CMCS Informational Bulletin

DATE: February 16, 2022

FROM: Daniel Tsai, Deputy Administrator and Director of Center for Medicaid and CHIP services

SUBJECT: 2022 Updates to the Health Home Core Health Care Quality Measurement Sets

This Center for Medicaid & CHIP Services (CMCS) Informational Bulletin describes the updates to the 2022 Health Home Core Set of quality measures for Medicaid individuals with chronic conditions who receive health home services.

Background

To help ensure that health home enrollees receive high quality care and improved health outcomes, CMCS, along with stakeholder input, developed and released an initial Health Home Core Set in 2013.[1] The purpose of the Health Home Core Set is to monitor and assess the overall quality of care for Medicaid health home enrollees through a uniform set of measures.

Since the inception of the Health Home Core Set, CMCS has collaborated with state Medicaid agencies to voluntarily collect, report, and use the core set of measures to drive quality improvement. As of December 2021, 21 states and the District of Columbia have 37 approved health home programs, with some states submitting multiple state plan amendments (SPAs) to target different populations.[2]

Stakeholder Workgroup

During 2021, a new review process was implemented to ensure the Health Home Core Set of quality measures assess equitable care and continue to reflect and be responsive to the needs of the health home population. CMS convened a Medicaid Health Home Core Set Annual Review Stakeholder Workgroup, which included 14 members representing a diverse set of stakeholders including state Medicaid agency representatives, health care providers, quality experts and federal partners with measure expertise. This multi-stakeholder workgroup began the annual review of the Health Home Core Set by assessing the 2021 Health Home Core Set and recommending measures for removal and/or addition, in order to strengthen and improve the Health Home Core Set for 2022. Workgroup members were asked to suggest, discuss, and vote on the measures based on Health Home Core Set measures which are reported at the program

---

[1] SMD-13-001.pdf (medicaid.gov)
[2] Medicaid Health Homes: SPA Overview

level. Additional information about the 2021 Health Home annual review process including the workgroup recommendations can be found at: https://www.mathematica.org/features/hhcoresetreview

2022 Health Home Core Set Updates

Based on the input received through this annual review process described above, CMCS will build upon the 2021 Core Set[3] by adding two new measures:

- *Follow-Up After Emergency Department (ED) Visit for Mental Illness* (FUM), NQF #3489 which measures the percentage of ED visits for beneficiaries age six and older with a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness.[4] Two rates are reported for this measure: (1) the percentage of ED visits for mental illness for which the beneficiary received follow-up within 30 days of the ED visit; and (2) the percentage of ED visits for mental illness for which the beneficiary received follow-up within 7 days of the ED visit.

- *Colorectal Cancer Screening* (COL), NQF# 0034 which measures the percentage of patients 50 to 75 years of age who had appropriate screening for colorectal cancer.[5]

Effective Date of Revisions to the Core Sets

The 2022 updates to the Core Sets (see attachment) will take effect in the Federal Fiscal Year (FFY) 2022 reporting cycle. To support states, CMCS will release updated technical specifications for the Health Home Core Set in spring 2022.[6] States with questions or that need further assistance with reporting and quality improvement regarding the Health Home Core Set can submit questions or requests to: MACQualityTA@cms.hhs.gov.

If you have questions about this bulletin, please contact Sara Rhoades, Health Home Technical Director, at sara.rhoades@cms.hhs.gov.

---

[3] https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/2021-health-home-core-set.pdf
[4] Measure Steward: National Committee for Quality Assurance (NCQA)
[5] Measure Steward: National Committee for Quality Assurance (NCQA)
[6] Health Home Quality Reporting | Medicaid

2022 Core Set of Health Care Quality Measures for Medicaid Health Home Programs (Health Home Core Set)

NQF #	Measure Steward	Measure Name	Data Collection Method
Core Set Measures			
0004	NCQA	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-HH)	Administrative or EHR
0018	NCQA	Controlling High Blood Pressure (CBP-HH)	Administrative, hybrid, or EHR
0034	NCQA	Colorectal Cancer Screening (COL-HH)*	Administrative, hybrid, or ECDS
0418**/ 0418e**	CMS	Screening for Depression and Follow-Up Plan (CDF-HH)	Administrative or EHR
0576	NCQA	Follow-Up After Hospitalization for Mental Illness (FUH-HH)	Administrative
1768**	NCQA	Plan All-Cause Readmissions (PCR-HH)	Administrative
3400	CMS	Use of Pharmacotherapy for Opioid Use Disorder (OUD-HH)	Administrative
3488	NCQA	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-HH)	Administrative
3489	NCQA	Follow-Up After Emergency Department Visit for Mental Illness (FUM-HH)*	Administrative
NA	AHRQ	Prevention Quality Indicator (PQI) 92: Chronic Conditions Composite (PQI92-HH)	Administrative
Utilization Measures			
NA	CMS	Admission to an Institution from the Community (AIF-HH)	Administrative
NA	NCQA	Ambulatory Care: Emergency Department (ED) Visits (AMB-HH)	Administrative
NA	CMS	Inpatient Utilization (IU-HH)	Administrative

* This measure was added to the 2022 Health Home Core Set.

** This measure is no longer endorsed by NQF.

AHRQ = Agency for Healthcare Research & Quality; CMS = Centers for Medicare & Medicaid Services; ECDS = Electronic Clinical Data Systems; EHR = Electronic Health Record; NA = Measure is not NQF endorsed; NCQA = National Committee for Quality Assurance; NQF = National Quality Forum.