



MARYLAND COMMISSION ON HEALTH EQUITY

2025 Report

HEALTH GENERAL ARTICLE § 13-4307

Wes Moore
Governor

Aruna Miller
Lieutenant Governor

Meena Seshamani, MD, PhD
Secretary of Health

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Executive Summary

All Marylanders deserve the opportunity to attain their highest level of health. Maryland is advancing innovative approaches and leveraging policies that prioritize improving health outcomes to serve our highly diverse communities. It is the Maryland Department of Health's (MDH) collective goal to meet people where they are, regardless of where they may be in their health journey, and to implement the sustainable systems and initiatives necessary for a better tomorrow. Moreover, the Maryland Commission on Health Equity (MCHE) aligns with the Department's Fiscal Year (FY) 2026 goals to reduce health disparities and improve health across the lifespan of Marylanders.

MCHE provides guidance to the Secretary of Health and the State's independent health regulatory commissions regarding issues of racial, ethnic, cultural, or socioeconomic health disparities, including State and local collaboration and implementation of policies and laws dedicated to reducing health disparities, improving population health, and advancing health equity across the State. This report is a summary of the findings and recommendations of MCHE pursuant to Health General § 13-5107, Chapter 787, House Bill (HB 1333) from January 2025 to December 2025. The Department convened the Commission to fulfill the statutory requirements and serve as the Model Governance Structure for the Achieving Healthcare Efficiency through Accountable Design (AHEAD) Model. All meetings of the Model Governance Structure and DAC are open to the public. Meeting materials and information are provided on the Department's website.

MCHE met on 13 occasions between January 2025 and December 2025, 5 times as a full commission and 8 times as the Data Advisory Committee (DAC). Major deliverables from the Commission include:

1. State Health Equity Framework (SHEF): MCHE finalized the SHEF to guide the mandated deliverables outlined in statute. The SHEF is a public health framework for collaborative decision-making around health inequities. The SHEF Domains are: Research & Report, Partner & Convene, and Implement & Report.
2. Population Health Accountability Plan Measures and Targets: Maryland submitted MCHE's recommended measures and targets for the Population Health Accountability Plan (PHAP) on October 15, 2025. The PHAP includes 6 measures with all-payer targets.
3. Fiscal Year (FY) 26 Core Focus Area: The Commission voted to focus on developing the state plan for achieving equity in alignment with other statewide planning activities in coordination with the State's health and human services, housing, transportation, education, environment, community development, and labor systems for FY 26. The preferred approach was to focus on the area as a full commission.

Acronyms and Abbreviations

AHEAD Model	Achieving Healthcare Efficiency through Accountable Design (AHEAD) Model
BHA	Behavioral Health Administration
CMMI	Center for Medicare and Medicaid Innovation
CMS	Centers for Medicare & Medicaid Services
CRISP	Chesapeake Regional Information System for our Patients
CHRC	Community Health Resources Commission
CBO	Community-Based Organization
DAC	Data Advisory Committee
FQHC	Federally Qualified Health Center
FY	Fiscal Year
HEPC	Health Equity Policy Committee
HID	Health Indicators Dashboard
HSCRC	Health Services Cost Review Commission
HB	House Bill
MCO	Managed Care Organization
MCHE	Maryland Commission on Health Equity
MDH	Maryland Department of Health
MGA	Maryland General Assembly
MHCC	Maryland Health Care Commission
NASHP	National Academy for State Health Policy
CLAS Standards	National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care
MHHD	Office of Minority Health and Health Disparities
PHAP	Population Health Accountability Plan

SB	Senate Bill
SHEF	State Health Equity Framework
State HEP	State Health Equity Plan
SHIP	State Health Improvement Plan

Commission Membership

MCHE Roster

<p>Meena Seshamani, MD, PhD Secretary of Health <i>(Co-Chair)</i></p>	<p>Jonathan (Jon) Kromm, PhD, MS Executive Director, Health Services Cost Review Commission (HSCRC) <i>(Co-Chair)</i></p>
<p>Anna Maria Izquierdo-Porrera, MD, PhD* Executive Director and Co-Founder, Care 4 Your Health Inc. <i>Clinician not affiliated with an FQHC or Hospital</i></p>	<p>G. Johnson Koilpillai, MD Medical Director, Frederick Health Medical Group and Interim Medical Director, Frederick City Health Center <i>Federally Qualified Health Center (FQHC)</i></p>
<p>Bryan Buckley, DrPH, MPH, MBA Head of Public Health, CareFirst BlueCross BlueShield <i>Commercial Insurer</i></p>	<p>Cynthia Calixte, MD, MPH Physician Deputy, Wicomico County Health Dept <i>Clinician not affiliated with an FQHC or Hospital</i></p>
<p>Camille Blake Fall, JD Executive Director, Office of Minority Health & Health Disparities (MHHD)</p>	<p>Kisha N. Davis, MD, MPH Chief Health Officer, Montgomery County, Maryland Association of County and City Health Officials</p>
<p>Chanté Richardson, PhD, MBA Associate Dean of Health Equity, Diversity, and Inclusion, Meritus Health <i>Hospital-based Population Health</i></p>	<p>Sara Seitz, MPH Director, State Office of Rural Health <i>Rural Health Representative</i></p>
<p>Danielle Meister Designee of Secretary of Housing & Community Development</p>	<p>Richard Lichenstein, MD Designee of Secretary of Human Services</p>
<p>Darrell Gray II, MD, MPH President and CEO, Wellpoint Maryland <i>Managed Care Organization (MCO)</i></p>	<p>Melony G. Griffith, MSW President & CEO, Maryland Hospital Association <i>Hospital Representative</i></p>
<p>Deneen Richmond, MHA, RN President, Luminis Health Doctors</p>	<p>Elinor J. Petrocelli, MBA Senior Vice President, Finance & Revenue</p>

Community Medical Center and Chief Quality, Equity & Population Health, Luminis Health <i>Hospital Representative</i>	Cycle, Mercy Health Services <i>Hospital Representative</i>
<i>Designee of State Superintendent of Schools*</i>	Alyssa Lord, MA, MSc Deputy Secretary for Behavioral Health Administration (BHA)
Elizabeth Chung, MS Executive Director, Asian American Center of Frederick <i>CBO</i>	Laura Garcia, CRNP Chief Medical Officers, Health Care for the Homeless <i>CBO</i>
Kristin Fleckenstein Designee of Secretary of Planning	Marie L. Grant, JD Maryland Insurance Administration
Leslie Ray Designee of Secretary of Aging	Kelsey Goering, MPP Designee of Secretary of Budget & Management
Mark Luckner, MA Executive Director, Maryland Community Health Resources Commission (CHRC)	Douglas Jacobs, MD, MPH Executive Director, Maryland Health Care Commission (MHCC)
Perrie Briskin, MBA, MPH Deputy Secretary for Health Care Financing & Medicaid	Meg Sullivan, MD, MPH Deputy Secretary for Public Health Services
Sen. Mary Washington, PhD, MA <i>Maryland Senate</i>	Del. Jamila Woods, MSW, MDiv Maryland House of Delegates
Tiffany Wiggins, MD, MPH Vice President and Chief Health Equity Officer, University of Maryland Medical System <i>Hospital-based Population Health</i>	<i>Patient Representative from Underserved Community *</i>
Tonya B. Wigfall Designee of Secretary of Commerce	Kirsten C. Bosak Designee of Secretary of Disabilities
<i>Tribal Representative*</i>	<i>Patient Representative from Underserved Community *</i>

* Indicates vacant MCHC seat

DAC Roster

Katyayani (Katy) Bhide, MBA (Co-Chair) Chief Data Officer, Maryland Department of Health	Megan Priolo, DrPh, MHS (Co-Chair) Vice President and Executive Director, CRISP Maryland
Anna Maria Izquierdo-Porrera, MD, PhD Executive Director and Co-Founder Care 4 Your Health, Inc.	Julie Kornmann Senior Director, Clinical Population Health Analytics, University of Maryland Medical System
Bianca Smith-Black, PhD, MPH CareFirst BlueCross Blueshield	Shante' Gilmore, MPH Commissioner, MHCC
Christina Gray, MS Director, Division of Planning and Assessment Wicomico County Health Department	Nikardi Hynes, MPH Chief Epidemiologist, Prevention and Health Promotion Administration, MDH
Djinge Lindsay, MD, MPH Chief Medical Officer, Maryland Department of Health	Shawnta Jackson, MPH Chief Executive Associate, Cause Engagement Associates Patient/Consumer Representative
G. Johnson Koilpillai, MD Medical Director, Frederick Health Medical Group and Interim Medical Director, Frederick City Health Center	Sherita Hill Golden, MD, MHS Hugh P. McCormick Family Professor of Endocrinology and Metabolism, Johns Hopkins University School of Medicine
Gabby Knighton, MSW Executive Director, People Encouraging People	Susan Elerding, MS Director of Clinical Quality, TidalHealth
Geoff Dougherty, PhD, MPH Deputy Director, Population Health HSCRC	Tanesha Mondestin, MSPH Research Associate, Georgetown University McCourt School of Public Policy's Center for Children and Families Patient/Consumer Representative
Jennifer Bailey, RN, MS Vice President, Quality and Transformation, Johns Hopkins Community Physicians	Terris King, ScD, MS Commissioner, Maryland Community Health Resources Commission (CHRC)

<p>Jessica Galarraga, MD, MPH Assistant Vice President, Health Equity, MedStar Health</p>	<p>Tiffany Deprospero Health Policy Analyst Advanced, BHA, MDH</p>
<p>La Stelshia Speaks, MSW Resource Educator, Baltimore County Public Schools</p>	<p>Margo Coruzzi, MA Senior Director, Program Strategy and Impact, Meals on Wheels of Central Maryland</p>
<p>Sule Gerovich, PhD, MPP Senior Vice President, Health Care Analytics, Maryland Hospital Association</p>	

Background

MCHE History

MCHE 1.0 (2021-2023)

Recognizing the need for an all-government approach to address health equity, the Maryland General Assembly (MGA) passed Senate Bill 52 (SB 52), the Shirley Nathan-Pulliam Health Equity Act of 2021. The Honorable Nathan-Pulliam, a former Maryland State Senator, was passionate about health equity and advocated throughout her career to address the root causes of health disparities in the state. The mandate outlined in the legislation required MCHE to advise on issues of racial, ethnic, cultural, and socioeconomic health disparities, develop a comprehensive health equity plan to address the social determinants of health, and set goals for achieving health equity in alignment with other statewide planning activities.

In 2021, two subcommittees were formed - the Data Advisory Committee (DAC) and the Health Equity Policy Committee (HEPC). DAC was responsible for making recommendations to support the development of a health equity data set. HEPC led the development of a draft health equity framework and designed a Maryland State Agencies Engagement Survey to assess the current state of health equity initiatives in 2023. This work was paused in 2024 as the Department began its planning process related to AHEAD and MCHE was identified as a potential match for the required governance structure under the new model.

MCHE and AHEAD (2024 - Present)

In February 2024, legislation was introduced to broaden the scope of MCHE. The legislation altered the purpose, duties, and membership composition of the MCHE and expanded its responsibilities to fulfill the governance requirements under AHEAD. Additionally, the legislation appointed the Secretary of Health and the Executive Director of the HSCRC as co-chairs responsible for facilitating the close coordination of key entities and leading the implementation of AHEAD Model activities. The new legislation also reduced the number of factors MCHE is directed to examine to determine their impact on the health of residents. Governor Wes Moore signed HB 1333 into law on May 16, 2024.

The amended purpose of the Commission, following HB 1333, is to employ a health equity framework to:

1. Develop a statewide health equity plan and examine the following factors:
 - a. The health of residents of the State to the extent necessary to carry out the requirements
 - b. Ways for units of State and local government to collaborate to implement policies that will positively impact the health of residents of the State
 - c. The impact of several factors on the health of residents of the State
2. Provide direct advice to the Secretary and the State's independent health regulatory commissions and indirect advice to the Department's senior administrators and planners

through the Secretary, regarding issues of racial, ethnic, cultural, or socioeconomic health disparities

3. Facilitate coordination of the expertise and experience of the State's health and human services, housing, transportation, education, environment, community development, and labor systems in developing a comprehensive health equity plan addressing the social determinants of health
4. Set goals for health equity and prepare a plan for the State to achieve health equity in alignment with any other statewide planning activities.

MCHE and 2025 Legislative Session

SB 684 - Public Health, Health Indicators Dashboard

SB 684 requires MDH to develop a clear and easy-to-understand graphic data dashboard that includes age-adjusted health disparity data disaggregated by race, ethnicity, and gender. MCHE's DAC is tasked with defining the parameters of the health equity data set in coordination with Chesapeake Regional Information System for our Patients (CRISP). The health indicators outlined in statute include:

1. Social and economic conditions;
2. Environmental conditions;
3. Health status;
4. Behaviors;
5. Health care; and
6. Priority health outcomes for monitoring health equity for racial and ethnic minority populations in the State.

The data dashboard must include information on health insurance access, cardiovascular disease, chronic disease, mental health and substance use, cancer, HIV/AIDS, sexually transmitted infection, body mass index, and any other health indicators determined relevant by MDH. MDH must update the data dashboard on a quarterly basis, as determined by data availability, and post the most recent updated data dashboard prominently on its website.

This effort is led by MDH's Chief Data Officer. The HID will serve as an interactive self-service data portal with access to health data across various measures, segmented by demographics, and will include measures for monitoring both the State Health Improvement Plan (SHIP), the Population Health Accountability Plan (PHAP), as well as address other mandated reporting on disparities. The dashboard will meet the various and sometimes overlapping requirements of MCHE as well as the Office of Minority Health and Health Disparities (MHHD). MHHD is required by statute to publish an annual health care disparities report card. MCHE is required by statute to examine several factors that influence the health of Maryland residents. The factors include:

1. Access to safe and affordable housing
2. Educational attainment

3. Opportunities for employment
4. Economic stability
5. Environmental factors
6. Public safety, including the impact of crime, citizen unrest, the criminal justice system, and governmental policies that affect individuals who are in prison or released from prison
7. Food insecurity

The DAC will review the draft HID between November 2025 and February 2026, provide collective feedback, and align the data requirements outlined in statute.

Commission Activities

MCHE’s activities are organized into 3 workstreams: 1) MCHE Core, 2) MCHE DAC, and 3) MCHE AHEAD. Many of the Commission’s activities undertaken in 2025 focused on the AHEAD Model.

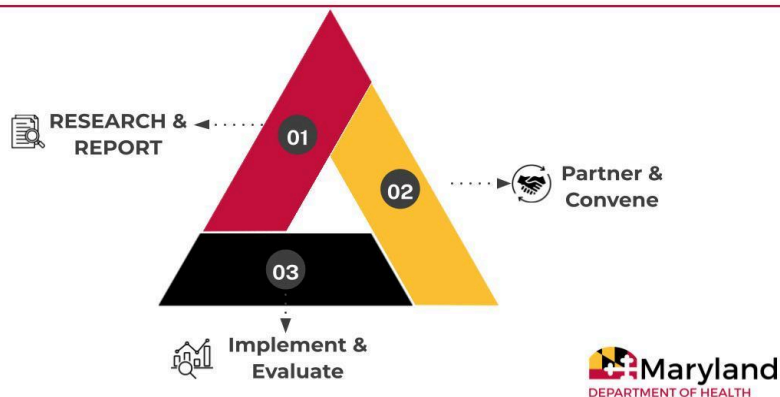
MCHE Core

State Health Equity Framework

MCHE finalized the recommendation for the State Health Equity Framework (SHEF) in April 2025 (*Figure 1*). The SHEF, according to §13–4301 (d), is a public health framework through which policymakers and stakeholders in the public and private sectors use a collaborative approach to improve health outcomes and reduce health inequities in the State by incorporating health considerations into decision making across sectors and policy areas. The statute tasked the MCHE with developing and employing a SHEF.

Figure 1 - State Health Equity Framework

State Health Equity Framework



The Commission, using a health equity framework, shall:

1. Examine and make recommendations regarding:
 - a. Health considerations that may be incorporated into the decision-making processes of government agencies and private sector stakeholders who interact with government agencies;
 - b. Requirements for implicit bias training for clinicians engaged in patient care and whether the State should provide the training;
 - c. Training for health care providers on consistent and proper collection of patient self-identified race, ethnicity, and language data to identify disparities accurately; and
 - d. Requirements to comply with, and for enforcement of, National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards);
2. Foster collaboration between units of the State and local government and develop policies to improve health and reduce health inequities;
3. Establish a State plan for achieving health equity in alignment with other statewide planning activities in coordination with the State's health and human services, housing, transportation, education, environment, community development, and labor systems;
4. Identify measures for monitoring and advancing health equity in the State;
5. Make recommendations and provide advice, including direct advice to the Secretary, on implementing laws and policies to improve health and reduce health inequities; and
6. Develop and monitor a statewide health equity plan as required by the Center for Medicare and Medicaid Innovation under any agreement entered into between the State and the Centers for Medicare and Medicaid Services.

The Health Equity Policy Committee (HEPC) of the Commission led the development of a draft framework and an accompanying Summary Report in July 2024 before HB 1333 went into effect. MCHE provided feedback on various iterations of the framework at the December 2024 and February 2025 MCHE meetings. Following the February 2025 MCHE meeting, MCHE members voted to finalize the SHEF.

State Plan for Achieving Health Equity

MCHE voted to focus on establishing a State plan for achieving health equity in alignment with other statewide planning activities in coordination with the State's health and human services, housing, transportation, education, environment, community development, and labor systems. Additionally, the preferred approach was to focus on this area as a full commission.

MDH leadership assessed best practices and model state equity plans in other states over the summer of 2025. This learning period started with an analysis focused on deepening the State leadership's understanding of the state health equity plan landscape and key activities.

Leadership identified State Health Equity Plans used in New York, Massachusetts, California,

and Washington. Following the internal analysis, MDH solicited recommendations from the National Academy for State Health Policy (NASHP). NASHP presented recommendations for best practices, landscape trends, and key elements for consideration when developing a state health equity plan to MCHE during the September 2025 meeting.

MCHE will continue to explore learning opportunities in the development of the State plan for achieving equity. MCHE leadership has discussed leveraging the State Health Improvement Plan (SHIP) as a potential vehicle for establishing a State plan for achieving equity. MCHE will play an active role in the updates related to SHIP, which is MDH’s comprehensive, long-term strategy designed to improve the health of all Maryland residents. THE SHIP addresses health disparities and focuses on key priority areas identified through community engagement and data analysis. MCHE will also explore best practices and implementation strategies used among Maryland hospitals as we seek to develop and begin the implementation planning for the State Health Equity Plan.

MCHE AHEAD

Population Health Accountability Plan Submission

In 2025, the MCHE AHEAD workstream focused primarily on providing feedback and input, in accordance with the State Agreement, on the implementation of the AHEAD Model. In May 2025, the State was informed by CMS that the submission deadline for the State Health Equity Plan (State HEP), originally July 1, 2025, had been extended to September 1, 2025, and there would be a new template to complete. CMS provided a list of required and optional measures for Maryland to select. (Figure 2).

Figure 2 - AHEAD Measure Options

Domain	Measure	Data Source
Population Health	CDC HRQOL-4 Healthy Days Core Module	BRFSS
Prevention and Wellness (Choose 1)	Breast Cancer Screening	Claims
	Colorectal Cancer Screening	Claims
Chronic Conditions (Choose 1)	Controlling High Blood Pressure	Claims
	Hemoglobin A1c Control for Patients with Diabetes (>9.0%)	Claims
Behavioral Health (Choose 1)	Use of Pharmacotherapy for Opioid Use Disorder	Claims
	Follow-up After Hospitalization for Mental Illness	Claims

	Follow up After ED Visit for Substance Use	Claims
Utilization	Plan All-Cause Readmission	Claims/Case-mix
Optional (Choose 1)	Live Birth Weighing Less than 2500 Grams	Vital Statistics Administration (VSA)
	Prenatal and Postpartum Care: Postpartum Care	Claims
	Adult Immunization Status	Immunet
	Prevalence of Obesity	BRFSS
	ED Visits for Alcohol and Substance Use Disorders	Not known at this time
	Food Insecurity	BRFSS
	Housing Quality	BRFSS

CMS announced the Model’s name change and other policy updates on September 2, 2025. The Model’s original name, States Advancing All-Payer Health Equity Approaches and Development, was changed to Achieving Healthcare Efficiency through Accountable Design. CMS also shared the draft template for the Population Health Accountability (PHAP) and informed the State that the new submission deadline was October 15, 2025.

Maryland submitted the measures and targets recommended by the Model Governance Structure to the Center for Medicare & Medicaid Innovation (CMMI) on October 15, 2025. The PHAP includes 6 measures with all-payer targets based on input from the Model’s Governance Structure. Under the AHEAD Model, Maryland will be required to report and make progress on the 6 measures.

MCHE DAC

Population Health Accountability Plan - Recommended Measures and Targets

MCHE re-established the DAC subcommittee that was specifically named in MCHE 1.0, and expanded its purpose. The State collected nominations in December 2024 and appointed data experts, technical experts, as well as representatives from across the health care delivery system from across Maryland in January 2025. The DAC is co-chaired by MDH’s Chief Data Officer and the Executive Director for CRISP Maryland. The DAC met at least once per month from January to May 2025 to select the measures and targets for the Population Health Accountability Plan (PHAP), as required under the AHEAD model.

The DAC reviewed disparity data for every measure, examined relevant background info, and conducted several discussions during meetings from January to June 2025. The DAC developed the following rubric to assess measures:

1. Does this measure align with your work or the work of your organization?
2. Do large population health disparities exist with this measure? Consider data presented to DAC and any other quantitative or qualitative data available to you.
3. Based on CMS AHEAD specs, are there data limitations which would impact data analysis and/target setting? Consider challenges with data definition, frequency, data collection practices etc.
4. Does this metric and its definition enable measurable progress over a 10-year span and allow for biannual targeting, considering the baseline and scale of change?
5. What target setting approach would you recommend for this?
6. Of the measure options in this domain, which is your preferred measure? If there is only one option, do you recommend that the State explore an alternative measure? Why?

The DAC reconvened in September 2025 following the CMS’s announcement of the Model’s name change and PHAP submission required under AHEAD. The final recommendations and targets were presented at the September MCHE meeting and submitted under the PHAP to CMMI. (Figure 3).

Figure 3 - PHAP Measures and Targets

Domain	Measure	2023 Baseline	Target for 2027	Target for 2036	Data Source
Population Health	CDC HRQOL-4 Healthy Days Core Module (Self-reported Health Status)	16.5% with poor or fair health	16.5% with poor or fair health	16.5% with poor or fair health	BRFSS
Prevention and Wellness	Colorectal Cancer Screening	49.3%	50.7% with screening	54.6% with screening	Claims
Chronic Conditions	Hemoglobin A1c Control for Patients with Diabetes (>9.0%)	67.8%	65.8% with poor control	60.3% with poor control	Claims
Behavioral Health	Follow-up After Hospitalization	64.3% at 30 days;	64.8% follow-up at	66.8% follow-up at	Claims

	for Mental Illness	38.0% at 7 days	30 days; 38.5% at 7 days	30 days; 40.5% at 7 days	
Utilization	Plan All-Cause Unplanned Readmission	O/E= 1.01	O/E=1.00	O/E=0.98	Claims
Optional	Food Insecurity	16.4% food insecure	16.4% food insecure	15.0% food insecure	BRFSS

Conclusion

The Commission’s efforts, following the group reconstitution in 2024, focused primarily on its role as the AHEAD Model Governance structure and the MCHE Core activities outlined in statute. In 2025, the DAC completed an extensive review of disparity data for every measure, which included examining relevant background info and conducting several discussions. This 7-month process resulted in the successful submission of the final recommendation and targets required under PHAP.

In 2026, MCHE looks forward to continuing the Core activity work and developing a state plan for achieving health equity in alignment with other statewide planning activities. MCHE will play an integral role in the launch of the Health Indicators Dashboard (HID), in addition to fulfilling its role in the AHEAD-focused efforts. Maryland’s vision under the AHEAD Model is to empower all Marylanders to attain optimal health and well-being.

Appendix

2025 MCHE Meetings

Date <i>Format</i>	Agenda
<u>MCHE - DAC</u> January 28, 2025, 2:00 pm - 3:30 pm <i>Virtual</i>	Presentations: <ul style="list-style-type: none"> ● Overview - AHEAD Model and SHEP ● DAC Workplan
<u>MCHE</u> February 10, 2025, 12:30 pm - 2:00 pm <i>Virtual</i>	Presentations: <ul style="list-style-type: none"> ● MCHE 2025 Work Plan ● 2025 Legislative Session Bill Review - Proof of Concept ● Data Advisory Committee Updates
<u>MCHE - DAC</u> February 27, 2025, 3:00 pm - 4:00 pm <i>Virtual</i>	Presentations: <ul style="list-style-type: none"> ● AHEAD Measure Rubric ● Target Setting Approaches ● Status Update on the Measure Feasibility ● Population Health Domain ● Chronic Conditions Domain
<u>MCHE - DAC</u> March 27, 2025: 11:00 am - 1:00 pm <i>Virtual</i>	Presentations: <ul style="list-style-type: none"> ● Status Update on Measure Feasibility ● Feedback on Population Health Domain ● Update on Utilization Domain ● Prevention and Wellness Domain
<u>MCHE</u> April 22, 2025, 1:30 pm - 3:00 pm <i>Virtual</i>	Presentations: <ul style="list-style-type: none"> ● 2025 Legislative Session Recap ● MCHE Core Workstream Discussion ● MCHE DAC Workstream Updates
<u>MCHE - DAC</u> April 29, 2025, 11:00 am - 1:00 pm <i>Virtual</i>	Presentations: <ul style="list-style-type: none"> ● Status Update on Measure Feasibility ● Prevention and Wellness Rubric Update ● Behavioral Health Domain ● Chronic Disease Domain Data and Target-Setting ● Utilization Domain Data Update

<p><u>MCHE - DAC</u> May 6, 2025, 1:30 pm - 3:30 pm <i>Virtual</i></p>	<p>Presentations:</p> <ul style="list-style-type: none"> ● Status Update on Measure Feasibility ● Behavioral Health Rubric Update ● Optional Domain Discussion ● Potential Future DAC topics
<p><u>MCHE - DAC</u> May 27, 2025, 1:30 pm - 3:30 pm <i>Virtual</i></p>	<p>Presentations:</p> <ul style="list-style-type: none"> ● AHEAD Update ● Process for Creating Target Recommendations ● Recommended Measures and Possible Population Targets ● What's next for DAC
<p><u>MCHE</u> June 17, 2025, 1:30 pm - 3:30 pm <i>Virtual</i></p>	<p>Presentations:</p> <ul style="list-style-type: none"> ● AHEAD/CMMI Updates ● MCHE FY26 Work Plan ● DAC Updates
<p><u>MCHE - DAC</u> September 18, 2025, 10:00 am to 11:00 am <i>Virtual</i></p>	<p>Presentations:</p> <ul style="list-style-type: none"> ● AHEAD Updates ● Reminder of Selected Measures ● Utilization Domain ● Target Setting
<p>MCHE September 22, 2025, 1:00 pm to 2:30 pm <i>Virtual</i></p>	<p>Presentations:</p> <ul style="list-style-type: none"> ● State Health Equity Plans, Sandra Wilkniss, PhD, Senior Program Director, NASHP ● Population Health Accountability Plan
<p>MCHE November 17, 2025, 2:00 pm to 3:30 pm <i>Virtual</i></p>	<p>Presentations:</p> <ul style="list-style-type: none"> ● AHEAD Updates ● Population Health Improvement Fund ● State Health Improvement Plan Implementation
<p><u>MCHE - DAC</u> December 1, 2025, 1:00 pm to 2:30 pm <i>Virtual</i></p>	<p>Presentations:</p> <ul style="list-style-type: none"> ● PHAP and AHEAD Primary Care measures ● Supporting indicators for AHEAD ● Reporting Overview