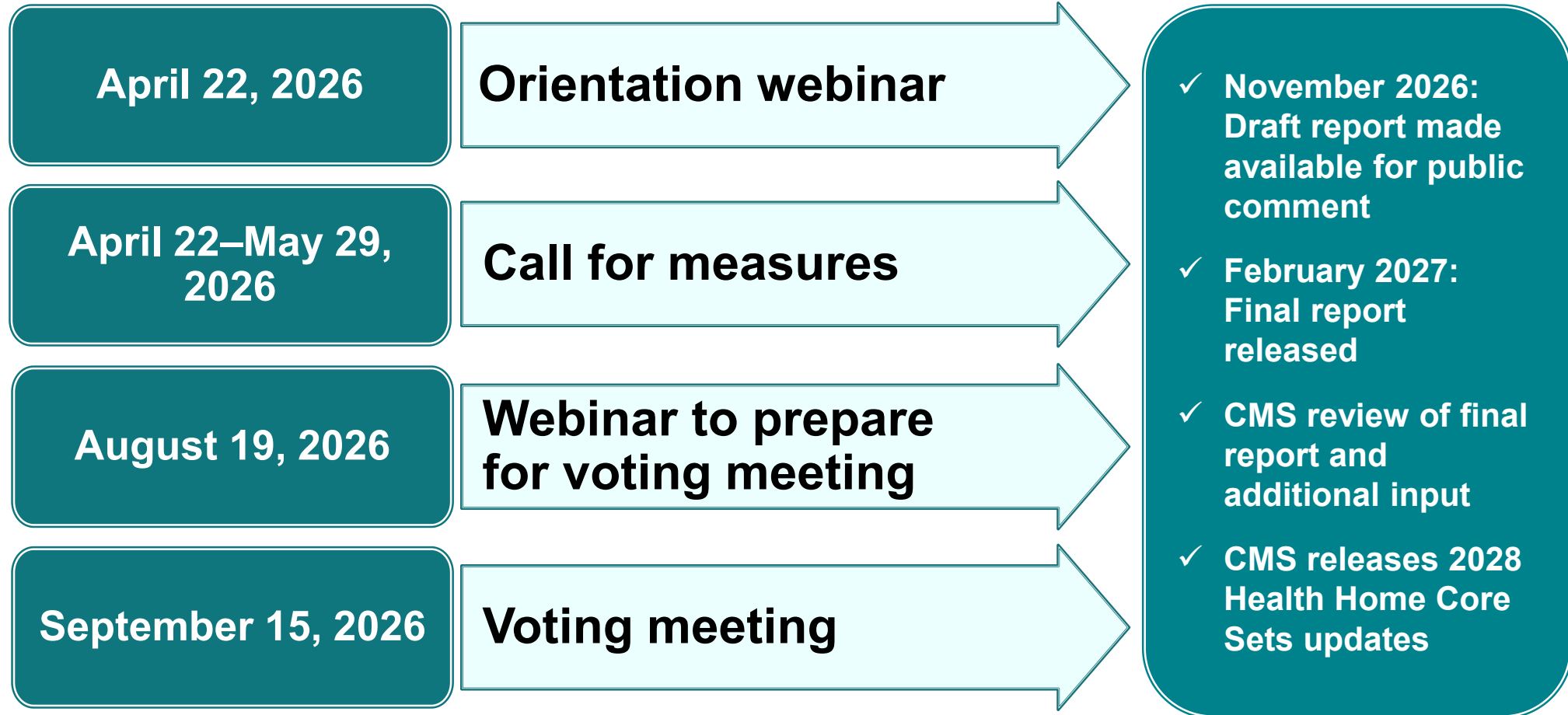
The Medicaid Health Home Core Sets Workgroup for the 2028 Annual Review is charged with assessing the 2027 Medicaid Health Home Core Sets and recommending measures for addition or removal to strengthen and improve the Medicaid Health Home Core Sets

The Workgroup should recommend adding measures that are actionable, aligned, and appropriate for program-level reporting, to ensure the measures can meaningfully drive improvement in quality of care and outcomes for Medicaid Health Home Program enrollees, and the variety of complex chronic conditions supported via Health Home Programs

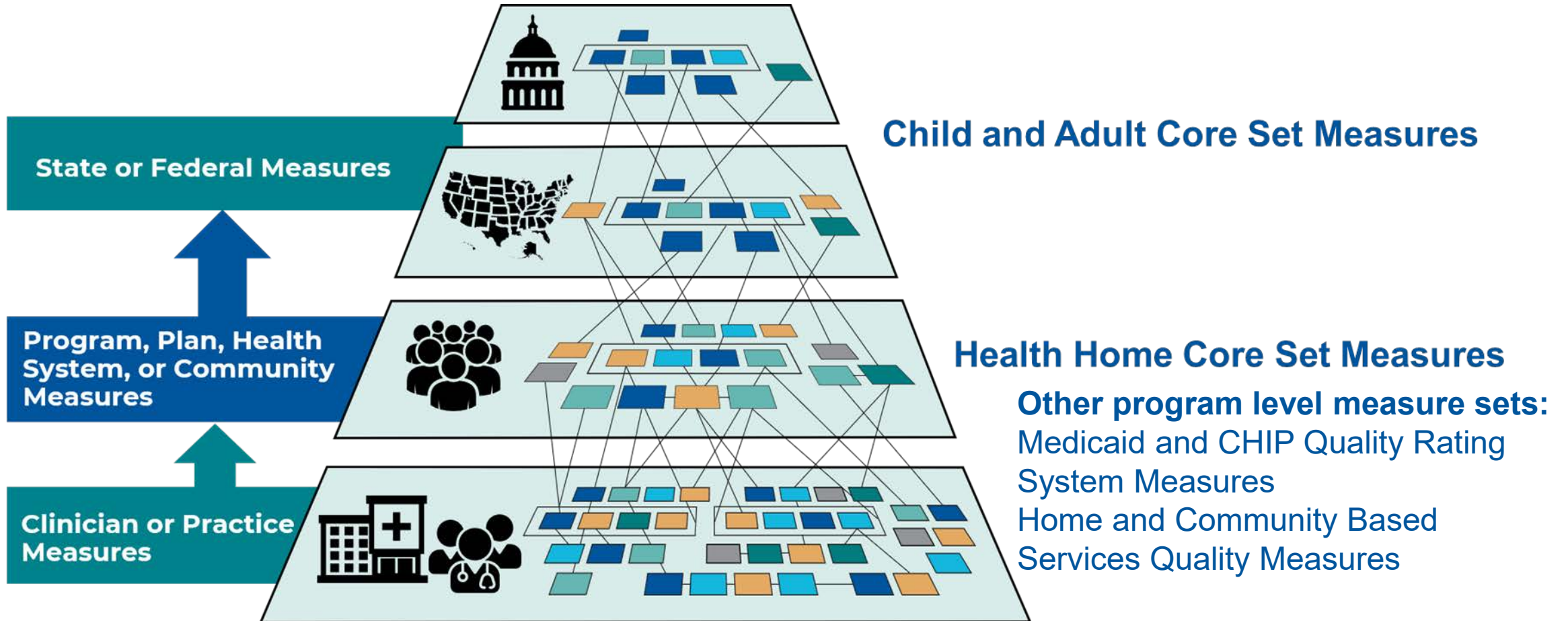
The Workgroup should recommend removing measures that do not provide states and CMS with meaningful and actionable information about quality of care.

Given mandatory reporting requirements, the Workgroup should focus on the feasibility of state reporting by all states for all Medicaid populations.

Planned Milestones for the 2028 Medicaid Health Home Core Sets Annual Review



Alignment Across Multiple Levels to Facilitate Quality Improvement



Mandatory Reporting and Stratification

- Measure reporting is mandatory for *all measures* for all approved 1945 and 1945A Health Home programs that began operation prior to July 1st of the measurement year.
- Feasibility and viability of program-level reporting of current and future Health Home Core Set measures are key considerations for mandatory reporting.
- Workgroup recommendations for the 2028 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.
- Beginning with 2025 Core Sets reporting, states must stratify a subset of mandatory measures by the required stratification categories included in the annual Core Sets guidance. Stratification will be required for all eligible mandatory measures beginning with 2028 Core Sets reporting.

2027 Core Set Updates

- CMS is not adding or retiring any measures for the 2027 1945 and 1945A Health Home Core Sets.
- CMS implemented new stratification standards in addition to the existing standards of race and ethnicity, sex, and geography for state quality measure reporting, adding Foster Care and the Medicaid adult expansion group as mandatory stratification standards.
 - These standards are available for voluntary reporting in 2026 to prepare for mandatory reporting in 2027.¹

Group	Definition	Applicable Health Home Core Set(s)
Foster care population	Beneficiaries who were in foster care at any time during the measurement period using enrollment data to determine foster care status.	1945 and 1945A Health Home Core Sets
Medicaid adult expansion group	Beneficiaries enrolled in adult expansion (under section 1902(a)(10)(A)(i)(VIII) of the Act, and in regulation at 42 C.F.R. § 435.119) in the state plan or through a section 1115 demonstration that provides eligibility for the entire adult group population.	1945 Health Home Core Set

- More information about the 2027 updates detailed in the May 2026 SMDL is available at <https://www.medicaid.gov/federal-policy-guidance/downloads/smd26002.pdf>

¹ Stratified reporting requirements for the 2026 Health Home Core Sets were announced in a State Medicaid Director Letter: <https://www.medicaid.gov/federal-policy-guidance/downloads/smd25002.pdf> and the Final Rule: <https://www.federalregister.gov/documents/2023/08/31/2023-18669/medicaid-program-and-chipmandatory-medicaid-and-childrens-health-insurance-program-chip-core-set>.

2027 Health Home Core Set Measures for Stratification

1945 Health Home Core Set Measures for Stratification *6 measures*

Colorectal Cancer Screening (COL-HH)

Follow-Up After Hospitalization for Mental Illness (FUH-HH)

Controlling High Blood Pressure (CBP-HH)

Follow-Up After Emergency Department Visit for Substance Use (FUA-HH)

Follow-Up After Emergency Department Visit for Mental Illness (FUM-HH)

Use of Pharmacotherapy for Opioid Use Disorder (OUD-HH)

1945A Health Home Core Set Measures for Stratification *3 measures*

Child and Adolescent Well-Care Visits (WCV-HH)

Oral evaluation, dental services (OEV-HH)

Well-Child Visits in the First 30 Months of Life (W30-HH)

Criteria for Assessing Measures

Criteria for the 2028 Medicaid Health Home Core Sets Annual Review

- **To assess measures for inclusion in the 2028 Medicaid Health Home Core Sets, Workgroup members will use criteria in three areas:**
 - **Minimum Technical Feasibility and Appropriateness Requirements**
 - **Actionability**
 - **Other Considerations**
- **To be considered for the 2028 Medicaid Health Home Core Sets, measures suggested for addition must meet *a//* minimum technical feasibility and appropriateness requirements.**

Criteria for Assessing 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.

Criteria for Assessing 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 or 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.

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.

Measures Suggested for Addition to the 2028 1945 and 1945A Medicaid Health Home Core Sets Guidance to Workgroup Members for Reviewing Measures

Measures Suggested for Addition to the Health Home Core Sets

Measure Name	Measure Steward	CMIT #*	Data Collection Method	Age Range	Suggested for 1945 or 1945A Health Home Core Set	Included in 2026 Child or Adult Core Sets
Measures Suggested for Addition¹						
Adults' Access to Preventive/Ambulatory Health Services (AAP)	NCQA	N/A	Administrative	Age 20 and older	1945 Health Home Core Set	No ²
Managed Long-Term Services and Supports Comprehensive Assessment and Update (MLTSS-1) and Fee-for-Service Long-Term Services and Support Comprehensive Assessment and Update (LTSS-1)	CMS	960	Hybrid (Case Management Record and Administrative)	Age 18 and older	1945 Health Home Core Set and 1945A Health Home Core Set	No ³

¹ No measures were suggested for removal from the 2028 1945 or 1945A Health Home Core Sets.

² The Child and Adult Core Sets Annual Review Workgroup reviewed and recommended this measure for addition to the 2028 Adult Core Set. A summary of the discussion for this measure during the 2028 Child and Adult Core Sets Annual Review Workgroup can be found in the Final Report available at <https://www.mathematica.org/-/media/internet/features/2026/child-and-adult-core-set/2028coresetreview-finalreport.pdf>.

³ This measure is included on the proposed 2028 Medicaid Home and Community-Based Services Quality Measure Set. More information is available at <https://www.federalregister.gov/documents/2026/04/28/2026-08190/medicaid-program-2028-medicaid-home-and-community-based-services-quality-measure-set>.

* The CMS Measure 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>.

CMS= Centers for Medicare & Medicaid Services; N/A = Not Applicable; NCQA = National Committee for Quality Assurance.

Guidance for Measure Review (1/2)

- Before the voting meeting, Workgroup members should review the measures suggested for consideration by the Workgroup.
- Mathematica will provide resources to help Workgroup members assess the measures suggested for addition to the Health Home Core Sets.
- To guide their review, Workgroup members should refer to the criteria for addition of new measures.
- The Measure Review Worksheet can be used to record and organize notes, questions, and planned vote for the measures suggested for addition.

Guidance for Measure Review (2/2)

- 1. Review Measure Information Sheets and record notes and questions in measure review worksheet.**
- 2. Consult other available resources as needed including:**
 - [Medicaid and CHIP Beneficiary Profile](#)
 - [Health Home Core Set History Table](#)
 - [Health Home Information Resource Center](#)
 - [Chart Packs and Measure Specific Tables](#)
 - [Health Home Core Set Resource Manual and Technical Specifications](#)
- 3. Assess the measures in relation to the criteria for addition.**
- 4. Record preliminary vote in measure review worksheet.**

Measure Information Sheet: Addition

 Mathematica.
Progress Together

MEASURE INFORMATION SHEET
DO NOT DISTRIBUTE

HEALTH HOME CORE SETS REVIEW WORKGROUP:
MEASURES SUGGESTED FOR ADDITION TO THE 2028 CORE SETS

Measure Information	
Measure name	Adults' Access to Preventive/Ambulatory Health Services (AAP)
Description	The percentage of <u>persons</u> 20 years of age and older who had an ambulatory or preventive care visit during the measurement period.
Measure steward	National Committee for Quality Assurance (NCQA)
Meaningful Measures area(s)	Wellness and Prevention
Measure type	Process
Addition of measure to which Core Set(s)?	1945 Health Home Core Set
Recommended to replace current measure?	No
Is the measure on the Child or Adult Core Set?	No, however the Child and Adult Core Sets Annual Review Workgroup reviewed and recommended this measure for addition to the 2028 Adult Core Set. ¹

Technical Specifications	
Ages	Persons age 20 years and older as of the last day of the measurement period (January 1 through December 31). Report three age stratifications: • Ages 20 to 44. • Ages 45 to 64. • Age 65 and older.
Data collection method	Administrative
Denominator	<u>Persons</u> 20 years of age and older as of December 31 of the measurement period.
Numerator	One or more ambulatory or preventive visits during the measurement period.

1

- Measure information and technical specifications
- Information on minimum technical feasibility and appropriateness
- Whether the data source allows for stratification as defined in established CMS guidance
- Submitters' comments on feasibility and actionability
- Other information, including condition prevalence in Medicaid and CHIP and measure alignment across programs

Voting Meeting Approach and Process

Voting Meeting Logistics

- The virtual voting meeting is scheduled for September 15, 2026.
 - Please note that this is different from the originally announced two-day meeting.
- The meeting will be open to the public.
- Register for the Voting Meeting here:
[https://www.mathematica.org/features/hhcoresetreview.](https://www.mathematica.org/features/hhcoresetreview)
- More information about the meeting agenda and resources will be posted on our website:
[https://www.mathematica.org/features/hhcoresetreview.](https://www.mathematica.org/features/hhcoresetreview)

Approach to Measure Discussion

- **The Workgroup will discuss two measures during the voting meeting:**
 - One measure suggested for addition to the 1945 Health Home Core Set
 - One measure suggested for addition to the 1945 and 1945A Health Home Core Sets
- **The measures will be considered in their specified forms.**
- **Each measure will be discussed and voted on individually.**
 - The measure suggested for addition to the 1945 and 1945A Health Home Core Sets will be voted on twice, once for each Core Set.

Voting Process

- **Voting for each measure will take place after Workgroup discussion and public comment on the measure.**
- **Workgroup members will vote on the measures in their specified form.**
 - Yes = I recommend adding the measure to the Core Set
 - No = I do not recommend adding the measure to the Core Set
- **The measures will be recommended for addition if two-thirds of eligible Workgroup members vote “Yes.”**

Discussion of Gaps at the Voting Meeting

- Every year, the Workgroup identifies a list of gaps in the Core Sets.
- The list of gaps is intended to inform the Call for Measures for the subsequent annual review.
- During the Voting Meeting, the Workgroup will discuss priority gap areas for the 2029 Public Call for Measures.
- Public comment on priorities for the Public Call for Measures will be invited.

Workgroup Homework

- **Review the Measure Information Sheets and record notes and questions in the measure review worksheets.**
- **For state Workgroup members, coordinate with your reporting team to identify experiences with the measures, and come prepared to discuss:**
 - Strengths and challenges of reporting the measures
 - How the measures are used to inform quality improvement
 - Any implementation considerations or lessons learned
- **Prepare for the gaps and priorities discussion by reviewing measure criteria and previously identified gaps.**

Next Steps for Measure Review

- Workgroup members and federal liaisons will receive the measure review materials via email by COB tomorrow, August 20.
- Measure information sheets will be posted publicly at a later date.
- Workgroup members and federal liaisons should email Mathematica with any questions about the measures suggested for addition, voting meeting process, or other logistics.
 - Contact us at MHHCoreSetReview@mathematica-mpr.com.

Co-Chair Remarks

Kim Elliott

Jeannie Wigglesworth

Questions from Workgroup Members

Opportunity for Public Comment

For More Information

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