

**Medicaid Health Home Core Set Stakeholder Workgroup:  
2023 Annual Review Webinar to Prepare for the Voting Meeting  
Transcript**

**June 21, 2022, 1:00 – 2:00 PM ET**

Welcome, everyone, to the 2023 Medicaid Health Home Core Set Stakeholder Workgroup webinar to prepare for the voting meeting. My name is Tricia Rowan, and I'm a Senior Researcher at Mathematica. Before we get started with today's event, let me just cover a few housekeeping items.

Next slide.

All attendees of today's webinar have entered the meeting muted. There will be opportunities during the webinar for Workgroup members and the public to make comments. To make a comment, please use the raise hand feature in the lower right corner of the participant panel. A hand icon will appear next to your name in the attendee list.

Those who are using the browser or mobile app can find the raise hand icon by clicking the ellipsis icon. You'll find the option to raise your hand in that list. You'll be unmuted in the order in which your hand was raised. Please wait for your cue to speak and remember to lower your hand when you have finished speaking by following the same process you used to raise your hand. Please note that the chat is disabled for this webinar, and you can use the Q&A feature if you need support.

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If you have any technical issues during today's webinar, please send the event producer a message through the Q&A function located at the bottom right of your screen. If you're on the browser or mobile app, look for the question mark icon. If you're having issues speaking during Workgroup or public comment periods, please make sure you are not also muted on your headset or telephone. Connecting to audio using computer audio or the "Call Me" feature are the most reliable options. Instructions for adjusting your audio are on this slide.

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Now I'd like to turn it over to my colleague, Margo Rosenbach.

Thank you, Tricia. Good afternoon, everyone, or good morning if you're joining us from another time zone. My name is Margo Rosenbach. And I'm a Vice-President

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at Mathematica. I direct Mathematica's Technical Assistance and Analytics Support team for the Medicaid and CHIP Quality Measurement and Improvement Program, which is sponsored by the Center for Medicaid and CHIP Services or CMCS.

It's my pleasure to welcome you to the second meeting for the 2023 review of the Medicaid Health Home Core Set, and whether you're listening to the meeting live or listening to a recording, thank you for joining us.

Next slide.

Now I'd like to share the objectives for this meeting. First, we'll discuss the measure review strategy and recap the criteria for addition to or removal from the Medicaid Health Home Core Set. Second, we'll identify the measure suggested for addition to the 2023 Health Home Core Set, next we'll describe resources that are available to workgroup members to aid in their review of the measure being discussed at the voting meeting. And we'll also present the agenda, approach, and logistics for the voting meeting. Finally, we'll provide an opportunity for public comment.

As you can tell, we have a full agenda today, and the purpose of this meeting is to convey information about the review process. We won't have time today to engage in discussion about the Health Home Core Set or individual measures, but we will have plenty of time for discussion at the voting meeting next month.

Next slide.

I'd like to acknowledge my colleagues at Mathematica, who are part of this review team - Tricia, Ilse, Dayna, Eunice, Erin, and Jeral. We're all still working from home, or many of us, and I appreciate all their efforts to implement this virtual review process. And now I'll pass it back to Tricia.

Great, thanks, Margo. Next slide.

So, we would like to conduct a formal roll call of the Workgroup for the 2023 Medicaid Health Home Core Set annual review. This slide and the next one list the Workgroup members and their organizational affiliations. However, as we've mentioned in the past, Workgroup members that are nominated by an organization but 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. So, let's do a roll call. We'll go in the order that folks appear on the slide. Fran Jensen, if you could just unmute your line and say hi, and we'll make sure everyone's here.

Hi, everybody. This is Fran from Maine, and I actually am sitting outside so if you can't hear me, I will go inside.

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Sounds lovely, Fran. We can hear you just fine.

Great.

Kim Elliot.

Kim Elliot, and welcome everyone. I'm with Health Services Advisory Group.

Thanks, Kim.

Carrie Amero. Is Carrie on the line? I don't see Carrie logged in. Carrie, if you are connected via telephone only, if you could just let us know by either raising your hand or putting something in the Q&A.

Let's move on to David Basel, you can raise your hand and we'll unmute you.

Good afternoon. Dave Basel, Avera Health, Sioux Falls, South Dakota.

Thank you. Dee Brown. I don't see Dee.

Let's move on to James Bush. I don't see Dr. Bush. If you are in the audience, please use the raise your hand feature and we will unmute your line. Next, we have Karolina Craft.

Hi. Welcome, everyone. This is Karolina. I'm the Quality Director currently with United until July.

Thanks, Karolina. Amy Houtrow.

Hi, everyone. My name is Amy Houtrow. I'm from the University of Pittsburgh and do quality and outcomes research.

Great. Thank you. Let's go on to the next slide. Do we have Pamela Lester?

Hello. Yep. Pam Lester here from Iowa Medicaid.

Okay. Thank you, Elizabeth Nichols.

Hi, this is Libby Nichols. I'm from the New York State Department of Health doing quality in the Office of Quality and Patient Safety for Health Homes.

Lydia Orth. I don't see Lydia. Do we have Linette Scott? Derek, can you unmute Linette's line?

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Good morning, this is Linette Scott from California. I'm with the State Medicaid Program and I'm happy to be here. Thank you.

Thanks, Linette. Next, we have Sara Toomey.

Hi, I'm Sara Toomey, SVP Chief Safety and Quality Officer here at Boston Children's. Happy to be here.

Thanks for joining, and Laura Vegas. I see Laura is connected via the mobile app. Are we able to unmute Laura's line?

Laura's line is unmuted.

Okay.

Hello. Can you hear me?

Hi, Laura.

I'm so sorry. I apologize. I'm actually driving. I had to travel unexpectedly. But yes, I'm here, Laura Vegas with the National Association of State DD Directors, and I am the Director of the National Core Indicators.

Thanks, Laura. All right.

Why don't we go on to the next slide.

So, this slide presents the federal liaisons who are joining this group, which reflects CMS's partnership and collaboration with other agencies to measure alignment across federal agencies and programs. Federal liaisons are nonvoting members of the Workgroup, and we thank them for their participation in the annual review process.

Before we move on from the roll call, I would just ask folks, if you still have your hands raised, if you wouldn't mind lowering your hand in the WebEx platform. That'll just make it a little easier to manage the discussion later on, thank you. So, at this time, I'd like to give our Workgroup co-chairs Fran and Kim an opportunity to provide their thoughts on where we are in the annual review process. So, Kim, would you like to go first?

Sure, thank you so much. So, I do want to welcome everybody to the Health Home Core Set Stakeholder Workgroup meeting. We've got a lot of work ahead of us as we always do, but because we are charged with assessing the 2022 Medicaid Health Home Core Set, other things that we really want to focus on in this meeting is identifying gaps in the Core Set, making recommendations that

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will strengthen and improve the Medicaid Health Home Core Set. And these Core Set meetings are really critically important.

We often hear, “what gets measured gets done”, so it's really important to ensure that we include measures that serve the purpose of measuring access to, quality of, and service delivery. This meeting really serves as the preparation and kickoff to our review of the measure that's been proposed. And we want to do a really good job of reviewing the different measures that we do get presented for the Core Set, because it's important to also identify and fill in the gaps and consider measures that may strengthen the ability to measure outcomes of the work that we are all focused on. And it also provides an opportunity to ensure high quality care and improved outcomes for the people that we're all charged with serving in the Medicaid community.

So, we really do want to focus on strengthening our Core Set whenever possible, but really selecting measures that are actionable, have access to appropriate data to be able to do the measurements, and measures that are really going to make a difference in the lives of the people that we're serving. So, again, welcome to everybody. We've got a lot of work ahead of us, really exciting work. And I'd like to turn it over to Fran to do a welcome as well.

Thanks, Kim, appreciate the opportunity, and again, welcome everybody. This is a really fun meeting and Kim's points are really, really important. And I think we should -- or I'd like to charge the group with focusing on ensuring alignment with other measure sets to the extent possible. As a provider myself, alignment, both multiplayer and within programs, is a large goal of mine in terms of creating programs that support providers as well as beneficiaries, or members as we call them here in Maine.

In particular here, we are actually an aligned payer with Primary Care First, which is the Medicare model for primary care, and we're actually launching a new primary care model July 1st, which is super cool. And that in itself, those quality measures align with our Accountable Communities, which then align with the Medicare ACOs to the extent where it makes sense to do that.

So, we have risk adjustment, for the complexity of the patient population, we have, obviously quality measures built in. And we also are hiring a quality vendor to ensure that the processes of reporting those measures are indeed as smooth as possible. And then we are also making investments for tools to support practices that can manage their populations, to speak to those measures or to ensure that those measures are, to Kim's point, actionable and useful.

And finally, we are expanding our technical assistance and hope to utilize the fabulous support of Mathematica moving forward for all those practices. So, I think this work is extremely important and look forward to your participation in this

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work as we support our members [to] receive the access to quality care throughout the country. And now I'll turn it back to you, Tricia. Right?

Yeah, thanks, Fran and Kim, and for both of your willingness to serve as co-chairs of this group. Now let's go to the next slide please.

So, this graphic is a visual representation of the milestones for the 2023 review process. We convened this Workgroup with the orientation meeting back in February and opened the call for measures for the 2023 annual review on February 23rd. Today, we have reconvened the group to prepare for the voting meeting. We will introduce the measure suggested for consideration for the 2023 review and describe the process that we will use to vote on those measures. The voting meeting will be virtual and will take place on July 19th. We'll have a one-day meeting instead of the originally announced three-day voting meeting. This process will culminate in the development of a draft report based on the recommendations of the Workgroup. The report will be made available for public comment and the final report, along with additional stakeholder input, will inform CMS's updates to the 2023 Health Home Core Set which will be released by December 31st, 2022.

Next slide. Now I would like to turn it over to my colleague Jeral Self to discuss the measure review strategy and criteria.

Thanks, Tricia. Next slide.

I will now describe the Workgroup charge for the 2023 Medicaid Health Home Core Set Annual Review, We define the Workgroup charge as follows: the Medicaid Health Home Core Set Stakeholder Workgroup for the 2023 annual review is charged with assessing the 2022 Health Home Core Set and recommending measures for addition or removal in order to strengthen and improve the Medicaid Health Home Core Set.

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

Next slide.

We wanted to share some thoughts with the Workgroup about their role in strengthening the 2023 Health Home Core Set, building on our experiences from last year. As you know, the annual review process is designed to identify gaps in the existing Health Home Core Set and suggest measures for addition or removal that will strengthen and improve the Core Set. This can involve suggesting new measures for addition to fill gaps or suggesting existing

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measures for removal because they no longer meet the criteria for inclusion that we will discuss later in this meeting.

We wanted to highlight that there is an inherent balance across three different facets of desirability, feasibility, and viability. Here we show a Venn diagram that depicts the intersection of a measure's desirability from the perspective of diverse stakeholders, technical feasibility for program-level reporting, and financial and operational viability based on state resources. There are many good quality measures, but we need to keep in mind that the measures must be good for use in program-level quality measurement and improvement for Medicaid health home programs.

We also give an example of the types of tradeoffs that Workgroup members should consider. While outcome measures may be more desirable to stakeholders than process measures, the Workgroup also needs to consider the feasibility and viability for program-level reporting. For example, quality measures that reflect health outcomes may be more desirable than process measures, but they may be more challenging to report based on data availability and resource intensity.

Next slide.

Now, I'd like to suggest how this translates to the Workgroup's charge as part of the Core Set review process. First, the Workgroup is charged with identifying quality measures that are desirable to diverse stakeholders, including CMS and states, for the purpose of assessing the quality of care provided to Medicaid health home enrollees.

And second, feasibility and viability of program-level reporting are also key considerations when assessing measures, since health home programs generally serve smaller populations of beneficiaries with chronic conditions that may not be highly prevalent within the Medicaid population.

Workgroup members should also consider alignment with the Child and Adult Core Sets when considering measures for the Health Home Core Set. Alignment of measures across these Core Sets can reduce the reporting burden on states and allow for monitoring the quality of care across different the populations in the Medicaid program.

Next slide.

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

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

Next slide please.

To help Workgroup members review the measures that have been suggested, we wanted to recap Mathematica's defined criteria for addition and removal in three areas. These areas are minimal technical feasibility, actionability and strategic priority, and other considerations. These are the same criteria used in the review of measures for the Child and Adult Core Set.

As a reminder, all measures considered for the 2023 Health Home Core Set must meet minimum technical feasibility requirements.

Next slide.

I'll begin with the criteria for suggesting measures for addition. Workgroup members will receive a list of these criteria to consider during the call for measures. I'll review the criteria at a high level, starting with the minimum technical feasibility requirements. These requirements help ensure that if the measure is placed on the Health Home Core Set, states will be able to report on the measure for each of their approved health home programs.

First, a measure must have detailed specifications that enable production of the measure at the program level. It must have been tested in a state Medicaid or CHIP program and/or currently is being used by one or more Medicaid or CHIP agencies. It must have an available data source or validated survey that contains all required data elements needed to calculate the measure, including an identifier for Medicaid beneficiaries, or the ability to link to an identifier.

Next, the measure needs to be able to be calculated in a consistent manner across health home programs using the available data source. Another criterion articulated by CMCS is that the measure include technical specifications, including code sets, that are provided free of charge for states to use in the calculation of the Health Home Core Set. The Mathematica team will assess all suggested measures for adherence to these minimum criteria, and we encourage Workgroup members to pay close attention to the technical requirements. However, Mathematica will work with CMCS to determine whether specifications are available free of charge for Core Set reporting.



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Next, measures suggested for addition should be actionable and aligned with strategic priorities in Medicaid. More specifically, when taken together with other Core Set measures, the measures should be useful for estimating the overall national quality of health care in the Medicaid health home programs. Additionally, the measures should allow for comparative analysis of race, ethnic, and socioeconomic disparities. Second, the measures should address a strategic priority for improving health care delivery and outcomes in Medicaid health home programs. Finally, the measures should be able to be used to assess progress in improving health care delivery and outcomes in Medicaid health home programs. For example, is there room for improvement on the measure? And can state Medicaid programs or health home providers directly influence improvement on the measure?

Some other important considerations for suggesting a measure for addition include whether the condition being measured is prevalent enough to ensure adequate denominators across health home programs and whether the measure is aligned with those used in other CMS programs, especially the Child and Adult Core Sets. And finally, Workgroup members should consider whether all states will be able to produce new measures by the FFY 2024 reporting cycle, including for all Medicaid health home populations. And if necessary, we encourage Workgroup members to identify opportunities for technical assistance to help states report the measure.

Next slide.

Now for the criteria for suggesting measures for removal. We asked that Workgroup members look through the current Health Home Core Set measures and consider whether any measure no longer fits the criteria for the Core Set.

To make this a bit easier, we provided a set of criteria for removal, which reflects reasons that a measure may no longer meet the criteria for inclusion. Under feasibility, this could be that the measure is not fully developed. That state has difficulty accessing the data source needed to calculate the measure. That results across states are inconsistent for reasons outside of quality differences. Or that the measure will no longer be maintained by the measure steward. Under actionability and strategic priority, a measure could be suggested for removal if it's not contributing to estimating the national quality of care, doesn't address a strategic priority for improvement, or can't be used to assess progress in improving health care delivery and outcomes.

Other considerations to include might be whether low prevalence of a condition or outcome impacts the reliability of results, whether another measure would be better aligned with other federal programs, or if all health home programs may be unable to produce the measure by FFY 2024. In the latter situation, we encourage Workgroup members to consider opportunities for technical

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assistance to support states that have experienced challenges producing the measure.

Next slide.

Now I'd like to turn it back to Tricia to facilitate questions from Workgroup members. Tricia?

Thanks, Jeral. We appreciated the opportunity to recap the criteria that we set out as part of the call for measures. Those criteria are still relevant as Workgroup members consider the measure that was suggested for addition. So, at this time, let's pause for a moment to see if there are any questions from the Workgroup. We'll have more opportunities to ask questions later on in the meeting, but if you have any questions now, please use the raise your hand feature and we will call on you in turn.

Linette, I see you have a hand raised. Did you have a question? Or is that from before?

Apologies, that's from before. Thank you.

No worries. No worries.

All right. Well, I'm not seeing any other hands raised with questions at this time. So, again, we'll have another opportunity a little bit later in the meeting. But let's move onto the next slide please.

So, now I'd like to turn to the measure that was suggested by Workgroup members for addition to the 2023 Medicaid Health Home Core Set. Before I get started, I do want to thank the Workgroup members for their time and effort in considering measure suggestions as part of the call for measures.

Next slide.

So, this year, we only received one measure suggestion for addition to the 2023 Health Home Core Set. That measure is listed on this slide and will be discussed and voted on during the voting meeting next month. The slide includes the measure steward, the NQF number, the data collection method, age ranges, and an indicator of whether the measure is also in the Child and Adult Core Sets.

There was one measure suggested for addition this year to the Health Home Core Set. It's the Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions measure. This is an NCQA measure that has not been endorsed by NQF. While it includes individuals ages 18 and older, the measure has only been specified for use in the Medicare program.

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Next slide.

So, now I'd like to go over some guidance for Workgroup members on how to review the suggested measure and the resources available to assist you in that task. In preparation for the voting meeting, we ask that Workgroup members review the measure suggested for consideration. We will be sending Workgroup members an email that contains the resources to facilitate your review. As you review, please keep the criteria for addition of new measures at top of mind. We'll also provide a measure review worksheet that Workgroup members can use to record and organize their notes, questions, and preliminary vote on the measure.

Next slide.

The primary resource that we've developed to help you review the measure is the measure information sheet. This measure information sheet includes technical information like numerators, denominators and the data collection method, as well as information on the measure's alignment with the minimal technical feasibility criteria. This year, we've also noted whether the measure's data source allows for stratification by racial, ethnic, and sociodemographic characteristics when that information is available. We've also included comments from the Workgroup member who suggested the measure on how the measure meets the feasibility, actionability, and strategic priority criteria. The sheet also includes additional information like use of the measure in other programs, prevalence of the condition in Medicaid and measure performance where available.

Next slide.

As you sit down to review the measure that was suggested for addition, we recommend starting with that measure information sheet. You can use the measure review worksheet, which we'll also send via email, to record notes and questions as you go through the measure information sheet. If you have any outstanding questions or you'd like additional background information on the measure or the condition, there are additional resources you may consider.

First, the Medicaid and CHIP Beneficiary Profile can be used to locate information on the characteristics and health status of Medicaid and CHIP beneficiaries, the prevalence of certain conditions, and expenditures in different areas of care. The Health Home Information Resource Center also contains background information on health home programs that may be useful.

We'll also provide links to the chart packs and measure-specific tables for the Child, Adult, and Health Home Core Sets which have some information on state reporting of measures. We also suggested reviewing the health home measure summaries for information on state health home reporting and measure performance, including reasons for not reporting the measures. Finally, we'll also provide the Core Set resource manuals and technical specifications for the Child,

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Adult, and Health Home Core Sets. For the measure recommended for addition, the technical specifications will be provided alongside the measure information sheet.

Once you've found any additional information you need, you can assess the measure against the criteria for addition and record your preliminary vote to recommend addition in the measure review worksheet.

Next slide.

The resources previously referenced will be emailed to the Workgroup members following this meeting. If you have any questions as you're reviewing the measures, please reach out to our team at the email address listed on this slide, [mhhcoresetreview@mathematica.org](mailto:mhhcoresetreview@mathematica.org).

Next slide.

So, now I'd like to pause and see whether there are any other questions from Workgroup members about the measure suggested for addition or the resources that I covered. Please use the raise your hand feature in WebEx, and we will make sure your line is unmuted. I am not seeing any hands raised. Derek, am I missing anyone? All right. Why don't we move to the next slide?

So, now we'll transition to discuss the agenda and approach to the voting meeting in July.

Next slide.

The virtual voting meeting will take place on July 19th from 11:00 a.m. to 4:00 p.m. Eastern Time. Please note that we'll be holding a one-day meeting instead of the initially planned three-day meeting. The voting meeting, like all Workgroup meetings, will be open to the public. Registration is now available for the voting meeting on our website listed on the slide here. More information about the meeting agenda and resources, including the measure information sheet, will be posted on our website for the public prior to the meeting.

Next slide.

The Workgroup will vote on the one measure suggested for addition during the voting meeting. Note that the measure will be voted on in its specified form, meaning we'll discuss and vote on the measure as it is currently specified by the measure steward without conditions or modifications. We'll also have a discussion about gaps in the Health Home Core Set and areas for future measure development.

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In addition, the agenda for the July meeting will include discussion of considerations for the future of the Health Home Core Set, such as the use of alternate data sources, stratification of measures to identify disparities in care and measure social determinants of health, and other future directions.

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As for the voting process, voting will take place after Workgroup discussion and public comment on the measures being considered. For the measure suggested for addition, a “Yes” vote will mean I recommend adding the measure to the Health Home Core Set. And a “No” vote will mean I do not recommend adding the measure to the Health Home Core Set. For the measures recommended for addition to the Health Home Core Set, the “Yes” vote needs to receive two-thirds of the eligible Workgroup vote. We will be providing a voting guide to Workgroup members with more information on how to vote, which will be emailed to all Workgroup members ahead of the July 19th meeting.

Next slide.

I'd like to open the floor for any final questions from the Workgroup about any of the topics that we've discussed today. Again, please use the raise your hand feature in WebEx, and we'll make sure your line is unmuted. All right, I am not seeing any Workgroup questions. So, why don't we go to the next slide.

Now, we'd like to open it up for public comments. So, anyone on the meeting, if you would like to make a comment, please use the raise your hand feature in WebEx to speak, and the host will unmute your line. Any comments, questions from either members of the public or the Workgroup members or federal liaisons? Anyone on the line? All right. Well, let's go to the next slide.

So, now we'd like to wrap up and recap our next steps. So, if you can go to the next slide.

Workgroup members will receive the resources mentioned in today's webinar via email tomorrow, June 22nd. The voting meeting agenda and measure information sheet will be posted on our website publicly prior to the voting meeting. If you have any difficulty accessing resources or have questions about the measure, please email our team at [mhhcoresetreview@mathematica-mpr.com](mailto:mhhcoresetreview@mathematica-mpr.com).

Before we adjourn, I'd like to ask our co-chairs, Fran and Kim, whether they have any concluding remarks. So, Kim?

Thank you, Tricia. Yeah, our focus really does include consideration, review, and discussion of the measure that we're going to be voting on at the next meeting and whether it really reflects the population served in health home programs. And

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we want to just make sure, as we're thinking through this and working through this leading up to the next meeting, whether that measure's a really good fit. Whether it reflects the care and services that are provided through the health home program. Whether it's a strategic priority, if it fits in that category. Whether there's really room for improvement. Whether we're doing a good job now. Or whether measuring it will really result in some improvement in outcomes for the individual served. Whether there's an available data source. It is always really critical as we work through the different worksheets and available information that Mathematica provides. And whether moving in this direction, adding a new measure, makes sense and it's a good fit for what we're trying to accomplish.

Another thing that I think we all really kind of want to focus on is whether the measure -- if we're able to do something and identify like age, gender, race, ethnicity, maybe geographic considerations or socioeconomic considerations or disparities that may help us really improve and drive improvement in outcomes for the people that are served.

And I think also just focusing a little bit more on technical assistance for, not only this measure, but measures in the Core Set overall, what types of technical assistance would really be beneficial in helping states report these measures successfully. Because really, that's part of what all of these meetings are about, identifying things that are really feasible to do. And maybe a little bit better understanding of how states are intending to use the measures, maybe some discussion on that or thought of that as we review this particular measure for the next meeting.

And with that, I think I'd just like to thank Mathematica, CMS, CMCS, the federal liaisons and partners, the states, and of course, all of you that are participating on this Workgroup. We do have work ahead of us, but it is fun work. It's valuable work. And it's something that really should improve the lives of the people that are served through the health home. Fran, do you have any closing remarks?

Thanks, Kim. Kim, you really covered it all. I just, again, want to express my appreciation for everybody attending and participating. I do think it's a great opportunity. I particularly like learning from others what other states and organizations are doing with regards to measurement and their thoughts. My particular focus is often on burden reduction to make sure that the measures are actionable and provide interventions or activities or something that can actually drive improvement for us all. So, look forward to looking through the resources, thinking about this measure, and then meeting up in July to discuss it and make decisions. So, thanks, everybody. And I'll turn it back over to Tricia.

Thank you so much.

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So, this slide contains links to some of the resources that were previously discussed. And just as a point of reference, the slides are available on our website.

Next slide.

I'd like to thank everyone for participating in today's meeting, and we look forward to seeing you virtually on July 19th for the voting meeting. Today's meeting is now adjourned.

Thank you, everyone.