

FACT SHEET

March 2024

Quality of Care for Children and Adults in Medicaid Health Home Programs: Overview of Findings from the 2022 Health Home Core Set

KEY FINDINGS

- Voluntary reporting continued to increase, with 29 health home programs reporting more Health Home Core Set measures for federal fiscal year (FFY) 2022 than for FFY 2021.
- Twelve of the 13 Health Home Core Set measures met the criteria for public reporting.
- Two measures were publicly reported for the first time this year.

Introduction

Medicaid health home programs provide personcentered, 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 provide access to high-quality care and improve health for individuals covered by Medicaid health home programs. The Health Home Core Set promotes these objectives by supporting efforts to collect, report, and use a standardized set of measures to drive improvement in the quality of care provided to Medicaid beneficiaries.

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. States¹ 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 Health Home Core Set measures for FFY 2022, including an overview of performance on measures reported by at least 15 health home programs and that met CMS's standards for data quality. For most measures, performance reflects services provided in calendar year (CY) 2021, which was during the COVID-19 pandemic. Due to substantial disruptions in health care during CY 2020 and CY 2021, this fact sheet will not compare performance reported for FFY 2022 with performance reported for prior years. Table 1 shows key metrics for FFY 2022 reporting. For FFY 2022, 21 states were expected to report on the performance of 38 Medicaid health home programs.³

Table 1. FFY 2022 Health Home Core Set Reporting at a Glance

2022 Health Home Core Set Reporting Metrics	
Number of measures in 2022 Core Set	13
Number of programs voluntarily reporting at least one measure (38 programs expected to report)	34
Number of programs reporting at least half the measures	31
Median number of measures reported by programs	10
Number of programs reporting more measures for FFY 2022 than for FFY 2021	1
Number of publicly reported measures	12

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.

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FFY 2022 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 FFY 2022, 34 of the 38 approved health home programs that were expected to report Health Home Core Set measures voluntarily reported at least one measure for the Health Home Core Set, and 31 programs reported at least half of the measures. The median number of Health Home Core Set measures reported by states was 10, an increase from 8 measures for FFY 2021 and 9 measures for FFY 2020.

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 FFY 2022, CMS is publicly reporting performance on 12 of the 13 Health Home Core Set measures. CMS is publicly reporting two Health Home Core Set measures for the first time for FFY 2022:

- Colorectal Cancer Screening
- Follow-up After Emergency Department (ED) Visits for Mental Illness

The most frequently reported measures for FFY 2022 focus on ED use, inpatient hospital utilization, and behavioral health care (follow up after hospitalization for mental illness, follow-up after ED visits for mental illness, and treatment initiation for alcohol and other drug [AOD] use).

CMS analyzed performance of the 12 publicly reported Health Home Core Set measures for FFY 2022. None of the quality measures had a median performance rate above 75 percent. Median program performance was below 50 percent for at least one indicator of care for four measures of behavioral health care:

- Follow-up after hospitalization for mental illness or intentional self-harm
- Follow-up after ED visit for AOD abuse or dependence
- Initiation and engagement of treatment for AOD abuse or dependence
- Use of pharmacotherapy for opioid use disorder

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 1.0745. 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 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 FFY 2022 is shown below:

- 129.3 ED visits per 1,000 health home enrollee months
- 165.6 inpatient hospital days and 26.9 hospital discharges per 1,000 health home enrollee months, and an average length of stay of 6.3 days
- 1.9 short-term, 1.3 medium-term, and 0.7 long-term admissions to an institutional facility per 1,000 health home enrollee months
- 165.5 inpatient admissions for ambulatory sensitive chronic conditions per 100,000 health home enrollee months

Concluding Remarks

The number of states reporting the Health Home Core Set measures and the number of measures reported for health home programs have increased over time. Relatedly, the number of measures that CMS can publicly report has increased over time. CMS appreciates states' efforts to report Health Home Core Set measures for the FFY 2022 reporting cycle.

The FFY 2022 Health Home Core Set generally covers health care services provided in CY 2021, which was during the COVID-19 pandemic. CMS worked closely with states to support Core Set reporting, but the full impact of COVID-19 on health home performance rates is unknown.

CMS will continue to provide targeted technical assistance to states to improve data completeness and quality from year to year. In particular, CMS is looking



for ways to increase efficiency and reduce state burden with an eye toward mandatory reporting.

CMS also continues to work with states to use the Core Set measures to drive improvement in the quality of care provided to Medicaid health home enrollees. As the completeness and quality of data continue to improve, the Health Home Core Set is foundational for identifying disparities in health care delivery and outcomes in Medicaid health home programs and for focusing quality improvement efforts to advance health equity.

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/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 programspecific data for each publicly reported Health Home Core Set measure

