Quality of Care for Children and Adults in Medicaid Health Home programs
Overview of Findings from the 2023 Health Home Core Set

KEY FINDINGS

- Voluntary reporting continued to increase, with nine Health Home programs reporting more Health Home Core Set measures for 2023 than for 2022.
- Nearly all measures in the 2023 Health Home Core Set met the criteria for public reporting: 12 out of 13.
- Of the 33 Health Home programs expected to report, 30 programs voluntarily reported at least one measure.
- After a pause in trending Core Set measure results during the COVID-19 public health emergency, CMS resumed trending performance data for services provided primarily during calendar years 2020 to 2022.

Introduction

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 to assess the quality of care provided to Medicaid health home enrollees and to drive improvement.

CMS's goals for the Health Home Core Set include maintaining or increasing the number of programs that report Core Set measures, maintaining or increasing the number of measures reported for each program, and improving the quality and completeness of the data reported. States[1] are expected to report all of the Health Home Core Set measures to CMS for each of their approved Health Home programs.[2]

Each year, CMS reports performance on the Health Home Core Set measures. This fact sheet summarizes reporting on the 2023 Health Home Core Set, including an overview of performance on measures that were reported by at least 15 Health Home programs and met CMS's standards for data quality. For most measures, performance reflects services provided in calendar year (CY) 2022. Table 1 shows key metrics for 2023 reporting. For 2023, 20 states were expected to report on the performance of 33 Medicaid Health Home programs.[3]

Table 1. 2023 Health Home Core Set Reporting at a Glance

2023 Health Home Core Set Reporting Metrics	
Number of measures in 2023 Core Set	13
Number of publicly reported measures	12
Number of programs voluntarily reporting at least one measure (33 programs expected to report)	30
Number of programs reporting about half the measures	29
Median number of measures reported by programs	11
Number of programs reporting more measures for 2023 than for 2022	9

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[1] The term "states" includes the 50 states and the District of Columbia.

[2] 42 U.S.C. §1945(g).

[3] States can submit multiple state plan amendments to CMS to serve different populations through multiple Health Home programs.

2023 Health Home Core Set Reporting

The number of states reporting Core Set measures for their Health Home programs has increased substantially since the release of the Health Home Core Set in 2013. For 2023, 30 of the 33 approved Health Home programs that were expected to report Health Home Core Set measures voluntarily reported at least one measure, and 29 programs reported about half (6) of the measures. The median number of measures reported for programs was 11, an increase from 10 measures for 2022 and 8 measures for 2021.

Each year, CMS releases Health Home Core Set data for measures that were reported for at least 15 Health Home programs and that met CMS's standards for data quality. For 2023, CMS is publicly reporting performance on 12 of the 13 Health Home Core Set measures.

The most frequently reported measures for 2023 focus on Emergency Department (ED) use, inpatient hospital utilization, and behavioral health care (follow up after hospitalization for mental illness, follow-up after ED visits for mental illness, follow-up after ED visits for substance use, and use of pharmacotherapy for opioid use disorder).

CMS analyzed performance of the 12 publicly reported Health Home Core Set measures for 2023.

Median Health Home program performance was above 75 percent for the 30-day follow-up rate for the Follow-Up After Emergency Department Visit for Mental Illness measure (76.3% for enrollees age 6 and older).

Median program performance was below 50 percent for at least one publicly reported indicator on six measures of health care quality:

- Controlling high blood pressure (42.6% for enrollees ages 18 to 85)

- Colorectal cancer screening (23.5% for enrollees ages 46 to 49)

- Follow-up within 7 days after hospitalization for mental illness (48.8% for enrollees age 6 and older)

- Follow-up within 7 days after ED visit for substance use (45.4% for enrollees age 13 and older)

- Use of pharmacotherapy for opioid use disorder for enrollees ages 18 to 64

  - Use of buprenorphine (37.5%)
  - Use of oral naltrexone (6.2%)
  - Use of long-acting injectable naltrexone (1.4%)
  - Use of methadone (22.8%)

- Initiation and engagement of substance use disorder treatment after substance use disorder episodes for enrollees age 13 and older:

  - Initiation (44.5%) and engagement (17.9%) of treatment after alcohol use disorder episodes
  - Engagement (32.2%) of treatment after opioid use disorder episodes
  - Initiation (38.6%) and engagement (12.6%) of treatment after other substance use disorder episodes
  - Initiation (48.4%) and engagement (16.3%) of treatment after any substance use disorder episodes

The Plan All-Cause Readmissions measure is reported using an Observed/Expected (O/E) Ratio, which is calculated as the ratio of the number of observed to expected (risk-adjusted) readmissions. The O/E ratio is interpreted as "lower-is-better." The median for this measure was 1.0040. An O/E ratio > 1.0 means that there were more readmissions than expected given the case mix of health home enrollees.

Several Health Home Core Set measures are reported with 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 2023 is shown below:

- 99.7 ED visits per 1,000 health home enrollee months

- 209.7 inpatient hospital days and 26.9 hospital discharges per 1,000 health home enrollee months, and an average length of stay of 7.8 days

- 1.9 short-term, 0.9 medium-term, and 0.3 long-term admissions to an institutional facility per 1,000 health home enrollee months

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- 163.4 inpatient admissions for ambulatory sensitive chronic conditions per 100,000 health home enrollee months

Trends in Program Performance, 2021 to 2023 Core Sets

Seven Health Home Core Set measures met the criteria to be included in the trending analysis of the 2021, 2022, and 2023 Core Set data. For most measures, this represents care provided primarily from CY 2020 to CY 2022. There were substantial disruptions in health care during this period and these trends highlight patterns of access to care as the COVID-19 public health emergency evolved. In addition to disrupted health services, there were also changes in data collection and reporting necessitated by the pandemic that should be considered when reviewing changes in performance reported for Health Home programs.

One measure had statistically significant improvement in median performance on one indicator from the 2021 to 2023 Health Home Core Set. For the Controlling High Blood Pressure (CBP-HH) measure there was a statistically significant improvement in the percentage of Health Home enrollees ages 18 to 85 who had a diagnosis of hypertension and whose blood pressure was adequately controlled.

There was a statistically significant decline in median performance on one indicator for the Use of Pharmacotherapy for Opioid Use Disorder (OUD-HH) measure from the 2021 to 2023 Health Home Core Set. The use of buprenorphine for opioid use disorder among enrollees ages 18 to 64 declined significantly during this period.

There were also statistically significant increases in several indicators of health care utilization for health home enrollees from the 2021 to 2023 Core Set (Table 2).

Table 2. Statistically Significant Increases in Utilization: 2021 to 2023 Health Home Core Set

Ambulatory care ED visits among health home enrollees ages 0 to 17
Inpatient days among health home enrollees ages 18 to 64, age 65 and older, and all ages
Average length of inpatient stay for health home enrollees ages 18 to 64 and all ages
Mental and behavioral disorder discharges among health home enrollees age 65 and older

CMS limits trend analysis to a consistent set of programs and measures with stable specifications to reduce variation unrelated to changes in program performance. Nevertheless, 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.

Conclusion

The 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 disparities in quality of care and health outcomes and to use that information in efforts to improve care and advance health equity.

State reporting of the Health Home Core Set measures has become more robust over time, which allows CMS to publicly report more comprehensive Core Set data. CMS appreciates states' efforts to report the 2023 Health Home Core Set measures.

CMS is committed to providing meaningful technical assistance to states to continue to improve data completeness and quality, especially as reporting on the Health Home Core Set becomes mandatory in 2024.[4]

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[4] For information related to Health Home Core Set mandatory reporting: https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents//smd24002.pdf

Additional Information

Information on the 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 reported by at least 15 programs and that meet CMS standards for data quality. Annual resources include:

- Chart Packs summarize reporting on the quality of health care furnished by Medicaid Health Home programs, including detailed analysis of publicly reported measures

- Measure Performance Tables include program-specific data for each publicly reported Health Home Core Set measure