
SMD #24-002

RE: Initial Core Set Mandatory Reporting Guidance for the Health Home Core Quality Measure Sets and Federal Fiscal Year 2025 Updates to the Health Home Core Quality Measure Sets

March 15, 2024

Dear State Medicaid Director:

On August 31, 2023, the Centers for Medicare & Medicaid Services (CMS) released the *Mandatory Medicaid and Children's Health Insurance Program (CHIP) Core Set Reporting final rule* (88 FR 60278) (hereinafter referred to as the final rule), to establish requirements for reporting of standardized quality measures in Medicaid and the Children's Health Insurance Program.¹ This State Medicaid Director letter (SMDL) is a component of the annual sub-regulatory guidance that was outlined in the final rule, and details requirements and expectations for states with respect to compliance with mandatory annual state reporting of the Social Security Act (the Act) section 1945 and section 1945A Core Sets of Health Home Quality Measures for Medicaid (Health Home Core Sets). Health home services under sections 1945 and 1945A of the Act are provided to certain Medicaid enrollees who have chronic conditions (section 1945) or who are children with medically complex conditions (section 1945A). On December 1, 2023, CMS issued a State Health Official (SHO) letter to provide guidance on the requirements and expectations for compliance with mandatory annual state reporting of the Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set) and the behavioral health measures on the Core Set of Adult Health Care Quality Measures for Medicaid (Adult Core Set).² CMS expects to issue similar letters annually.

This letter outlines state requirements that will begin with Federal Fiscal Year (FFY) 2024 reporting based on the final rule for the Health Home Core Sets. It applies to all states, the District of Columbia, and territories (hereinafter collectively referred to as states) that have an approved Health Home State Plan Amendment (SPA).³ Specifically, the letter addresses the following:

- Mandatory Reporting and Adherence to Reporting Guidance;
- Applicable Populations;

¹ <https://www.govinfo.gov/content/pkg/FR-2023-08-31/pdf/2023-18669.pdf>

² https://www.medicaid.gov/sites/default/files/2023-12/sho23005_0.pdf

³ Mandatory reporting of the FFY 2024 Health Home Core Sets is required only for an approved health home SPA that has an effective date and has been implemented more than 6 months prior to December 31, 2023. States with approved health home SPAs implemented after June 30, 2023, are required to begin reporting on those SPAs with the FFY 2025 Health Home Core Sets. See discussion at 88 FR 60294-95.

- Stratification Categories; and
- State Plan Amendment Updates.

In addition to portions of the guidance required by the final rule, this letter provides updates to the 2025 Health Home Core Sets. Additional elements of the guidance described in the final rule for FFY 2024 will be made available through technical specification manuals, and CMS will offer webinars to assist states in implementing that guidance.

Mandatory Reporting Initial Guidance

Overview

The final rule established reporting requirements for states that elect to implement one or both optional Medicaid Health Home benefits under sections 1945 or 1945A of the Act. Sections 1945 and 1945A of the Act give states options for implementing two different Medicaid Health Home state plan benefits.

The section 1945 Health Home benefit is for Medicaid-eligible individuals who have (1) two or more chronic conditions, as defined in section 1945(h)(2) of the Act, (2) at least one chronic condition, as defined in section 1945(h)(2) of the Act and who are at risk for a second, or (3) at least one serious and persistent mental health condition.⁴ The section 1945A Health Home benefit is for Medicaid-eligible children with medically complex conditions, as defined in section 1945A(i)(1) of the Act.⁵ States were able to begin covering the section 1945 Health Home benefit on January 1, 2011, and the section 1945A Health Home benefit on October 1, 2022.

The initial section 1945 Health Home Core Set was established in 2013 as a recommended set of health care quality measures for assessing the section 1945 Health Home service delivery model. CMS has updated the section 1945 Health Home Core Set annually since 2013, and in 2021 established a Health Home Annual Review Workgroup to align this process with the CMS process to annually update the Child and Adult Core Sets. In 2019, CMS released guidance that informed states of two added measures to the existing Health Home Core Set for states with substance use disorder (SUD)-focused health homes, to comply with requirements in section 1945(c)(4)(B) of the Act that were added by the Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act). Those measures are: (1) Use of Pharmacotherapy for Opioid Use Disorder (OUD-HH); and (2) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-HH).⁶ These measures are still on the current FFY 2024 1945 Health Home

⁴ On November 16, 2010, we issued State Medicaid Director (SMD) letter #10-024, which provided states with guidance on implementing the section 1945 Health Home benefit. See <https://www.medicaid.gov/federal-policy-guidance/downloads/SMD10024.pdf>.

⁵ On August 1, 2022, we issued SMD letter #22-004, which provides states with guidance on implementing the section 1945A Health Home benefit. See <https://www.medicaid.gov/federal-policy-guidance/downloads/smd22004.pdf>.

⁶ Guidance on reporting for SUD-focused health homes under the SUPPORT Act can be found here: <https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/Downloads/cib112719.pdf>

Core Set (see below and addendum A), as well as the upcoming FFY 2025 1945 Health Home Core Set announced in this letter.⁷

The proposed initial section 1945A Health Home Core Set was introduced in guidance released August 1, 2022, for the new 1945A health home state plan option to improve care coordination for children with medically complex conditions.⁸ In 2023, CMS provided the suggested 1945A Health Home Core Set to the Health Home Annual Review Workgroup that was charged with informing the development of the 2025 Health Home Core Sets. The workgroup reviewed the suggested quality measures and did not have any recommendations for the addition or removal of measures to the suggested 1945A Health Home Core Set. As a result, the suggested 1945A Health Home Core Set noted in the August 1, 2022, guidance is generally adopted for the FFY 2025 reporting cycle, as discussed below.⁹ As of the date of this letter, there are no active 1945A Health Home programs, and no states are expected to have section 1945A Health Home Core Set reporting requirements for FFY 2024. The soonest that mandatory reporting for the 1945A Health Home Core Set is anticipated to start is with the FFY 2025 1945A Core Set.

Authority for Mandatory Reporting and Adherence to Reporting Guidance

For states covering the section 1945 Health Home benefit, the requirement in the final rule for reporting quality measures is based on section 1902(a)(6) of the Act, which requires state Medicaid agencies to make such reports, in such form and containing such information, as the Secretary of Health & Human Services (Secretary) may from time to time require, and to comply with such provisions as the Secretary may from time to time find necessary to assure the correctness and verification of such reports. The requirement in the final rule for states to require their Health Home providers to report to the state on the 1945 Health Home Core Set is further supported by the language in section 1945(g) of the Act, which requires that section 1945 Health Home providers report to states on all applicable measures for determining the quality of section 1945 Health Home services, in accordance with requirements set by the Secretary. For measures specific to states with SUD-focused Health Home SPAs, the final rule's requirements are also authorized by the language in section 1945(c)(4)(B) of the Act. Section 1945(c)(4)(B) requires certain states with an approved SUD-focused Health Home SPA to report information to the Secretary on certain topics (including on the quality of health care provided to SUD-eligible individuals receiving health home services under the SUD-focused Health Home SPA) and directs the Secretary to specify all applicable measures for this reporting. Finally, for states covering the section 1945A Health Home benefit, the reporting requirements in the final rule are authorized by section 1945A(g)(1) and (2) of the Act (which require section 1945A Health Home providers to report to states on all applicable measures for determining the quality of section 1945A Health Home services and reporting by the states of such data to the Secretary) as well as by section 1902(a)(6) of the Act.

In order to meet the mandatory reporting requirements, as outlined in the final rule, beginning with FFY 2024 reporting, states that have adopted and implemented one or both of these Health

⁷ 2023 and 2024 1945 Health Home Core Set can be found here: https://www.medicaid.gov/sites/default/files/2023-03/2023-health-home-core-set_0.pdf

⁸ On August 1, 2022, we issued SMD letter #22-004, which provides states with guidance on implementing the section 1945A Health Home benefit. See <https://www.medicaid.gov/federal-policy-guidance/downloads/smd22004.pdf>.

⁹ <https://www.medicaid.gov/federal-policy-guidance/downloads/smd22004.pdf>.

Home options by June 30, 2023, must report by December 31, 2024, on all of the measures listed for the relevant 2024 Health Home Core Set(s). Please note that the data reported on the core set is based on the data collected from the prior calendar year (e.g., data collected during calendar year 2023 will be reported for the FFY 2024 Core Sets, with a reporting deadline of December 31, 2024). This ensures that States can capture at least 6 months of data and have time to prepare their submissions prior to the FFY cycle reporting deadline of December 31st of the subsequent calendar year, consistent with CMS's interpretation of 42 CFR 437.15(a)(1)(iii).¹⁰ The measure list for the FFY 2023 and 2024 1945 Health Home Core Set reporting cycles can be found on CMS's website and is appended to this letter as addendum A, and includes specific measures to address the requirements in section 1945(c)(4)(B) of the Act.¹¹ However, there are currently no 1945A Health Home programs that meet the date threshold for required reporting for the FFY 2024 cycle, and thus CMS anticipates that there will be no measures that must be reported for the FFY 2024 1945A Health Home Core Set. Reporting must adhere to the resource manuals and technical assistance (TA) briefs issued by CMS for calculating the Core Sets measures data that are reported to CMS. The Core Sets, resource manuals, TA briefs, and the system used to report the measures are updated annually, typically in early spring. Technical assistance is available to address the needs of states and state partners to report the Core Sets by emailing MACqualityTA@cms.hhs.gov.

Applicable Populations

The final rule requires state reporting of all Health Home measures for all beneficiaries enrolled in an approved Health Home program. States will have Health Home Core Sets measure data on all populations enrolled in the applicable Health Home program(s) from their Health Home providers, which are required to provide this data to the state as a condition of payment under sections 1945(g) and 1945A(g) of the Act, as implemented through 42 CFR 437.20(a)(3).

Stratification Categories

The final rule requires states and territories to report stratified data for Core Sets reporting beginning with FFY 2025 reporting, including for the Health Home Core Sets.¹² Core Set quality measure data stratified by factors such as race and ethnicity, sex, and geography will enable CMS and states to identify the health outcomes of underserved populations as well as potential differences in health outcomes between populations.¹³ Stratified data can also inform adoption of broadly applicable quality improvement initiatives that address the drivers of health disparities experienced by underserved populations. CMS selected the three stratification categories below for FFY 2025 Core Set reporting because they are commonly used by states, and there are existing data standards established by the Office of Management and Budget (OMB) or used by other CMS and Department of Health and Human Services (HHS) programs for these categories. Stratification of measures by additional factors will be phased in as data standards are established for additional categories and data becomes available.

¹⁰ See 88 FR 60294-95.

¹¹ Measure list for the 2023 and 2024 Core Set reporting cycle can be found here:

https://www.medicaid.gov/sites/default/files/2024-01/2023-2024-health-home-core-set_0.pdf

¹² Please refer to § 437.10(b)(7) and (d) for the specific requirements described in this section.

¹³ Consistent with Executive Order 13985, which calls for advancing equity for underserved populations:

<https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/>

Beginning with FFY 2025 Health Home Core Set(s) reporting, which must be submitted by December 31, 2025, states will be required to stratify the measures in Table 1 below by three separate categories using established data standards as follows:

- Race and ethnicity, using the disaggregation of the 1997 OMB minimum race and ethnicity categories,¹⁴ as specified in the 2011 HHS standards;¹⁵
- Sex, defined as biologic sex, using the 2011 HHS standards;¹⁶ and
- Geography, using a minimum standard of core-based statistical area (CBSA)¹⁷ with recommendation to move towards Rural-Urban Commuting Area Codes.¹⁸

States currently have the option to report stratified data on all Core Set measures in CMS's Quality Measure Reporting (QMR) system.

CMS expects to update required categories in accordance with updates to the above standards and to note any updates in subsequent SMD letters. For example, we expect to update the category of race and ethnicity when revised standards are released.¹⁹ CMS will publish annual resource manuals and TA briefs that will provide additional details on the reporting process and uniform data collection standards for the required stratification categories.

Measures Subject to Stratification

States will not be required to stratify data for all mandatory measures in FFY 2025. To allow time to improve the quality and completeness of data needed to stratify measures, the percentage of mandatory measures for which stratification will be required will increase over a four-year period until stratification is required for all mandatory measures beginning with FFY 2028 reporting.²⁰ The stratification phase-in schedule is as follows:

- 2025 Core Sets - 25% of mandatory measures
- 2026 Core Sets - 50% of mandatory measures
- 2027 Core Sets - 50% of mandatory measures
- 2028 Core Sets - 100% of mandatory measures

For FFY 2025 reporting, states will be required to report stratified data on 25 percent of the mandatory measures into the QMR system by December 31, 2025.²¹ The table below identifies the specific measures, which reflect 25 percent of each of the 1945 and 1945A Core Sets, for

¹⁴ <https://www.govinfo.gov/content/pkg/FR-1997-10-30/pdf/97-28653.pdf>.

¹⁵ <https://aspe.hhs.gov/reports/hhs-implementation-guidance-data-collection-standards-race-ethnicity-sex-primary-language-disability-0>.

¹⁶ <https://aspe.hhs.gov/reports/hhs-implementation-guidance-data-collection-standards-race-ethnicity-sex-primary-language-disability-0>.

¹⁷ <https://www.census.gov/geographies/reference-maps/2020/geo/cbsa.html>.

¹⁸ <https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes/>.

¹⁹ <https://www.federalregister.gov/documents/2023/01/27/2023-01635/initial-proposals-for-updating-ombs-race-and-ethnicity-statistical-standards>.

²⁰ Please refer to § 437.10 for the specific requirements described in this section.

²¹ States will be required to report stratified data for 2025 on three 1945 Health Home Core Set measures and two 1945A Health Home Core Set measures.

which states will be required to report stratified data for the 2025 Health Home Core Sets (states can choose to report stratified data on any other quality measure).

CMS selected this subset of measures because they cover the lifespan, from birth through adulthood, and reflect high priority areas for improvement in health care delivery, health outcomes, and equity. CMS also prioritized measures included in other quality programs such as Medicaid & CHIP Scorecard and the CMS Universal Foundation measure set.^{22,23}

Table 1

1945 Health Home Measures for Stratification by 2025 Core Set Reporting <i>3 measures</i>
Colorectal Cancer Screening (COL-HH)
Follow-Up After Hospitalization for Mental Illness (FUH-HH)
Controlling High Blood Pressure (CBP-HH)
1945A Health Home Core Set Measures for Stratification in 2025 <i>2 measures</i>
Child and Adolescent Well-Care Visits (WVC-HH)
Oral evaluation, dental services (OEV-HH)

State Plan Amendment Updates

The current section 1945 and section 1945A Medicaid Health Home SPA templates have been amended to include new attestations for states to acknowledge compliance with the mandatory reporting requirements. The new attestations will be included in both the 1945 and 1945A SPA templates in the Medicaid and CHIP Program (MACPro) system.²⁴ All states with current Health Home SPAs should amend their SPAs by utilizing the updated SPA template that includes the new attestations. States will need to submit amended Medicaid SPAs to CMS by December 31, 2024. Any new Health Home program SPAs submitted will use the new template. CMS will announce the release of the updated Medicaid SPA templates to states and ensure that states have sufficient time to complete them prior to mandatory reporting.

2025 Health Home Core Sets Updates

This SMDL also serves to inform states of updates to the FFY 2025 section 1945 Health Home and section 1945A Health Home Core Sets. Specifically, this letter addresses:

- The Stakeholder Workgroup for the Health Home Core Sets for FFY 2025
- The 2025 Health Home Core Set Updates

²² Scorecard: <https://www.medicaid.gov/state-overviews/scorecard/index.html>

²³ Universal Foundation: https://www.nejm.org/doi/full/10.1056/NEJMp2215539?query=featured_home

²⁴ MACPro portal: <https://www.medicaid.gov/resources-for-states/medicaid-and-chip-program-macpro-portal/index.htm>

- The Effective Date of Revisions to the Core Sets

Stakeholder Workgroup

The current workgroup includes 16 members from various stakeholder groups and affiliations, who all have expertise and experience in quality measurement.²⁵ The workgroup reviewed the 1945 Health Home Core Set and CMS’s suggested 1945A Health Home Core Set measures. Workgroup members were asked to recommend, discuss, and vote on the measures, being mindful that the Health Home Core Set measures are reported at the program level and that they should take into account that measures often developed for larger scale programs need to be adaptable to the smaller program level reporting. This multi-stakeholder workgroup recommended measures for removal and/or addition, to strengthen and improve the Health Home Core Sets for FFY 2025. These recommendations were based on several criteria to ensure measures are feasible and viable for reporting at the Health Home program level while representing strategic priorities for improving care delivery and health outcomes for Medicaid Health Home enrollees.²⁶

2025 Health Home Core Sets Updates

Based on the input received through this annual review process described above, CMS accepted one of the work group recommendations for removal and will update the section 1945 Home Health Core Set for FFY 2025 by removing the following measure:

Prevention Quality Indicator (PQI) 92: Chronic Conditions Composite (PQI92-HH), measures hospitalizations for ambulatory care sensitive chronic conditions per 100,000 Health Home enrollee months for enrollees aged 18 and older.

In addition, the following measure was retired by the measure steward, making it unavailable for use, and has been removed for 2025:

AMB-HH: Ambulatory Care—Emergency Department Visits: Measures the rate of emergency department (ED) visits per 1,000 enrollee months among Health Home enrollees.

Additionally, based on the input received through this annual review process described above, CMS will adopt the suggested proposed Core Set measures identified in CMS guidance released August 1, 2022, to establish a section Home Health 1945A Core Set for 2025 (with the exception of the AMB-HH measure, which was retired, as noted above).²⁷ Please see addendums B and C for a full list of 2025 Health Home Core Sets measures.

²⁵ The workgroup process is described in the preamble of the final rule. See <https://www.federalregister.gov/documents/2023/08/31/2023-18669/medicaid-program-and-chip-mandatory-medicare-and-childrens-health-insurance-program-chip-core-set>.

²⁶ More information on the workgroup process and the basis for individual measure selection can be found on the website of CMS’s contractor here: <https://www.mathematica.org/features/hhcoresetreview>.

²⁷ https://www.medicaid.gov/sites/default/files/2022-08/smd22004_0.pdf

Effective Date of Revisions to the Health Home Core Sets

The updates to the Health Home Core Sets will take effect in the FFY 2025 reporting cycle (for Health Home programs implemented between July 1, 2023, to June 30, 2024). To support states, CMS will release updated technical specifications for the 1945 and 1945A Health Home Core Set reporting in Spring 2025.

States can submit questions or request technical assistance for reporting the Health Home Core Sets by sending an email to: MACQualityTA@cms.hhs.gov.

If you have questions about this SMDL, please contact Mary Pat Farkas, Director, Division of Health Homes, PACE and Coordination of Benefits/ Third Party Liability, at marypat.farkas@cms.hhs.gov

Sincerely,

/s/

Daniel Tsai
Deputy Administrator and Director

Addendum A

2023 and 2024 Core Set of Health Care Quality Measures for 1945 Medicaid Health Home Programs (1945 Health Home Core Set)

CMIT #	Measure Steward	Measure Name	Data Collection Method
Core Set Measures			
394	NCQA	Initiation and Engagement of Substance Use Disorder Treatment (IET-HH)	Administrative or EHR
167	NCQA	Controlling High Blood Pressure (CBP-HH)	Administrative, EHR, or hybrid
139	NCQA	Colorectal Cancer Screening (COL-HH)	Administrative or EHR ^a
672	CMS	Screening for Depression and Follow-Up Plan (CDF-HH)	Administrative or EHR
268	NCQA	Follow-Up After Hospitalization for Mental Illness (FUH-HH)	Administrative
561	NCQA	Plan All-Cause Readmissions (PCR-HH)	Administrative
750	CMS	Use of Pharmacotherapy for Opioid Use Disorder (OUD-HH)	Administrative
267 [^]	NCQA	Follow-Up After Emergency Department Visit for Substance Use (FUA-HH)	Administrative
265 [^]	NCQA	Follow-Up After Emergency Department Visit for Mental Illness (FUM-HH)	Administrative
593	AHRQ	Prevention Quality Indicator (PQI) 92: Chronic Conditions Composite (PQI92-HH)	Administrative
Utilization Measures			
20	CMS	Admission to a Facility from the Community (AIF-HH)	Administrative
49	NCQA	Ambulatory Care: Emergency Department (ED) Visits (AMB-HH)	Administrative
394	CMS	Inpatient Utilization (IU-HH)	Administrative

More information on updates to the 2023 and 2024 1945 Health Home Core Sets 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>. A resource that provides a history of the measures included in the 1945 Health Home Core Set is available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-health-home-core-set-history-table.pdf>.

[^] Measures added to meet the requirements for SUD-focused health homes under section 1945(c)(4)(B) of the Act. All 1945 Health Home programs report on these measures.

^a The Colorectal Cancer Screening measure is also specified for Electronic Clinical Data System (ECDS) reporting for HEDIS. ECDS specifications are not currently available for Health Home Core Set reporting.

AHRQ = Agency for Healthcare Research & Quality; CMIT = CMS Measure Inventory Tool; CMS = Centers for Medicare & Medicaid Services; EHR = Electronic Health Record; NCQA = National Committee for Quality Assurance.

Addendum B

2025 Core Set of Health Care Quality Measures for 1945 Medicaid Health Home Programs (1945 Health Home Core Set)

CMIT#*	Measure Steward	Measure Name	Data Collection Method
Core Set Measures			
394	NCQA	Initiation and Engagement of Substance Use Disorder Treatment (IET-HH)	Administrative or EHR
167	NCQA	Controlling High Blood Pressure (CBP-HH)	Administrative, EHR, or hybrid
139	NCQA	Colorectal Cancer Screening (COL-HH)	Administrative or EHR ^a
672	CMS	Screening for Depression and Follow-Up Plan (CDF-HH)	Administrative or EHR
268	NCQA	Follow-Up After Hospitalization for Mental Illness (FUH-HH)	Administrative
561	NCQA	Plan All-Cause Readmissions (PCR-HH)	Administrative
750 [^]	CMS	Use of Pharmacotherapy for Opioid Use Disorder (OUD-HH)	Administrative [^]
267 [^]	NCQA	Follow-Up After Emergency Department Visit for Substance Use (FUA-HH)	Administrative
265	NCQA	Follow-Up After Emergency Department Visit for Mental Illness (FUM-HH)	Administrative
Utilization Measures			
20	CMS	Admission to a Facility from the Community (AIF-HH)	Administrative
394	CMS	Inpatient Utilization (IU-HH)	Administrative

More information on updates to the 2025 Health Home Core Sets will be made available at : <https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/health-home-quality-reporting/index.htm>

^a The Colorectal Cancer Screening measure is also specified for Electronic Clinical Data System (ECDS) reporting for HEDIS. ECDS specifications are not currently available for Health Home Core Set reporting.

AHRQ = Agency for Healthcare Research & Quality; CMIT = CMS Measure Inventory Tool; CMS = Centers for Medicare & Medicaid Services; EHR = Electronic Health Record; NCQA = National Committee for Quality Assurance.

[^] Measures added to meet the requirements for SUD-focused health homes under section 1945(c)(4)(B) of the Act. All 1945 Health Home programs report on these measures.

Addendum C

**2025 Core Set of Health Care Quality Measures for 1945A Health Home Programs
(1945A Health Home Core Set)**

CMIT #	Measure Steward	Measure Name	Data Collection Method
761	NCQA	Well-Child Visits in the First 30 Months of Life (W30-HH)	Administrative
24	NCQA	Child and Adolescent Well-Care Visits (WCV-HH)	Administrative
124	NCQA	Childhood Immunization Status (CIS-HH)	Administrative, EHR, or hybrid ^a
363	NCQA	Immunizations for Adolescents (IMA-HH)	Administrative or hybrid ^a
897	DQA (ADA)	Oral Evaluation, Dental Services (OEV-HH)	Administrative
394	CMS	Inpatient Utilization (IU-HH)	Administrative

^a The Childhood Immunization Status and Immunizations for Adolescents measures are also specified for Electronic Clinical Data System (ECDS) reporting. ECDS specifications are not currently available for Health Home Core Set reporting.

CMIT = CMS Measure Inventory Tool; CMS = Centers for Medicare & Medicaid Services; DQA (ADA) = Dental Quality Alliance (American Dental Association); EHR = Electronic Health Record; NCQA = National Committee for Quality Assurance.