

## Quality of Care for Children and Adults in Medicaid Health Home Programs: Overview of Findings from the 2021 Health Home Core Set

### KEY FINDINGS

- Voluntary reporting continued to increase, with 10 health home programs reporting more Health Home Core Set measures for federal fiscal year (FFY) 2021 than for FFY 2020.
- Ten of the 11 Health Home Core Set measures met the criteria for public reporting.
- One measure was publicly reported for the first time this year.

### 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 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. States<sup>1</sup> are expected to report all of the Health Home Core Set measures to CMS for each of their approved health home programs.<sup>2</sup>

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 2021, 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) 2020, which was during the COVID-19 pandemic. Due to substantial disruptions in health care during CY 2020, this fact sheet does not compare performance reported for FFY 2021 with performance reported for prior years. Table 1 shows key metrics for FFY 2021 reporting. For FFY 2021, 23 states were expected to report on the performance of 37 Medicaid health home programs.<sup>3</sup>

**Table 1. FFY 2021 Health Home Core Set Reporting at a Glance**

2021 Health Home Core Set Reporting Metrics	
Number of measures in 2021 Core Set	11
Number of programs voluntarily reporting at least one measure (37 programs expected to report)	35
Number of programs reporting at least half the measures	31
Median number of measures reported by programs	8
Number of programs reporting more measures for FFY 2021 than for FFY 2020	5
Number of publicly reported measures	10

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

<sup>2</sup> 42 U.S.C. §1945(g).

<sup>3</sup> States can submit multiple state plan amendments to CMS to serve different populations through multiple health home programs.

## FFY 2021 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 2021, 35 of the 37 approved health home programs that were expected to report Health Home Core Set measures voluntarily reported at least one measure, and 31 programs reported at least half of the measures. The median number of Health Home Core Set measures reported by states was 8, lower than 9 measures for FFY 2020 but an increase from 7 measures for FFY 2019.

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 2021, CMS is publicly reporting performance on 10 of the 11 Health Home Core Set measures. CMS is publicly reporting one Health Home Core Set measure for the first time for FFY 2021:

- Controlling High Blood Pressure

The most frequently reported measures for FFY 2021 focus on emergency department (ED) use, inpatient hospital utilization, and behavioral health care (follow-up after hospitalization for mental illness and treatment initiation for alcohol and other drug [AOD] use).

CMS analyzed performance on the publicly reported Health Home Core Set measures for FFY 2021. None of the quality measures had a median performance rate above 75 percent. Median performance was below 50 percent for:

- A measure focused on controlling high blood pressure
- 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 1.0231. 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 as 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 2021 is shown below:

- 103.1 ED visits per 1,000 health home enrollee months
- 157.3 inpatient hospital days and 25.0 hospital discharges per 1,000 health home enrollee months, and an average length of stay of 7.0 days
- 1.6 short-term, 1.2 medium-term, and 0.8 long-term admissions to an institutional facility per 1,000 health home enrollee months
- 159.4 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 2021 reporting cycle.

The FFY 2021 Health Home Core Set generally covers health care services provided in CY 2020, 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 program-specific data for each publicly reported Health Home Core Set measure