2028 Health Home Core Sets Annual Review: Orientation Meeting Transcript April 22, 2026, 1:00–2:00 PM ET

Nidaa Ekram

Hello, welcome to the 2028 Medicaid Health Home Core Sets Annual Review Orientation Meeting. Before we get started, we wanted to cover a few technical instructions.

If you are having 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're having issues speaking during workgroup or public comments, please make sure you are not muted on your headset or phone.

Connecting to audio using computer audio or the Call Me feature in Webex are the most reliable options.

Please note that call-in-only users cannot make comments. If you wish to make comments, please make sure your audio is associated with your name in the platform.

Next slide, please.

With that, we will get started. My name is Nidaa Ekram and I am an Advisory Services Analyst at Mathematica. My colleagues and I are part of Mathematica's Technical Assistance and Analytic Support Team for the Medicaid and CHIP Quality Measurement and Improvement Program, which is sponsored by the Center for Medicaid and CHIP Services.

Welcome to the Orientation Meeting for the 2028 Annual Review of the Medicaid 1945 and 1945A Health Home Core Sets. Whether you are listening to the meeting live or listening to a recording, thank you for joining us. I hope everyone is doing well and is ready for another Annual Review together.

Next slide, please.

Now I'd like to share with you the objectives for this meeting. First, we will introduce the workgroup members. We are excited to welcome returning workgroup members as well as members who are joining the workgroup for the first time.

This year's review will focus on updates to the 2028 Health Home Core Sets for both the 1945 and 1945A Health Home Programs. CMS is still finalizing updates related to 2027 Health Home Core Sets reporting, and they will be announcing these updates in the coming months.

Next, we will describe the charge, planned timeline, and vision for the 2028 Annual Review. After that, we will provide background information on the 1945 and 1945A Health Home Core Sets. Finally, we will present the process to suggest measures for addition to or removal from the 2028 Health Home Core Sets. We will take questions from workgroup members and the public near the end of the meeting.

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

Next slide, please.

Now I'd like to acknowledge my colleagues at Mathematica who are part of the Health Core Sets Review Team] Emily Costello, who you will be hearing from later; as well as Maria, Kalidas, Maddie, Fiona, and Brice.

Next slide, please.

Now I'd like to introduce the workgroup for the 2028 Health Home Core Sets Annual Review. In the interest of time today we will not have a roll call. This slide and the next list the workgroup members that are affiliations and whether they are nominated by an organization. However, as we have discussed in the past, workgroup members nominated by an organization do not represent that organization during the review process. All workgroup members are here to provide their expertise as individuals and not as representatives of an organization.

I would like to welcome back the continuing members of our workgroup. I would also like to thank our returning co-chair, Kim Elliott, and welcome Jeannie Wigglesworth as our new co-chair. We're also excited to welcome several new workgroup members who are indicated with an asterisk after their name.

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The roster continues on this slide. Again, new workgroup members are denoted by an asterisk after their name.

As you can see from these two slides, we have assembled a diverse workgroup that spans a range of perspectives, quality measure expertise, and health home program experience.

Thank you to all the workgroup members for your service.

Next slide, please.

We would like to thank our federal liaisons for their participation in the Annual Review process. Federal liaisons are non-voting members of the workgroup reflecting CMS's partnership and collaboration with other agencies to ensure alignment across federal agencies and programs.

We appreciate your time and experience to support this process.

Next slide, please.

The Disclosure of Interest by workgroup members is designed to ensure the highest integrity and public confidence in the activities, advice, and recommendations of the annual workgroup. All member -- all workgroup members are required to disclose any interest that could give rise to a potential conflict or appearance of conflict related to their consideration of quality measures for the Health Home Core Sets.

Each member will review and update the Disclosure of Interest form before the Planned Voting Meeting in September. Any members deemed to have an interest in a measure submitted for consideration will be recused from voting on that measure.

Next slide, please.

This graphic is a visual representation of the planned milestones for the 2028 Medicaid Health Home Core Sets Annual Review.

Thank you for joining us today for the Orientation Meeting.

Additionally, following this meeting, the call for measures for the 2028 Annual Review will be open to the public. May 29th is the deadline to suggest measures for removal or addition.

On August 19th, we plan to reconvene the workgroup to prepare for the voting meeting. We will introduce the measures suggested for consideration for the 2028 Review and describe the process we will use to discuss and vote on measures. The Voting Meeting is planned to take place across two days, September 15th and 16th. Note that all of these meetings are virtual and are open to the public. Registration is open now for all meetings.

This process will accumulate in the development of a report based on the recommendations of the workgroup. We plan for the draft report to be made available for public comment in November. The final report, along with additional input, will inform CMS's update to the 2028 Health Home Core Sets.

Now I would like to invite Sara Rhoades to share some remarks about the 2028 Health Home Core Sets Review. Sara, you have the floor.

Sara Rhoades

Hi. This is Sara Rhoades. I'm the technical director for the Health Homes Program. And I just wanted to thank everyone for joining this call today. It is greatly appreciated not only sitting in on the Orientation, but all the work that this team does to further the quality measures and to try to get good sound measures to give us the information to see how well the Health Homes Program is either benefiting or where the gaps might be in the Health Homes Program for the beneficiaries that we serve. So, on behalf of CMS and the Health Homes Team, I just want to tell everyone I appreciate your time today and thank you so much for being on this call.

Nidaa Ekram

Thank you.

Next slide, please.

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

Next slide, please.

This graphic is a visual representation of the concept of multi-level 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. Health Home Core Set measures are considered program-level measures because they are for distinct subpopulations within the state's Medicaid Program. Other examples of program-level measure sets include the Medicaid and CHIP Quality Rating System Measures and the HCBS Quality Measures Set.

The Child and Adult Core Set measures are considered state-level measures because they are intended to capture all Medicaid and CHIP beneficiaries within the state. State-level measures can then be aggregated to the national level for monitoring the Medicaid and CHIP Programs as a whole.

CMS values alignment of quality measures across programs and levels because it can help drive quality improvement by addressing each level of care so that improvement at one level may lead to improvement at other levels. Moreover, alignment is intended to streamline data collection and reduce reporting burden.

Next slide, please.

We want to share some thoughts about the workgroup's role in strengthening the 2028 Health Home Core Sets. The annual workgroup is designed to identify gaps in the existing Core Sets and suggest updates to strengthen and improve them.

The workgroup must determine if a measure is feasible for reporting, and, if so, also consider the different facets of desirability and viability of adding the measure to the Core Sets.

While there are many good quality measures, we need to keep in mind the perspectives that the measures must be feasible and viable for use in the program-level quality measurement and improvement in Medicaid Health Home Programs, particularly given the mandatory reporting requirements.

Next slide, please.

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

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

Next slide, please.

Section 1945 of the Social Security Act authorized by the Medicaid Health Home State Plan Option to provide comprehensive care coordination to Medicaid beneficiaries with complex needs. Health Home Programs are intended to integrate physical and behavioral health along with long-term services and supports.

States interested in implementing a Health Home Program must submit a State Plan Amendment, or SPA, to CMS. States are able to focus enrollment in 1945 Health Home Programs based on condition and

geography, but cannot limit enrollment by age, delivery system, or dual eligibility status. Each Health Home Program requires a separate SPA, and you will notice that we refer to program-level performance.

Next slide, please.

As you can see here, 1945 Health Home Programs are designed for beneficiaries diagnosed with two chronic conditions, individuals with one chronic condition and who are at risk for a second one, or individuals with a serious mental illness.

Chronic conditions include mental health conditions, substance use disorder, asthma, diabetes, heart disease, and being overweight. Additional chronic conditions, such as HIV or AIDS, may be considered by CMS for approval.

Next slide, please.

This slide lists the core services provided by Health Home Programs. The services include comprehensive care management; care coordination; health promotion; comprehensive transitional care from inpatient to other settings, including appropriate follow-up; individual and family support services; referral to community and social services; and the use of health information technology to link services as feasible and appropriate.

Next slide, please.

This chart shows the distribution of 1945 Health Home Programs by target population over the last three reporting cycles. In 2024, the most recent reporting cycle for which publicly reported data are available, there were 14 Health Home Programs serving individuals with serious mental illness, eight programs serving individuals with chronic conditions, and five programs serving individuals with substance use disorders. There are also six hybrid Health Home Programs which refer to those that have two or more focus areas. There is one Health Home focused on supporting individuals with HIV or AIDS.

As a condition of the payment, Health Home providers are required to report quality measures to the state, and states are expected to report program-level measures to CMS. As mentioned earlier, states are expected to report all of the 1945 Health Home Core Set measures regardless of their focus area.

Next slide, please.

This slide shows the percentage of Health Home Programs that reported each of the 1945 Health Home Core Set measures from 2022 to 2024.

In 2024, the first year of mandatory reporting, all 34 Health Homes reported all measures, as indicated by the dark blue bars. The teal bars indicate the percentage of Health Home Programs reporting a given measure for 2023 Core Set reporting, and the yellow bars indicate the percentage for 2022 Core Set reporting.

Of note, the Ambulatory Care Emergency Department Visits measures, or AMBHH, is being retired by NCQA for HEDIS measure year 2024. This aligns with the 2025 Health Home Core Set reporting. Additionally, CMS removed PQI92 from the 2025 1945 Health Home Core Sets following workgroup recommendations.

Next slide, please.

This slide contains a table of reporting years. We included this to help frame the focus of the current review cycle.

The 2025 Core Set reporting year, often referred to as the 2025 Core Set, was the first year of mandatory stratification for a subset of measures. States reported 2025 Core Set data in fall 2025.

The 2026 Core Set is the most recent version of the 1945 Health Home Core Set that CMS has released. States will report 2026 Core Set data in fall of 2026.

The 2028 Health Home Core Set, which states will report in fall of 2028, is the focus of the current review cycle.

Next slide, please.

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

The Accountability Act of 2019 authorized states to cover Health Home state plan benefits for Medicaid-eligible children with medically complex conditions, and enacted Section 1945A of the Social Security Act. Under Section 1945A, beginning October 1, 2022, states had the option to cover Health Home services for Medicaid-eligible children with medically complex conditions as defined under 1945A of the Act. The State Medicaid director letter with information on the 1945A Health Home benefit was released on August 1, 2022, and is accessible by the link on this slide.

At this time, there are no approved 1945A Health Home Programs, though there are several states that have been in communication with CMS related to the submission of a state plan amendment.

Next slide, please.

1945A Health Home Programs coordinate prompt care for children with medically complex conditions, including access to pediatric emergency services at all times.

The programs develop an individualized comprehensive pediatric family-centered plan for children with medically complex conditions that accommodates patients' preference.

These programs will 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.

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

Next slide, please.

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

Another key difference between 1945 and 1945A Health Home Programs is that enrollment in a 1945A program is eligibility driven. For 1945 Health Home Programs, enrollment is condition driven.

To qualify for 1945A Health Home services, beneficiaries must be under 21 years of age with a medically complex condition and be eligible for medical assistance or under a waiver of the state plan, which CMS interprets to include eligibility under a Section 1115 demonstration.

A child with medically complex conditions must have at least one or more chronic conditions that severely reduces cognitive or physical functioning, such as the ability to eat, drink, or breathe independently, and that also requires the use of medication, durable medical equipment, therapy, surgery, and other treatments, or one life-limiting disease or rare pediatric disease as defined in the Section 529 of the Federal Food, Drug and Cosmetic Act.

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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. Programs must include all measure-eligible populations in reporting regardless of the Health Home's target population.

Beginning with the most recent reported 2025 Core Sets, states are expected to stratify a subset of mandatory measures, and stratification will be required for all eligible mandatory measures beginning with 2028 Core Set reporting.

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

CMS is adding two new optional stratification categories for 2026 reporting. CMS has a strong interest in understanding quality of care for children in foster care and adults covered under Medicaid expansion programs, and encourages states to collect and report stratified data on these populations for 2026.

More information related to these stratification categories is forthcoming.

Next slide, please.

As a reminder, the workgroup recommended adding one measure to the 2027 1945 Health Home Core Set, Adult Immunization Status, or AIS.

The workgroup did not recommend removing any measures from the 2027 1945 Health Home Core Set.

The workgroup did not recommend any measures for addition to or removal from the 1945A Health Home Core Set.

The final list of 2027 1945 and 1945A Health Home Core Set measures are forthcoming.

With that, I will hand it over to my colleague Emily to take questions and talk about the call for measures.

Emily Costello

Thanks, Nidaa. I would like to pause here and open it up for questions from the workgroup. There will be another opportunity for questions later in the presentation. Please raise your hand if you wish to speak and we will have our team unmute you.

[Pause for questions]

All right, not seeing any, we will move along. All right,

Next slide, please.

Like last year, the Call for Measures for the 2028 1945 and 1945A Health Home Core Sets will be open to all members of the public.

Next slide, please.

To focus the Call for Measures on measures that are a good fit for the 1945 and 1945A Health Home Core Sets, Mathematica has defined the criteria for addition and removal in three areas.

For addition: proposed measures must meet all criteria in the minimum technical feasibility and appropriateness category. This ensures that added measures are reliable, actionable, and suitable for program-level reporting.

For removals: a measure may be considered for removal if it meets at least one criterion in any category. This allows for greater flexibility in removing measures that may no longer be relevant, useful, or feasible.

These guidelines help maintain the integrity and value of the Core Sets while also supporting continuous improvement.

Next slide.

Now I'll begin with the criterion for suggesting measures for addition. This list of criteria is available in the Call for Measures Material Packet, which will be posted on our website, so I'll review them at a higher level here.

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

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

It must have been tested in State Medicaid or CHIP Programs or currently be in use by one or more Medicaid or CHIP Programs according to the measure specifications.

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

The specifications and data source should allow states to calculate the measure consistently. The measure should align with current clinical guidelines and/or positive health outcomes. The measure must include technical specifications including Core Sets that are -- including code sets that are provided free of charge for state use in the 1945 and 1945A Health Home Core Sets.

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

Next slide.

Next, we have the actionability criteria. Criteria in this area assesses whether the measure addresses a priority for improving health care delivery and outcomes in Medicaid Health Home Programs whether the measure can be stratified by required stratification categories, whether the measure can be used to assess progress in improving health care delivery and outcomes, and whether the measure would fill a gap in the Health Home Core Sets.

Other considerations for suggesting a measure for addition include: whether the condition being measured is prevalent enough to produce reliable and meaningful results; whether the measure is aligned with those used in other CMS programs; if adding the measure to the Core Sets will result in substantial additional data collection burden for providers or Health Home enrollees; whether all Health Home Programs will be able to produce new measures for Core Set reporting within two years of the measure being added to the Core Sets; if the code sets and codes specified in the measure are in use by Medicaid and CHIP Programs or otherwise readily available to Medicaid and CHIP Programs to support calculation of the measure. These criteria help ensure that each new measure is not only technically feasible, but also actionable, impactful, and aligned with broader federal priorities.

Next slide.

Now for the criteria for suggesting measures for removal. We ask that workgroup members and the public review the current measures and consider whether any measures no longer fit the criteria for inclusion on the Health Home Core Sets. To make this a bit easier, we've provided a set of criteria for removal, which reflect reasons that a measure may no longer meet the criteria for inclusion. Under technical feasibility, this could be that the measure is not fully developed, that the majority of states have difficulty accessing the data source, or that results across states are inconsistent for reasons like variation in coding or data completeness.

For actionability, a measure could be suggested for removal if it's no longer aligned with priorities, it's not suitable for comparative analysis, is topped out if improvement on the measure is outside the direct influence of Medicaid Health Home providers, if the measure no longer aligns with current clinical guidelines and/or positive health outcomes, or if the measure has been suggested for replacement by one that is more broadly applicable, more proximal in time to desired enrollee outcomes and/or is more strongly associated with desired enrollee outcomes.

Next slide.

Other considerations include whether the condition being measured is not prevalent enough to produce reliable and meaningful program-level results, whether the measure is not aligned across federal programs, whether all programs cannot produce the measure for Core Set reporting within two years of it being added to the Core Sets, and whether including the measure on the Core Sets results in a substantial data collection burden for providers or Medicaid Health Home enrollees.

We encourage anyone interested in suggesting a measure for addition or removal to review the Call for Measures Materials Packet, which will be available on our website, which includes a list of measures previously discussed by the workgroup that were either not recommended for removal or were recommended for removal, but were retained on the Core Sets by CMS. We understand that circumstances can change over time and we suggest becoming familiar with and building on prior annual reviews.

Next slide.

Before we transition into the Call for Measures process, I want to first take a moment to recap the work of the 2027 Health Home Core Sets Annual Review Workgroup.

As part of the measure process, any measures proposed for addition should also aim to address a gap in the Core Sets in line with the actionability criteria.

The 2027 Annual Review Workgroup identified and discussed several gap areas.

During the discussion, the workgroup identified gap areas as measures related to organ systems, patient-reported outcomes and experience of care, prevention and screenings, as well as methodological considerations.

Additionally, we would like to highlight two HHS priority areas.

The first is wellness and prevention, including primary prevention, which focuses on preventing the onset of disease or injury; secondary prevention, which aims to detect and treat diseases early; and tertiary prevention, which focuses on managing conditions to minimize their impact.

The second priority is targeting care for children with chronic conditions.

These gap areas help guide the selection of new measures by highlighting where additional measurement is most needed to improve care quality and health outcomes.

In some cases, measures may not be available to fill a potential gap, resulting in suggestions for additional measure development or refinement. Nevertheless, this information may be helpful as a starting point for considering updates to strengthen the Health Home Core Sets as well as longer-term planning for future Core Sets.

The full list of gap areas is available in the Call for Measures Materials Packet on our website.

Next slide.

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

Next slide.

As part of the Call for Measures, anyone, including workgroup members, federal liaisons, and members of the public, are invited to suggest measures for addition to or removal from the 2028 1945 and 1945A Health Home Core Sets.

The Call for Measures process opens today. After this meeting, you may use the links on the slide to access: the form to suggest the measure for addition, the form to suggest a measure for removal, and additional resources to support the Call for Measures process.

These materials will be available on our website. Our team will also send out an email with links to the forms and instructions for suggesting measures for addition or removal.

All measure suggestions are due by Friday, May 29th at 8:00 p.m. Eastern time.

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Our website includes many resources which workgroup members and the public should use to inform their measure suggestions.

If you navigate to the 2028 Resources tab on our website and filter by Call for Measures, you will see a comprehensive list of resources that are available to support the Call for Measures process.

A few resources that may be particularly helpful are the Call for Measures Materials Packet. This packet includes instructions for suggesting measures including the criteria which we reviewed earlier, a list of measures previously -- a list of measures discussed during previous workgroup meetings, a list of previously identified gaps, and the 2025 and 2026 Health Home Core Sets Measures lists.

The 2028 Resources section of the website also contains background resources on the 1945 and 1945A Health Home Core Sets, Word previews of measure suggestion forms, and a Measures Submission Tips and FAQ Resource, which I will preview shortly.

Next slide.

This slide has a preview of the form to suggest a measure for addition to the Health Home Core Sets. If you clink -- if you click on the Submission Form link provided on this slide, you'll arrive at the starting page. Click the Start button in the lower-left corner of the page to advance the form and complete your submission. The form to suggest a measure for removal looks very similar.

Both forms are web based and were designed to be user friendly and accessible for the public -- to the public.

If you experience any technical difficulties with the form, please email our team for support.

Next slide.

We want to provide some general tips on submitting measure suggestions.

First, the measure submission forms are the most important input to the materials that workgroup members review prior to the Voting Meeting.

The form is really your best opportunity to explain why the workgroup should consider a measure for addition or removal. Please provide evidence to support your suggestion, including citations and links where applicable.

If you have suggested a measure that the workgroup has considered in the past, but not recommended, please include detailed and specific information about why you're suggesting the measure be reconsidered.

And, for measures suggested for addition, just another reminder to be sure that you address all of the minimum technical feasibility and appropriateness criteria we reviewed earlier. If there is an existing Health Home Core Set measure that are similar to the measure you are considering -- that you are suggesting for addition, consider suggesting an existing measure for removal.

New this year, when suggesting a new measure to replace an existing Health Home Core Sets measure, submit your rationale for the substitution using the additions form only. You will not be required to submit both an addition and removal form.

In terms of the technical details, we recommend that you review the Word previews of the forms, which will be available on our website, to ensure that you have all of the required information before you start the online forms.

If there's any additional information you can't include in the form, you can submit it as an attachment at the end of the form or you may also send it to our team via email.

Next slide.

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

The first question we've been asked a lot is whether all measures submitted will be considered by the workgroup during the Voting Meeting. And the answer is no.

Our team will review all measure submission forms and determine which measures meet the criteria for the workgroup's review and discussion.

One reason why a measure may not be discussed is if the submission form is incomplete or the questions in the form are not fully addressed.

Another reason is if the measure has been previously discussed and the submitter did not provide strong justification or new evidence explaining why the workgroup should reconsider the measure.

Measures suggested for addition must also meet the minimum technical feasibility and appropriateness criteria to be considered by the workgroup. During past reviews, the most common reason why a measure

suggested for addition has not been considered is that it has not been tested in Medicaid or CHIP and/or was not in use by Medicaid and CHIP Programs.

Another question we've been asked is what do we mean by "strong justification and new evidence" that would justify the workgroup reconsidering a measure that has been discussed in the past?

This slide does not contain a comprehensive list of all the reasons why the workgroup might reconsider a measure, but some examples include: a substantive change to the measure's technical specifications that impacts the feasibility of program-level reporting, for example, a change to the data collection method or required code sets; evidence that a measure has been widely adopted by states since the last time it was considered; or a change in the relevant clinical guidelines or population health conditions.

Next slide.

As I mentioned, historically, the most common reason why a measure suggested for addition has not been discussed by the workgroup is that it has not been tested in Medicaid or CHIP and was not in use by Medicaid and -- by state Medicaid and CHIP Programs. So we wanted to explain what we mean by "testing in Medicaid and/or CHIP Programs" and "state use" of a measure.

Looking at the testing piece first, to meet minimum technical feasibility and appropriateness requirements, measures must have been field tested in or be currently in use by state Medicaid and CHIP Programs.

Field testing, also known as beta testing, occurs after the development of complete specifications and is designed to test implementation and usability in the target population, in this case, State Medicaid and CHIP Programs.

By "state use," we mean that the measure must be in current use according to technical specifications by at least one State Medicaid or CHIP Program.

If a state has adapted the specifications of an existing quality measure, for example, by changing the data collection method or codes used, this does NOT qualify as state use of the measure.

Finally, we wanted to close out with the answer to one frequently asked technical question, which is, "Will I need to complete the form in one session or is there an option to save my work and continue later?"

Both forms do include an option to save your work and continue later.

But please note, you must complete all required questions on a given page before you can access the "Save and Continue Later" feature.

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

Next slide.

And now I'd like to invite our co-chairs, Kim Elliot and Jeannie Wigglesworth, to offer a brief welcome and share their vision for the 2028 Core Sets Review. Fiona, can you please unmute Kim and Jeannie?

Kim, I will turn to you first and then, Jeannie, you're welcome to speak.

Kim Elliot

Wonderful. I would also like to welcome everyone to the Health Home Core Set Workgroup Meeting, and thank you all in advance for all the work that you're about to start. I am really excited to start the Measure Review process. I find that there's so much value in the work that we do. The opportunity to make an impact on improving outcomes for individuals served through the Health Home is so important.

The Core Set Workgroup meetings help ensure that measures are included that allow us to measure access to and quality of care and service delivery for vulnerable members enrolled in Health Homes, including individuals with chronic conditions or serious mental illness. I appreciate the wide range of subject matter expertise that each workgroup member brings to this work.

As we begin our work, we need to think about the population served through Health Homes, including those in both the 1945 and 1945A Health Homes, and review the measure sets to determine what measures would add value, fill gaps, and have the potential to improve outcomes through measurement for the individuals served through Health Homes. Individuals enrolled in Health Homes are challenged with chronic illnesses and serious mental illness.

Therefore, logically, measures that we often discuss in our workgroup meetings include the measures that are focused on recommended care and services to address those specific conditions. Enrollment in Health Homes may go beyond traditional Medicaid populations to include, as example, populations -- individuals that qualify through Medicaid expansion or are foster children.
As we think about the current measure set and what measures we will recommend for addition to the Health Home Measure Set, I'd like to encourage everyone to recommend a measure that will advance the goals of the Health Home Program.

In doing so, I'd like to encourage us to think about all of the populations that may be served through Health Homes and, of course, consider the types of services that may add some value to this Core Set, such as comprehensive care management, care coordination, health promotion, support services that families or individuals receive and maybe even the community, and social support services.

I'd like to encourage everyone to participate in the process fully and suggest measures for inclusion in the Health Home Core Sets that focus on areas that are priorities or advance the Health Home goals.

Perhaps consider prevention measures, early identification, early diagnosis measures. Sometimes we are so focused on specific conditions that we don't think about the potential positive impacts preventive and early diagnosis measures could have on overall outcomes and quality of life for individuals served in Health Homes. We should think about the whole person in addition to body systems as we consider measures. In the past, we've discussed member experience measures, including those that measure critical components of Health Homes, such as care management services.

Measuring the effectiveness of Health Home service delivery, such as care management, may have the potential to drive outcome improvement as measured through the Health Home Core Set. I'd like to thank Mathematica. They always provide a whole lot of really excellent and exceptional resources for us to use so please take advantage of those.

And now I would like to turn it over to Jeannie for her opening remarks.

Jeannie Wigglesworth

Hello. I am really honored to be sitting in this position today. I have worked in the behavioral health field since 1992. And being able to be part of the Health Homes is just so exciting to me because this is something that's been needed for a very, very long time. I work in Connecticut for Carelon, which is a behavioral health Medicaid ASO. And I also oversee Connecticut's Health Home as well. I think these groups are so important to me, or why I was so interested in playing this role, is it's not only thinking of measures, but it impacts so many other things.

I think anyway, in Connecticut, the Health Homes kind of blaze the way when it comes to collaboration and coordinating data. You know, a lot -- what -- the big move, right, correct me if I'm wrong, but, for CMS, is digital, digital, supplemental. And that really puts us on kind of the realm of -- front edge of thinking about that, collecting that. And it also makes us think, I think, more in depth about the interventions that are needed for each of these measures. There are a lot of measures. Right?

So what is the most beneficial intervention and what are the most beneficial measures that you're going to see a big impact not only -- mostly -- well, for member out -- member results, but also, you know, increasing the quality of our data and our outcomes, and being able -- and the last thing I think why I love these type of things is that people are able to share across the nation what has worked for them, what hasn't worked for them because there may be another state that, you know, is struggling with a certain way of collecting data or figuring out the most effective intervention or collaborative effort and, you know, these type of groups really just open the door for that.

And the amount and wealth of information I get from these, you know, is invaluable. So I very much appreciate to be here. And I hope to have these more in-depth conversations around these measures that include some of those things, you know, that I -- that I talked about. Thank you.

Nidaa Ekram

Thank you, Jeannie. Thank you, Kim.

You can move to the next slide.

Now I will open it back up for workgroup member questions. Again, please raise your hand if you wish to speak and we will call on you. All right, I'm not seeing any. We can go to the next slide. Now we will open it for any public comments. As a reminder, please raise your hand if you wish to speak and introduce yourself, including your affiliation. All right, not seeing any.

We can move to the next slide.

Now I will wrap up and recap the next steps.

Next slide, please.

As we mentioned earlier, the forms to suggest a measure for addition to or removal from the Health Home Core Sets are now live. Everyone on our mailing list and all attendees from today's webinar will receive an email tomorrow with the links to the submission forms and the instructions for suggesting measures for additional or removal. All submissions are due no later than 8:00 p.m. Eastern time on Friday, May 29, 2026.

The meeting to prepare for the Voting Meeting is planned for August 19, 2026 from 1:00 to 2:00 p.m. Eastern time via webinar. The Voting Meeting is planned for September 15 and 16, 2026 from 11:00 a.m. to 3:00 p.m. Eastern time, also via webinar. Both meetings are open to the public and registration is available at the link on this slide and also on our website.

Next slide, please.

On this slide, you will see links that will lead you to key resources on medicaid.gov and the Health Home Core Sets Annual Review web page. In addition to the Call for Measures resources, the Annual Review web page includes previous reports, agendas, and slides for each meeting.

Next slide.

If you have any questions about the Health Home Core Sets Annual Review, please review our team -- please review our team at MHHCoreSetReview@mathematica-mpr.com. And this email is listed on all of the materials as well.

Next slide.

We want to thank everyone for participating in today's meeting. This meeting is now adjourned.