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Quality of Care for Children and Adults Enrolled in Medicaid Health Homes: Findings from the 2019 Health Home Core Set

Chart Pack

December 2020

This chart pack is a product of the Technical Assistance and Analytic Support for the Medicaid and CHIP Quality Measurement and Improvement Program, sponsored by the Center for Medicaid and CHIP Services. The technical assistance team is led by Mathematica, in collaboration with the National Committee for Quality Assurance, Center for Health Care Strategies, AcademyHealth, and Aurrera Health Group.

Table of Contents

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Table of Contents (continued)

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

About the 2019 Health Home Core Set

Medicaid Health Home programs provide person-centered, team-based care coordination to more than one million Medicaid beneficiaries with chronic conditions. States may create Health Home programs that target specific populations, including beneficiaries with multiple chronic conditions, severe mental illness, or substance use disorder. As of April 2020, 21 states have 35 approved Health Home programs, with some states submitting multiple state plan amendments (SPAs) to target different populations.[1,2]

Health Home programs provide the following core services to enrollees:

- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care and follow-up
- Individual and family support and
- Referral to community and social services[3]

As a condition for receiving payment for these services, Health Home providers are required to report quality measures to the state.[4]

This Chart Pack summarizes SPA-level reporting on the quality of health care furnished to Medicaid beneficiaries enrolled in Medicaid Health Home programs during federal fiscal year (FFY) 2019, which generally covers care delivered in calendar year 2018. The slides include a summary of performance on seven quality measures and three utilization measures.[5]

7

measures that address quality of care and

3

measures that address utilization of services among enrollees in Medicaid Health Home programs

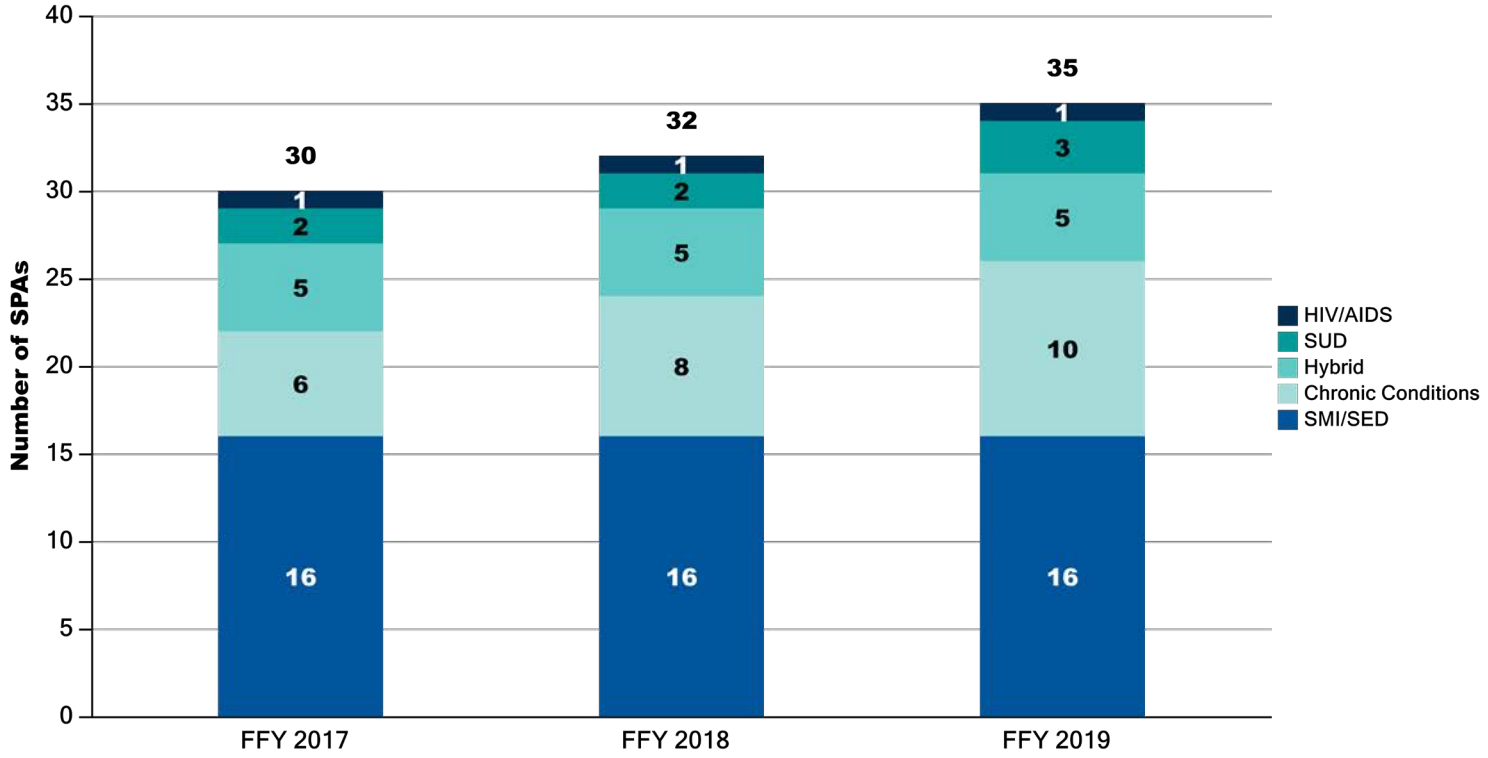
[1] The term "states" includes the 50 states and the District of Columbia.
[2] https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-home-information-resource-center/downloads/hh-spa-overview.pdf
[3] https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-home-information-resource-center/downloads/hh-overview-fact-sheet.pdf
[4] 42 U.S.C. §1945(g)
[5] https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-home-information-resource-center/downloads/2019-health-home-core-set.pdf

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

OVERVIEW OF SPA-LEVEL REPORTING OF THE 2019 HEALTH HOME CORE SET

Number of Health Home SPAs by Target Population, FFY 2017–FFY 2019

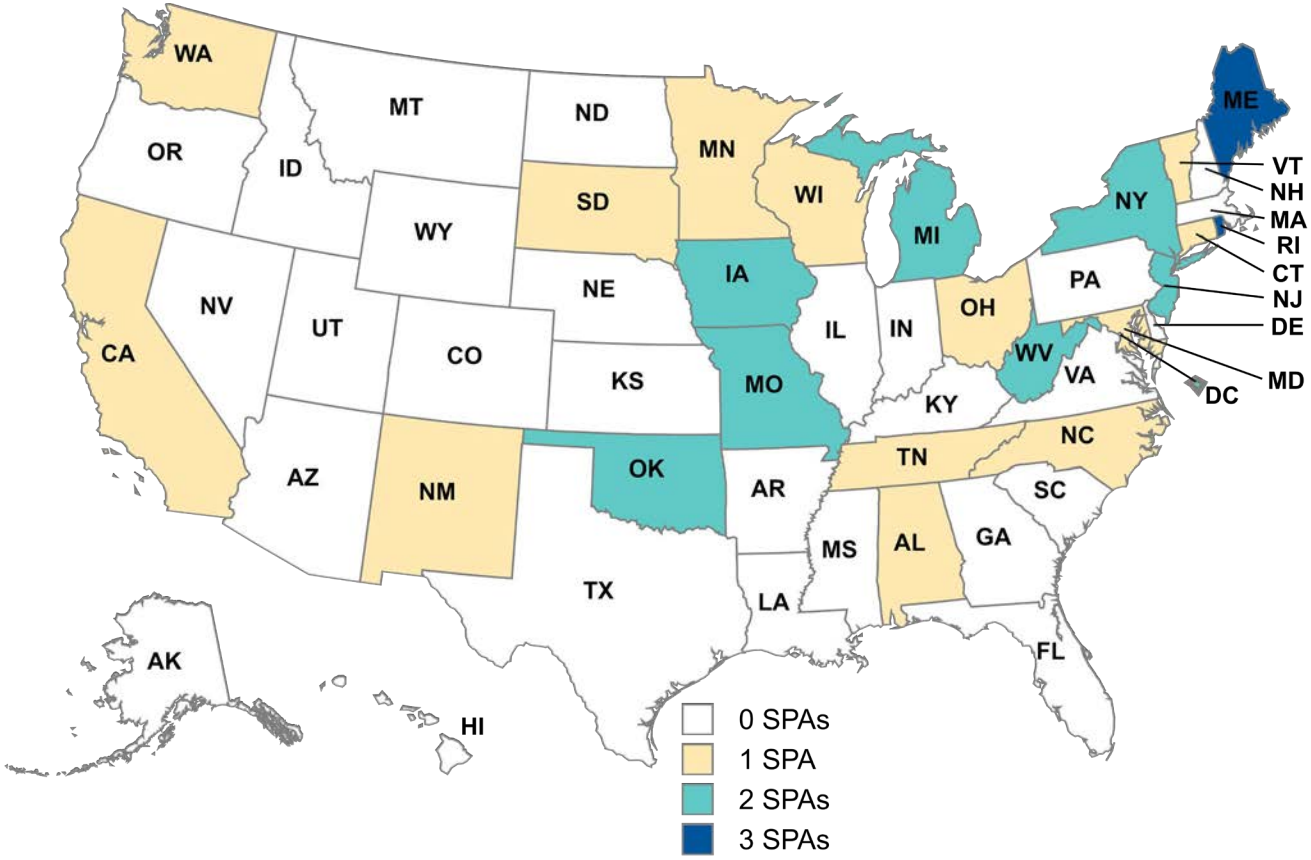
Health Home SPAs may target different populations. From FFY 2017 to FFY 2019, the number of SPAs increased in each reporting cycle, driven by an increase in the number of SPAs serving beneficiaries with chronic conditions. In FFY 2019, 35 Health Home SPAs served beneficiaries with serious mental illness/severe emotional disturbance (SMI/SED), chronic medical conditions, substance use disorder (SUD), HIV/AIDS, or a combination of these conditions.



Source: Centers for Medicare & Medicaid Services, Medicaid and CHIP Core Set Technical Assistance and Analytic Support Program, April 2020.

Note: Hybrid SPAs refer to SPAs that have two or more areas of focus (e.g., SUD and SMI/SED).

Geographic Variation in SPAs Expected to Report Health Home Core Set Measures, FFY 2019



Note: This chart shows the number of SPAs in each state that were expected to report Health Home Core Set measures for FFY 2019.

Source: Centers for Medicare & Medicaid Services, Medicaid and CHIP Core Set Technical Assistance and Analytic Support Program, April 2020.

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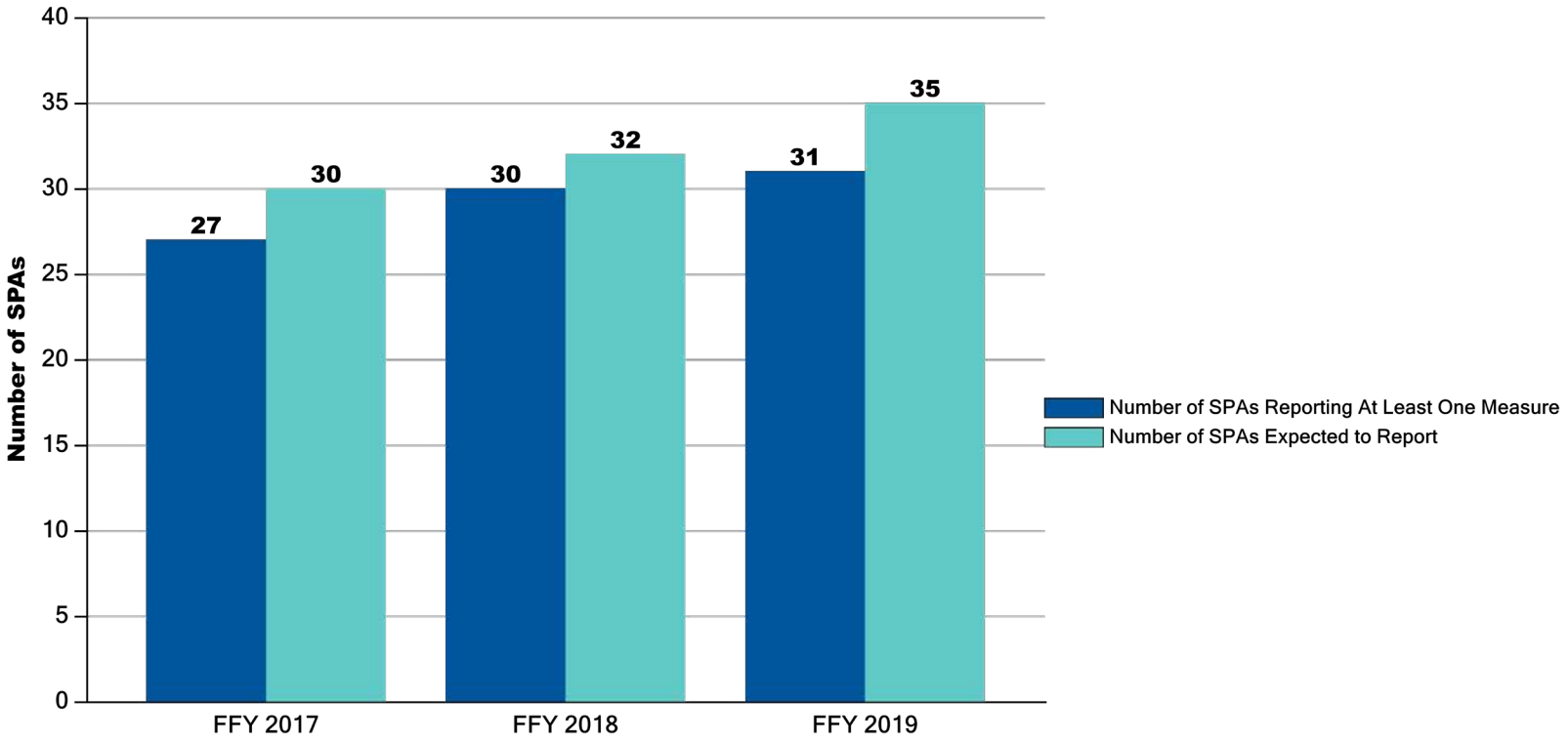
Medicaid & CHIP
Health Care Quality Measures

Summary of Health Home Core Set Reporting, FFY 2017–FFY 2019

States are expected to report the Health Home Core Set measures for each Health Home SPA that has been in effect for at least six months of the measurement period. For each reporting cycle since FFY 2017, both the number of SPAs expected to report and the number of SPAs reporting at least one Health Home Core Set measure have increased. Of the 35 SPAs expected to report for FFY 2019, 31 reported at least one measure.



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of July 27, 2020. FFY 2017 data reflect reporting as of September 28, 2018; FFY 2018 data reflect reporting as of September 13, 2019.

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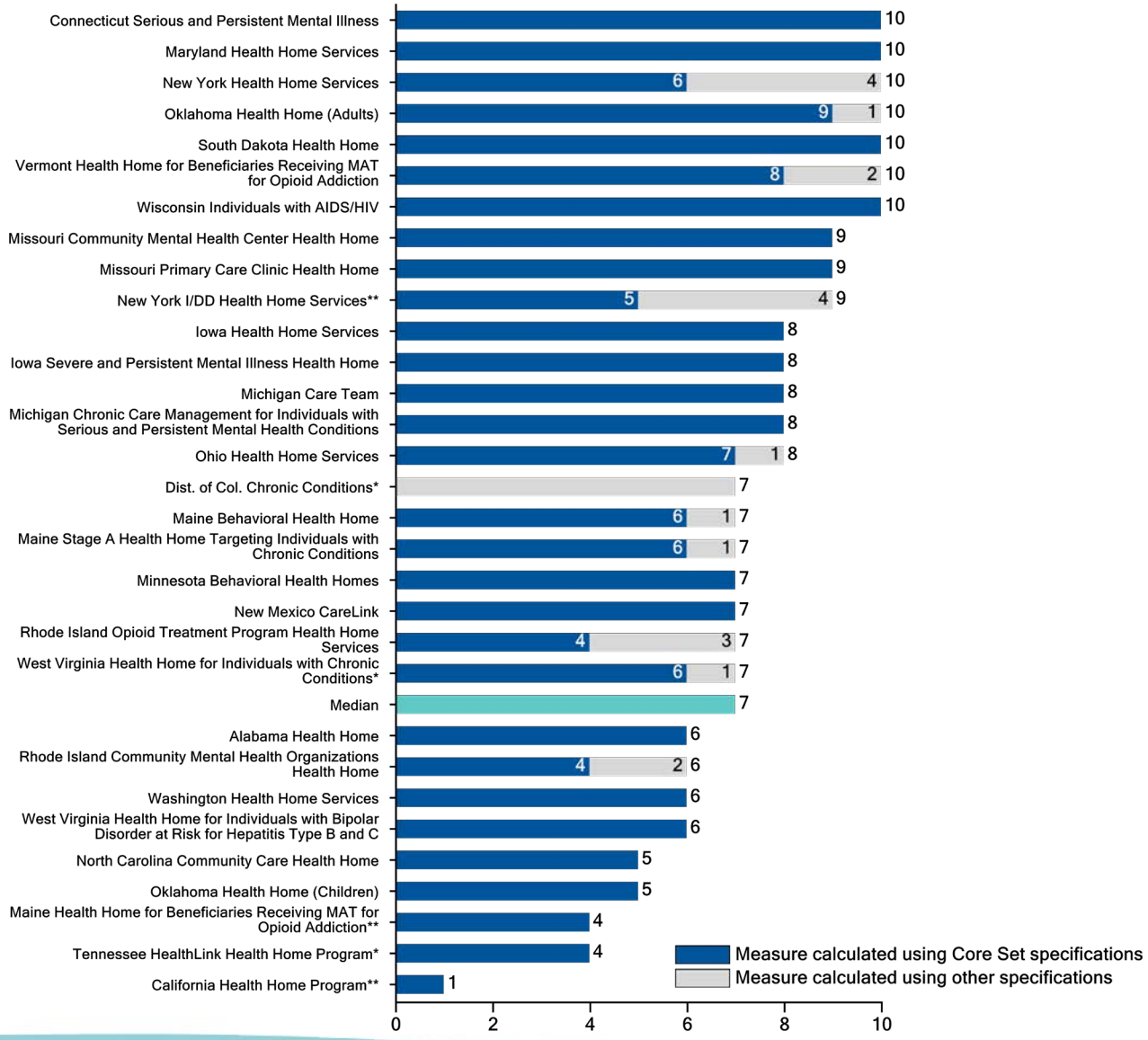
Medicaid & CHIP
Health Care Quality Measures

Number of Health Home Core Set Measures Reported by SPAs, FFY 2019



SPAs reported a median of

7 Health Home Core Set measures for FFY 2019

Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of July 27, 2020.

Notes: The FFY 2019 Health Home Core Set includes 10 measures. * = SPA was expected to report for the first time for the FFY 2018 reporting period. ** = SPA was expected to report for the first time for the FFY 2019 reporting period. The District of Columbia Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions SPA, New Jersey Behavioral Health Home Adult and Children SPAs, and Rhode Island CEDARR Family Centers Health Home SPA are not included, because they did not report data for FFY 2019 by the deadline. Unless otherwise specified, SPAs used Health Home Core Set specifications to calculate the measures. Some SPAs calculated Health Home Core Set measures using "other specifications." Measures were denoted as using "other specifications" when the SPA deviated substantially from the Health Home Core Set specifications, such as using alternate data sources, different populations, or other methodologies.

AIDS = Acquired Immunodeficiency Syndrome; CEDARR = Comprehensive Evaluation, Diagnosis, Assessment, Referral & Reevaluation; HIV = Human Immunodeficiency Virus; I/DD = Intellectual/Developmental Disabilities; MAT = Medication Assisted Treatment

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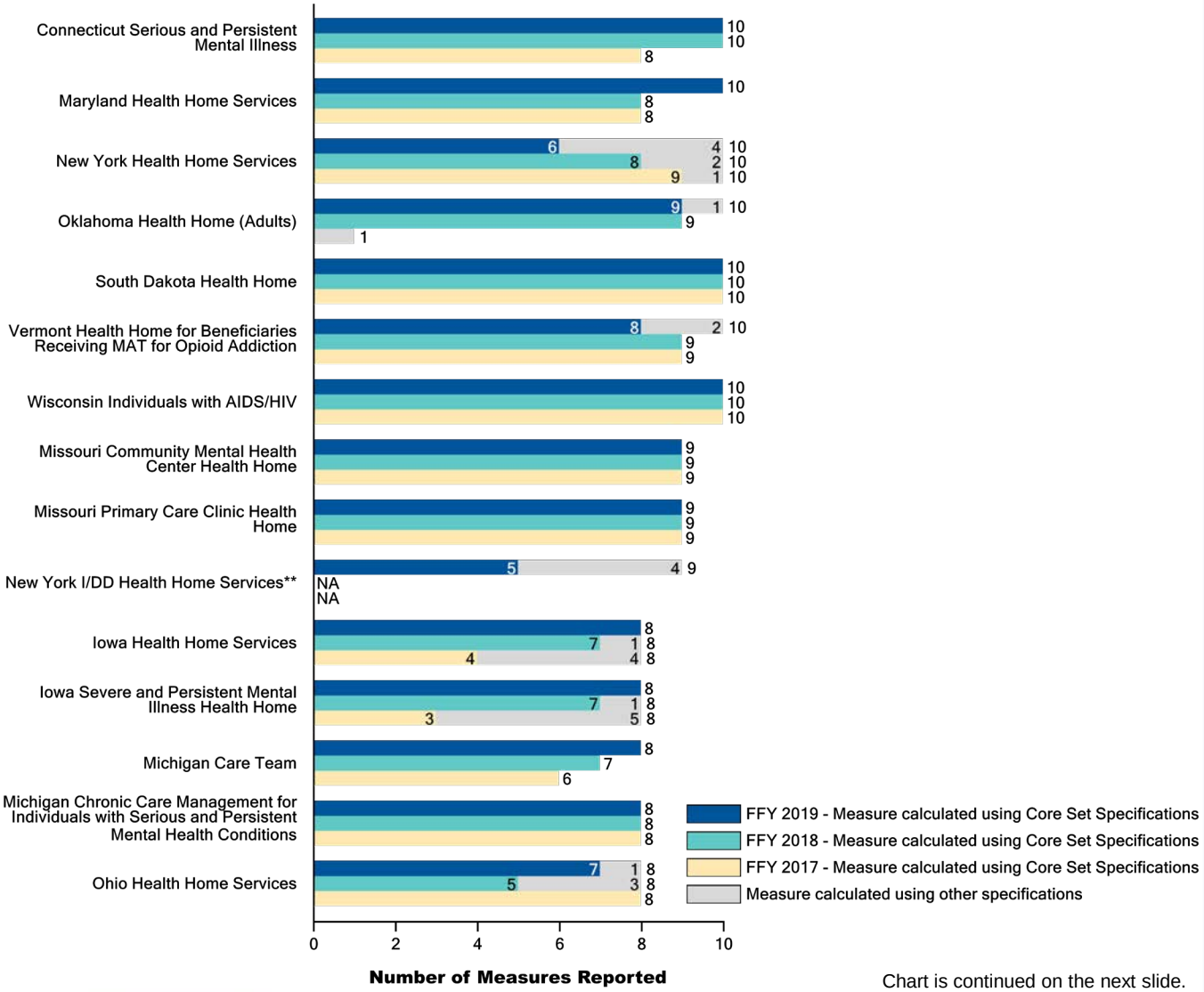
Medicaid & CHIP
Health Care Quality Measures

Number of Health Home Core Set Measures Reported by SPAs, FFY 2017–FFY 2019



Reporting remained consistent or increased for

24

of the 25 SPAs that reported for all three years from FFY 2017 to FFY 2019

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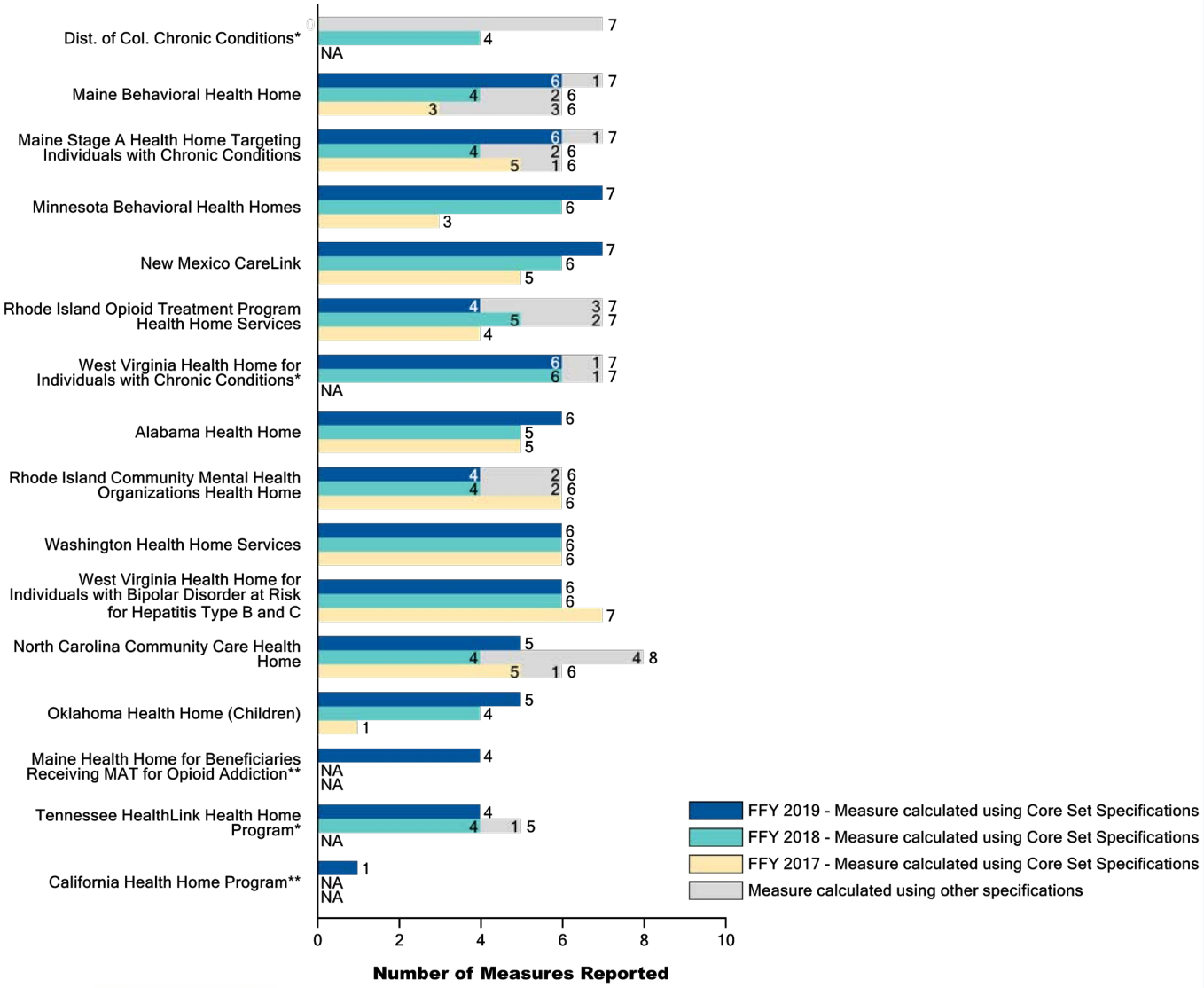
Medicaid & CHIP
Health Care Quality Measures

Number of Health Home Core Set Measures Reported by SPAs, FFY 2017–FFY 2019 (continued)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of July 27, 2020. FFY 2017 data reflect state reporting as of September 28, 2018; FFY 2018 data reflect state reporting as of September 13, 2019.

Notes: * = SPA was expected to report for the first time for the FFY 2018 reporting period. ** = SPA was expected to report for the first time for the FFY 2019 reporting period. NA = SPA was not expected to report for the period.

Unless otherwise specified, SPAs used Health Home Core Set specifications to calculate the measures. Some SPAs calculated Health Home Core Set measures using "other specifications." Measures were denoted as using "other specifications" when the SPA deviated substantially from the Health Home Core Set specifications, such as using alternate data sources, different populations, or other methodologies.

AIDS = Acquired Immunodeficiency Syndrome; CEDARR = Comprehensive Evaluation, Diagnosis, Assessment, Referral & Reevaluation; HIV = Human Immunodeficiency Virus; I/DD = Intellectual and Developmental Disabilities; MAT = Medication Assisted Treatment

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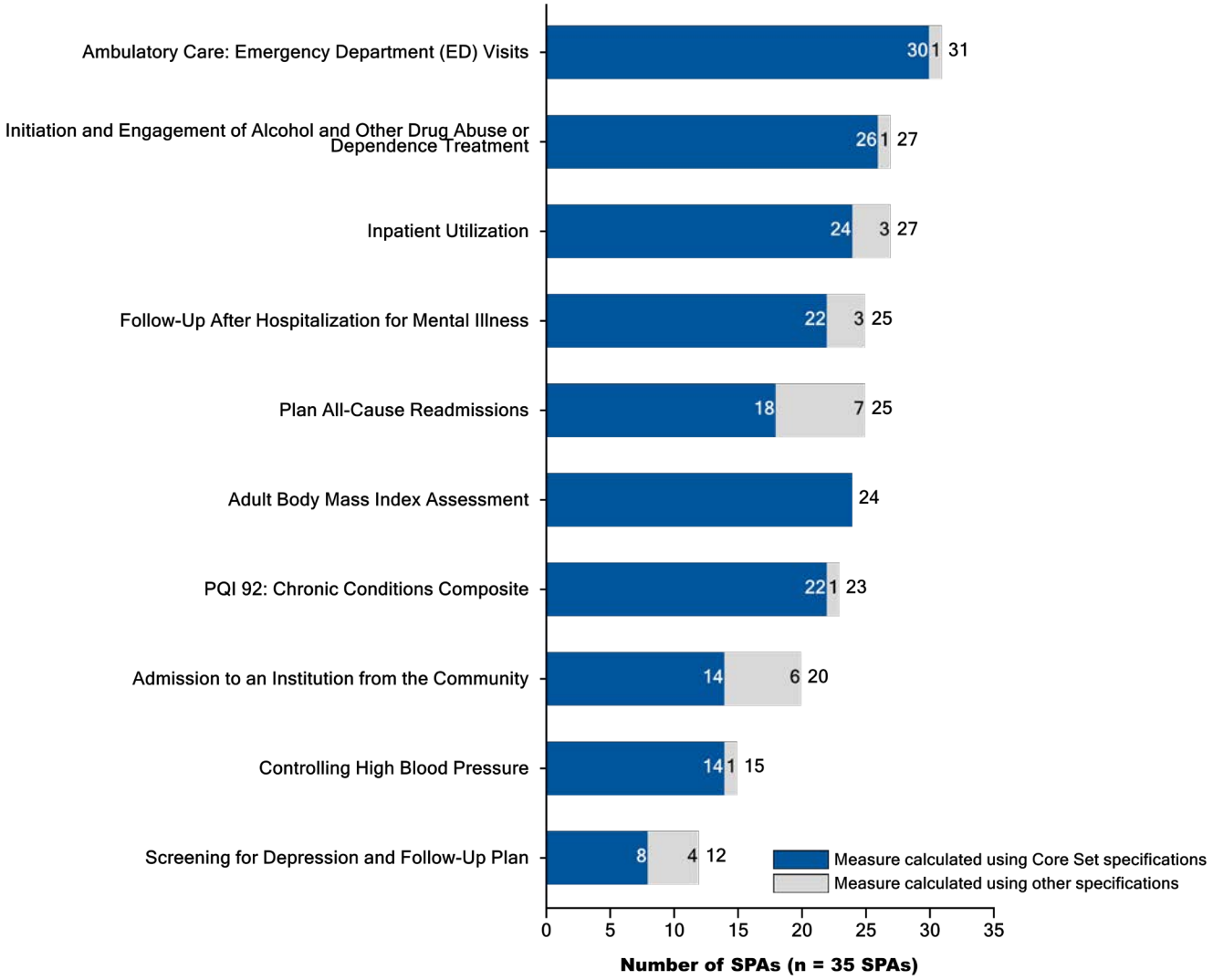
Medicaid & CHIP
Health Care Quality Measures

Number of SPAs Reporting the Health Home Core Set Measures, FFY 2019



8 of the 10 Health Home Core Set measures were reported by at least 20 SPAs for FFY 2019

Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of July 27, 2020.

Notes: The 2019 Health Home Core Set includes 7 quality measures and 3 utilization measures. This chart includes all Health Home Core Set measures that SPAs reported for the FFY 2019 reporting cycle. Unless otherwise specified, SPAs used Health Home Core Set specifications to calculate the measures. Some SPAs calculated Health Home Core Set measures using "other specifications." Measures were denoted as using "other specifications" when the SPA deviated substantially from the Health Home Core Set specifications, such as using alternate data sources, different populations, or other methodologies.

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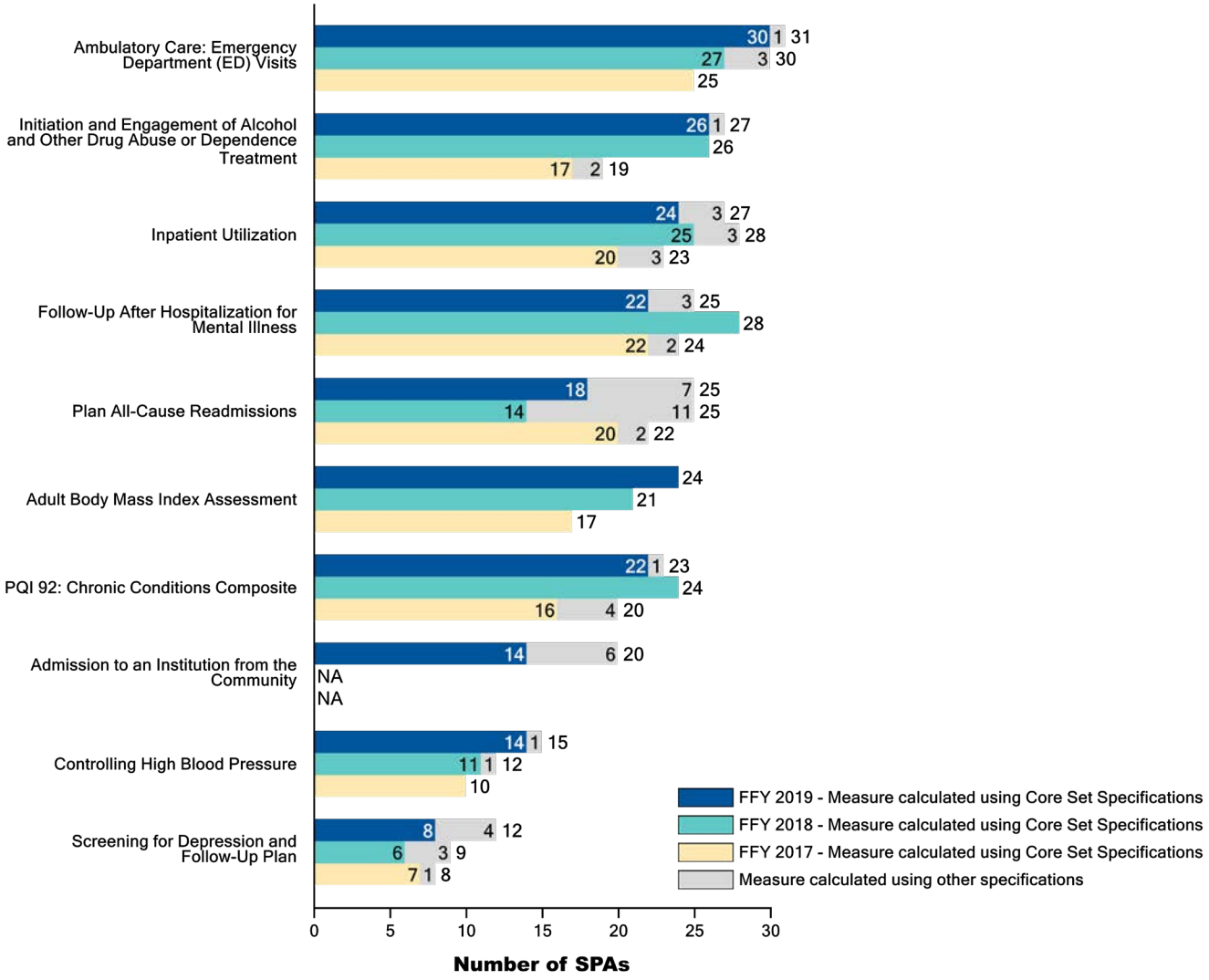
Medicaid & CHIP
Health Care Quality Measures

Number of SPAs Reporting the Health Home Core Set Measures, FFY 2017–FFY 2019



SPA reporting increased for all

9 measures included in both the 2017 and 2019 Health Home Core Sets

Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of July 27, 2020. FFY 2017 data reflect reporting as of September 28, 2018; FFY 2018 data reflect reporting as of September 13, 2019.

Notes: NA = not applicable; measure not included in the Health Home Core Set for the reporting period. The number of SPAs expected to report varies across reporting cycles: 30 SPAs were expected to report for FFY 2017, 32 SPAs for FFY 2018, and 35 SPAs for FFY 2019. Unless otherwise specified, SPAs used Health Home Core Set specifications to calculate the measures. Some SPAs calculated Health Home Core Set measures using "other specifications." Measures were denoted as using "other specifications" when the SPA deviated substantially from the Health Home Core Set specifications, such as using alternate data sources, different populations, or other methodologies. The identification of deviations from Core Set specifications has improved over time, so trends in the use of other specifications should be interpreted with caution.

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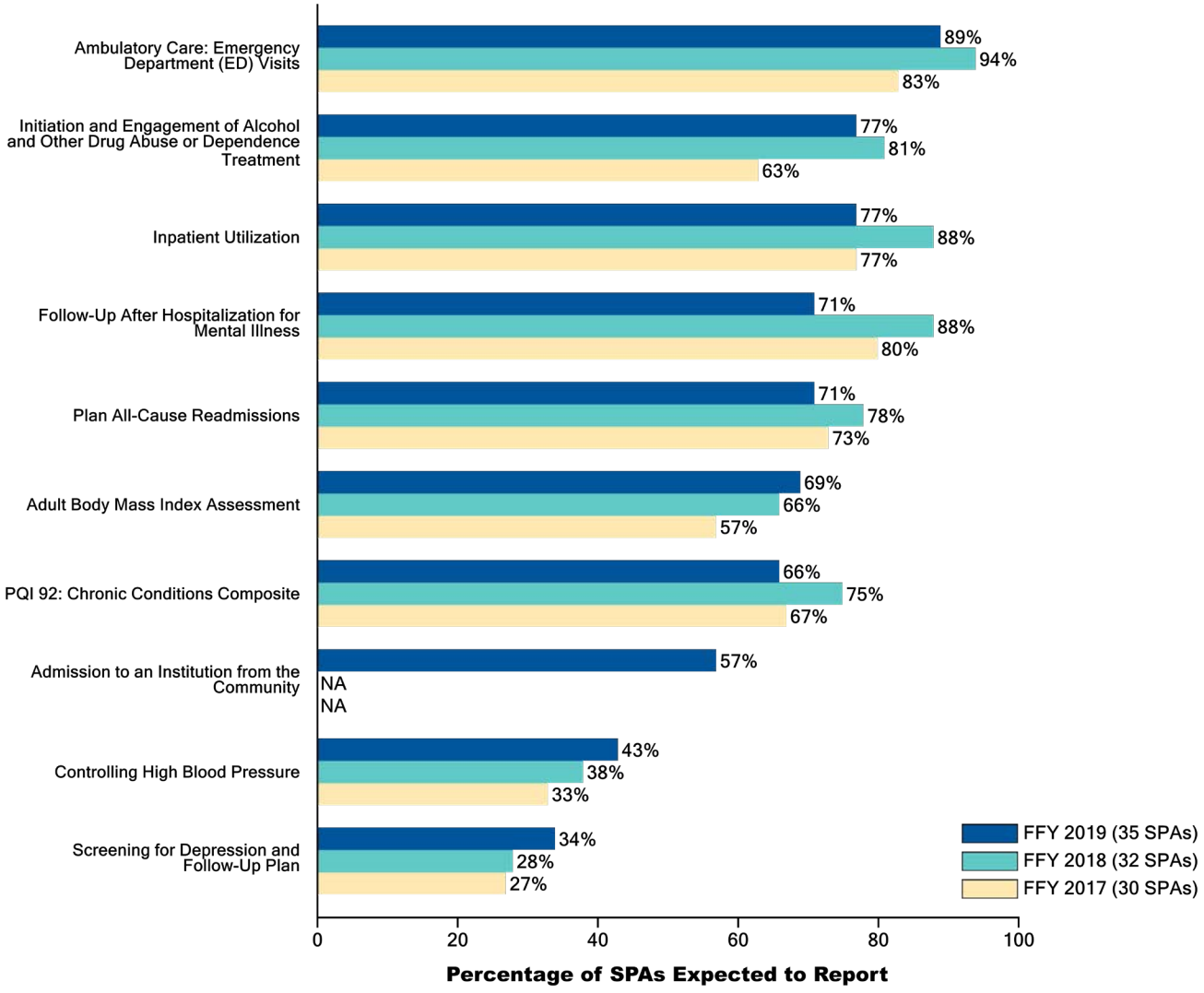
Medicaid & CHIP
Health Care Quality Measures

Percentage of SPAs Reporting Health Home Core Set Measures, FFY 2017–FFY 2019



5 measures were reported by at least two-thirds of the SPAs that were expected to report in all three reporting years

Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of July 27, 2020. FFY 2017 data reflect reporting as of September 28, 2018; FFY 2018 data reflect reporting as of September 13, 2019.

Notes: NA = not applicable; measure not included in the Health Home Core Set for the reporting period.

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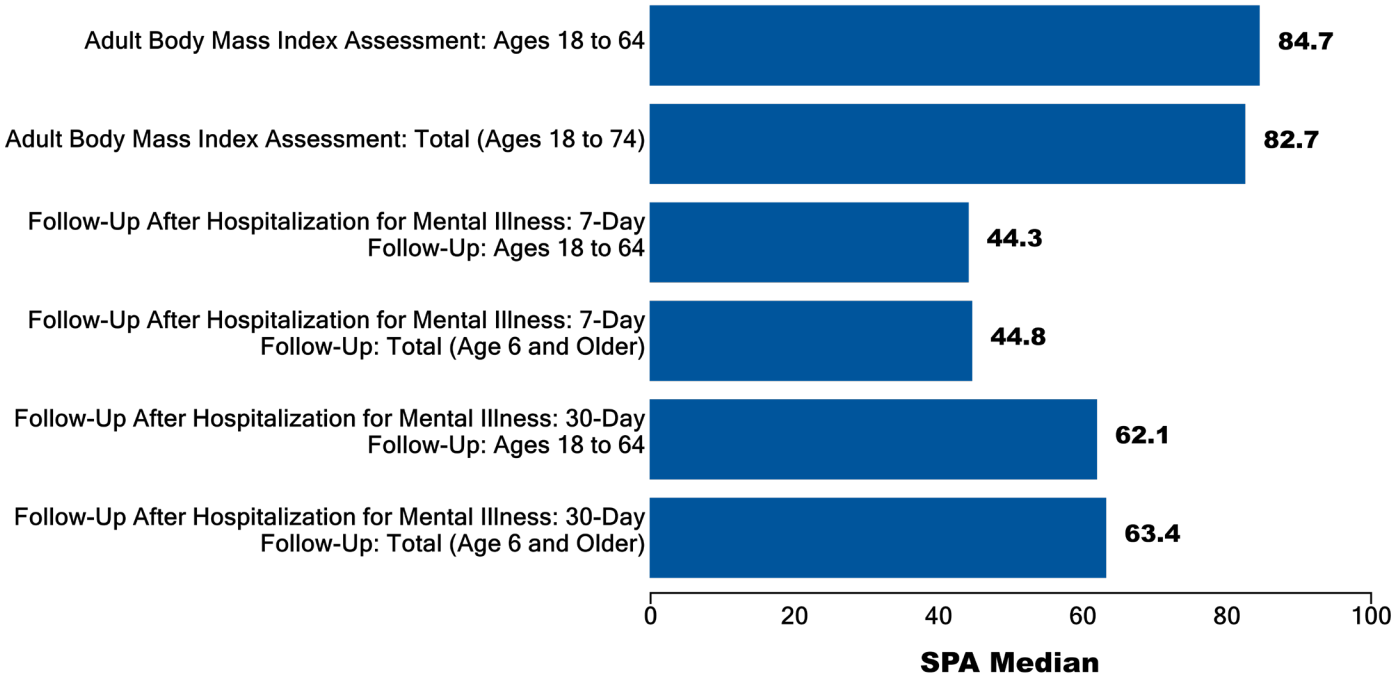
Health Care Quality Measures

Median Performance Rates on Frequently Reported Health Home Core Set Measures, FFY 2019



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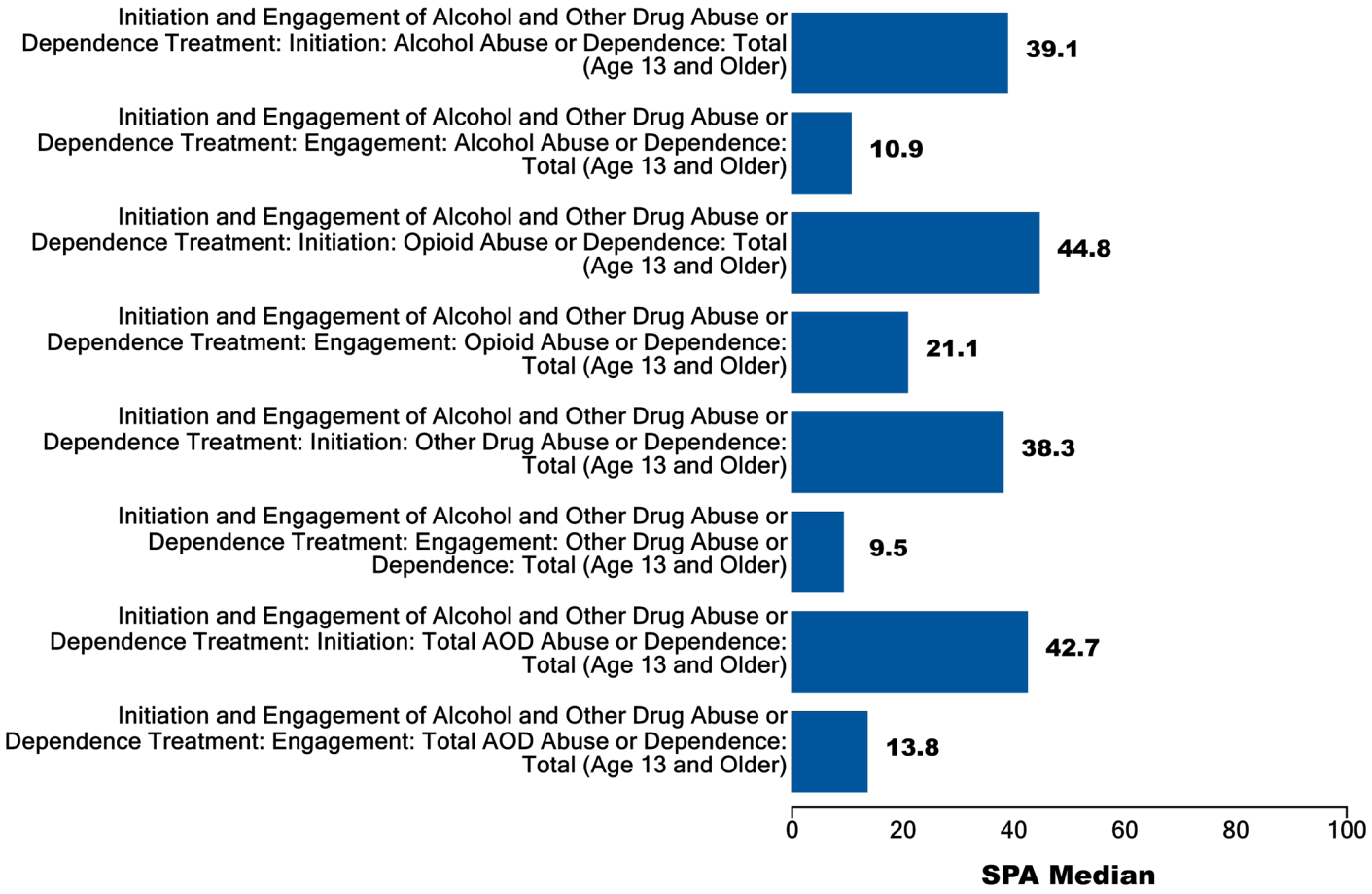
Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Median Performance Rates on Frequently Reported Health Home Core Set Measures, FFY 2019 (continued)



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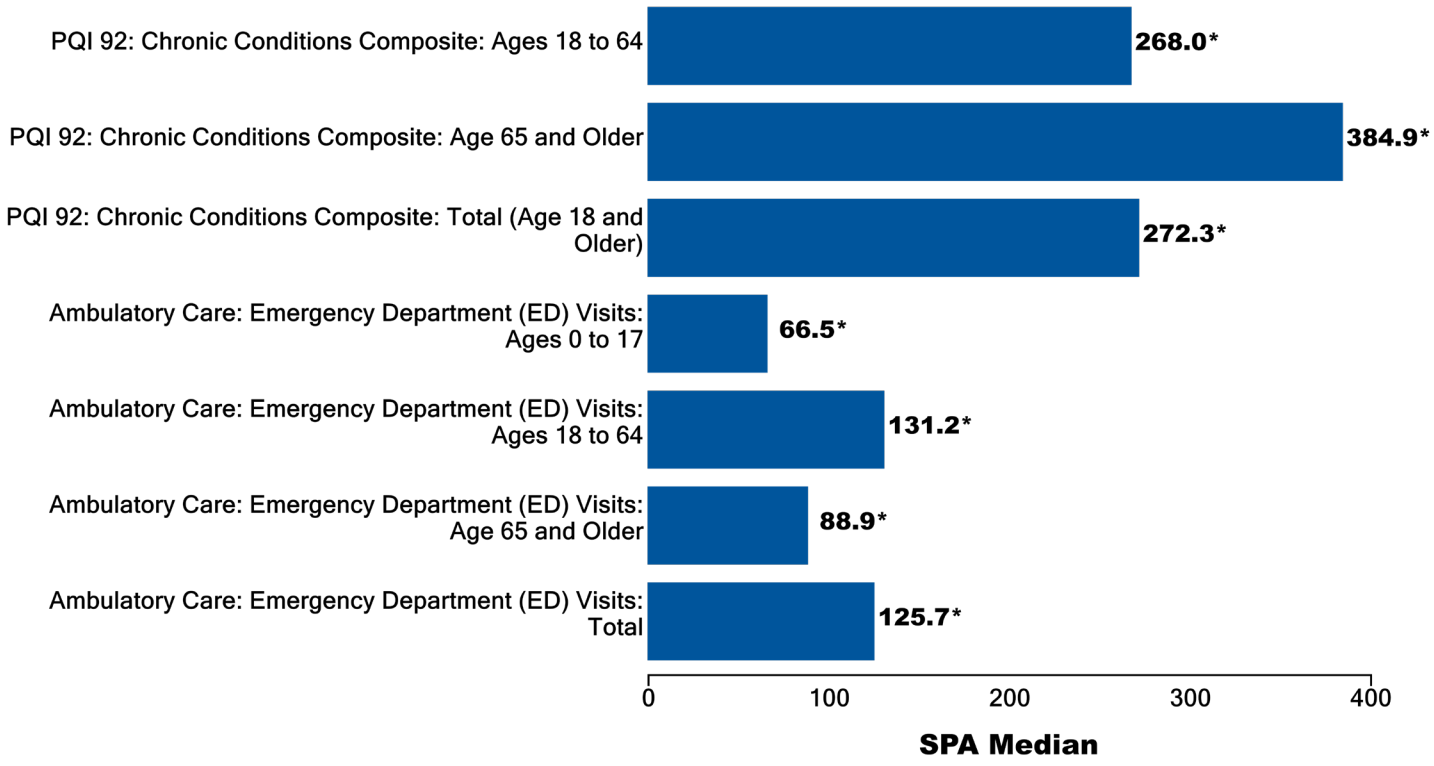
Health Care Quality Measures

Median Performance Rates on Frequently Reported Health Home Core Set Measures, FFY 2019 (continued)



*Lower rates are better for this measure.

Chart is continued on the next slide.

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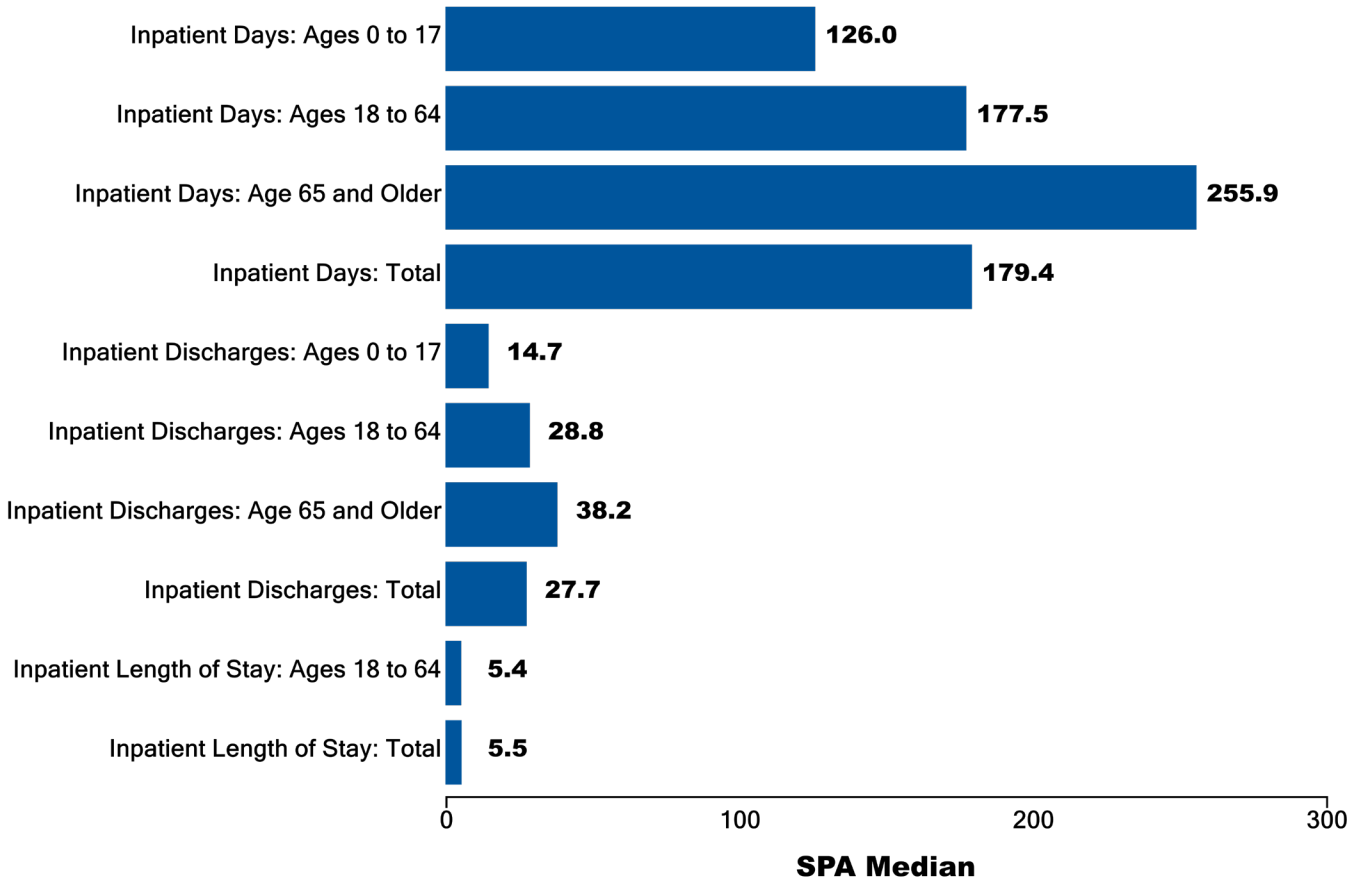
Medicaid & CHIP
Health Care Quality Measures

Median Performance Rates on Frequently Reported Health Home Core Set Measures, FFY 2019 (continued)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of July 27, 2020.

Note: This chart includes measures that were reported by at least 15 SPAs for FFY 2019 and that met CMS standards for data quality. All medians are reported as percentages except for Admission to an Institution from the Community, Ambulatory Care: Emergency Department (ED) Visits, and Inpatient Utilization, which are reported as rates per 1,000 enrollee months, and PQI 92: Chronic Conditions Composite, which is reported as a rate per 100,000 enrollee months. This chart excludes the Plan All-Cause Readmissions measure, which uses a different summary statistic than those in this chart.

*Lower rates are better for this measure.

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Medicaid & CHIP
Health Care Quality Measures

SPA PERFORMANCE ON THE HEALTH HOME CORE SET MEASURES, FFY 2019

Performance Data for Selected FFY 2019 Health Home Core Set Measures

Seven Health Home Core Set measures were available for performance analysis for FFY 2019. For a measure to be available for analysis, data must be provided to CMS by at least 15 SPAs that used Core Set specifications, have a denominator of at least 30 enrollees, and meet CMS standards for data quality.

Quality Measures

- Adult Body Mass Index Assessment
- Follow-Up After Hospitalization for Mental Illness
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
- Plan All-Cause Readmissions
- PQI 92: Chronic Conditions Composite

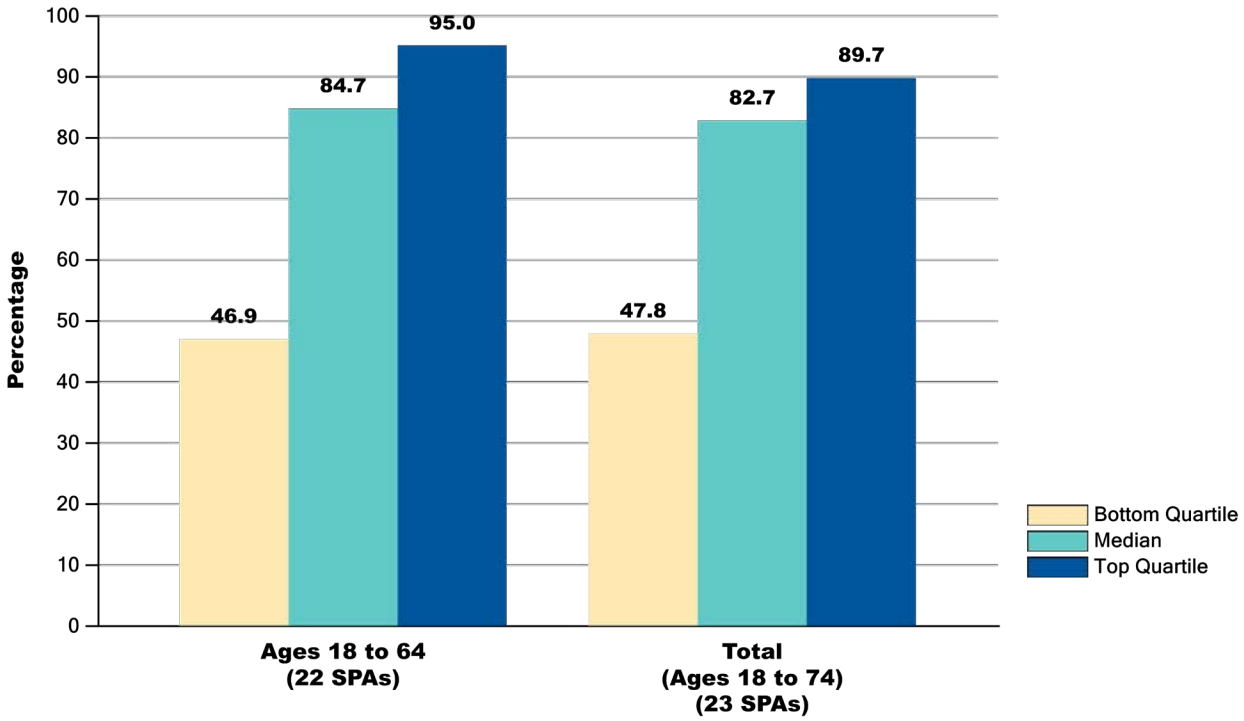
Utilization Measures

- Ambulatory Care: Emergency Department Visits
- Inpatient Utilization

Adult Body Mass Index Assessment

Monitoring of body mass index (BMI) helps providers identify adults who are overweight or obese and at increased risk for related health complications. The Adult BMI Assessment measure shows the percentage of enrollees with an outpatient visit whose BMI value was documented in the medical record.

Percentage of Health Home Enrollees Ages 18 to 74 who had an Outpatient Visit and whose Body Mass Index Value was Documented in the Medical Record, FFY 2019



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of July 27, 2020.

Notes: This measure shows the percentage of Health Home enrollees ages 18 to 74 who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year. Specifications for this measure changed substantially for FFY 2019 and rates are not comparable with rates reported for previous years. The Ages 65 to 74 rate is not shown because fewer than 15 SPAs reported this rate for FFY 2019.

A median of

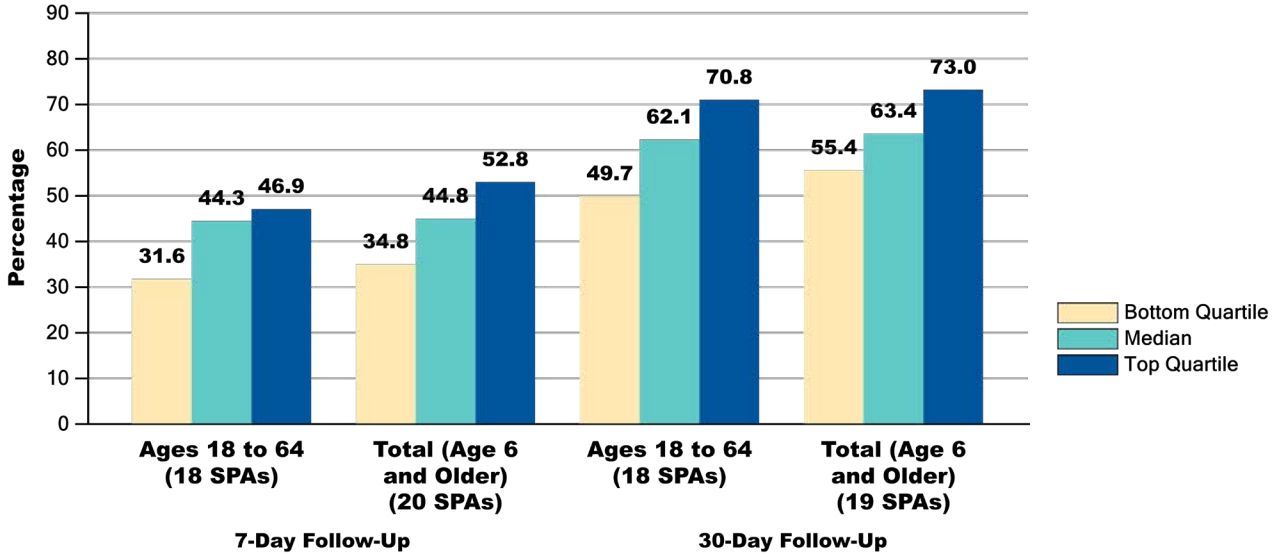
83

percent of Health Home enrollees ages 18 to 74 with an outpatient visit had their BMI value documented in the medical record (23 SPAs)

Follow-Up After Hospitalization for Mental Illness

Follow-up care after hospitalization for mental illness or intentional self harm helps improve health outcomes and prevent readmissions in the days following discharge from inpatient mental health treatment. Recommended post-discharge treatment includes a visit with an outpatient mental health practitioner within 30 days of discharge and ideally, within 7 days of discharge.

Percentage of Discharges for Health Home Enrollees Age 6 and Older Hospitalized for Treatment of Mental Illness or Intentional Self-Harm with a Follow-Up Visit with a Mental Health Practitioner within 7 and 30 Days After Discharge, FFY 2019



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of July 27, 2020.

Notes: This measure shows the percentage of discharges for Health Home enrollees age 6 and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses who had a a follow-up visit with a mental health practitioner. Two rates are reported: (1) the percentage of discharges for which the beneficiary received follow-up within 7 days after discharge; and (2) the percentage of discharges for which the beneficiary received follow-up within 30 days after discharge. Specifications for this measure changed substantially for FFY 2019 and rates are not comparable with rates reported for previous years. Rates for Ages 0 to 17 and Age 65 and Older 7-Day Follow-Up and 30-Day Follow-Up rates are not shown because fewer than 15 SPAs reported these rates for FFY 2019. This chart excludes the District of Columbia Chronic Conditions SPA, New York Health Home Services SPA, and New York I/DD Health Home Services SPA, which reported the measure but did not use Health Home Core Set specifications. This chart also excludes Michigan's Chronic Care Model SPA, which had a denominator less than 30.

A median of

45

percent of Health Home enrollees age 6 and older who were hospitalized for mental illness or intentional self-harm had a follow-up visit within 7 days after discharge (20 SPAs), and

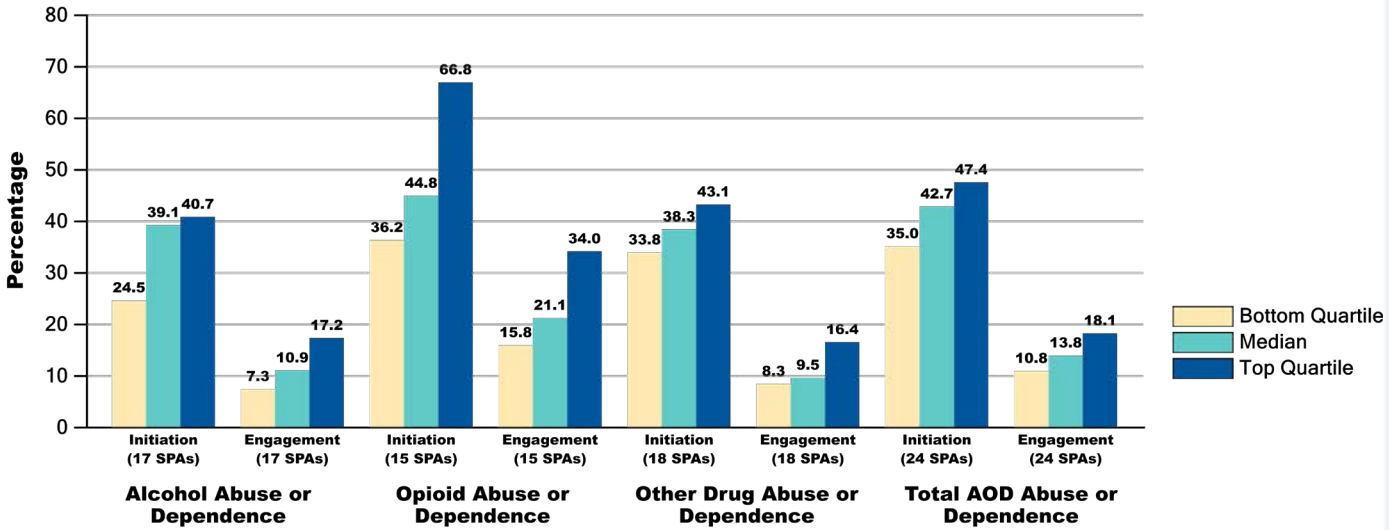
63

percent had a follow-up visit within 30 days after discharge (19 SPAs)

Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment

Treatment for alcohol or other drug (AOD) abuse or dependence can improve health, productivity, and social outcomes, and can save millions of dollars on health care and related costs. This measure shows how often beneficiaries with newly-diagnosed AOD dependence initiated timely treatment (within 14 days of diagnosis), and then continued that treatment (two or more additional services or medication treatment within 34 days of the initiation visit).

Percentage of Health Home Enrollees Age 13 and Older with a New Episode of Alcohol or Other Drug Abuse or Dependence who: (1) Initiated Treatment within 14 Days of Diagnosis, and (2) Initiated Treatment and Had Two or More Additional Services or Medication Treatment within 34 Days of the Initiation Visit, FFY 2019



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of July 27, 2020.

Notes: This measure shows the percentage of Health Home enrollees age 13 and older with a new episode of alcohol or other drug (AOD) abuse or dependence who: (1) initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis (initiation rate), and (2) initiated treatment and had two or more additional AOD services or medication treatment within 34 days of the initiation visit (engagement rate). Initiation and Engagement rates for Ages 18 to 64 met performance reporting criteria but are not shown on this slide. Rates for Ages 13 to 17 and Age 65 and Older are not shown because fewer than 15 SPAs reported these rates for FFY 2019. This chart excludes Iowa Health Home Services SPA, Michigan Chronic Care Model for Individuals with Serious and Persistent Mental Health Conditions SPA, and Oklahoma Health Home (Adults) SPA, which had denominators less than 30.

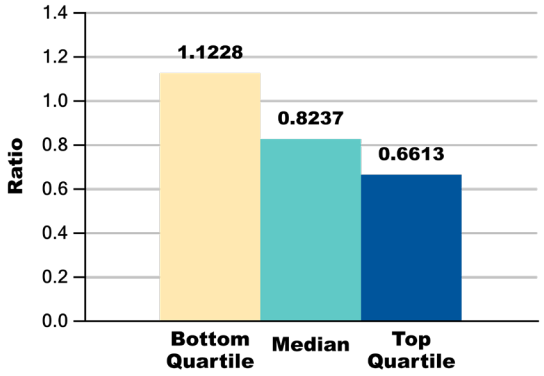
A median of

43 percent of Health Home enrollees age 13 and older initiated treatment for alcohol abuse or dependence within 14 days of diagnosis (24 SPAs)

Plan All-Cause Readmissions

Unplanned readmissions to the hospital within 30 days of discharge are associated with adverse patient outcomes (including higher mortality) and higher health care costs. Readmissions may be prevented with coordination of care and support for patient self-management after discharge. This measure shows the number of acute inpatient stays during the measurement year for enrollees ages 18 to 64 that were followed by an unplanned acute readmission for any diagnosis within 30 days (the observed readmission rate) and the predicted probability of an acute readmission. This measure uses risk adjustment to calculate an expected readmission rate based on the characteristics of index hospital stays, including presence of surgeries, discharge condition, comorbidity, age, and gender.

Ratio of Observed All-Cause Readmissions to Expected Readmissions (O/E Ratio) among Health Home Enrollees Ages 18 to 64, FFY 2019 (n = 17 SPAs) [Lower rates are better for this measure]



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of July 27, 2020.

Note: The Observed/Expected (O/E) Ratio is calculated as the ratio of the Observed Readmission Rate to the Expected Readmission Rate and is rounded to four decimal places. The O/E ratio is interpreted as "lower-is-better." An O/E ratio < 1.0 means there were fewer readmissions than expected given the case mix. An O/E ratio = 1 means that the number of readmissions was the same as expected given the case mix. An O/E ratio > 1.0 means that there were more readmissions than expected given the case mix. This chart excludes the District of Columbia Chronic Conditions, Maine Health Home Targeting Individuals with Chronic Conditions, Maine Behavioral Health Home, Ohio Health Home Services, Oklahoma Health Home (Adults), Rhode Island Community Mental Health Organizations Health Home, and Rhode Island Opioid Treatment Program Health Home Services SPAs, which reported the measure but did not use Health Home Core Set specifications. This chart also excludes Michigan's Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions SPA, which had a denominator less than 30.

Of the 17 SPAs reporting the measure,

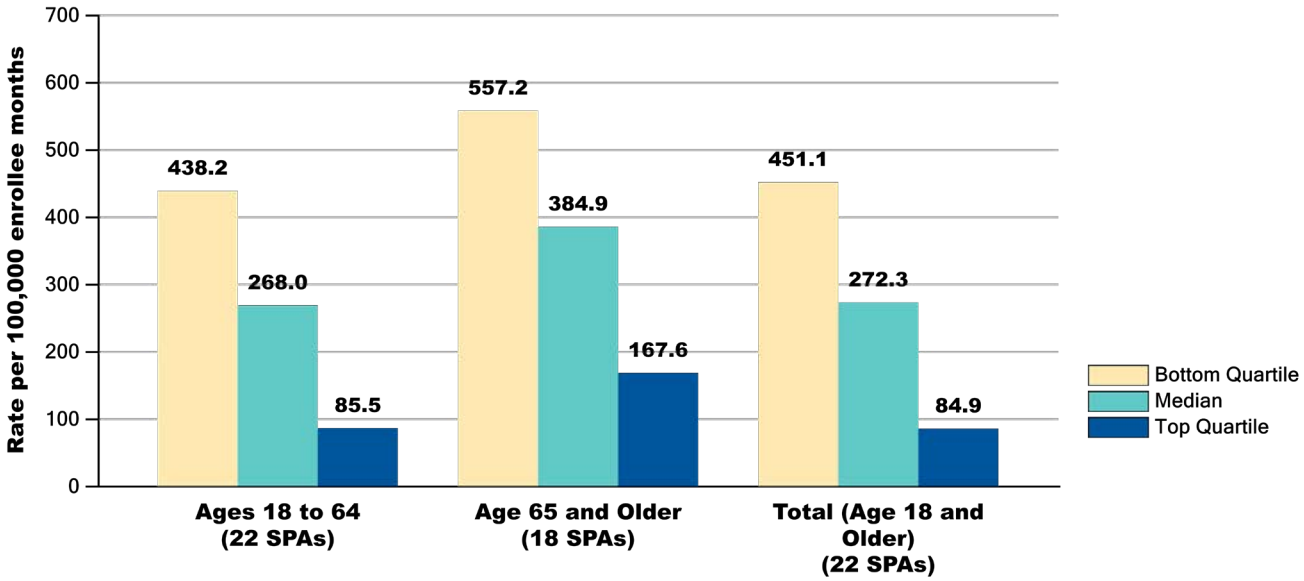
12

SPAs had fewer readmissions than expected given the case mix

PQI 92: Chronic Conditions Composite

In the absence of access to high quality outpatient care, chronic conditions can lead to complications that require inpatient hospital admissions, which are associated with adverse patient outcomes and higher health care costs. These admissions may be prevented with coordination of care and support for patient self-management. This measure assesses the frequency of inpatient hospital admissions to treat ambulatory care sensitive chronic conditions among adult Health Home enrollees.

Number of Inpatient Hospital Admissions for Ambulatory Care Sensitive Chronic Conditions per 100,000 Enrollee Months for Health Home Enrollees Age 18 and Older, FFY 2019 [Lower rates are better for this measure]



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of July 27, 2020.

Note: This measure shows the number of inpatient hospital admissions for ambulatory care sensitive chronic conditions per 100,000 enrollee months for Health Home enrollees age 18 and older. The measure includes adult hospital admissions for diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, or heart failure without a cardiac procedure. This chart excludes the District of Columbia Chronic Conditions SPA, which reported the measure but did not use Health Home Core Set specifications.

Health Home enrollees age 18 and older had a median of

272

inpatient hospital admissions for ambulatory care sensitive chronic conditions per 100,000 enrollee months (22 SPAs)

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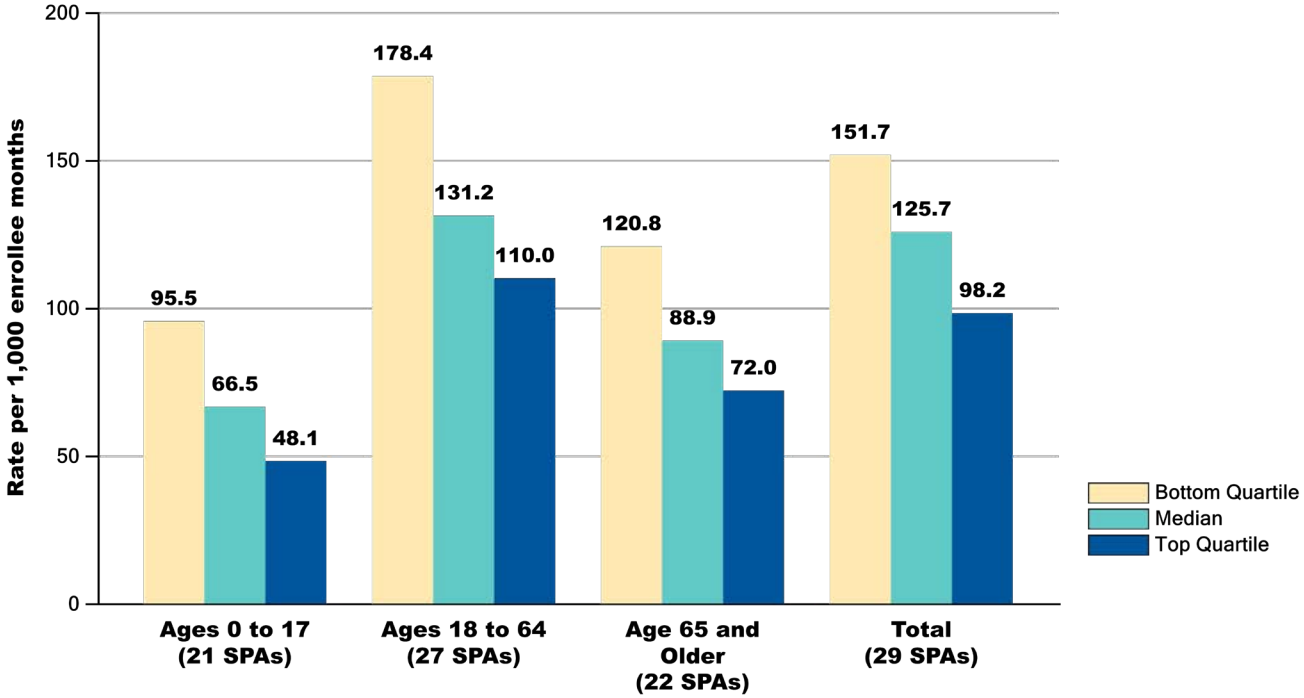
Ambulatory Care: Emergency Department (ED) Visits

Unnecessary visits to a hospital emergency department (ED) may indicate lack of access to more appropriate sources of medical care, such as primary care providers or specialists. Excessive visits to the ED can result in overcrowding and increased ED wait time. Understanding the rate of ED visits among Health Home enrollees can help identify strategies to improve access to and utilization of appropriate sources of care.

Rate of Emergency Department Visits per 1,000 Enrollee Months for Health Home Enrollees, FFY 2019 [Lower rates are better for this measure]



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of July 27, 2020.

Notes: This measure shows the rate of emergency department visits per 1,000 enrollee months among Health Home enrollees. This chart excludes the District of Columbia Chronic Conditions SPA, which reported the measure but did not use Health Home Core Set specifications.

Health Home enrollees had a median of

126

emergency department visits per 1,000 enrollee months (29 SPAs)

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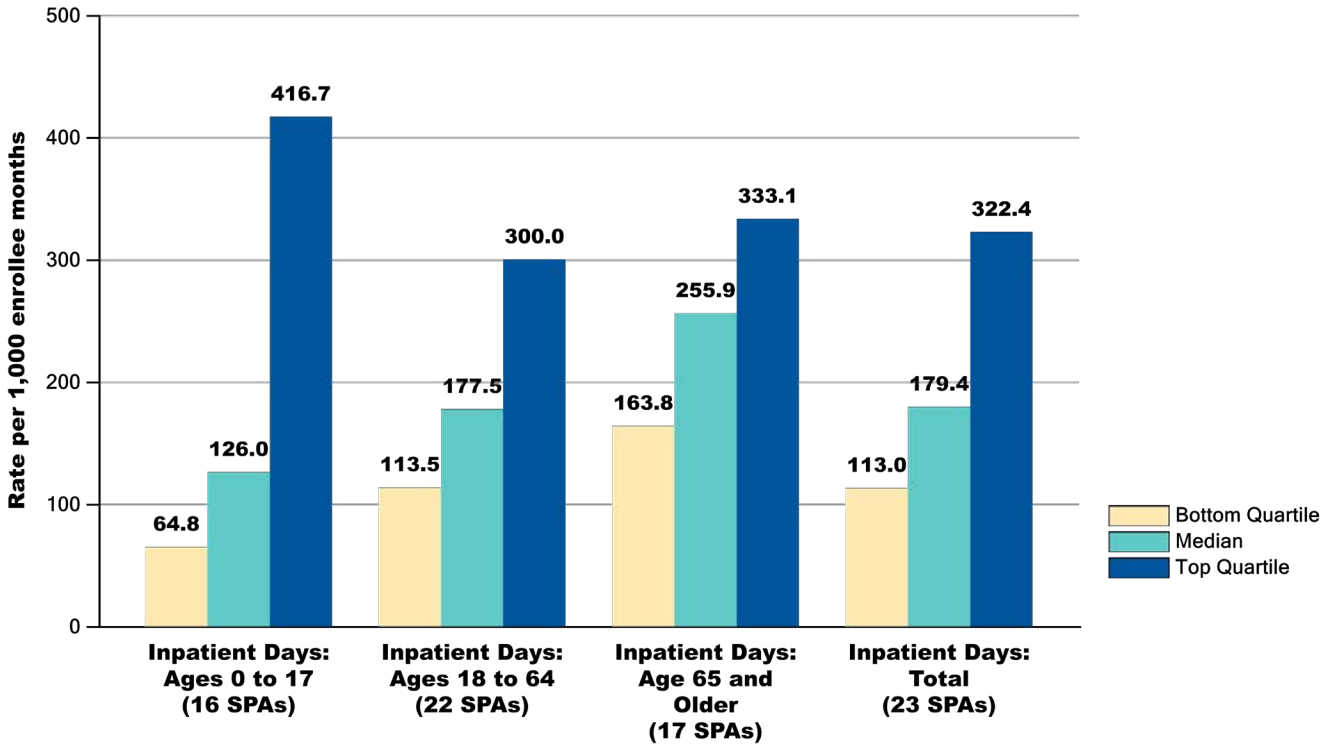
Health Care Quality Measures

Inpatient Utilization: Inpatient Days

Reducing the time that a patient spends in inpatient care can reduce the risk of hospital-acquired conditions and the cost of care. This measure shows the rate of inpatient days, discharges, and length of stay per 1,000 Health Home enrollee months for inpatient hospital stays related to maternity, mental and behavioral disorders, surgery, and medicine.

Days of Acute Inpatient Care and Services per 1,000 Enrollee Months for Health Home Enrollees, FFY 2019



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of July 27, 2020.

Notes: This measure shows the rate of acute inpatient care and services per 1,000 enrollee months among Health Home enrollees. This chart excludes the District of Columbia Chronic Conditions SPA, New York Health Home Services SPA, and New York I/DD Health Home Services SPA, which reported the measure but did not use Health Home Core Set specifications.

Health Home enrollees spent a median of

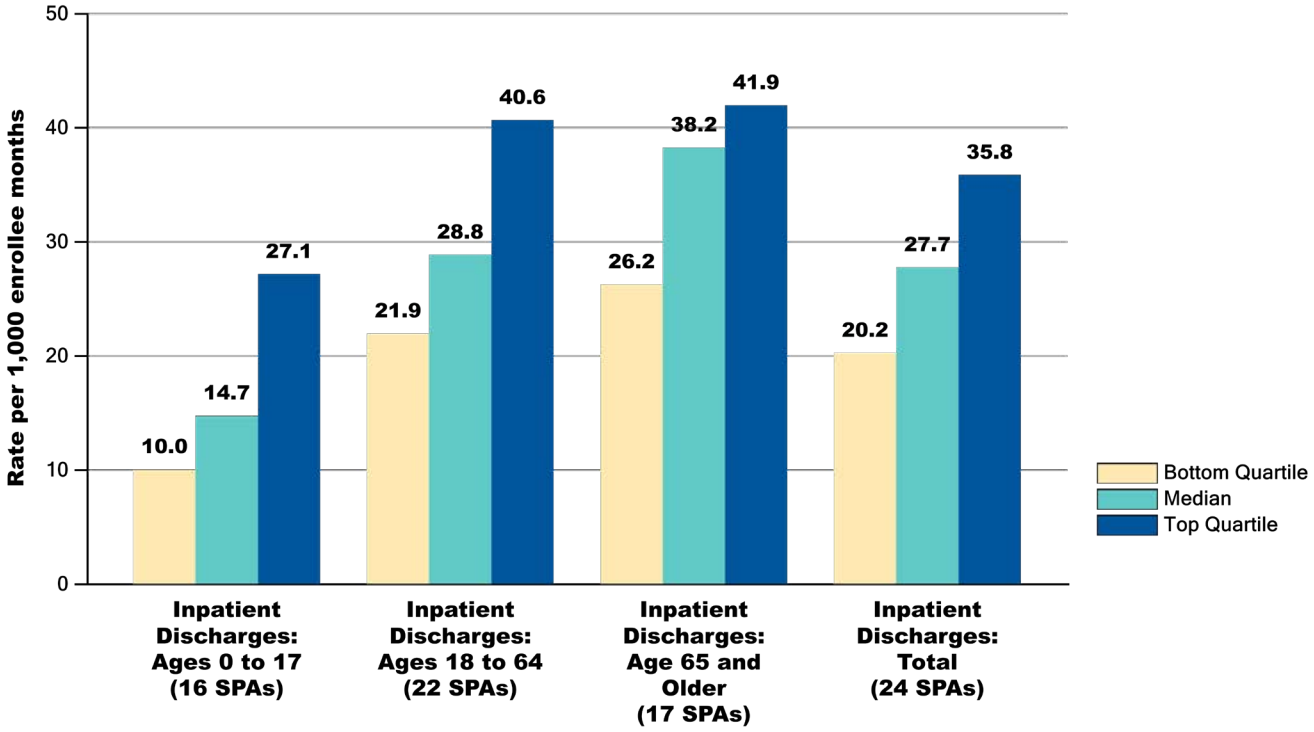
179

days in the hospital per 1,000 enrollee months (23 SPAs)

Inpatient Utilization: Inpatient Discharges

Reducing the time that a patient spends in inpatient care can reduce the risk of hospital-acquired conditions and the cost of care. This measure shows the rate of inpatient days, discharges, and length of stay per 1,000 Health Home enrollee months for inpatient hospital stays related to maternity, mental and behavioral disorders, surgery, and medicine.

Discharges from Acute Inpatient Care and Services per 1,000 Enrollee Months for Health Home Enrollees, FFY 2019



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of July 27, 2020.

Notes: This measure shows the rate of acute inpatient care and services per 1,000 enrollee months among Health Home enrollees. This chart excludes the District of Columbia Chronic Conditions SPA, which reported the measure but did not use Health Home Core Set specifications.

Health Home enrollees had a median of

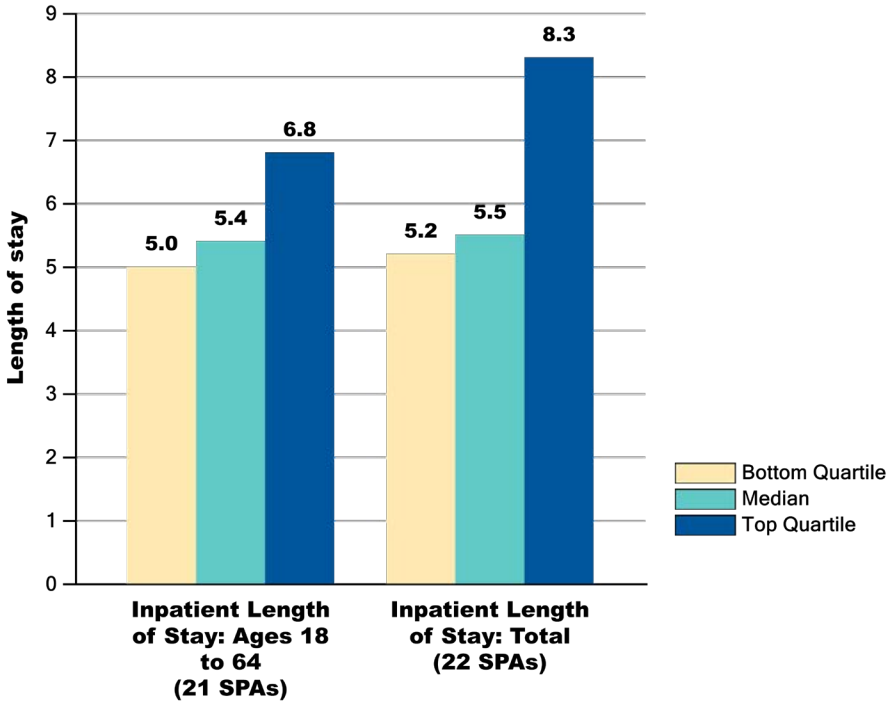
28

inpatient hospital discharges per 1,000 enrollee months (24 SPAs)

Inpatient Utilization: Inpatient Length of Stay

Reducing the time that a patient spends in inpatient care can reduce the risk of hospital-acquired conditions and the cost of care. This measure shows the rate of inpatient days, discharges, and length of stay per 1,000 Health Home enrollee months for inpatient hospital stays related to maternity, mental and behavioral disorders, surgery, and medicine.

Length of Stay of Acute Inpatient Care and Services per 1,000 Enrollee Months for Health Home Enrollees, FFY 2019



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of July 27, 2020.

Notes: This measure shows the rate of acute inpatient care and services per 1,000 enrollee months among Health Home enrollees. Rates for Ages 0 to 17 and Age 65 and Older are not shown because fewer than 15 SPAs reported these rates for FFY 2019. This chart also excludes the District of Columbia Chronic Conditions SPA, which reported the measure but did not use Health Home Core Set specifications.

The median length of hospital stays for health home enrollees was

6

days per discharge (22 SPAs)

TRENDS IN SPA PERFORMANCE, FFY 2017–FFY 2019

Trends in SPA Performance, FFY 2017–FFY 2019: Introduction

CMS assessed trends in median state performance on three Health Home Core Set measures reported from FFY 2017 to FFY 2019. Trends are presented for measures that meet the following criteria:

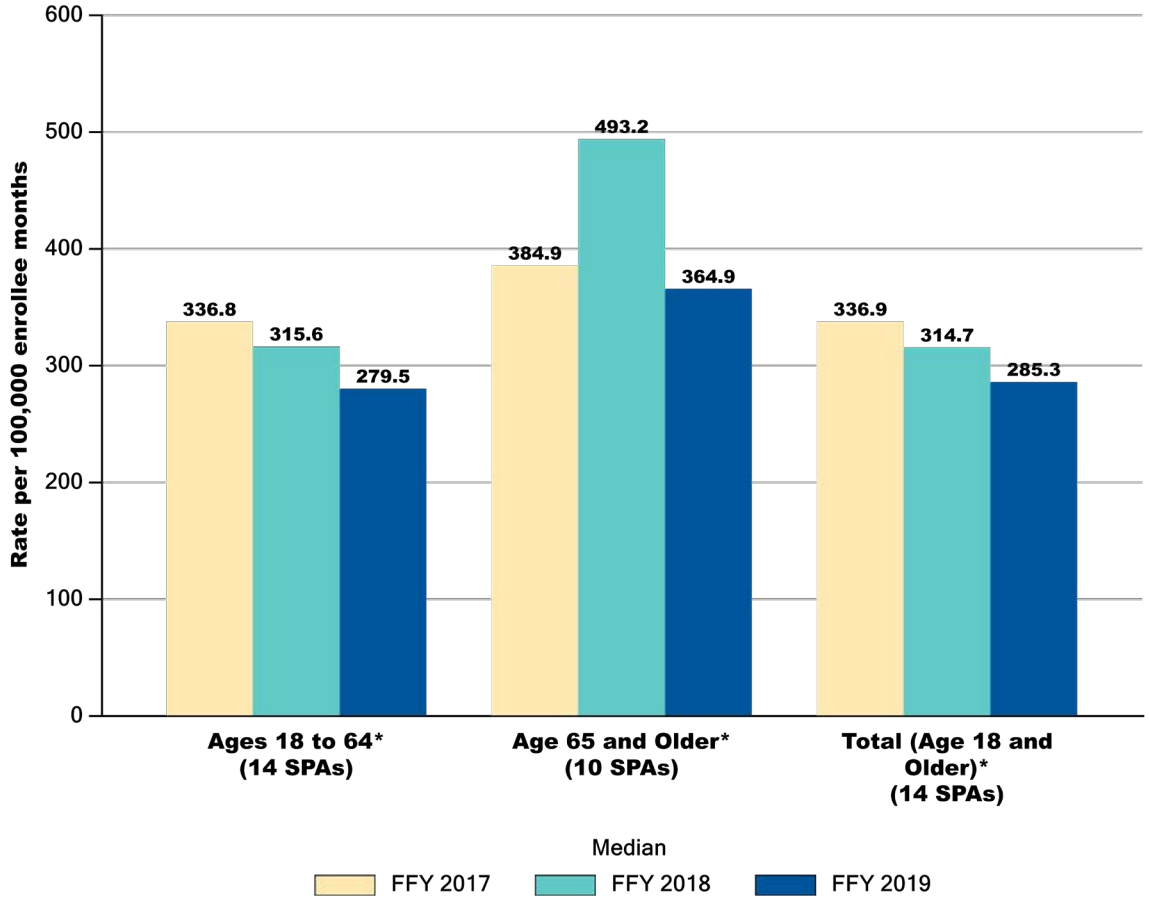
- The measure met the criteria for performance reporting in all three years. To meet performance reporting criteria, the measure must be reported by at least 15 SPAs using Core Set specifications, have a denominator of at least 30 enrollees, and meet CMS standards for data quality.
- The measure was reported by a set of at least 10 SPAs that used Core Set specifications and had a denominator of at least 30 enrollees in all three years.
- The measure specifications were comparable for all three years (no specification changed occurred during the three-year period that would make results incomparable across years).

Many factors may affect changes in the performance rates reported by SPAs on the Health Home Core Set measures. While shifts in access and quality may account for some of the changes in performance over time, other factors noted by SPAs include changes in:

- The method and data used to calculate the measures
- The populations included in the measures (such as managed care versus fee-for-service)
- Other aspects of their Health Home program that could affect reporting (such as changes to program eligibility, or transitions in data systems or delivery systems).

Trends in SPA Performance, FFY 2017–2019: PQI 92: Chronic Conditions Composite

Median SPA performance on the PQI 92: Chronic Conditions Composite measure did not change significantly between FFY 2017 and FFY 2019 among SPAs reporting the measure for all three years.

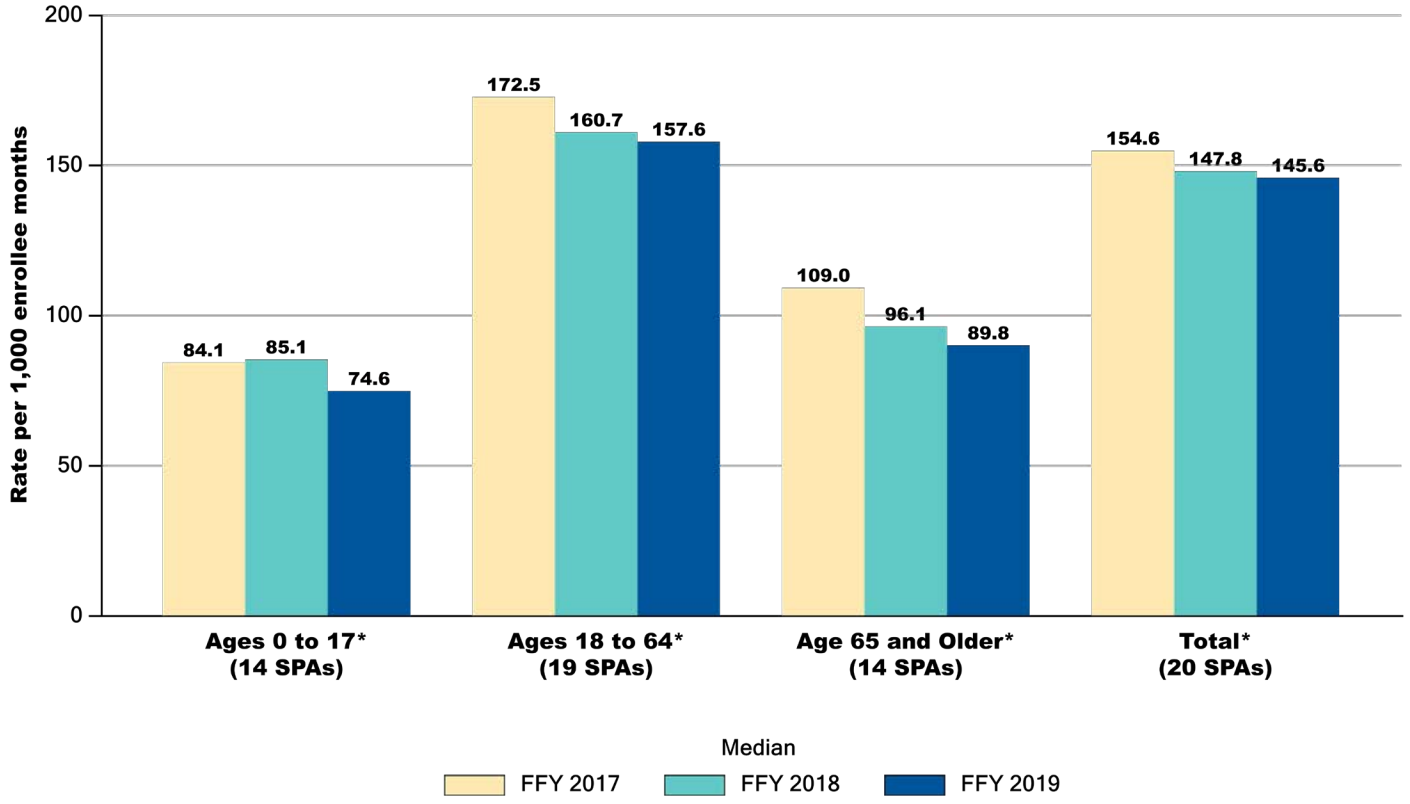


Source: Mathematica analysis of FFY 2017-2019 MACPro reports.
Note: This chart includes the SPAs that reported the measure using Health Home Core Set specifications for all three years.
*Lower rates are better for this measure.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Trends in SPA Performance, FFY 2017–2019: Ambulatory Care: Emergency Department Visits

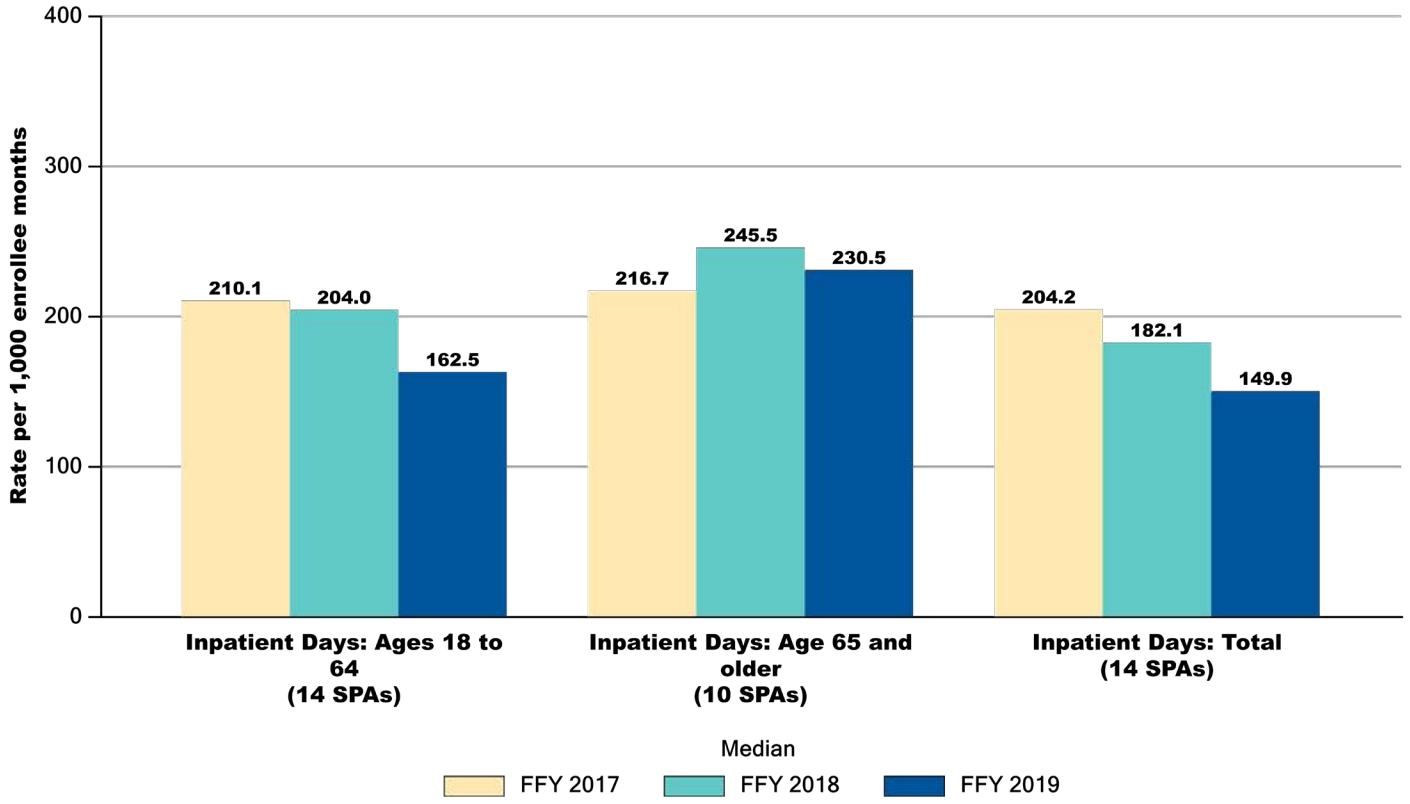
Median SPA performance on the Ambulatory Care: Emergency Department Visits decreased significantly between FFY 2017 and FFY 2019 on the Ages 18 to 64 rate, the Age 65 and Older rate, and the Total rate among SPAs that reported these rates all three years, representing better performance because lower rates are better on this measure. Median SPA performance on the Ages 0 to 17 rate did not change significantly between FFY 2017 and FFY 2019.



Source: Mathematica analysis of FFY 2017-2019 MACPro reports.
Note: This chart includes the SPAs that reported the measure using Health Home Core Set specifications for all three years.
*Lower rates are better for this measure.

Trends in SPA Performance, FFY 2017–2019: Inpatient Utilization: Inpatient Days

Median SPA performance on the number of inpatient days per 1,000 Health Home enrollee months decreased significantly between FFY 2017 and FFY 2019 on the Ages 18 to 64 and Total rates, among SPAs that reported the rates all three years. Median SPA performance on the Age 65 and Older rate did not change significantly between FFY 2017 and FFY 2019.



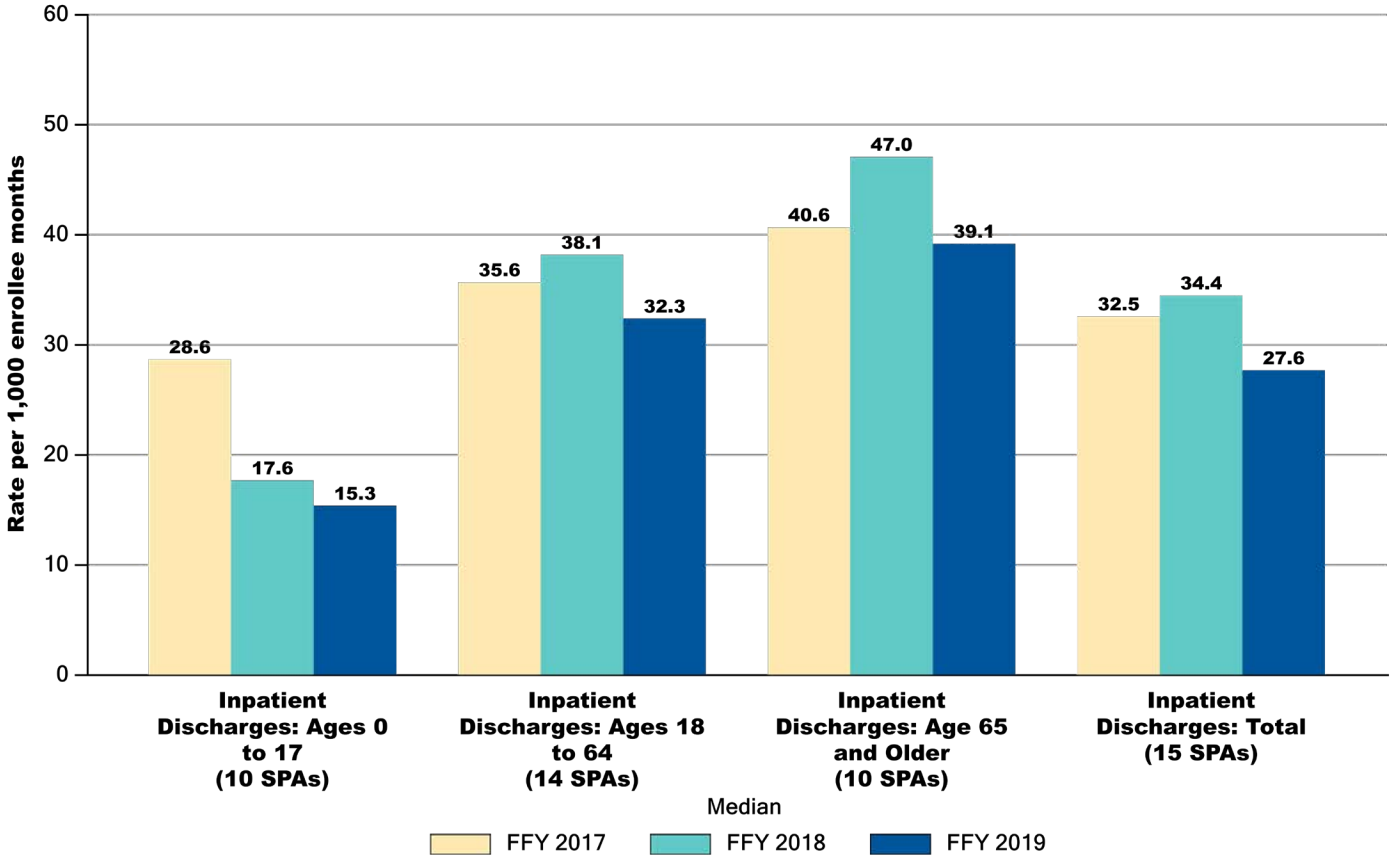
Source: Mathematica analysis of FFY 2017-2019 MACPro reports.

Note: This chart includes the SPAs that reported the measure using Health Home Core Set specifications for all three years. The rate for Ages 0 to 17 is excluded from the chart due to the influence of outliers on the median rates across the three years.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Trends in SPA Performance, FFY 2017–2019: Inpatient Utilization: Inpatient Discharges

Median SPA performance on the number of inpatient discharges per 1,000 Health Home enrollee months decreased significantly between FFY 2017 and FFY 2019 on the Ages 18 to 64 and Total rates among SPAs that reported all three years. Median SPA performance on the Ages 0 to 17 and Age 65 and Older rates did not change significantly between FFY 2017 and FFY 2019.

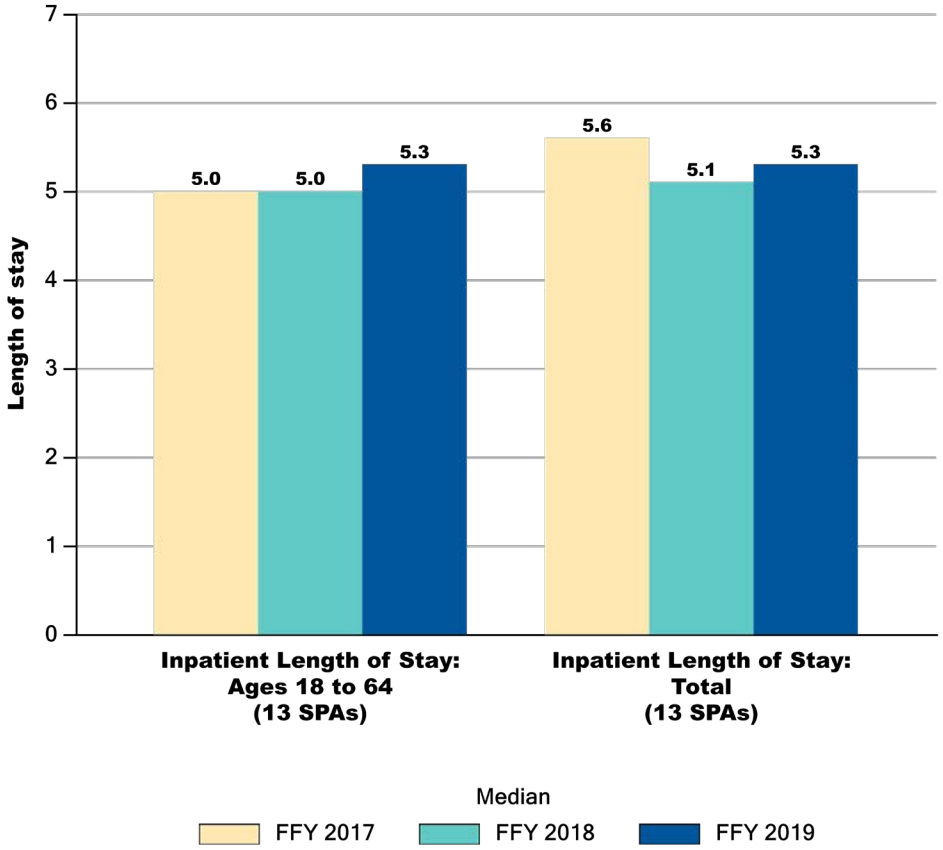


Source: Mathematica analysis of FFY 2017-2019 MACPro reports.
Note: This chart includes the SPAs that reported the measure using Health Home Core Set specifications for all three years.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Trends in SPA Performance, FFY 2017–2019: Inpatient Utilization: Inpatient Length of Stay

Median SPA performance on the inpatient length of stay per 1,000 Health Home enrollee months did not change significantly between FFY 2017 and FFY 2019.



Source: Mathematica analysis of FFY 2017-2019 MACPro reports.

Note: This chart includes the SPAs that reported the measure using Health Home Core Set specifications for all three years. The Ages 0 to 17 and Age 65 and Older Inpatient Length of Stay rates did not meet the criteria for performance reporting for all three years and are not shown in the chart.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

REFERENCE TABLES AND ADDITIONAL RESOURCES

Overview of SPA-Level Reporting of the Health Home Core Set Measures, FFY 2019

	Number of Measures Reported	Adult Body Mass Index Assessment	Controlling High Blood Pressure	Follow-Up After Hospitalization for Mental Illness	Initiation and Engagement of Alcohol and Other Drug Abuse Dependence Treatment	Plan All-Cause Readmissions	PQI 92: Chronic Conditions Composite	Screening for Clinical Depression and Follow-Up Plan	Admission to an Institution from the Community	Ambulatory Care: Emergency Department Visits	Inpatient Utilization
Total	7 (Median)	24	15	25	27	25	23	12	20	31	27
Alabama Health Home	6	X	X	X	X	--	X	--	--	X	--
California Health Home Program	1	--	--	--	--	--	--	--	--	X	--
Connecticut Serious and Persistent Mental Illness	10	X	X	X	X	X	X	X	X	X	X
Dist. of Col. Chronic Conditions	7	--	--	X	X	X	X	--	X	X	X
Iowa Health Home Services	8	X	--	X	X	X	X	--	X	X	X
Iowa Severe and Persistent Mental Illness Health Home	8	X	--	X	X	X	X	--	X	X	X
Maine Behavioral Health Home	7	--	--	X	X	X	X	--	X	X	X
Maine Stage A Health Home Targeting Individuals with Chronic Conditions	7	--	--	X	X	X	X	--	X	X	X
Maine Health Home for Beneficiaries Receiving MAT for Opioid Addiction	4	--	--	--	--	--	X	--	X	X	X
Maryland Health Home Services	10	X	X	X	X	X	X	X	X	X	X
Michigan Care Team	8	X	--	X	X	X	X	--	X	X	X
Michigan Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions	8	X	--	X	X	X	X	--	X	X	X
Minnesota Behavioral Health Homes	7	X	--	X	X	X	X	--	--	X	X
Missouri Community Mental Health Center Health Home	9	X	X	X	X	X	X	--	X	X	X
Missouri Primary Care Clinic Health Home	9	X	X	X	X	X	X	--	X	X	X
New Mexico CareLink	7	X	--	X	X	X	X	--	--	X	X
New York Health Home Services	10	X	X	X	X	X	X	X	X	X	X

Table is continued on the next slide.

Overview of SPA-Level Reporting of the Health Home Core Set Measures, FFY 2019 (continued)

	Number of Measures Reported	Adult Body Mass Index Assessment	Controlling High Blood Pressure	Follow-Up After Hospitalization for Mental Illness	Initiation and Engagement of Alcohol and Other Drug Abuse Dependence Treatment	Plan All-Cause Readmissions	PQI 92: Chronic Conditions Composite	Screening for Clinical Depression and Follow-Up Plan	Admission to an Institution from the Community	Ambulatory Care: Emergency Department Visits	Inpatient Utilization
New York I/DD Health Home Services	9	X	--	X	X	X	X	X	X	X	X
North Carolina Community Care Health Home	5	X	--	X	X	X	--	--	--	X	--
Ohio Health Home Services	8	X	X	X	X	X	--	X	--	X	X
Oklahoma Health Home (Adults)	10	X	X	X	X	X	X	X	X	X	X
Oklahoma Health Home (Children)	5	--	--	X	X	--	--	X	--	X	X
Rhode Island Community Mental Health Organizations Health Home	6	X	X	--	--	X	--	--	X	X	X
Rhode Island Opioid Treatment Program Health Home Services	7	X	X	--	--	X	--	X	X	X	X
South Dakota Health Home	10	X	X	X	X	X	X	X	X	X	X
Tennessee HealthLink Health Home Program	4	X	--	X	X	--	--	--	--	X	--
Vermont Health Home for Beneficiaries Receiving MAT for Opioid Addiction	10	X	X	X	X	X	X	X	X	X	X
Washington Health Home Services	6	--	--	X	X	X	X	--	--	X	X
West Virginia Health Home for Individuals with Chronic Conditions	7	X	X	--	X	--	X	X	--	X	X
West Virginia Health Home for Individuals with Bipolar Disorder at Risk for Hepatitis Type B and C	6	X	X	--	X	X	--	--	--	X	X
Wisconsin Individuals with AIDS/HIV	10	X	X	X	X	X	X	X	X	X	X

Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of July 27, 2020.

Notes: The 2019 Health Home Core Set includes 10 measures. This chart excludes the District of Columbia Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions SPA, New Jersey Behavioral Health Home Adult and Children SPAs, and Rhode Island's CEDARR Family Centers Health Home SPA, because they did not report data for FFY 2019 by the deadline.

X = measure was reported by the SPA; -- = measure was not reported by the SPA.

Performance Rates on Frequently Reported Health Home Core Set Measures, FFY 2019

Measure Name	Rate Definition	Number of SPAs Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
Quality Measures						
Adult Body Mass Index Assessment	Percentage who had an Outpatient Visit with a BMI Documented in the Medical Record: Ages 18 to 64	15	52.2	44.8	37.0	66.8
Adult Body Mass Index Assessment	Percentage who had an Outpatient Visit with a BMI Documented in the Medical Record: Total (Ages 18 to 74)	15	51.8	44.8	36.2	66.8
Follow-Up After Hospitalization for Mental Illness	Percentage of Hospitalizations for Mental Illness or Intentional Self-Harm with a Follow-Up Visit Within 7 Days of Discharge: Ages 18 to 64	15	27.0	22.6	16.8	34.8
Follow-Up After Hospitalization for Mental Illness	Percentage of Hospitalizations for Mental Illness or Intentional Self-Harm with a Follow-Up Visit Within 7 Days of Discharge: Total (Age 6 and Older)	15	26.4	21.1	15.8	34.0
Follow-Up After Hospitalization for Mental Illness	Percentage of Hospitalizations for Mental Illness or Intentional Self-Harm with a Follow-Up Visit Within 30 Days of Discharge: Ages 18 to 64	18	38.8	38.3	34.4	44.2
Follow-Up After Hospitalization for Mental Illness	Percentage of Hospitalizations for Mental Illness or Intentional Self-Harm with a Follow-Up Visit Within 30 Days of Discharge: Total (Age 6 and Older)	18	38.6	38.3	33.8	43.1
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Percentage with a New Episode of Alcohol Abuse or Dependence who Initiated Alcohol or Other Drug Treatment within 14 Days of the Diagnosis: Ages 18 to 64	18	11.7	9.6	8.4	16.3
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Percentage with a New Episode of Alcohol Abuse or Dependence who Initiated Alcohol or Other Drug Treatment within 14 Days of the Diagnosis: Total (Age 13 and Older)	18	11.8	9.5	8.3	16.4
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Percentage with a New Episode of Alcohol Abuse or Dependence who Initiated and Engaged in Alcohol or Other Drug Treatment within 34 Days of the Initiation Visit: Ages 18 to 64	22	44.5	42.7	34.6	46.6
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Percentage with a New Episode of Alcohol Abuse or Dependence who Initiated and Engaged in Alcohol or Other Drug Treatment within 34 Days of the Initiation Visit: Total (Age 13 and Older)	24	44.4	42.7	35.0	47.4

Table is continued on the next slide.

Performance Rates on Frequently Reported Health Home Core Set Measures, FFY 2019 (continued)

Measure Name	Rate Definition	Number of SPAs Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
Quality Measures (continued)						
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Percentage with a New Episode of Opioid Abuse or Dependence who Initiated Alcohol or Other Drug Treatment within 14 Days of the Diagnosis: Ages 18 to 64	22	44.5	42.7	34.6	46.6
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Percentage with a New Episode of Opioid Abuse or Dependence who Initiated Alcohol or Other Drug Treatment within 14 Days of the Diagnosis: Total (Age 13 and Older)	24	44.4	42.7	35.0	47.4
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Percentage with a New Episode of Opioid Abuse or Dependence who Initiated and Engaged in Alcohol or Other Drug Treatment within 34 Days of the Initiation Visit: Ages 18 to 64	22	16.4	14.2	10.8	18.7
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Percentage with a New Episode of Opioid Abuse or Dependence who Initiated and Engaged in Alcohol or Other Drug Treatment within 34 Days of the Initiation Visit: Total (Age 13 and Older)	24	15.9	13.8	10.8	18.1
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Percentage with a New Episode of Other Drug Abuse or Dependence who Initiated Alcohol or Other Drug Treatment within 14 Days of the Diagnosis: Ages 18 to 64	17	0.8919	0.8237	1.1228	0.6613
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Percentage with a New Episode of Other Drug Abuse or Dependence who Initiated Alcohol or Other Drug Treatment within 14 Days of the Diagnosis: Total (Age 13 and Older)	22	285.2	268.0	438.2	85.5
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Percentage with a New Episode of Other Drug Abuse or Dependence who Initiated and Engaged in Alcohol or Other Drug Treatment within 34 Days of the Initiation Visit: Ages 18 to 64	18	458.2	384.9	557.2	167.6
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Percentage with a New Episode of Other Drug Abuse or Dependence who Initiated and Engaged in Alcohol or Other Drug Treatment within 34 Days of the Initiation Visit: Total (Age 13 and Older)	22	297.0	272.3	451.1	84.9

Table is continued on the next slide.

Performance Rates on Frequently Reported Health Home Core Set Measures, FFY 2019 (continued)

Measure Name	Rate Definition	Number of SPAs Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
Quality Measures (continued)						
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Percentage with a New Episode of Alcohol or Other Drug Abuse or Dependence who Initiated Alcohol or Other Drug Treatment within 14 Days of the Diagnosis: Ages 18 to 64	21	78.1	66.5	95.5	48.1
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Percentage with a New Episode of Alcohol or Other Drug Abuse or Dependence who Initiated Alcohol or Other Drug Treatment within 14 Days of the Diagnosis: Total (Age 13 and Older)	27	148.6	131.2	178.4	110.0
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Percentage with a New Episode of Alcohol or Other Drug Abuse or Dependence who Initiated and Engaged in Alcohol or Other Drug Treatment within 34 Days of the Initiation Visit: Ages 18 to 64	22	103.7	88.9	120.8	72.0
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Percentage with a New Episode of Alcohol or Other Drug Abuse or Dependence who Initiated and Engaged in Alcohol or Other Drug Treatment within 34 Days of the Initiation Visit: Total (Age 13 and Older)	29	132.2	125.7	151.7	98.2
Plan All-Cause Readmissions	Ratio of Observed All-Cause Readmissions to Expected Readmissions: Ages 18 to 64 [Lower rates are better]	16	226.1	126.0	64.8	416.7
PQI 92: Chronic Conditions Composite	Inpatient Hospital Admissions for Ambulatory Care Sensitive Chronic Conditions per 100,000 Enrollee Months: Ages 18 to 64 [Lower rates are better]	22	220.0	177.5	113.5	300.0
PQI 92: Chronic Conditions Composite	Inpatient Hospital Admissions for Ambulatory Care Sensitive Chronic Conditions per 100,000 Enrollee Months: Age 65 and Older [Lower rates are better]	17	338.4	255.9	163.8	333.1
PQI 92: Chronic Conditions Composite	Inpatient Hospital Admissions for Ambulatory Care Sensitive Chronic Conditions per 100,000 Enrollee Months: Total (Age 18 and Older) [Lower rates are better]	23	231.6	179.4	113.0	322.4

Table is continued on the next slide.

Performance Rates on Frequently Reported Health Home Core Set Measures, FFY 2019 (continued)

Measure Name	Rate Definition	Number of SPAs Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
Utilization Measures						
Ambulatory Care: Emergency Department Visits	Emergency Department Visits per 1,000 Enrollee Months: Ages 0 to 17 [Lower rates are better]	22	70.4	84.7	46.9	95.0
Ambulatory Care: Emergency Department Visits	Emergency Department Visits per 1,000 Enrollee Months: Ages 18 to 64 [Lower rates are better]	23	70.4	82.7	47.8	89.7
Ambulatory Care: Emergency Department Visits	Emergency Department Visits per 1,000 Enrollee Months: Age 65 and older [Lower rates are better]	18	39.8	44.3	31.6	46.9
Ambulatory Care: Emergency Department Visits	Emergency Department Visits per 1,000 Enrollee Months: Total (All Ages) [Lower rates are better]	20	43.3	44.8	34.8	52.8
Inpatient Utilization	Inpatient Days per 1,000 Enrollee Months: Ages 0 to 17	18	60.1	62.1	49.7	70.8
Inpatient Utilization	Inpatient Days per 1,000 Enrollee Months: Ages 18 to 64	19	63.6	63.4	55.4	73.0
Inpatient Utilization	Inpatient Days per 1,000 Enrollee Months: Age 65 and Older	17	37.3	38.8	24.5	40.8
Inpatient Utilization	Inpatient Days per 1,000 Enrollee Months: Total (All Ages)	17	37.2	39.1	24.5	40.7
Inpatient Utilization	Inpatient Discharges per 1,000 Enrollee Months: Ages 0 to 17	17	12.2	11.4	7.3	17.4
Inpatient Utilization	Inpatient Discharges per 1,000 Enrollee Months: Ages 18 to 64	17	12.0	10.9	7.3	17.2
Inpatient Utilization	Inpatient Discharges per 1,000 Enrollee Months: Age 65 and Older	15	52.2	44.8	37.0	66.8
Inpatient Utilization	Inpatient Discharges per 1,000 Enrollee Months: Total (All Ages)	15	51.8	44.8	36.2	66.8
Inpatient Utilization	Inpatient Length of Stay: Ages 18 to 64	15	27.0	22.6	16.8	34.8
Inpatient Utilization	Inpatient Length of Stay: Total (All Ages)	15	26.4	21.1	15.8	34.0

Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of July 27, 2020.
Notes: This table includes measures that were reported by at least 15 SPAs for FFY 2019 and that met CMS standards for data quality. This table includes data for SPAs that indicated they used Health Home Core Set specifications to report the measures and excludes SPAs that indicated they used other specifications and SPAs that did not report the measures for FFY 2019. Additionally, SPAs were excluded if they reported a denominator of less than 30. Means are calculated as the unweighted average of all SPA rates.

Trends in Performance Rates on Frequently Reported Health Home Core Set Measures, FFY 2017–FFY 2019

Measure Name	Rate Definition	Number of SPAs Reporting Using Core Set Specifications FFY 2017–FFY 2019	FFY 2017 Median	FFY 2018 Median	FFY 2019 Median
Quality Measures					
PQI 92: Chronic Conditions Composite	Inpatient Hospital Admissions for Ambulatory Care Sensitive Chronic Conditions per 100,000 Enrollee Months: Ages 18 to 64 [Lower rates are better]	14	336.8	315.6	279.5
PQI 92: Chronic Conditions Composite	Inpatient Hospital Admissions for Ambulatory Care Sensitive Chronic Conditions per 100,000 Enrollee Months: Age 65 and Older [Lower rates are better]	10	384.9	493.2	364.9
PQI 92: Chronic Conditions Composite	Inpatient Hospital Admissions for Ambulatory Care Sensitive Chronic Conditions per 100,000 Enrollee Months: Total (Age 18 and Older) [Lower rates are better]	14	336.9	314.7	285.3
Utilization Measures					
Ambulatory Care: Emergency Department Visits	Emergency Department Visits per 1,000 Enrollee Months: Ages 0 to 17 [Lower rates are better]	14	84.1	85.1	74.6
Ambulatory Care: Emergency Department Visits	Emergency Department Visits per 1,000 Enrollee Months: Ages 18 to 64 [Lower rates are better]	19	172.5	160.7	157.6
Ambulatory Care: Emergency Department Visits	Emergency Department Visits per 1,000 Enrollee Months: Total (All Ages) [Lower rates are better]	14	109.0	96.1	89.8
Ambulatory Care: Emergency Department Visits	Emergency Department Visits per 1,000 Enrollee Months: Total (All Ages) [Lower rates are better]	20	154.6	147.8	145.6
Inpatient Utilization	Inpatient Days per 1,000 Enrollee Months: Ages 18 to 64	14	210.1	204.0	162.5
Inpatient Utilization	Inpatient Days per 1,000 Enrollee Months: Age 65 and Older	10	216.7	245.5	230.5
Inpatient Utilization	Inpatient Days per 1,000 Enrollee Months: Total (All Ages)	14	204.2	182.1	149.9
Inpatient Utilization	Inpatient Discharges per 1,000 Enrollee Months: Ages 0 to 17	10	28.6	17.6	15.3
Inpatient Utilization	Inpatient Discharges per 1,000 Enrollee Months: Ages 18 to 64	14	35.6	38.1	32.3
Inpatient Utilization	Inpatient Discharges per 1,000 Enrollee Months: Age 65 and Older	10	40.6	47.0	39.1
Inpatient Utilization	Inpatient Discharges per 1,000 Enrollee Months: Total (All Ages)	15	32.5	34.4	27.6
Inpatient Utilization	Inpatient Length of Stay: Ages 18 to 64	13	5.0	5.0	5.3
Inpatient Utilization	Inpatient Length of Stay: Total (All Ages)	13	5.6	5.1	5.3

Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of July 27, 2020. FFY 2017 data reflect state reporting as of September 28, 2018; FFY 2018 data reflect state reporting as of September 13, 2019.

Notes: This table includes measures that each met the following criteria: (1) the measure met the criteria for performance reporting in all three years; (2) the measure was reported by a set of at least 10 SPAs that used Core Set specifications in all three years; (3) the measure specifications were comparable for all three years. The Inpatient Days per 1,000 Enrollee Months: Ages 0 to 17 rate is excluded from the chart due to the influence of outliers on the median rates across the three years.

Acronyms

AOD	Alcohol and Other Drug
AIDS	Acquired Immunodeficiency Disorder
BMI	Body Mass Index
CEDARR	Comprehensive Evaluation, Diagnosis, Assessment, Referral, Reevaluation Evaluation, Diagnosis, Assessment, Referral & Reevaluation
CHIP	Children's Health Insurance Program
CMS	Centers for Medicare & Medicaid Services
ED	Emergency Department
FFY	Federal Fiscal Year
HIV	Human Immunodeficiency Virus
I/DD	Intellectual/Developmental Disability
MACPro	Medicaid and CHIP Program System
MAT	Medication Assisted Treatment
O/E	Observed-to-Expected
PQI	Prevention Quality Indicator
SED	Serious Emotional Disturbance
SMI	Serious Mental Illness
SPA	State Plan Amendment
SUD	Substance Use Disorder

Additional Resources

Additional resources related to the Health Home Core Set are available at https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/health-home-quality-reporting/index.html

These resources include:

- Technical Specifications and Resource Manuals for the Health Home Core Set
- Technical assistance resources for states
- Other background information on the Health Home Core Set

For more information about the Health Home Core Set please contact MACQualityTA@cms.hhs.gov.

Centers for Medicare & Medicaid Services
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Health Care Quality Measures