

Quality of Care for Children and Adults in 1945 Medicaid Health Home programs: CMS Releases Data from the 2024 1945 Health Home Core Set



Highlights

- CMS released data on 12 of 13 Core Set measures for Medicaid Health Home programs.
- States reported all 1945 Health Home Core Set measures for all 34 Health Home Programs that were expected to report.
- Reporting notably increased, with 21 Health Home Programs reporting more Health Home Core Set measures for 2024 than for 2023.

1945 Medicaid Health Home Programs provide person-centered, team-based care coordination to more than one million Medicaid beneficiaries with multiple chronic conditions, severe mental illness, or substance use disorder. The Centers for Medicare & Medicaid Services (CMS) seeks to ensure access to high-quality care and improve health for individuals covered by Medicaid Health Home Programs. The Health Home Core Set promotes these objectives through a standardized set of measures that states and CMS use to assess the quality of care provided to Medicaid Health Home enrollees and to drive improvement.

CMS annually reports performance on the Health Home Core Set measures. To be included in public performance data, measures must be reported to CMS for at least 15 Health Home programs and must meet data quality standards. 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.

This fact sheet highlights some key findings from the 2024 1945 Health Home Core Set, featuring measures where performance was higher, measures where programs have shown improvement in recent years, and measures where there is room for progress. For most measures, 2024 Core Set performance reflects services provided in calendar year (CY) 2023.¹ Data showing trends from the 2022 to 2024 Core Set reflect services provide from CY 2021 to 2023.

2024 1945 Health Home Core Set Reporting at a Glance

Measures in 2024 Core Set  13

Number of publicly reported measures **12**

Median number of measures reported by programs **13**

Programs expected to report  34

Number of programs reporting all measure **34**

Number of programs reporting more measures for 2024 than 2023 **21**



Mandatory Reporting

Starting with the 2024 Core Sets, reporting of the 1945 and 1945A Health Home Core Sets are mandatory for all states with an approved Health Home State Plan Amendment (SPA) that was effective and implemented by June 30, 2023.² States must report all mandatory measures and rates according to the CMS Core Set measure specifications and include all measure-eligible enrollees in reporting. There were no 1945A Health Home Programs that were expected to report for the 2024 Core Set reporting period.

Highlights of 2024 1945 Health Home Core Set Reporting



1 Health Home Core Set measure showed statistically significant improvement in median state performance from CY 2021 to 2023, suggesting progress in the quality of care provided to Medicaid and CHIP beneficiaries.

KEY FINDINGS FROM 2024 1945 HEALTH HOME QUALITY OF CARE

Where are Health Home programs doing well on quality of care for Health Home enrollees?

Median state performance was higher on key indicators of timely management of behavioral health care.



Managing behavioral health care

Follow-up within 30 days after emergency department (ED) visit for substance use:

Total (Age 13 and older) **65.2%**

Follow-up within 30 days after ED visit for mental illness:

Ages 18 to 64 **70.1%**

Total (Age 6 and older) **70.3%**

Follow-up within 30 days after hospitalization for mental illness:

Ages 6 to 17 **69.3%**

One 1945 Health Home Core Set measure of disease management showed statistically significant improvement in median state performance from the 2022 to 2024 Core Sets (care provided in CY 2021 to 2023), suggesting progress in the quality of care provided in this area.^{3,4}



Providing disease management

Control of high blood pressure:

Ages 18 to 64 **+18.2**

Total (Ages 18 to 85) **+21.3**

What are some areas for improvement in Health Home quality of care?

Health Home programs can improve on key indicators of chronic disease management and preventive screenings. Health Home programs can also improve rates of timely follow-up and treatment for behavioral health care.

To support quality improvement initiatives in these and other areas, Health Home programs can find resources and get technical assistance through the [Health Home Information Resource Center](#).



Providing disease management and preventive care

Control of high blood pressure:

Ages 18 to 64 **31.9%**

Total (Ages 18 to 85) **31.8%**

Colorectal cancer screening:

Ages 46 to 50 **35.6%**



Managing behavioral health care

Follow-up within 7 days after hospitalization for mental illness:

Ages 18 to 64 **38.9%**



Treating substance use disorders

Treatment after episodes for any substance use disorder: Age 13 and older

Engagement of treatment **15.7%**

How are Health Home programs performing on indicators of health care utilization?

Some 1945 Health Home Core Set measures show utilization rates per number of health home enrollee months. Enrollee months are calculated by summing the total number of months each individual is enrolled in the Health Home program during the measurement year. Median performance for these measures for the 2024 Core Set is shown below:



Hospitalizations for ambulatory care sensitive chronic conditions per 100,000 enrollee months: Age 18 and older **188.5**

ED visits per 1,000 enrollee months: All ages **108.2**

Inpatient utilization per 1,000 enrollee months: All ages

Hospital days **185.3**

Discharges **25.1**

Average length of stay (days) **7.7**

Admissions to an institutional facility per 1,000 enrollee months: Age 18 and older

Short-term stays **2.8**

Medium-term stays **1.1**

Long-term stays **0.4**

One 1945 Health Home Core Set measure of utilization of inpatient services showed a statistically significant change from the 2022 to 2024 Core Sets (care provided in CY 2021 to 2023).



Utilization of inpatient services

Inpatient average length of stay (days): All ages **+0.6**



Conclusion

The 1945 Health Home Core Set provides a set of measures that, taken together, assess the delivery of health care services to Health Home program enrollees. These measures allow CMS and states to identify areas of stronger performance, changes over time, and areas of continued focus for improving health outcomes. CMS and states can also use the measures to identify differences in quality of care and health outcomes across populations and use that information in efforts to improve care.

State reporting of the 1945 Health Home Core Set measures has continually improved, allowing CMS to publicly report more comprehensive and complete Core Set data over time. CMS appreciates states' efforts to collect and report quality measure data. In particular, CMS appreciates the substantial gains states made during the first year of mandatory Core Set reporting.

ADDITIONAL INFORMATION

Information on the 1945 Health Home Core Set is available at <https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/index.html>.

The webpage linked above contains descriptions of the Health Home Core Set and resources on state reporting, including program-specific performance on measures that meet CMS standards for data quality. Annual resources include:

- Chart Packs that summarize reporting on the quality of health care furnished by Medicaid Health Home programs, including detailed analysis of publicly reported measures
- Measure Performance Tables that show program-specific data for each publicly reported Health Home Core Set measure

Endnotes

1. For more information, see the [2024 Health Home Core Set measurement periods](#).
2. For further information on Mandatory Reporting refer to: <https://www.medicaid.gov/sites/default/files/2024-03/smd24002.pdf>.
3. 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 ($p < .05$). In addition to changes in performance, trends over time could reflect changes in states' calculation methods, data sources, populations included in the measure, or other factors unrelated to changes in quality or access. More information on trending criteria and considerations is available in the resource: <https://www.medicaid.gov/resources-for-states/downloads/2024-health-home-chart-pack.pdf>.
4. Values represent changes in the health home program median rate from the 2022 to 2024 Core Sets. Results represent percentage point changes.