



# Quality of Care for Children and Adults Enrolled in Medicaid Health Homes: Findings from the 2024 Health Home Core Set

## Chart Pack

March 2026

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# About the 2024 Health Home Core Set

Medicaid Health Home programs provide person-centered, team-based care coordination to more than one million Medicaid beneficiaries in the United States with chronic conditions. States may create Health Home programs that target specific conditions, including multiple chronic conditions, severe mental illness, or substance use disorder. As of May 2025, 20 States have 34 approved Health Home programs, with some States submitting multiple State Plan Amendments (SPAs) to target different conditions.<sup>1,2</sup> The 2024 Health Home Core Set includes 13 measures.<sup>3</sup>

Health Home programs provide the following core services to enrollees:

- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care from inpatient to other settings, including appropriate follow-up
- Individual and family support
- Referral to community and social support services
- The use of health information technology to link services, as feasible and appropriate

As a condition for receiving payment for Health Home services, Health Home providers are required to report quality measures to the State.<sup>4</sup>

<sup>1</sup> The term “States” includes the 50 States, the District of Columbia, and all territories.

<sup>2</sup> <https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/1945-health-home-reporting-table.pdf>.

<sup>3</sup> <https://www.medicaid.gov/medicaid/quality-of-care/downloads/health-home-core-set-archive.zip>.

<sup>4</sup> §1945(g) of the Social Security Act.

# 10

measures that address quality of care and

# 3

measures that address utilization of services among enrollees in Medicaid Health Home programs



## About the 2024 Health Home Core Set (continued)

This Chart Pack summarizes program-level reporting on the quality of health care furnished to Medicaid beneficiaries enrolled in Medicaid Health Home programs for the 2024 Core Set, which generally covers care delivered in calendar year 2023. For a measure to be publicly reported, data must be provided to CMS by at least 15 Health Home programs and meet CMS standards for data quality.<sup>5</sup> The Chart Pack includes a detailed analysis of Health Home program reporting on 12 publicly reported measures.

This Chart Pack also shows trends in performance for the 2022 to 2024 Health Home Core Set. To be included in analysis of performance trends, a measure must be publicly reported by CMS for each of the past three years, reported by a consistent set of at least 10 Health Home programs in all three years, and have comparable measure specifications for all three years. Data showing trends generally reflect services provided from calendar year 2021 to 2023.

More information about the Health Home Core Set, including the measure performance tables, 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>.

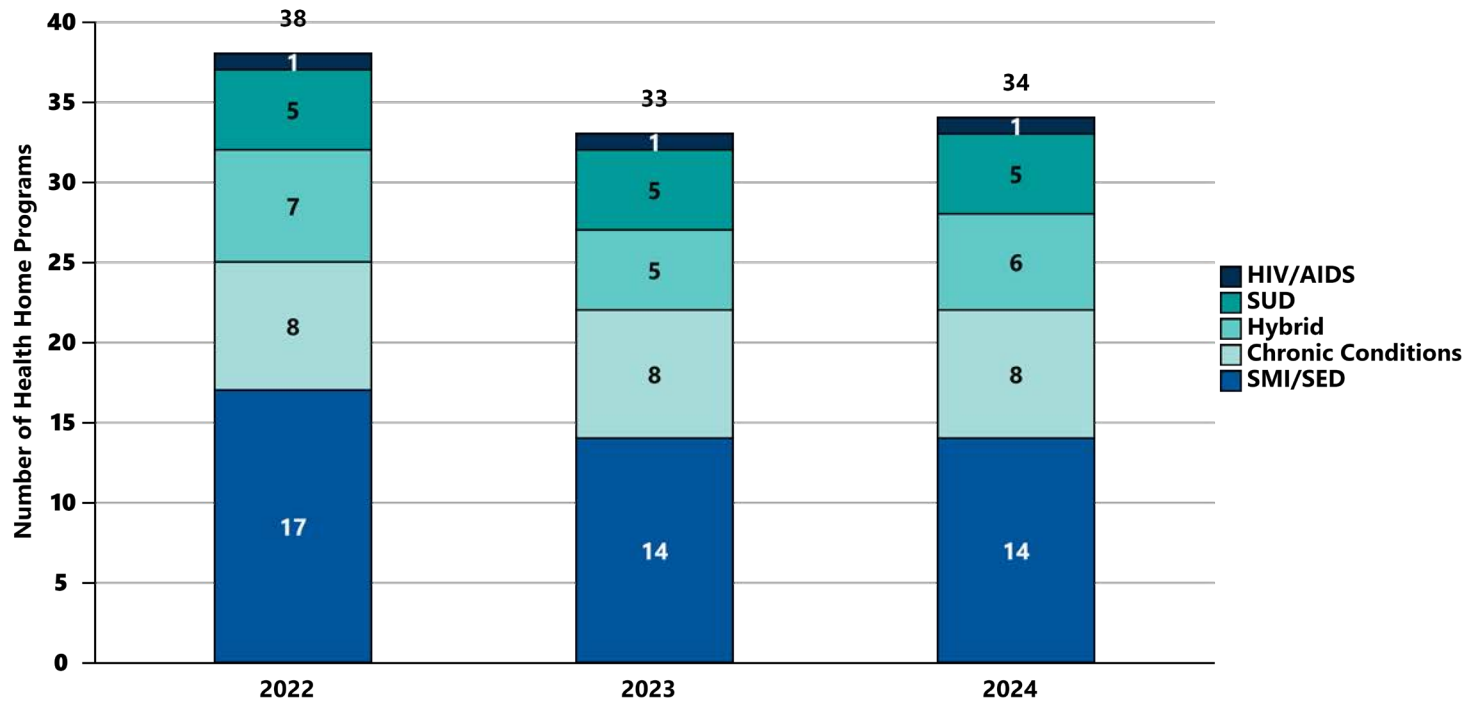
<sup>5</sup> Performance data reported for publicly reported measures exclude Health Home programs that indicated they did not use Core Set specifications (“other specifications”) or if they reported a denominator less than 30. Additionally, some State rates were excluded because data cannot be displayed per the CMS cell-size suppression policy, which prohibits the direct reporting of data for beneficiary and record counts of 1 to 10 and values from which users can derive values of 1 to 10.

# OVERVIEW OF REPORTING OF THE 2024 HEALTH HOME CORE SET BY APPROVED HEALTH HOME PROGRAMS



## Number of Approved Health Home Programs by Target Conditions, 2022–2024

Approved Health Home programs may focus on different conditions. In 2024, 34 approved Health Home programs served beneficiaries with serious mental illness/severe emotional disturbance (SMI/SED), chronic medical conditions, substance use disorders (SUD), HIV/AIDS, or a combination of these conditions.

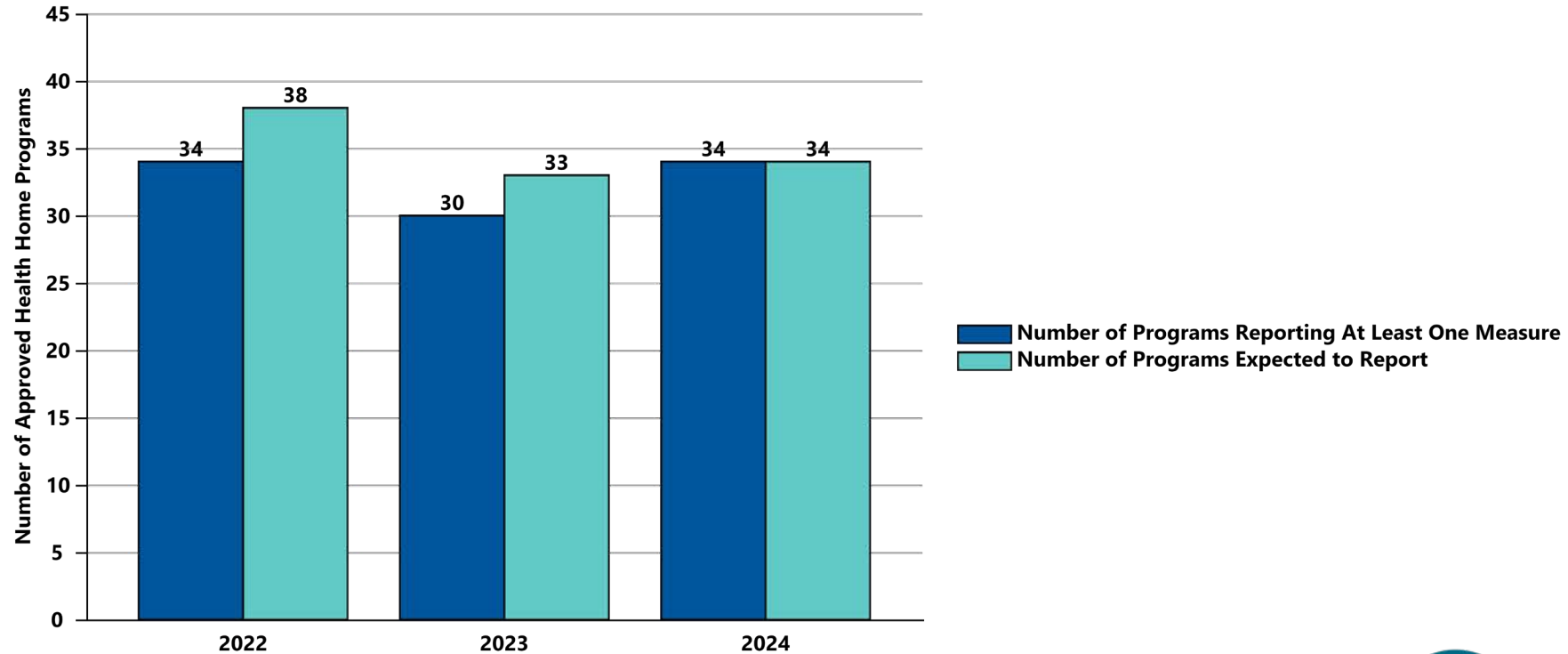


Source: Centers for Medicare & Medicaid Services, Medicaid and CHIP Core Set Technical Assistance and Analytic Support Program, May 2025.

Note: Hybrid Health Home programs refer to those that have two or more areas of focus (e.g., SUD and SMI/SED). Focus areas may have been updated since the publication of the 2023 Health Home Chart Pack.

# Summary of Health Home Core Set Reporting, 2022–2024

CMS requires States to report the Health Home Core Set measures for each approved Health Home program that was in effect for at least six months of the measurement period. From 2022 to 2024, the number of programs reporting at least one Health Home Core Set measure has fluctuated with changes in the number of Health Home programs that are expected to report. In 2024, all 34 approved Health Home programs reported all 13 measures.

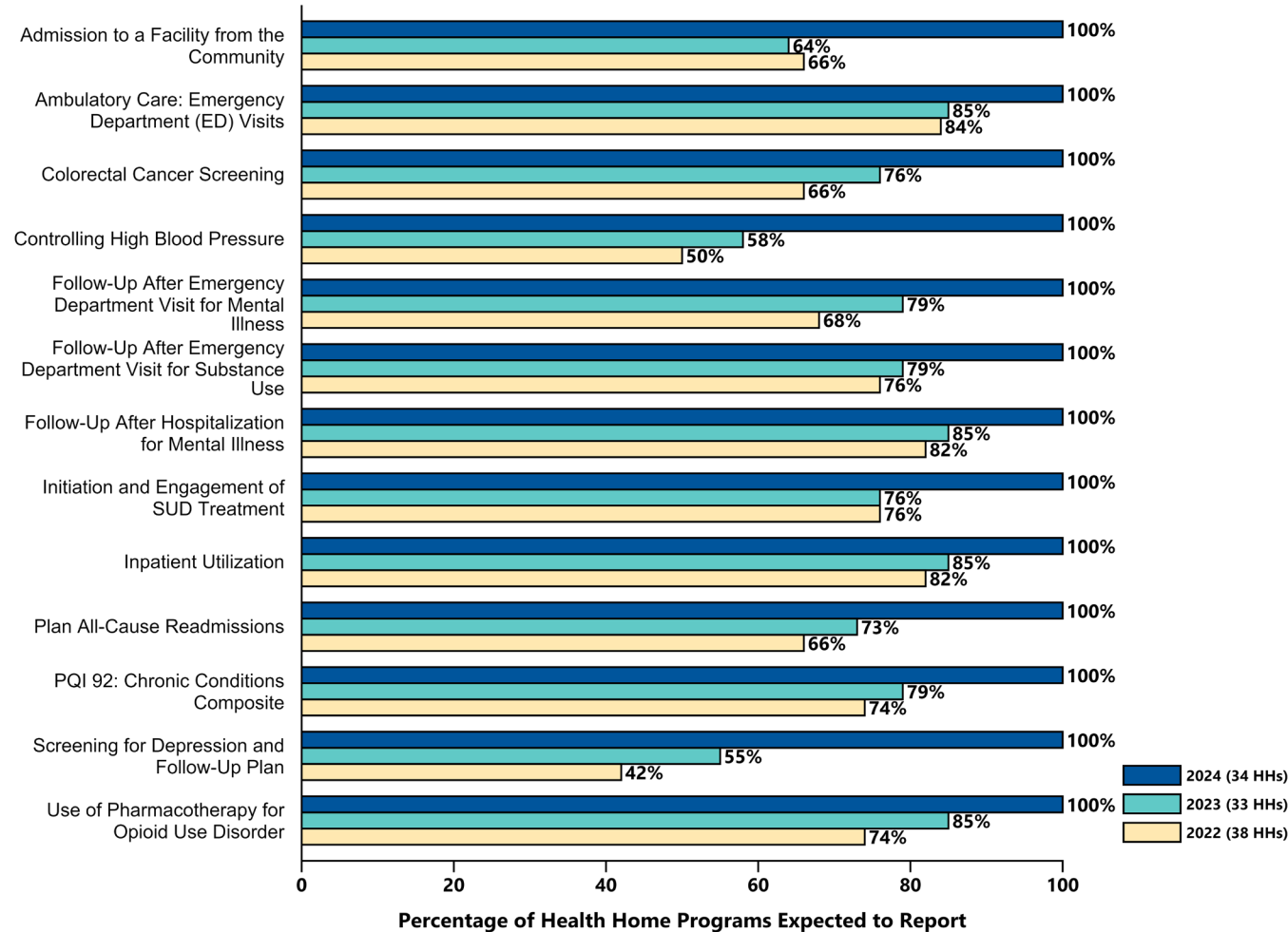


For the purpose of this Chart Pack, “expected” is defined as those States meeting the criteria for reporting (i.e., program was in effect for six or more months of the measurement period).

Source: Mathematica analysis of the Quality Measure Reporting (QMR) system reports for the 2022, 2023, and 2024 Core Set as of May 28, 2025.



# Percentage of Health Home Programs Reporting Health Home Core Set Measures, 2022–2024



Reporting increased for all

# 13

measures in the 2024 Health Home Core Set

Source: Mathematica analysis of the QMR system reports for the 2022, 2023, and 2024 Core Set as of May 28, 2025.

Notes: For the purpose of this Chart Pack, “expected” is defined as those Health Home programs meeting the criteria for reporting (i.e., program was in effect for six or more months of the measurement period).

HH = approved Health Home program; PQI = prevention quality indicator; SUD = substance use disorder.



# TRENDS IN PROGRAM PERFORMANCE, 2022-2024



# Trends in Program Performance, 2022-2024: Introduction

Each year, CMS assesses which Health Home Core Set measures are available for trending for the most recent three-year period. CMS assessed trends in median state performance on Health Home Core Set measures reported from 2022 to 2024, which, for most measures represents care provided primarily from calendar years (CY) 2021 to 2023. At least one rate for seven Health Home Core Set measures met the criteria for trending for this time period.<sup>1</sup>

The following three criteria were applied to each measure to determine if it could be trended:

- The measure met the CMS criteria for public reporting for each of the most recent three years. This means that the measure was reported by at least 15 approved Health Home programs using Core Set specifications and met CMS standards for data quality.
- The measure was reported by the same set of at least 10 approved Health Home programs using Core Set specifications, with a denominator of at least 30 enrollees, and was not suppressed under the CMS cell-size suppression policy in all three years.
- The measure specifications were comparable for all three years. This means that there were no specification changes during the three-year period that would make results incomparable across years.

Based on these criteria, performance for five measures in the 2024 Health Home Core Set could not be trended for the 2022 to 2024 Core Sets period.

- The Screening for Depression and Follow-Up Plan (CDF-HH) measure was not publicly reported for all three years.
- Admission to a Facility from the Community (AIF-HH) and Follow-Up After Emergency Department Visit for Mental Illness (FUM-HH) were not reported by a set of at least 10 approved Health Home programs for all three years.
- There were changes to the measure specifications during the three-year period for two measures:
  - Follow-Up After Emergency Department Visit for Substance Use (FUA-HH)<sup>2</sup>
  - Initiation and Engagement of Substance Use Disorder Treatment (IET-HH)<sup>3</sup>

<sup>1</sup> Results are not shown for the Plan All-Cause Readmission measure due to differences in the statistic used to calculate the measure. However, there was no significant change in the measure from the 2022 to 2024 Core Set.

<sup>2</sup> A break in trending is recommended due to several changes in the measure specifications for 2023: updating the terminology from Alcohol Abuse or Dependence (AOD) to SUD, adding a pharmacy benefit requirement, adding emergency department visits with a diagnosis of unintentional and undetermined drug overdose to the denominator, and revising the numerator logic and value sets. For 2024, instructions were added for excluding ED visits followed by residential treatment when defining the eligible population.

<sup>3</sup> A break in trending is recommended due to several changes in the measure specifications for 2023: changing the member-based measure to an SUD diagnosis episode-based measure, revising age stratifications, and revising the numerator criteria for Initiation of Substance Use Disorder (SUD) Treatment and Engagement of SUD Treatment. Additionally, for 2024, the steps for identifying the event/diagnosis were modified to deduplicate eligible episodes on the same date of service.

## Trends in Program Performance, 2022-2024: Introduction (continued)

For each measure that met the trending criteria, CMS determined whether the change from the 2022 Core Set to the 2024 Core Set was statistically significant using the Wilcoxon Signed-Rank test ( $p < .05$ ).

Many factors may affect changes in the performance rates reported for approved Health Home programs. While shifts in access and quality may account for some of the changes in performance over time, other factors noted by Health Home programs include changes in:

- The method and data used to calculate the measures
- The population included in the measures (such as managed care versus fee-for-service)
- Changes in other aspects of their Health Home program, such as transitions in data systems or delivery systems
- External factors such as public health crisis or health emergencies, such as the opioid epidemic or the COVID-19 PHE

Furthermore, mandatory reporting requirements for the Health Home Core Set began in 2024, which may affect comparability with earlier years due to changes in included populations and reporting methodologies.

# Performance Measure Trends, 2022-2024

Five Health Home Core Set quality measures were available for trending analysis for the 2022 to 2024 Core Set period.

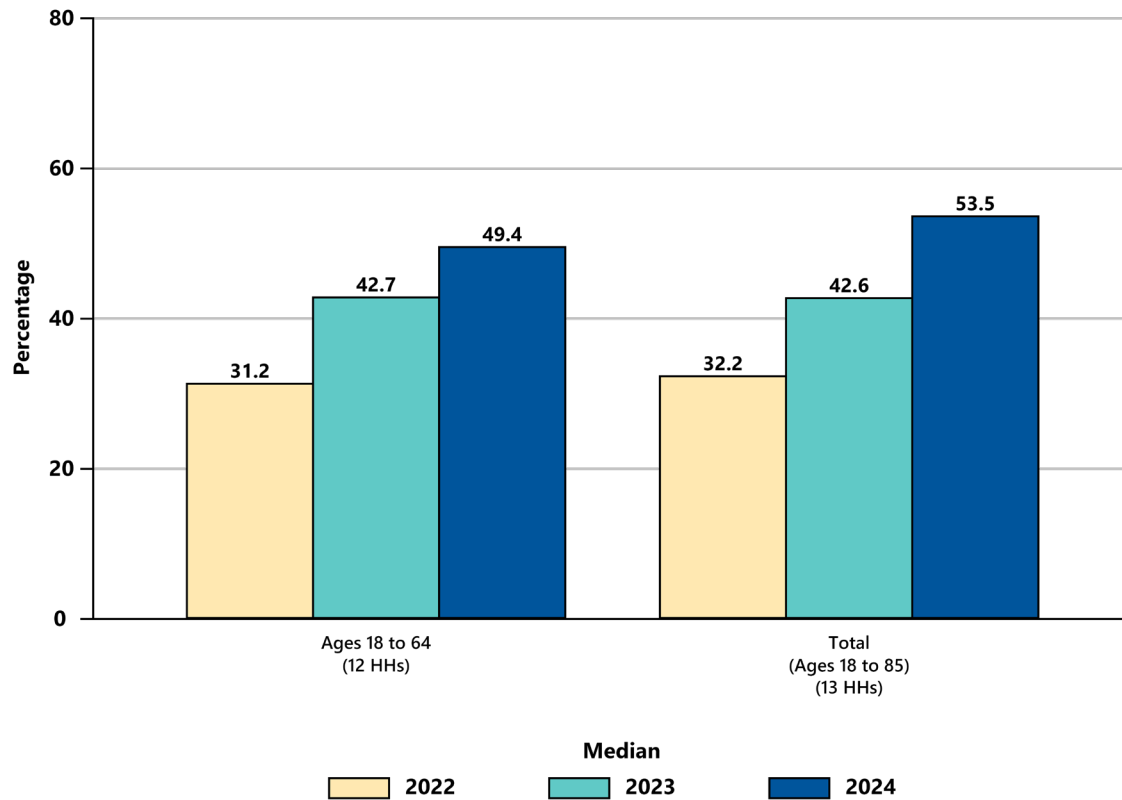
- Controlling High Blood Pressure (CBP-HH)
- Colorectal Cancer Screening (COL-HH)
- Follow-Up After Hospitalization for Mental Illness (FUH-HH)
- Use of Pharmacotherapy for Opioid Use Disorder (OUD-HH)
- PQI 92: Chronic Conditions Composite (PQI92-HH)

Two Health Home Core Set enrollee utilization measures were available for trending analysis for the 2022 to 2024 Core Set period.

- Ambulatory Care: Emergency Department (ED) Visits (AMB-HH)
- Inpatient Utilization (IU-HH)

# Trends in Performance, 2022-2024: Controlling High Blood Pressure

Median program performance significantly increased from the 2022 to 2024 Core Sets on the Controlling High Blood Pressure (CBP-HH) measure for the ages 18 to 64 rate and the total (ages 18 to 85) rate.



Source: Mathematica analysis of 2022-2024 Quality Measure Reporting (QMR) system reports.

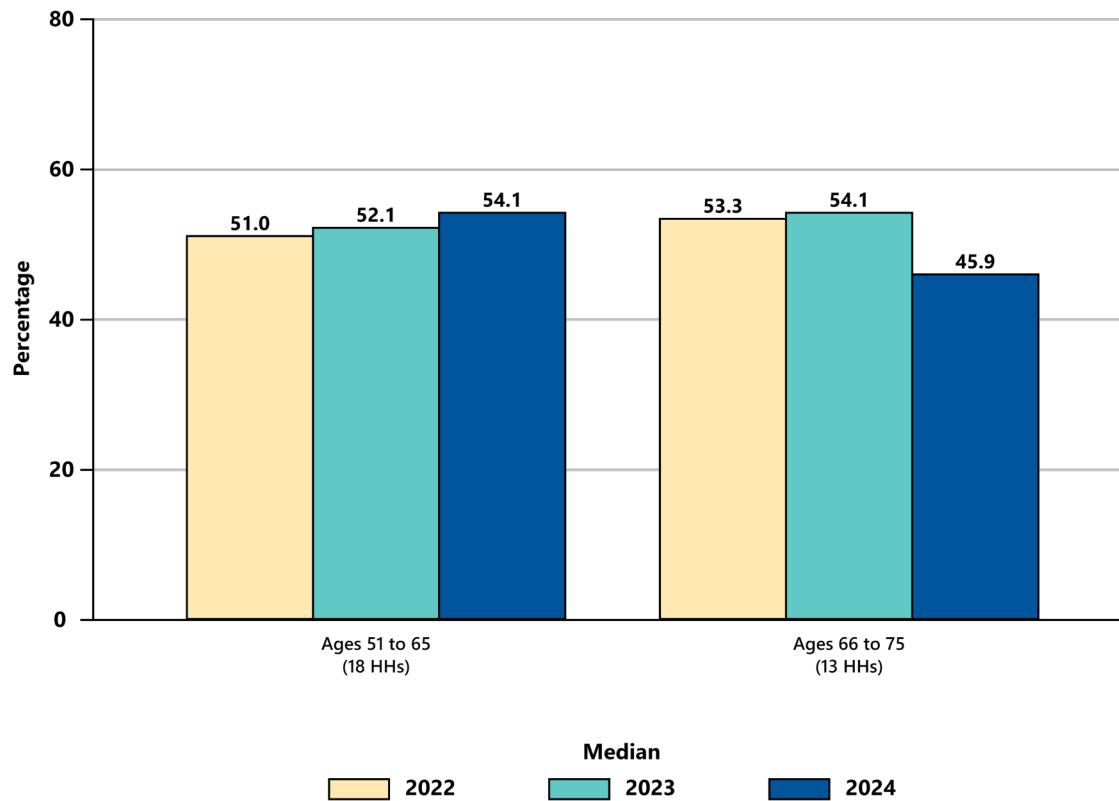
Notes: HH = approved Health Home program

This chart includes the approved Health Home programs that reported the measure using Health Home Core Set specifications for all three years. Rates for other age groups are not shown because they were reported by fewer than 10 approved Health Home programs for the three-year period.



## Trends in Performance, 2022-2024: Colorectal Cancer Screening

Median program performance on the Colorectal Cancer Screening (COL-HH) measure did not change significantly for the ages 51 to 65 and ages 66 to 75 rates between 2022 and 2024 among approved Health Home programs reporting for all three years.



Source: Mathematica analysis of 2022-2024 Quality Measure Reporting (QMR) system reports.

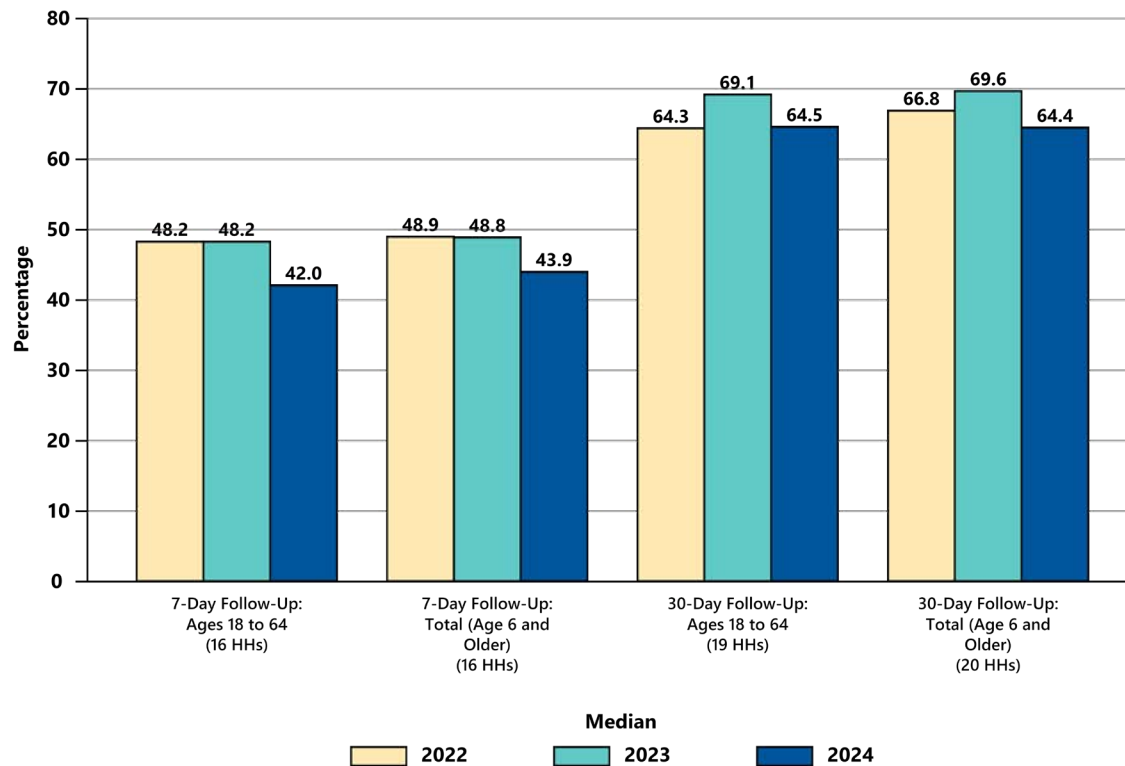
Notes: HH = approved Health Home program

This chart includes the approved Health Home programs that reported the measure using Health Home Core Set specifications for all three years. Rates for other age groups are not shown because they were reported by fewer than 10 approved Health Home programs for the three-year period.



## Trends in Performance, 2022-2024: Follow-Up After Hospitalization for Mental Illness

From the 2022 to 2024 Core Set, for the Follow-Up After Hospitalization for Mental Illness (FUH-HH) measure, median program performance decreased significantly for the 7-Day Follow-Up rate for ages 18 to 64, but the change for age 6 and older was not significant. Changes in the median performance rates for the 30-Day Follow-Up rates during this period were not significant.



Source: Mathematica analysis of 2022-2024 Quality Measure Reporting (QMR) system reports.

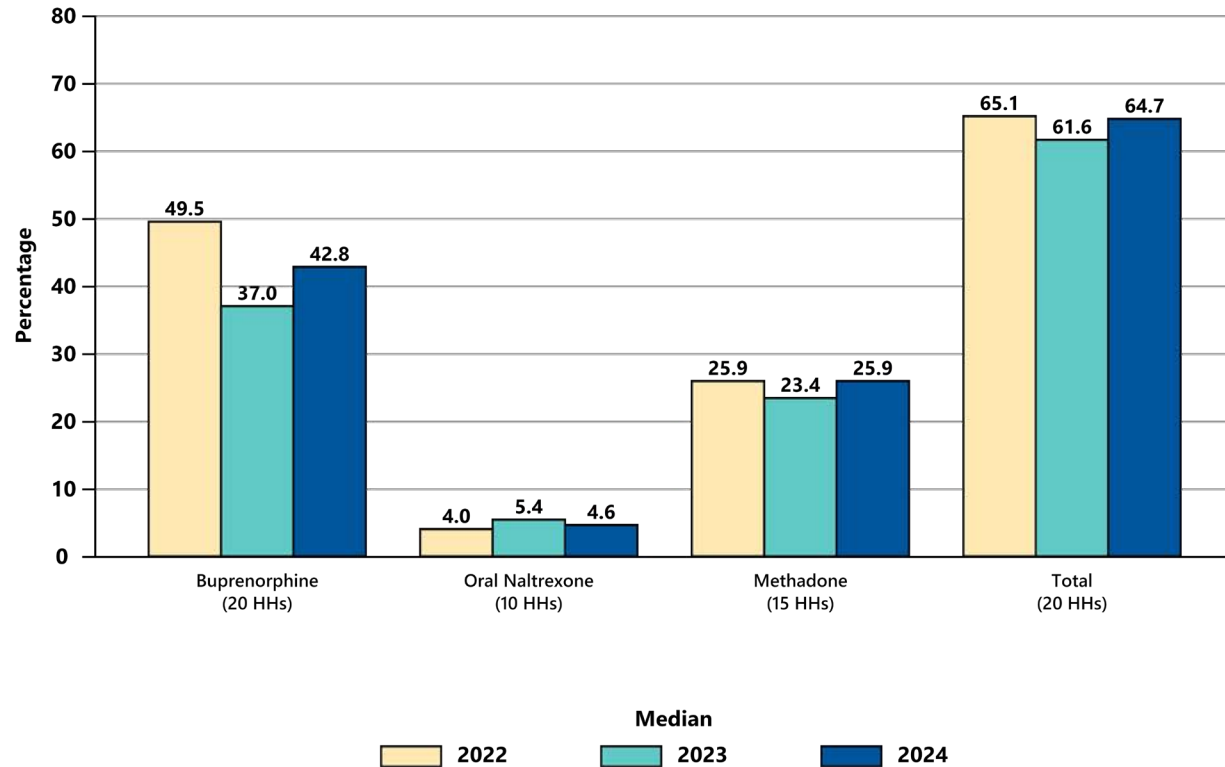
Notes: HH = approved Health Home program

This chart includes the approved Health Home programs that reported the measure using Health Home Core Set specifications for all three years. Rates for other age groups are not shown because they were reported by fewer than 10 approved Health Home programs for the three-year period.



# Trends in Performance, 2022-2024: Use of Pharmacotherapy for Opioid Use Disorder

Median program performance on the Use of Pharmacotherapy for Opioid Use Disorder (OUD-HH) measure did not change significantly for any medication rate between 2022 and 2024 among approved Health Home programs reporting for all three years.



Source: Mathematica analysis of 2022-2024 Quality Measure Reporting (QMR) system reports.

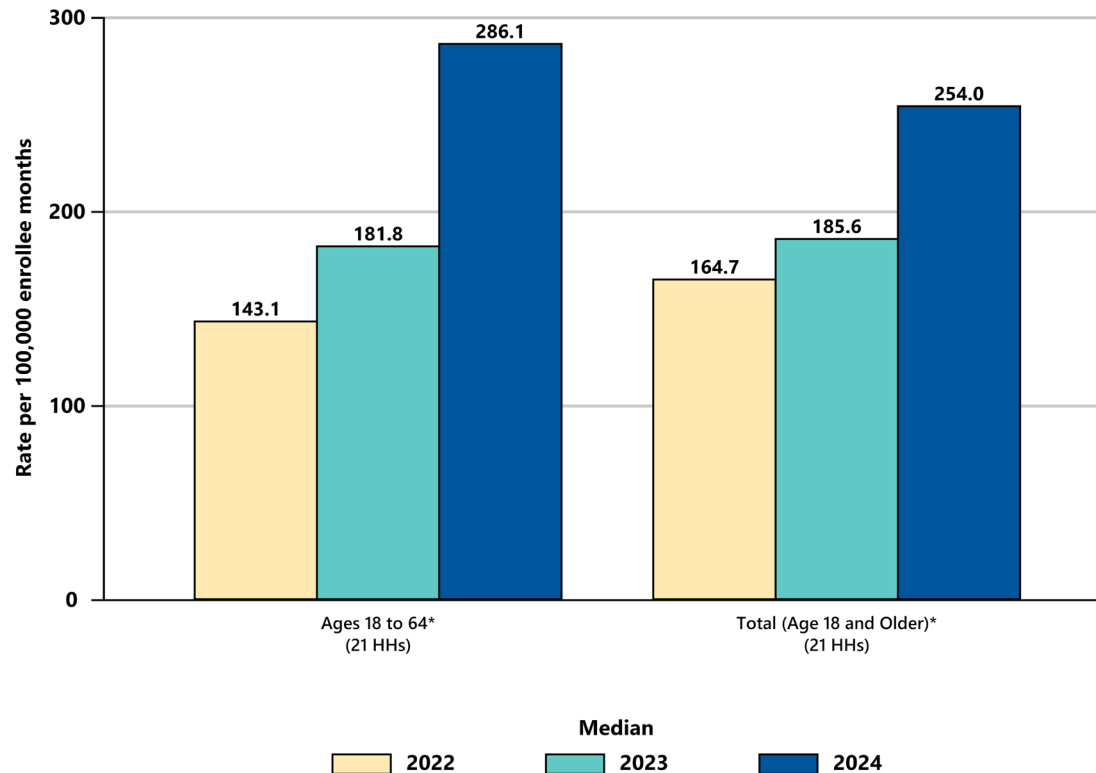
Notes: HH = approved Health Home program

This chart includes the approved Health Home programs that reported the measure using Health Home Core Set specifications for all three years. Rates for other medication groups are not shown because they were reported by fewer than 10 approved Health Home programs for the three-year period.



# Trends in Performance, 2022-2024: PQI 92: Chronic Conditions Composite

Median program performance on the PQI 92: Chronic Conditions Composite (PQI92-HH) measure did not change significantly between 2022 and 2024 among approved Health Home programs reporting for all three years.



Source: Mathematica analysis of 2022-2024 Quality Measure Reporting (QMR) system reports.

Notes: HH = approved Health Home program

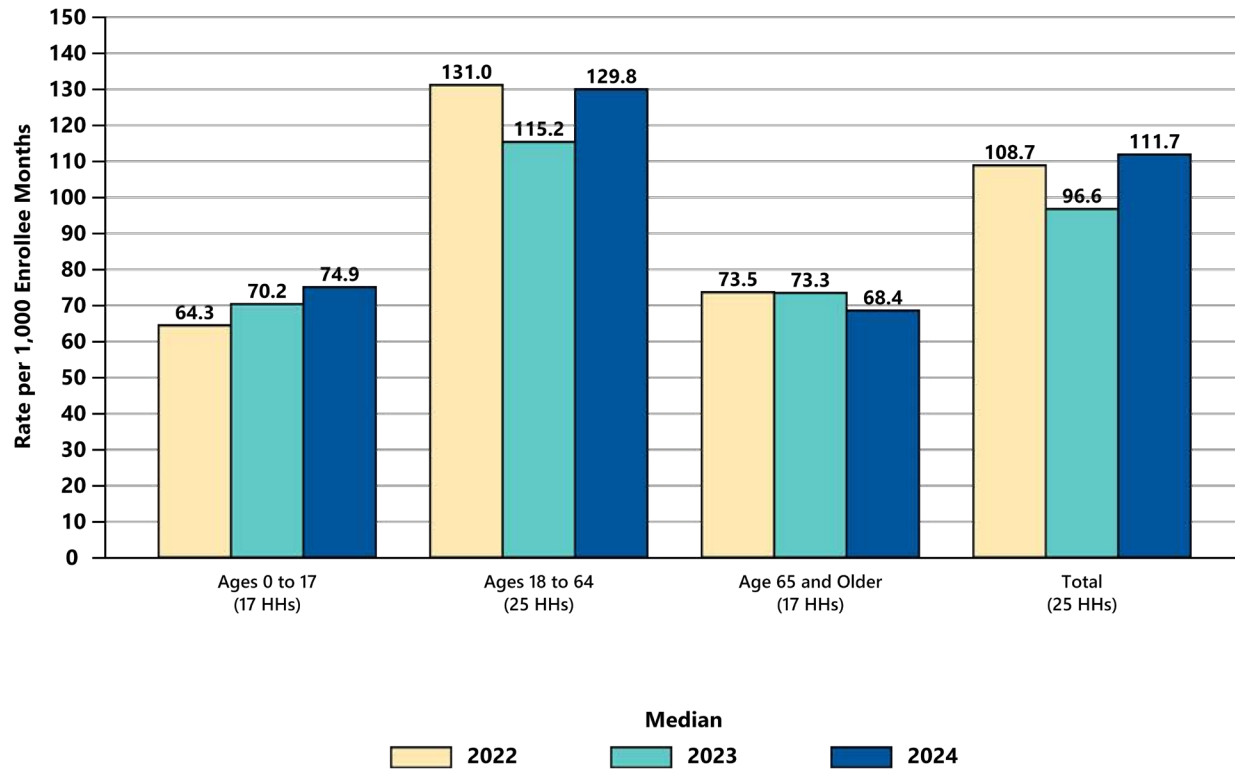
This chart includes the approved Health Home programs that reported the measure using Health Home Core Set specifications for all three years. Rates for other age groups are not shown because they were reported by fewer than 10 approved Health Home programs for the three-year period.

\*Lower rates are better for this measure



# Trends in Performance, 2022-2024: Ambulatory Care: Emergency Department (ED) Visits

Median program performance on the Ambulatory Care: Emergency Department Visits (AMB-HH) measure did not change significantly between 2022 and 2024 among approved Health Home programs reporting for all three years.



Source: Mathematica analysis of 2022-2024 Quality Measure Reporting (QMR) system reports.

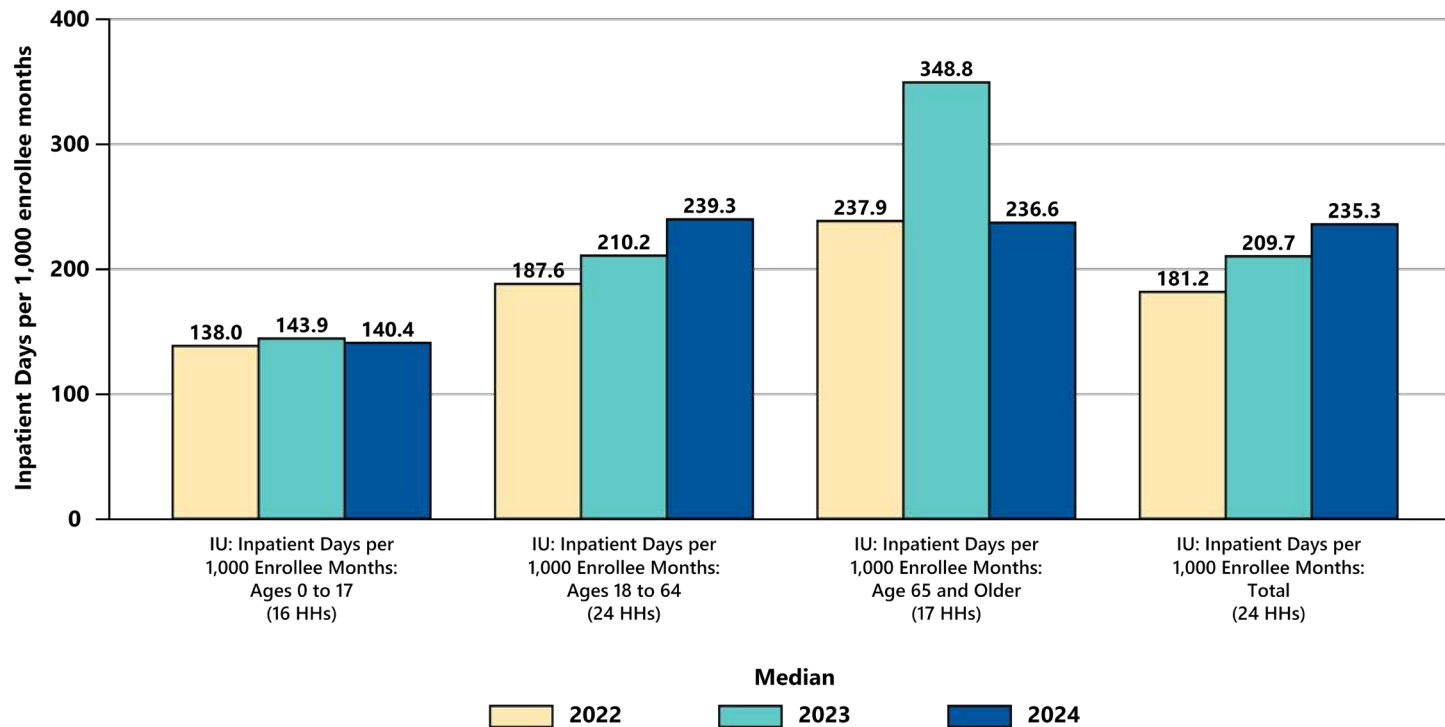
Notes: HH = approved Health Home program

This chart includes the approved Health Home programs that reported the measure using Health Home Core Set specifications for all three years



## Trends in Performance, 2022-2024: Inpatient Utilization: Inpatient Days

Median rates of inpatient days per 1,000 enrollee months on the Inpatient Utilization (IU-HH) measure did not change significantly between 2022 and 2024 among approved Health Home programs reporting for all three years.



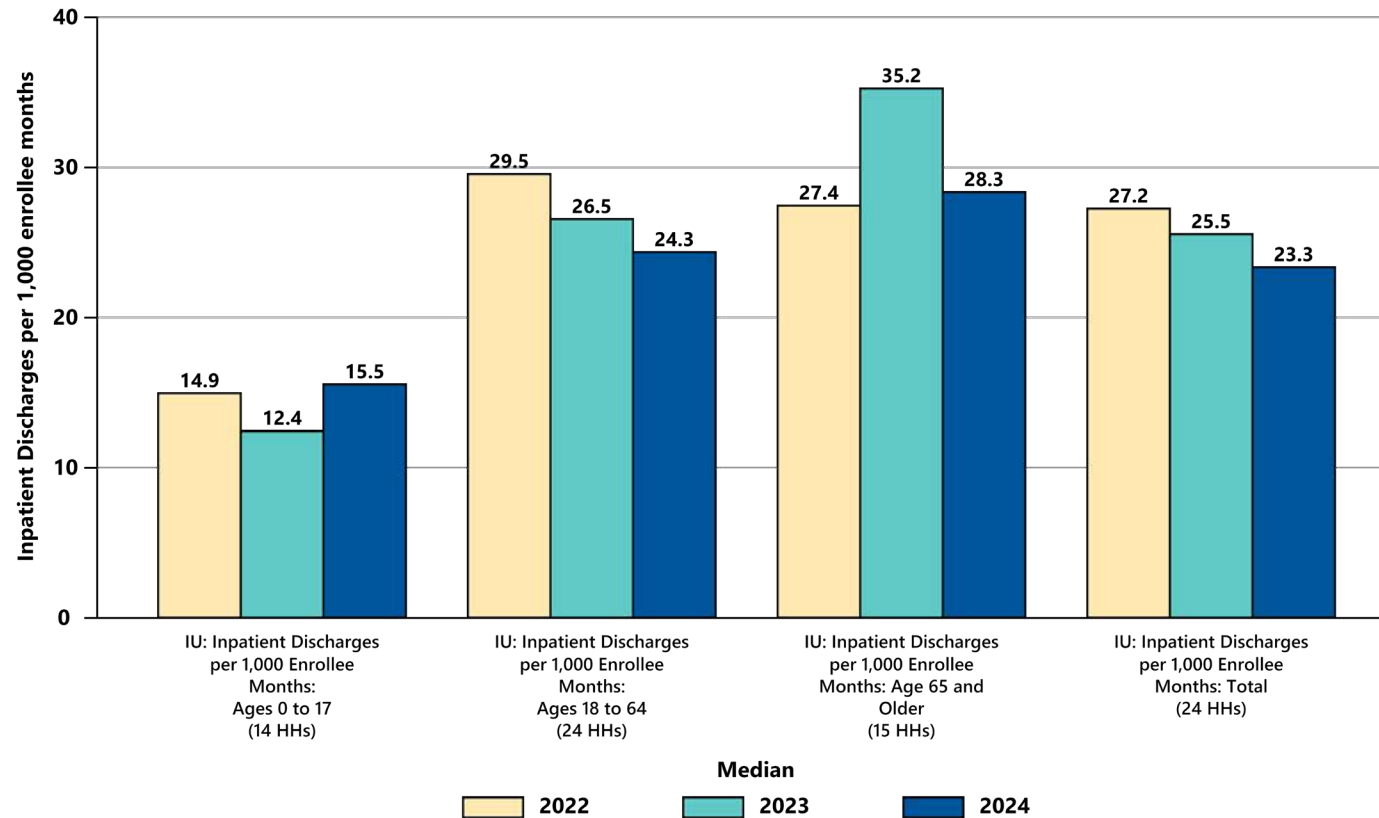
Source: Mathematica analysis of 2022-2024 Quality Measure Reporting (QMR) system reports.

Notes: HH = approved Health Home program

This chart includes the approved Health Home programs that reported the measure using Health Home Core Set specifications for all three years.

## Trends in Performance, 2022-2024: Inpatient Utilization: Inpatient Discharges

Median rates of inpatient discharges per 1,000 enrollee months on the Inpatient Utilization (IU-HH) measure did not change significantly between 2022 and 2024 among approved Health Home programs reporting for all three years.



Source: Mathematica analysis of 2022-2024 Quality Measure Reporting (QMR) system reports.

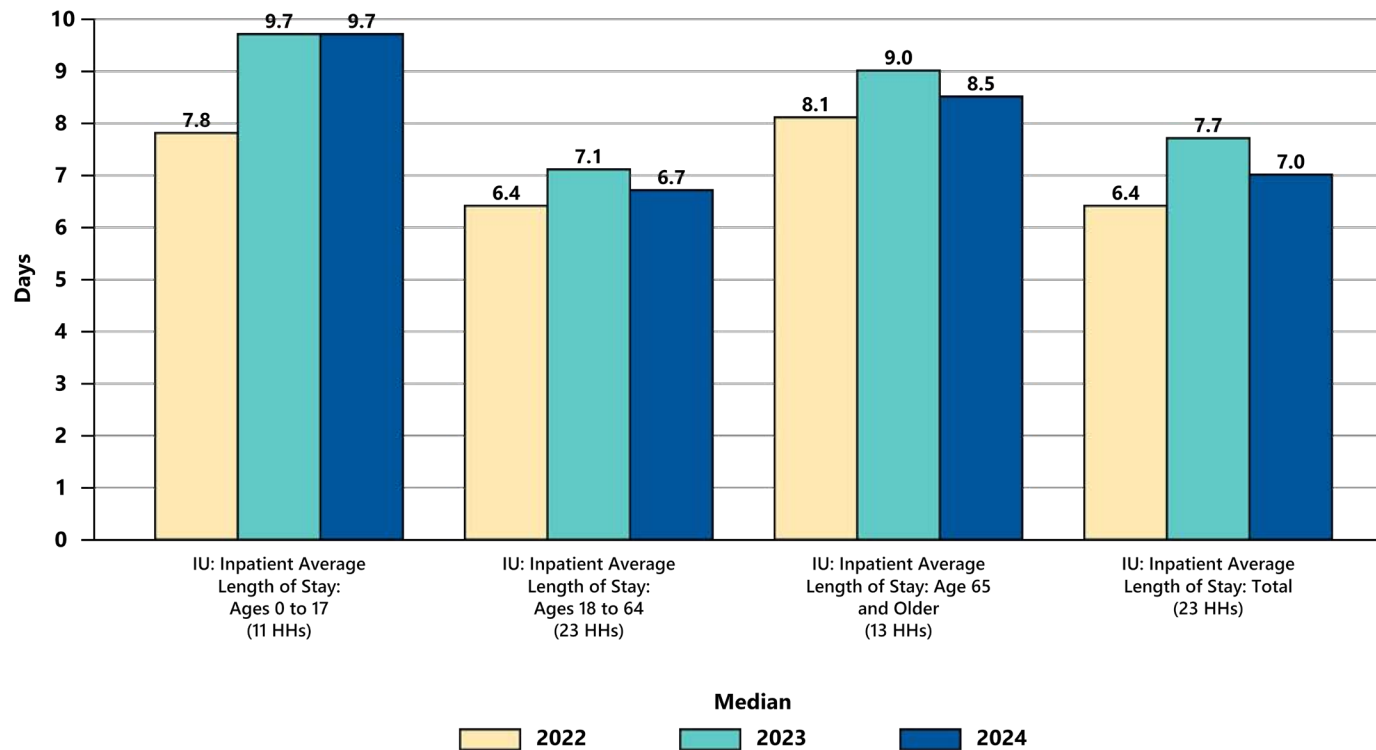
Notes: HH = approved Health Home program

This chart includes the approved Health Home programs that reported the measure using Health Home Core Set specifications for all three years.



## Trends in Performance, 2022-2024: Inpatient Utilization: Inpatient Length of Stay

The median length of stay on the Inpatient Utilization (IU-HH) measure increased significantly from the 2022 to 2024 Core Sets for the ages 18 to 64 and total (all ages) rates among approved Health Home programs reporting for all three years. The changes in the median length of stay for other age groups during this period were not significant.



Source: Mathematica analysis of 2022-2024 Quality Measure Reporting (QMR) system reports.

Notes: HH = approved Health Home program

This chart includes the approved Health Home programs that reported the measure using Health Home Core Set specifications for all three years.



# REFERENCE TABLES AND ADDITIONAL RESOURCES



# Performance Rates on Publicly Reported Health Home Core Set Measures, 2024

Measure Name	Rate Definition	Number of Programs Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
<b>Quality Measures</b>						
Controlling High Blood Pressure	Percentage who had a Diagnosis of Hypertension and Whose Blood Pressure was Adequately Controlled During the Measurement Year: Ages 18 to 64	25	34.9	31.9	18.0	53.0
Controlling High Blood Pressure	Percentage who had a Diagnosis of Hypertension and Whose Blood Pressure was Adequately Controlled During the Measurement Year: Total (Ages 18 to 85)	25	34.8	31.8	16.3	53.5
Colorectal Cancer Screening	Percentage who had Appropriate Screening for Colorectal Cancer: Ages 46 to 50	25	33.3	35.6	25.9	39.7
Colorectal Cancer Screening	Percentage who had Appropriate Screening for Colorectal Cancer: Ages 51 to 65	30	47.7	52.8	35.4	58.0
Colorectal Cancer Screening	Percentage who had Appropriate Screening for Colorectal Cancer: Ages 66 to 75	19	46.7	50.0	32.5	57.4
Follow-Up After Emergency Department Visit for Substance Use	Percentage of Emergency Department (ED) Visits for Substance Use Disorder (SUD) or Drug Overdose with a Follow-Up Visit Within 7 Days of the ED Visit: Ages 18 to 64	22	45.4	44.2	28.2	57.6
Follow-Up After Emergency Department Visit for Substance Use	Percentage of Emergency Department (ED) Visits for Substance Use Disorder (SUD) or Drug Overdose with a Follow-Up Visit Within 7 Days of the ED Visit: Total (Age 13 and Older)	22	45.0	43.1	27.2	55.6
Follow-Up After Emergency Department Visit for Substance Use	Percentage of Emergency Department (ED) Visits for Substance Use Disorder (SUD) or Drug Overdose with a Follow-Up Visit Within 30 Days of the ED Visit: Ages 18 to 64	23	64.0	63.8	45.3	81.3
Follow-Up After Emergency Department Visit for Substance Use	Percentage of Emergency Department (ED) Visits for Substance Use Disorder (SUD) or Drug Overdose with a Follow-Up Visit Within 30 Days of the ED Visit: Total (Age 13 and Older)	23	63.7	65.2	46.8	81.1

Table is continued on the next slide.

# Performance Rates on Publicly Reported Health Home Core Set Measures, 2024 (continued, 1)

Measure Name	Rate Definition	Number of Programs Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
<b>Quality Measures (continued)</b>						
Follow-Up After Hospitalization for Mental Illness	Percentage of Discharges for Health Home Enrollees Hospitalized for Treatment of Mental Illness or Intentional Self-Harm with a Follow-Up Visit Within 7 Days after Discharge: Ages 6 to 17	19	36.0	45.3	0.0	61.8
Follow-Up After Hospitalization for Mental Illness	Percentage of Discharges for Health Home Enrollees Hospitalized for Treatment of Mental Illness or Intentional Self-Harm with a Follow-Up Visit Within 7 Days after Discharge: Ages 18 to 64	24	38.5	38.9	22.7	52.5
Follow-Up After Hospitalization for Mental Illness	Percentage of Discharges for Health Home Enrollees Hospitalized for Treatment of Mental Illness or Intentional Self-Harm with a Follow-Up Visit Within 7 Days after Discharge: Total (Age 6 and Older)	26	40.8	42.7	22.1	52.5
Follow-Up After Hospitalization for Mental Illness	Percentage of Discharges for Health Home Enrollees Hospitalized for Treatment of Mental Illness or Intentional Self-Harm with a Follow-Up Visit Within 30 Days after Discharge: Ages 6 to 17	20	48.5	69.3	0.0	80.5
Follow-Up After Hospitalization for Mental Illness	Percentage of Discharges for Health Home Enrollees Hospitalized for Treatment of Mental Illness or Intentional Self-Harm with a Follow-Up Visit Within 30 Days after Discharge: Ages 18 to 64	27	61.8	62.4	45.5	77.9
Follow-Up After Hospitalization for Mental Illness	Percentage of Discharges for Health Home Enrollees Hospitalized for Treatment of Mental Illness or Intentional Self-Harm with a Follow-Up Visit Within 30 Days after Discharge: Total (Age 6 and Older)	30	62.9	64.3	45.5	79.9
Follow-Up After Emergency Department Visit for Mental Illness	Percentage of Emergency Department (ED) Visits for Mental Illness or Intentional Self-Harm with a Follow-Up Visit Within 7 Days of the ED Visit: Ages 18 to 64	22	50.7	49.7	42.1	63.5
Follow-Up After Emergency Department Visit for Mental Illness	Percentage of Emergency Department (ED) Visits for Mental Illness or Intentional Self-Harm with a Follow-Up Visit Within 7 Days of the ED Visit: Total (Age 6 and Older)	24	50.4	46.0	34.7	63.2

Table is continued on the next slide.

## Performance Rates on Publicly Reported Health Home Core Set Measures, 2024 (continued, 2)

Measure Name	Rate Definition	Number of Programs Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
<b>Quality Measures (continued)</b>						
Follow-Up After Emergency Department Visit for Mental Illness	Percentage of Emergency Department (ED) Visits for Mental Illness or Intentional Self-Harm with a Follow-Up Visit Within 30 Days of the ED Visit: Ages 18 to 64	25	64.4	70.1	51.7	77.5
Follow-Up After Emergency Department Visit for Mental Illness	Percentage of Emergency Department (ED) Visits for Mental Illness or Intentional Self-Harm with a Follow-Up Visit Within 30 Days of the ED Visit: Total (Age 6 and Older)	26	65.5	70.3	56.0	82.1
Initiation and Engagement of Substance Use Disorder Treatment	Percentage of New Episodes of Total SUD with Initiation of SUD Treatment within 14 Days: Total (Age 13 and Older)	28	49.9	45.0	38.2	58.4
Initiation and Engagement of Substance Use Disorder Treatment	Percentage of New Episodes of Total SUD with Engagement of SUD Treatment within 34 Days of Initiation: Total (Age 13 and Older)	22	25.2	15.7	12.0	32.4
Use of Pharmacotherapy for Opioid Use Disorder	Percentage with an Opioid Use Disorder who Filled a Prescription for or were Administered or Dispensed Buprenorphine: Ages 18 To 64	26	42.5	41.6	27.3	56.5
Use of Pharmacotherapy for Opioid Use Disorder	Percentage with an Opioid Use Disorder who Filled a Prescription for or were Administered or Dispensed Oral Naltrexone: Ages 18 to 64	17	6.5	3.0	0.7	8.5
Use of Pharmacotherapy for Opioid Use Disorder	Percentage with an Opioid Use Disorder who Filled a Prescription for or were Administered or Dispensed Methadone: Ages 18 to 64	23	27.1	23.4	11.3	31.3
Use of Pharmacotherapy for Opioid Use Disorder	Percentage with an Opioid Use Disorder who Filled a Prescription For or were Administered or Dispensed an FDA-Approved Medication for the Disorder: Total Rate: Ages 18 to 64	26	67.2	64.7	57.6	78.4
Plan All-Cause Readmissions	Ratio of Observed All-Cause Readmissions to Expected Readmissions: Ages 18 to 64 [Lower rates are better]	23	1.0058	1.1082	1.2365	0.7857

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## Performance Rates on Publicly Reported Health Home Core Set Measures, 2024 (continued, 3)

Measure Name	Rate Definition	Number of Programs Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
<b>Quality Measures (continued)</b>						
PQI 92: Chronic Conditions Composite	Hospitalizations for Ambulatory Care Sensitive Chronic Conditions per 100,000 Enrollee Months: Ages 18 to 64 [Lower rates are better]	30	331.2	171.4	408.6	112.9
PQI 92: Chronic Conditions Composite	Hospitalizations for Ambulatory Care Sensitive Chronic Conditions per 100,000 Enrollee Months: Age 65 and Older [Lower rates are better]	18	397.1	338.3	564.2	109.2
PQI 92: Chronic Conditions Composite	Hospitalizations for Ambulatory Care Sensitive Chronic Conditions per 100,000 Enrollee Months: Total (Age 18 and Older) [Lower rates are better]	30	341.5	188.5	408.6	112.9
<b>Utilization Measures</b>						
Admission to a Facility from the Community	Short-Term Stays per 1,000 Enrollee Months: Total (Age 18 and Older)	23	11.6	2.8	1.0	15.5
Admission to a Facility from the Community	Medium-Term Stays per 1,000 Enrollee Months: Total (Age 18 and Older)	22	1.8	1.1	0.1	2.0
Ambulatory Care: Emergency Department (ED) Visits	Emergency Department Visits per 1,000 Enrollee Months: Ages 0 to 17	23	72.8	64.1	54.8	93.5
Ambulatory Care: Emergency Department (ED) Visits	Emergency Department Visits per 1,000 Enrollee Months: Ages 18 to 64	34	136.8	127.7	96.7	176.1
Ambulatory Care: Emergency Department (ED) Visits	Emergency Department Visits per 1,000 Enrollee Months: Age 65 and Older	26	87.6	81.8	53.7	120.0
Ambulatory Care: Emergency Department (ED) Visits	Emergency Department Visits per 1,000 Enrollee Months: Total (All Ages)	34	124.8	108.2	93.1	162.1

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## Performance Rates on Publicly Reported Health Home Core Set Measures, 2024 (continued, 4)

Measure Name	Rate Definition	Number of Programs Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
<b>Utilization Measures (continued)</b>						
Inpatient Utilization	Inpatient Days per 1,000 Enrollee Months: Ages 0 to 17	23	243.6	126.5	43.6	210.9
Inpatient Utilization	Inpatient Days per 1,000 Enrollee Months: Ages 18 to 64	34	251.2	162.0	111.9	284.5
Inpatient Utilization	Inpatient Days per 1,000 Enrollee Months: Age 65 and Older	25	376.1	236.6	155.4	361.5
Inpatient Utilization	Inpatient Days per 1,000 Enrollee Months: Total (All Ages)	34	263.9	185.3	96.8	318.1
Inpatient Utilization	Inpatient Discharges per 1,000 Enrollee Months: Ages 0 to 17	20	12.5	12.1	6.3	19.0
Inpatient Utilization	Inpatient Discharges per 1,000 Enrollee Months: Ages 18 to 64	32	32.7	25.7	18.3	39.4
Inpatient Utilization	Inpatient Discharges per 1,000 Enrollee Months: Age 65 and Older	24	32.8	28.3	21.4	42.1
Inpatient Utilization	Inpatient Discharges per 1,000 Enrollee Months: Total (All Ages)	34	30.4	25.1	15.9	36.2
Inpatient Utilization	Inpatient Average Length of Stay: Ages 0 to 17	17	15.6	8.8	7.1	14.1
Inpatient Utilization	Inpatient Average Length of Stay: Ages 18 to 64	32	10.0	7.0	5.6	9.7
Inpatient Utilization	Inpatient Average Length of Stay: Age 65 and Older	17	10.7	8.5	7.5	11.2
Inpatient Utilization	Inpatient Average Length of Stay: Total (All Ages)	34	10.9	7.7	6.0	10.9

Source: Mathematica analysis of the Quality Measure Reporting (QMR) system reports for the 2024 Core Set as of May 28, 2025.

Notes: This table includes measures that were reported by at least 15 approved Health Home programs for 2024 and that met CMS standards for data quality. This table includes data for Health Home programs that indicated they used Health Home Core Set specifications to report the measures and excludes Health Home programs that indicated they used other specifications and those that did not report the measures for 2024. Additionally, Health Home programs were excluded if their data was suppressed due to small cell sizes. Means are calculated as the unweighted average of all Health Home program rates.



# Trends in Performance Rates on Publicly Reported Health Home Core Set Measures, 2022-2024

Measure Name	Rate Definition	Number of Programs Reporting Using Core Set Specifications 2022–2024	2022 Median	2023 Median	2024 Median
<b>Quality Measures</b>					
Controlling High Blood Pressure	Percentage who had a Diagnosis of Hypertension and Whose Blood Pressure was Adequately Controlled During the Measurement Year: Ages 18 to 64	12	31.2	42.7	49.4
Controlling High Blood Pressure	Percentage who had a Diagnosis of Hypertension and Whose Blood Pressure was Adequately Controlled During the Measurement Year: Total (Ages 18 to 85)	13	32.2	42.6	53.5
Colorectal Cancer Screening	Percentage who had Appropriate Screening for Colorectal Cancer: Ages 51 to 65	18	51.0	52.1	54.1
Colorectal Cancer Screening	Percentage who had Appropriate Screening for Colorectal Cancer: Ages 66 to 75	13	53.3	54.1	45.9
Follow-Up After Hospitalization for Mental Illness	Percentage of Discharges for Health Home Enrollees Hospitalized for Treatment of Mental Illness or Intentional Self-Harm with a Follow-Up Visit Within 7 Days after Discharge: Ages 18 to 64	16	48.2	48.2	42.0
Follow-Up After Hospitalization for Mental Illness	Percentage of Discharges for Health Home Enrollees Hospitalized for Treatment of Mental Illness or Intentional Self-Harm with a Follow-Up Visit Within 7 Days after Discharge: Total (Age 6 and Older)	16	48.9	48.8	43.9
Follow-Up After Hospitalization for Mental Illness	Percentage of Discharges for Health Home Enrollees Hospitalized for Treatment of Mental Illness or Intentional Self-Harm with a Follow-Up Visit Within 30 Days after Discharge: Ages 18 to 64	19	64.3	69.1	64.5
Follow-Up After Hospitalization for Mental Illness	Percentage of Discharges for Health Home Enrollees Hospitalized for Treatment of Mental Illness or Intentional Self-Harm with a Follow-Up Visit Within 30 Days after Discharge: Total (Age 6 and Older)	20	66.8	69.6	64.4

Table is continued on the next slide.

# Trends in Performance Rates on Publicly Reported Health Home Core Set Measures, 2022-2024 (continued, 1)

Measure Name	Rate Definition	Number of Programs Reporting Using Core Set Specifications		2022 Median	2023 Median	2024 Median
		2022-2024				
<b>Quality Measures</b>						
Use of Pharmacotherapy for Opioid Use Disorder	Percentage with an Opioid Use Disorder who Filled a Prescription for or were Administered or Dispensed Buprenorphine: Ages 18 to 64	20		49.5	37.0	42.8
Use of Pharmacotherapy for Opioid Use Disorder	Percentage with an Opioid Use Disorder who Filled a Prescription for or were Administered or Dispensed Oral Naltrexone: Ages 18 to 64	10		4.0	5.4	4.6
Use of Pharmacotherapy for Opioid Use Disorder	Percentage with an Opioid Use Disorder who Filled a Prescription for or were Administered or Dispensed Methadone: Ages 18 to 64	15		25.9	23.4	25.9
Use of Pharmacotherapy for Opioid Use Disorder	Percentage with an Opioid Use Disorder who Filled a Prescription for or were Administered or Dispensed an FDA-Approved Medication for the Disorder: Total Rate: Ages 18 to 64	20		65.1	61.6	64.7
PQI 92: Chronic Conditions Composite	Hospitalizations for Ambulatory Care Sensitive Chronic Conditions per 100,000 Enrollee Months: Ages 18 to 64 [Lower rates are better]	21		143.1	181.8	286.1
PQI 92: Chronic Conditions Composite	Hospitalizations for Ambulatory Care Sensitive Chronic Conditions per 100,000 Enrollee Months: Total (Age 18 and Older) [Lower rates are better]	21		164.7	185.6	254.0
<b>Utilization Measures</b>						
Ambulatory Care: Emergency Department (ED) Visits	Emergency Department Visits per 1,000 Enrollee Months: Ages 0 to 17	17		64.3	70.2	74.9
Ambulatory Care: Emergency Department (ED) Visits	Emergency Department Visits per 1,000 Enrollee Months: Ages 18 to 64	25		131.0	115.2	129.8
Ambulatory Care: Emergency Department (ED) Visits	Emergency Department Visits per 1,000 Enrollee Months: Age 65 and Older	17		73.5	73.3	68.4
Ambulatory Care: Emergency Department (ED) Visits	Emergency Department Visits per 1,000 Enrollee Months: Total (All Ages)	25		108.7	96.6	111.7

Table is continued on the next slide.

# Trends in Performance Rates on Publicly Reported Health Home Core Set Measures, 2022-2024 (continued, 2)

Measure Name	Rate Definition	Number of Programs Reporting Using Core Set Specifications		2022 Median	2023 Median	2024 Median
		2022-2024				
<b>Utilization Measures</b>						
Inpatient Utilization	Inpatient Days per 1,000 Enrollee Months: Ages 0 to 17	16		138.0	143.9	140.4
Inpatient Utilization	Inpatient Days per 1,000 Enrollee Months: Ages 18 to 64	24		187.6	210.2	239.3
Inpatient Utilization	Inpatient Days per 1,000 Enrollee Months: Age 65 and Older	17		237.9	348.8	236.6
Inpatient Utilization	Inpatient Days per 1,000 Enrollee Months: Total (All Ages)	24		181.2	209.7	235.3
Inpatient Utilization	Inpatient Discharges per 1,000 Enrollee Months: Ages 0 to 17	14		14.9	12.4	15.5
Inpatient Utilization	Inpatient Discharges per 1,000 Enrollee Months: Ages 18 to 64	24		29.5	26.5	24.3
Inpatient Utilization	Inpatient Discharges per 1,000 Enrollee Months: Age 65 and Older	15		27.4	35.2	28.3
Inpatient Utilization	Inpatient Discharges per 1,000 Enrollee Months: Total (All Ages)	24		27.2	25.5	23.3
Inpatient Utilization	Inpatient Average Length of Stay: Ages 0 to 17	11		7.8	9.7	9.7
Inpatient Utilization	Inpatient Average Length of Stay: Ages 18 to 64	23		6.4	7.1	6.7
Inpatient Utilization	Inpatient Average Length of Stay: Age 65 and Older	13		8.1	9.0	8.5
Inpatient Utilization	Inpatient Average Length of Stay: Total (All Ages)	23		6.4	7.7	7.0

Source: Mathematica analysis of 2022-2024 Quality Measure Reporting (QMR) system reports.

Notes: This table includes rates that met the following criteria: (1) the rate met the criteria for performance reporting in all three years; (2) the rate was reported by a set of at least 10 approved Health Home programs that used Core Set specifications in all three years; (3) the measure specifications were comparable for all three years.

# Acronyms

CHIP	Children's Health Insurance Program
CMS	Centers for Medicare & Medicaid Services
ED	Emergency Department
FDA	Food and Drug Administration
HH	Approved Health Home program
I/DD	Intellectual/Developmental Disability
MAT	Medication Assisted Treatment
NA	Not Applicable
O/E	Observed-to-Expected
OD	Opioid use disorder
PQI	Prevention Quality Indicator
SED	Serious Emotional Disturbance
SMI	Serious Mental Illness
SPA	State Plan Amendment
SUD	Substance Use Disorder
QMR	Quality Measure Reporting

## Additional Resources

Additional resources related to the Health Home Core Set are available at <https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/health-home-quality-reporting/index.html>

These resources include:

- Technical Specifications and Resource Manuals for the Health Home Core Set
- Technical assistance resources for States
- Other background information on the Health Home Core Set

For more information about the Health Home Core Set please contact [MACQualityTA@cms.hhs.gov](mailto:MACQualityTA@cms.hhs.gov).

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