

## Criteria for Using the Health Home Core Set Measures to Assess Performance and Trends in Performance in Medicaid Health Homes

### Introduction

Medicaid Health Home programs provide person-centered, team-based care coordination to more than one million Medicaid beneficiaries with chronic conditions. States may create Medicaid Health Home programs that target specific populations, including beneficiaries with multiple chronic conditions, severe mental illness, or substance use disorder. As of October 2024, 20 states<sup>1</sup> have 34 approved Medicaid Health Home programs, with some states submitting multiple state plan amendments (SPAs) to target different populations.<sup>2, 3</sup>

Each year, the Centers for Medicare & Medicaid Services (CMS) releases the Health Home Core Set of Health Care Quality Measures intended for quality reporting by approved Health Home programs.<sup>4</sup> The 2023 Health Home Core Set includes 13 measures; 10 measures address the quality of care delivered by Medicaid Health Home programs and 3 measures address the utilization of care by Health Home enrollees. States are expected to report on the Health Home Core Set measures for each approved Health Home program that has been in effect for six or more months of the measurement period.<sup>5</sup>

This methods brief summarizes the criteria CMS uses to assess trends in Health Home program performance and identifies which measures can be used to assess trends in performance for the 2021 to 2023 Health Home Core Set. For most measures, this represents care provided primarily from calendar years 2020 to 2022.

### Criteria for Reporting 2023 Health Home Core Set Performance

For a measure to be available for program-level analysis of performance, data must be (1) submitted to CMS by at least 15 approved Health Home programs that used Core Set specifications, (2) calculated using a denominator of at least 30 health home enrollees, and (3) meet CMS standards for data quality.<sup>6</sup> Twelve Health Home Core Set measures met these criteria for 2023 for at least one rate (Table 1):

- Admission to a Facility from the Community (AIF-HH)
- Ambulatory Care: Emergency Department (ED) Visits (AMB-HH)
- Controlling High Blood Pressure (CBP-HH)
- Colorectal Cancer Screening (COL-HH)
- Follow-Up After Emergency Department Visit for Substance Use (FUA-HH)
- Follow-Up After Hospitalization for Mental Illness (FUH-HH)
- Follow-Up After Emergency Department Visit for Mental Illness (FUM-HH)
- Initiation and Engagement of Substance Use Disorder Treatment (IET-HH)
- Inpatient Utilization (IU-HH)

<sup>1</sup> The term “states” includes the 50 states and the District of Columbia.

<sup>2</sup> A Medicaid and CHIP state plan is an agreement between a state and the federal government describing how the state administers its Medicaid and CHIP programs. When a state is planning to change its program policies or operational approach, the state submits a SPA to CMS for review and approval. More information on Health Home programs is available at <https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html>.

<sup>3</sup> A list of all approved Health Home programs as of October 2024 is available at <https://www.medicaid.gov/resources-for-states/downloads/hh-spa-overview-oct-2024.pdf>.

<sup>4</sup> More information on Health Home quality reporting 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> 42 U.S.C. §1945(g).

<sup>6</sup> Some states reported Core Set rates based on “other” specifications when they deviated substantially from Core Set specifications, such as using alternate data sources, different populations, or other methodologies. CMS does not publicly report performance when rates are calculated using “other” specifications.

- Use of Pharmacotherapy for Opioid Use Disorder (OUD-HH)
- Plan All-Cause Readmissions (PCR-HH)
- Prevention Quality Indicator (PQI) 92: Chronic Conditions Composite (PQI92-HH)

One measure was not publicly reported because the data submitted for 2023 did not meet CMS standards for data quality:

- Screening for Depression and Follow-Up Plan (CDF-HH)

For measures that meet the criteria for analyzing performance, program-level performance data that are based on small numbers of enrollees may be suppressed to protect the privacy of beneficiaries or because of concerns about the reliability of the performance rates.

Data are suppressed per CMS's cell-size suppression policy,<sup>7</sup> 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. For example, if an approved Health Home program reports a rate with a denominator between 1 and 10, that denominator value and the accompanying program-level rate are not shown in public reporting of Health Home data and are replaced with DS (Data Suppressed). Similarly, CMS replaces rates based on numerators from 1 to 10 with DS.

In addition, values greater than 10 may need to be suppressed if data users can use the values to derive a value suppressed for privacy reasons, referred to as secondary suppression. These values are also shown with DS. This may include other denominators and rates reported by an approved program or other approved programs. For example, some measures include rates for multiple age groups and a Total rate, and the age-group denominators sum to the Total rate denominator. If a denominator for a single age group is between 1 and 10, that denominator and the next smallest would be suppressed with DS to ensure that users could not derive the suppressed denominator by subtracting the remaining age-group denominators from the Total denominator.

<sup>7</sup> More information about CMS's cell-size suppression policy is available at <https://www.hhs.gov/guidance/document/cms-cell-suppression-policy>.

<sup>8</sup> CMS did not trend data from the 2020 to 2022 Core Sets due to comparability concerns resulting from the COVID-19 public health emergency.

<sup>9</sup> Determinations about the consistency of specifications over time are made in consultation with measure stewards. Each year, the National Committee for Quality Assurance (NCQA) makes recommendations about the trendability of HEDIS measures. NCQA's HEDIS Measurement Year (2021) Measure Trending Determinations are

For public reporting of Core Set measures, CMS does not report rates that are based on denominators less than 30 due to concerns about the reliability of estimates based on a small number of enrollees. In such cases, the associated rate is not used in the performance analysis and is shown with a # symbol. Note that rates based on numerators and denominators between 1 and 10 will always be suppressed, and shown as DS, to adhere to CMS's cell suppression policy.

When a denominator is not shown due to secondary suppression, CMS will report a rate in certain circumstances, such as when the denominator is at least 30 and the numerator is greater than 10, as long as showing the rate would not allow the identification of numerators between 1 and 10 or rates based on a numerator between 1 and 10 either within an approved Health Home program or in other approved Health Home programs.

### Criteria for Assessing Health Home Core Set Measures Available for Trending

Each year, CMS assesses which Health Home Core Set measures are available for trending for the most recent three-year period.<sup>8</sup> To be trended, each measure must meet the following three criteria:

1. The measure was publicly reported for each of the three most recent years.
2. The measure was reported by a set of at least 10 approved Health Home programs that used Core Set specifications, had a denominator of at least 30 enrollees, and was not suppressed under the cell-size suppression policy in all three years.
3. The measure specifications were comparable for all three years (no specification changes occurred during the three-year period that would make results incomparable across years).<sup>9</sup>

CMS applied these criteria to identify the measures available for trending for the 2021 to 2023 Health Home Core Set. Table 1 shows the publicly reported 2023 Health Home Core Set measures potentially available for trending from 2021 to 2023. For each measure, the table indicates

available at [https://www.ncqa.org/wp-content/uploads/2021/06/20210609\\_HEDIS\\_MY\\_2021\\_Measure\\_Review\\_Memo.pdf](https://www.ncqa.org/wp-content/uploads/2021/06/20210609_HEDIS_MY_2021_Measure_Review_Memo.pdf). NCQA's HEDIS MY 2022 Measure Trending Determinations are available at <https://www.ncqa.org/wp-content/uploads/2022/06/HEDIS-MY2022-Measure-Trending-Determinations.pdf>. HEDIS MY 2021 and MY 2022 correspond to 2022 and 2023 Core Set reporting, respectively. Trending determinations for non-HEDIS measures follow a similar approach and decisions regarding trending are made in consultation with measure stewards.

whether the measure meets the CMS criteria outlined above. CMS does not recommend trending performance for measures that do not meet all of these criteria.

CMS determined that seven of the twelve publicly reported Health Home Core Set measures for 2023 met the criteria for trending from 2021 to 2023 for at least one performance rate (Table 1). These measures include:

- Ambulatory Care: Emergency Department (ED) Visits (AMB-HH)
- Controlling High Blood Pressure (CBP-HH)
- Follow-Up After Hospitalization for Mental Illness (FUH-HH)<sup>10</sup>
- Inpatient Utilization (IU-HH)<sup>11</sup>
- Use of Pharmacotherapy for Opioid Use Disorder (OUD-HH)<sup>12</sup>
- Plan All-Cause Readmissions (PCR-HH)
- Prevention Quality Indicator (PQI) 92: Chronic Conditions Composite (PQI92-HH)<sup>13</sup>

The next section provides more information about the publicly reported measures in the 2023 Health Home Core Set that did not meet the criteria for trending.

### 2023 Health Home Core Set Measures that Did Not Meet Trending Criteria

Five Health Home Core Set measures that were publicly reported for 2023 did not meet the criteria for trending performance from the 2021 to 2023 Core Set. This section identifies the measures that are not eligible for trending for any rates; Table 1 provides additional detail about each measure.

#### 2023 Health Home Core Set Measures Not Publicly Reported for All Three Years by At Least 10 Health Home Programs

Two of the measures that are not recommended for trending were not publicly reported for all three years, including:

- Colorectal Cancer Screening (COL-HH)

<sup>10</sup> 7-Day Follow-Up: Ages 6 to 17 rate is not recommended for trending because it was not reported by at least 10 approved Health Home programs in all three years using Core Set specifications.

<sup>11</sup> Mental and Behavioral Disorders Length of Stay: Age 65+ rate is not recommended for trending because it was not reported by at least 10 approved Health Home programs in all three years using Core Set specifications.

- Follow-Up After Emergency Department Visit for Mental Illness (FUM-HH)

One measure was not reported by a set of at least 10 Health Home programs all three years:

- Admission to a Facility from the Community (AIF-HH)

#### 2023 Health Home Core Set measures with Specification Changes During the 2021 to 2023 Core Set Period

Two measures are not recommended for trending due to changes in measure steward specifications during the three-year period, including:

- Follow-Up After Emergency Department Visit Substance Use (FUA-HH)
- Initiation and Engagement of Substance Use Disorder Treatment (IET-HH)

Table 1 includes more information on the factors that affected trendability for the publicly reported Health Home Core Set measures for the period from 2021 to 2023.

### For More Information

More 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/health-home-quality-reporting/index.html>.

For technical assistance related to the Health Home Core Set, contact the TA mailbox at [MACQualityTA@cms.hhs.gov](mailto:MACQualityTA@cms.hhs.gov).

<sup>12</sup> Long-acting Injectable Naltrexone rate is not recommended for trending because it was not reported by at least 10 approved Health Home programs in all three years using Core Set specifications.

<sup>13</sup> The Age 65 and Older rate is not recommended for trending because it was not reported by at least 10 approved Health Home programs in all three years using Core Set specifications.

**Table 1. Assessment of Publicly Reported Health Home Core Set Measures Available for Trending Program Performance, 2021 to 2023 Core Set**

Measure Name	Was the measure publicly reported from 2021 to 2023?	Did at least 10 approved Health Home programs report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from 2021 to 2023?	Trending determination based on all three criteria
<b>Core Measures</b>				
Controlling High Blood Pressure (CBP-HH)	Yes	Yes <sup>14</sup>	Yes	Trend
Colorectal Cancer Screening (COL-HH)	No	NA	NA	Do not trend
Follow-Up After Emergency Department Visit for Substance Use (FUA-HH)	Yes	Yes	A break in trending is recommended due to several changes in the measure specifications for 2023: updating the terminology for Alcohol Abuse or Dependence (AOD) to Substance Use Disorder (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 values sets.	Do not trend
Follow-Up After Hospitalization for Mental Illness (FUH-HH)	Yes	Yes <sup>15</sup>	Yes	Trend
Follow-Up After Emergency Department Visit for Mental Illness (FUM-HH)	No	NA	NA	Do not trend
Initiation and Engagement of Substance Use Disorder Treatment (IET-HH)	Yes	Yes	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 and revising the numerator criteria for Initiation of SUD treatment and Engagement of SUD treatment.	Do not trend
Use of Pharmacotherapy for Opioid Use Disorder (OUD-HH)	Yes	Yes <sup>16</sup>	Yes	Trend
Plan All-Cause Readmissions (PCR-HH)	Yes	Yes	Yes	Trend
Prevention Quality Indicator (PQI) 92: Chronic Conditions Composite (PQI92-HH)	Yes	Yes <sup>17</sup>	Yes	Trend

Measure Name	Was the measure publicly reported from 2021 to 2023?	Did at least 10 approved Health Home programs report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from 2021 to 2023?	Trending determination based on all three criteria
<b>Utilization Measures</b>				
Admission to a Facility from the Community (AIF-HH)	Yes	No	Yes	Do not trend
Ambulatory Care: Emergency Department (ED) Visits (AMB-HH)	Yes	Yes	Yes	Trend
Inpatient Utilization (IU-HH)	Yes	Yes <sup>18</sup>	Yes	Trend

Sources: Mathematica analysis of the Quality Measure Reporting system data and Health Home Core Set measure specifications for the 2021 to 2023 Core Set.

Notes: This table includes measures that were publicly reported for the 2023 Health Home Core Set.

For a measure to be trendable from 2021 to 2023, it must have been publicly reported for all three years, have been reported by at least 10 Health Home programs for all three years, and have consistent specifications across the three years. Information about measures that were publicly reported for 2021 to 2023 can be found in the Core Set annual reporting products available at <https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/health-home-quality-reporting/index.html>.

Determinations about the consistency of specifications over time are made in consultation with measure stewards. Each year, the National Committee for Quality Assurance (NCQA) makes recommendations about the trendability of HEDIS measures. NCQA's HEDIS Measurement Year (MY) 2021 Measure Trending Determinations are available at [https://www.ncqa.org/wp-content/uploads/2021/06/20210609\\_HEDIS\\_MY\\_2021\\_Measure\\_Review\\_Memo.pdf](https://www.ncqa.org/wp-content/uploads/2021/06/20210609_HEDIS_MY_2021_Measure_Review_Memo.pdf). NCQA's HEDIS MY 2022 Measure Trending Determinations are available at <https://www.ncqa.org/wp-content/uploads/2022/06/HEDIS-MY2022-Measure-Trending-Determinations.pdf>. HEDIS MY 2021 and MY 2022 correspond to 2022 and 2023 Health Home Core Set reporting, respectively. Trending determinations for non-HEDIS measures follow a similar approach, and decisions about trending are made in consultation with measure stewards.

NA = Not applicable because the measure was not included in the Health Home Core Set for all three years from 2021 to 2023.

<sup>14</sup> The Controlling High Blood Pressure (CBP-HH) Ages 18 to 64 rate is not recommended for trending because it was not publicly reported for 2023.

<sup>15</sup> The Follow-Up After Hospitalization for Mental Illness (FUH-HH) 7-Day Follow-Up: Ages 6 to 17 rate is not recommended for trending because it was not reported by at least 10 approved Health Home programs in all three years using Core Set specifications.

<sup>16</sup> The Use of Pharmacotherapy for Opioid Use Disorder (OUD-HH) Long-acting Injectable Naltrexone rate is not recommended for trending because it was not reported by at least 10 approved Health Home programs in all three years using Core Set specifications.

<sup>17</sup> The Prevention Quality Indicator (PQI) 92: Chronic Conditions Composite (PQI92-HH) Age 65 and older rate is not recommended for trending because it was not reported by at least 10 approved Health Home programs in all three years using Core Set specifications.

<sup>18</sup> The Inpatient Utilization (IU-HH) Mental and Behavioral Disorders Length of Stay: Age 65+ rate is not recommended for trending because it was not reported by at least 10 approved Health Home programs in all three years using Core Set specifications.