

2026 Core Set of Health Care Quality Measures for 1945 Medicaid Health Home Programs (1945 Health Home Core Set)

CMIT # ^a	Measure Steward	Measure Name	Data Collection Method
Core Set Measures			
394	NCQA	Initiation and Engagement of Substance Use Disorder Treatment (IET-HH)	Administrative or EHR
167	NCQA	Controlling High Blood Pressure (CBP-HH)	Administrative, EHR, or hybrid
139	NCQA	Colorectal Cancer Screening (COL-HH)	ECDS or EHR
672	CMS	Screening for Depression and Follow-Up Plan (CDF-HH)	Administrative or EHR
268	NCQA	Follow-Up After Hospitalization for Mental Illness (FUH-HH)	Administrative
561	NCQA	Plan All-Cause Readmissions (PCR-HH)	Administrative
750	SAMHSA	Use of Pharmacotherapy for Opioid Use Disorder (OUD-HH)	Administrative
264	NCQA	Follow-Up After Emergency Department Visit for Substance Use (FUA-HH)	Administrative
265	NCQA	Follow-Up After Emergency Department Visit for Mental Illness (FUM-HH)	Administrative
Utilization Measures			
20	CMS	Admission to an Institution from the Community (AIF-HH)	Administrative
397	CMS	Inpatient Utilization (IU-HH)	Administrative

More information on updates to the 2026 1945 Health Home Core Set is available at <https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/health-home-quality-reporting/index.html>. A resource that provides a history of the measures included in the 1945 Health Home Core Set is available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2026-1945-health-home-core-set-history-table.pdf>.

CMIT = CMS Measures Inventory Tool; CMS = Centers for Medicare & Medicaid Services; EHR = Electronic Health Record; NCQA = National Committee for Quality Assurance; SAMHSA = Substance Abuse and Mental Health Services Administration

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

Data Collection Method Definitions

Data Collection Method	Description
Administrative	The administrative method uses transaction data (such as claims and encounters) or other administrative data sources (such as vital records and registries) to calculate the measure. These data can be used in cases in which the data are known to be complete, valid, and reliable. When administrative data are used, the entire eligible population is included in the denominator.
Electronic clinical data systems (ECDS)	States may use several data sources to provide complete information about the quality of health services delivered to its beneficiaries. Data systems that may be eligible for ECDS reporting include, but are not limited to, member eligibility files, electronic health records, personal health records, clinical registries, health information exchanges, administrative claims systems, electronic laboratory reports, electronic pharmacy systems, immunization information systems, and disease/case management registries. Notes for Core Set reporting: <ul style="list-style-type: none"> NCQA has retired the administrative-only data collection method for several Core Set measures. The ECDS data collection method includes use of administrative data, such as claims and encounters. ECDS measure specifications will be available in a human-readable format for Core Set reporting. CMS does not require data validation or auditing for Core Set reporting.
Electronic health records (EHR)	The electronic specification method uses electronic health record data to calculate the measure. Several Core Set measures include a link to electronic specifications within the resource manual.

Data Collection Method	Description
Hybrid	The hybrid method uses both administrative data sources and electronic health record data to determine numerator compliance. Administrative data are reviewed to determine if beneficiaries in the systematic sample received the service, and medical record data are reviewed for beneficiaries who do not meet the numerator criteria through administrative data. The denominator consists of a systematic sample of beneficiaries drawn from the measure's eligible population.