

## Criteria for Using the Health Home Core Set Measures to Assess Performance and Trends in Performance in Medicaid Health Homes

### Introduction

Medicaid health home programs provide person-centered, team-based care coordination to more than one million Medicaid beneficiaries with chronic conditions. States may create Medicaid health home programs that target specific populations, including beneficiaries with multiple chronic conditions, severe mental illness, or substance use disorder. As of April 2021, 21 states<sup>1</sup> have 37 approved Medicaid health home programs, with some states submitting multiple state plan amendments (SPAs) to target different populations.<sup>2, 3</sup>

Each year, the Centers for Medicare & Medicaid Services (CMS) releases the Health Home Core Set of Health Care Quality Measures intended for quality reporting by approved health home programs.<sup>4</sup> The 2020 Health Home Core Set includes 12 measures; 9 measures address the quality of care delivered by Medicaid health home programs and 3 measures address the utilization of care. States are expected to report the measures to CMS for each of their approved health home programs.<sup>5</sup>

CMS has established criteria for reporting program-level performance on the Health Home Core Set. This methods brief documents the criteria used for analyzing performance and trends. The brief is designed to:

- Describe the criteria for determining whether program performance can be analyzed for FFY 2020 and whether data can be publicly reported

- Identify the measures in the Health Home Core Set that meet the criteria for analyzing performance for FFY 2020
- Describe the criteria for determining whether program median performance can be trended over time
- Identify the measures that meet the criteria for trending performance for the three-year period from FFY 2018 to FFY 2020

### Criteria and Recommendations for Assessing and Reporting Health Home Core Set Performance for FFY 2020

For a measure to be available for program-level analysis of performance, data must be (1) submitted to CMS by at least 15 approved health home programs that used Core Set specifications, (2) calculated using a denominator of at least 30 health home enrollees, and (3) meet CMS standards for data quality.<sup>6</sup> Table 1 identifies the 10 Health Home Core Set measures that met these three criteria for assessing performance for FFY 2020 for at least one rate.

- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-HH)
- Follow-Up After Hospitalization for Mental Illness (FUH-HH)
- Plan All-Cause Readmissions (PCR-HH)

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

<sup>2</sup> A Medicaid and CHIP state plan is an agreement between a state and the federal government describing how the state administers its Medicaid and CHIP programs. When a state is planning to change its program policies or operational approach, the state submits a SPA to CMS for review and approval. More information on health home programs is available at <https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html>.

<sup>3</sup> A list of all approved health home programs as of April 2021 is available at <https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-home-information-resource-center/downloads/hh-spa-overview.pdf>

<sup>4</sup> More information on health home quality reporting 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>.

<sup>5</sup> 42 U.S.C. §1945(g).

<sup>6</sup> Some states reported Core Set rates based on “other” specifications when they deviated substantially from Core Set specifications, such as using alternate data sources, different populations, or other methodologies. CMS does not publicly report performance when rates are calculated using “other” specifications.

- Use of Pharmacotherapy for Opioid Use Disorder (OUD-HH)
- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD)
- Adult Body Mass Index Assessment (ABA-HH)
- Prevention Quality Indicator (PQI) 92: Chronic Conditions Composite (PQI92-HH)
- Admission to an Institution from the Community (AIF-HH)
- Ambulatory Care: Emergency Department (ED) Visits (AMB-HH)
- Inpatient Utilization (IU-HH)

Two measures did not meet the criteria because they were reported by fewer than 15 approved health home programs using Core Set specifications:

- Controlling High Blood Pressure (CBP-HH)
- Screening for Depression and Follow-Up Plan (CDF-HH)

For measures that meet the criteria for analyzing performance, program-level performance data that are based on small numbers of enrollees may need to be suppressed to protect the privacy of beneficiaries or because of concerns about the reliability of the performance rates.

Data are suppressed per CMS’s cell-size suppression policy,<sup>7</sup> which prohibits the direct reporting of data for beneficiary and record counts of 1 to 10 and values from which users can derive values of 1 to 10. For example, if an approved health home program reports a rate with a denominator between 1 and 10, that denominator value and the accompanying program-level rate are not shown in public reporting of health home data and are replaced with DS (Data Suppressed). Similarly, CMS replaces rates based on numerators from 1 to 10 with DS.

In addition, values greater than 10 may need to be suppressed if data users can use the values to derive a value suppressed for privacy reasons, referred to as secondary suppression. These values are also shown with DS. This may include other denominators and rates reported by an approved program or other approved programs. For example, some measures include rates for

multiple age groups and a Total rate, and the age-group denominators sum to the Total rate denominator. If a denominator for a single age group is between 1 and 10, that denominator and the next smallest would be suppressed with DS to ensure that users could not derive the suppressed denominator by subtracting the remaining age-group denominators from the Total denominator.

For public reporting of Core Set measures, CMS does not report rates that are based on denominators less than 30 due to concerns about the reliability of estimates based on a small number of enrollees. In such cases, the associated rate is not used in the performance analysis and is shown with a # symbol. Note that rates based on numerators and denominators between 1 and 10 will always be suppressed, and shown as DS, to adhere to CMS’s cell suppression policy.

When a denominator is not shown due to secondary suppression, CMS will report a rate in certain circumstances, such as when the denominator is at least 30 and the numerator is greater than 10, as long as showing the rate would not allow the identification of numerators between 1 and 10 or rates based on a numerator between 1 and 10 either within an approved health home program or in other approved health home programs.

### Criteria and Recommendations for Assessing Trends in Program Performance from FFY 2018 to FFY 2020

Each year, CMS assesses which Health Home Core Set measures are available for trending for the most recent three-year period. To be trended, each measure must meet the following three criteria:

1. The measure met the criteria for performance analysis in all three years. To be eligible, a measure must be reported for at least 15 approved health home programs using Core Set specifications and must meet CMS standards for data quality.
2. The measure was reported by a set of at least 10 approved health home programs that used Core Set specifications, had a denominator of at least 30 enrollees, and were not suppressed under the cell-size suppression policy in all three years.
3. The measure specifications were comparable for all three years (no specification changes occurred during the three-year period that would make results incomparable across years).<sup>8</sup>

<sup>7</sup> More information about CMS’s cell-size suppression policy is available at <https://www.hhs.gov/guidance/document/cms-cell-suppression-policy>.

<sup>8</sup> Determinations about the consistency of specifications over time are made in consultation with measure stewards. Each year, the National

Table 1 shows the Health Home Core Set measures that are available for trending from FFY 2018 to FFY 2020. For each measure, the table indicates whether (1) the measure met performance analysis criteria for all three years, (2) at least 10 approved health home programs reported the measure in all three years using Core Set specifications, and (3) Core Set rates are trendable based on consistent specifications across all three years. CMS does not recommend trending performance for measures that do not meet all of these criteria.

Based on the trending criteria, CMS determined that trends in performance could be assessed from FFY 2018 to FFY 2020 for four Health Home Core Set measures (Table 1).

- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-HH)<sup>9</sup>
- Prevention Quality Indicator (PQI) 92: Chronic Conditions Composite (PQI92-HH)<sup>10</sup>
- Ambulatory Care: Emergency Department (ED) Visits (AMB-HH)
- Inpatient Utilization (IU-HH)<sup>11</sup>

Eight Health Home Core Set measures are not recommended for trending. The following five measures are not recommended for trending due to changes in measure steward specifications during the three-year period.

- Controlling High Blood Pressure (CBP-HH)
- Screening for Depression and Follow-Up Plan (CDF-HH)
- Follow-Up After Hospitalization for Mental Illness (FUH-HH)
- Plan All-Cause Readmissions (PCR-HH)
- Adult Body Mass Index Assessment (ABA-HH)

Committee for Quality Assurance (NCQA) makes recommendations about the trendability of HEDIS measures. NCQA's HEDIS 2019 Measure Trending Determinations are available at [https://www.ncqa.org/wp-content/uploads/2019/04/HEDIS-2019-Measure-Review-Memo\\_updated-4.8.19.pdf](https://www.ncqa.org/wp-content/uploads/2019/04/HEDIS-2019-Measure-Review-Memo_updated-4.8.19.pdf). NCQA's HEDIS 2020 Measure Trending Determinations are available at <https://www.ncqa.org/wp-content/uploads/2020/02/HEDIS%C2%AE-2020-Measure-Trending-Determinations.pdf>. Trending determinations for non-HEDIS measures follow a similar approach and decisions regarding trending are made in consultation with measure stewards.

<sup>9</sup> The following rates can be trended for the IET-HH measure: Alcohol Abuse or Dependence: Initiation (Ages 18 to 64), Alcohol Abuse or Dependence: Initiation (Total Age 13 and Older), Other Drug Abuse or Dependence: Initiation (Ages 18 to 64), Other Drug Abuse or Dependence: Initiation (Total Age 13 and Older), Total AOD Abuse or

The following three measures are not recommended for trending because they did not meet the criteria for performance analysis in all three years.

- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-HH)
- Use of Pharmacotherapy for Opioid Use Disorder (OUD-HH)
- Admission to an Institution from the Community (AIF-HH)

Please refer to Table 1 for more information on the factors that affected trendability for the Health Home Core Set measures for the period from FFY 2018 to FFY 2020.

### 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/health-home-quality-reporting/index.html>.

For technical assistance related to the Health Home Core Set, contact the TA mailbox at [MACQualityTA@cms.hhs.gov](mailto:MACQualityTA@cms.hhs.gov).

Dependence: Initiation (Ages 18 to 64), Total AOD Abuse or Dependence: Initiation (Total Age 13 and Older), Total AOD Abuse or Dependence: Engagement (Ages 18 to 64), and Total AOD Abuse or Dependence: Engagement (Total Age 13 and Older). The remaining rates are not recommended for trending because they were not reported by at least 10 approved health home programs in all three years using Core Set specifications.

<sup>10</sup> The Age 65 and Older rate is not recommended for trending because it was not reported by at least 10 approved health home programs in all three years using Core Set specifications.

<sup>11</sup> Two rates, Inpatient Length of Stay: Ages 0 to 17 and Inpatient Stay: Age 65 and Older, are not recommended for trending because they were not reported by at least 10 approved health home programs in all three years using Core Set specifications.

**Table 1. Assessment of Health Home Core Set Measures Available for Analysis of FFY 2020 Performance and Trending from FFY 2018 to FFY 2020**

	FFY 2020 Performance Analysis Determination	FFY 2018 – FFY 2020 Trending Determination			
Measure Name	Did at least 15 approved health home programs report the measure for FFY 2020 using Core Set specifications?	Did the measure meet performance analysis criteria for all three years?	Did at least 10 approved health home programs report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from FFY 2018 to FFY 2020?	Trending determination based on all three trending criteria
<b>Core Measures</b>					
Initiation and Engagement of Alcohol and Other Drug (AOD) Abuse or Dependence Treatment (IET-HH)	Yes	Yes	Yes	Yes	Trend selected rates The following rates can be trended: Alcohol Abuse or Dependence: Initiation (Ages 18 to 64), Alcohol Abuse or Dependence: Initiation (Total Age 13 and Older), Other Drug Abuse or Dependence: Initiation (Ages 18 to 64), Other Drug Abuse or Dependence: Initiation (Total Age 13 and Older), Total AOD Abuse or Dependence: Initiation (Ages 18 to 64), Total AOD Abuse or Dependence: Initiation (Total Age 13 and Older), Total AOD Abuse or Dependence: Engagement (Ages 18 to 64), and Total AOD Abuse or Dependence: Engagement (Total Age 13 and Older). The remaining rates are not recommended for trending because they were not reported by at least 10 approved health home programs in all three years using Core Set specifications.

	FFY 2020 Performance Analysis Determination	FFY 2018 – FFY 2020 Trending Determination			
Measure Name	Did at least 15 approved health home programs report the measure for FFY 2020 using Core Set specifications?	Did the measure meet performance analysis criteria for all three years?	Did at least 10 approved health home programs report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from FFY 2018 to FFY 2020?	Trending determination based on all three trending criteria
Controlling High Blood Pressure (CBP-HH)	No	No	No	A break in trending is recommended due to significant updates to the measure for FFY 2019. Changes included addition of the administrative method for reporting, removal of the requirement to identify and use different thresholds for beneficiaries ages 60 to 85 without a diagnosis of diabetes, and revision of the definition of representative blood pressure (BP) to indicate that the BP reading must occur on or after the second diagnosis of hypertension, among other changes.	Do not trend
Screening for Depression and Follow-Up Plan (CDF-HH)	No	No	No	A break in trending is recommended due to significant changes to the measure for FFY 2019, including an updated data collection method from Hybrid or EHR to Administrative or EHR, and additional reporting guidelines, among other changes. In addition, measure specification updates for FFY 2020 include updated CPT and HCPCS codes for identifying outpatient visits.	Do not trend
Follow-Up After Hospitalization for Mental Illness (FUH-HH)	Yes	Yes	Yes	A break in trending is recommended due to several changes in the measure specifications for FFY 2019: including adding beneficiaries with a principal diagnosis of intentional self-harm, removing the use of a mental health diagnosis as a proxy for a visit with a mental health practitioner (all numerator events require a mental health practitioner), and adding age stratifications.	Do not trend

	FFY 2020 Performance Analysis Determination	FFY 2018 – FFY 2020 Trending Determination			
Measure Name	Did at least 15 approved health home programs report the measure for FFY 2020 using Core Set specifications?	Did the measure meet performance analysis criteria for all three years?	Did at least 10 approved health home programs report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from FFY 2018 to FFY 2020?	Trending determination based on all three trending criteria
Plan All-Cause Readmissions (PCR-HH)	Yes	No	No	A break in trending is recommended due to significant updates to the measure for FFY 2019 and FFY 2020. For FFY 2019, the measure specifications were revised to remove planned admissions from the numerator instead of from the denominator. For FFY 2020, the measure specifications were revised to add observation stays to the numerator and denominator and to remove outlier beneficiaries.	Do not trend
Use of Pharmacotherapy for Opioid Use Disorder (OUD-HH)	Yes	NA	NA	NA	Do not trend
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD)	Yes	NA	NA	NA	Do not trend
Adult Body Mass Index Assessment (ABA-HH)	Yes	Yes	Yes	A break in trending is recommended for rates calculated using the administrative method due to a change in ICD-10 coding guidelines for how body mass index is billed that went into effect during the FFY 2019 measurement year. This change does not affect rates calculated using the hybrid method.	Do not trend



	FFY 2020 Performance Analysis Determination	FFY 2018 – FFY 2020 Trending Determination			
Measure Name	Did at least 15 approved health home programs report the measure for FFY 2020 using Core Set specifications?	Did the measure meet performance analysis criteria for all three years?	Did at least 10 approved health home programs report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from FFY 2018 to FFY 2020?	Trending determination based on all three trending criteria
Prevention Quality Indicator (PQI) 92: Chronic Conditions Composite (PQI92-HH)	Yes	Yes	Yes	Yes	Trend selected rates  The following rates can be trended: Ages 18 to 64 and Total: Age 18 and Older. The Age 65 and Older rate is not recommended for trending because it was not reported by at least 10 approved health home programs in all three years using Core Set specifications.
<b>Utilization Measures</b>					
Admission to an Institution from the Community (AIF-HH)	Yes	No	No	A break in trending is recommended due to significant changes to the measure specifications for FFY 2019, including new reporting for Short-Term, Medium-Term, and Long-Term stay rates and changes to the numerator and denominator exclusion criteria, among other changes. Additionally, the measure changed for FFY 2019 from a measure of nursing facility utilization to a measure that includes multiple rates and is based on a broader definition of institutional admissions.	Do not trend
Ambulatory Care: Emergency Department (ED) Visits (AMB-HH)	Yes	Yes	Yes	Yes	Trend

	FFY 2020 Performance Analysis Determination	FFY 2018 – FFY 2020 Trending Determination			
Measure Name	Did at least 15 approved health home programs report the measure for FFY 2020 using Core Set specifications?	Did the measure meet performance analysis criteria for all three years?	Did at least 10 approved health home programs report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from FFY 2018 to FFY 2020?	Trending determination based on all three trending criteria
Inpatient Utilization (IU-HH)	Yes	Yes	Yes	For FFY 2019 the measure specifications changed to no longer use Medicare Severity-Diagnosis Related Groups (MS-DRGs) to identify inpatient stays by type of use. Pending measure steward feedback on the implications of this change, this measure should be trended with caution.	Trend selected rates with caution  Two rates, Inpatient Length of Stay: Ages 0 to 17 and Inpatient Length of Stay: Age 65 and older, are not recommended for trending because they were not reported by at least 10 approved health home programs in all three years using Core Set specifications.

Sources: Mathematica analysis of MACPro reports and Core Set measure specifications for the FFY 2018 to FFY 2020 reporting cycles.

Notes: This table includes all 2020 Health Home Core Set measures.

To meet performance reporting criteria, the measure must have been reported by at least 15 approved health home programs that used Core Set specifications, have a denominator of at least 30 enrollees, and meet CMS standards for data quality.

To be trendable from FFY 2018 to FFY 2020, the measure must have met performance analysis criteria for all three years, been reported for at least 10 approved health home programs for all three years, and have consistent specifications across the three years. Determinations about the consistency of specifications over time are made in consultation with measure stewards. Each year, NCQA makes recommendations about the trendability of HEDIS measures. NCQA's HEDIS 2019 Measure Trending Determinations are available at [https://www.ncqa.org/wp-content/uploads/2019/04/HEDIS-2019-Measure-Review-Memo\\_updated-4.8.19.pdf](https://www.ncqa.org/wp-content/uploads/2019/04/HEDIS-2019-Measure-Review-Memo_updated-4.8.19.pdf). NCQA's HEDIS 2020 Measure Trending Determinations are available at <https://www.ncqa.org/wp-content/uploads/2020/02/HEDIS%20AE-2020-Measure-Trending-Determinations.pdf>. Trending determinations for non-HEDIS measures follow a similar approach in consultation with measure stewards.

NA = Not applicable because the measure was not included in the Health Home Core Set for all three years from FFY 2018 to FFY 2020.