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**Medicaid Health Home Core Sets
Annual Review Workgroup:
Measures Suggested for Removal from
the 2025 Health Home Core Sets**



**Measure Information Sheets
June 2023**



Contents

Measures Suggested For Removal

Controlling High Blood Pressure (CBP-HH).....	2
Screening for Depression and Follow-Up Plan (CDF-HH)	6
Prevention Quality Indicator (PQI) 92: Chronic Conditions Composite (PQI92-HH).....	11
Admission to a Facility from the Community (AIF-HH)	18



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Measures Suggested For Removal



HEALTH HOME CORE SETS REVIEW WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2025 CORE SET

Measure Information	
Measure name	Controlling High Blood Pressure (CBP-HH)
Description	Percentage of health home enrollees ages 18 to 85 who had a diagnosis of hypertension and whose blood pressure (BP) was adequately controlled (< 140/90 mm Hg) during the measurement year.
Measure steward	National Committee for Quality Assurance (NCQA)
NQF number (if endorsed)	0018
Core Set	1945 Health Home Core Set
Meaningful Measures area	Chronic Conditions
Measure Type	Outcome
If measure is removed, does it leave a gap in the Health Home Core Sets?	The Workgroup member (WGM) who suggested the measure for removal said that removal could potentially leave a gap in the Core Sets
Has another measure been proposed for substitution (new or existing measure)?	No. The WGM who suggested this measure for removal did not suggest a replacement
Is there another related measure in the Core Sets?	No
Use in other CMS programs	<ul style="list-style-type: none"> • Adult Core Set • Medicare and Medicaid Electronic Health Record Incentive Program for Eligible Professionals • Merit-Based Incentive Payment System Program (MIPS) • Marketplace Quality Rating System • Medicare Shared Savings Program • Medicare Part C Star Rating • Medicare Physician Quality Reporting system • Physician Feedback/Quality Resource Use Report • Physician Value-based Payment Modifier • Million Hearts



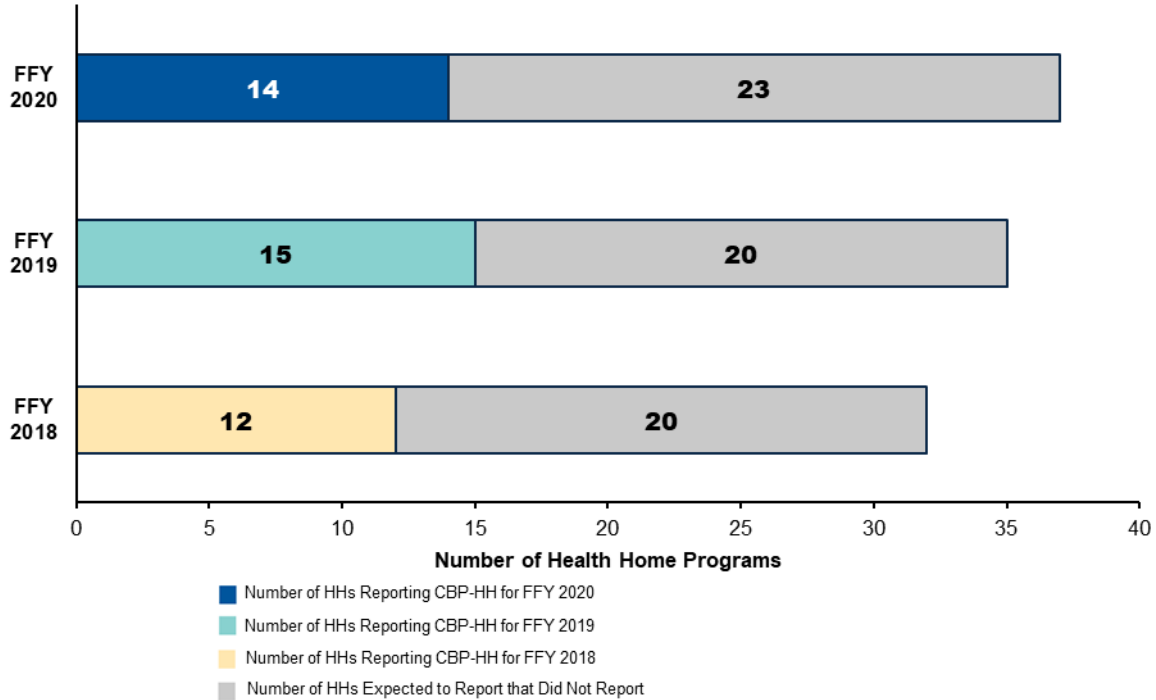
FFY 2023 Technical Specifications	
Ages	Ages 18 to 85 as of December 31 of the measurement year.
Data collection method	Administrative, hybrid, or electronic health records (EHR).
Denominator	Health home enrollees (ages 18 to 85) with hypertension.
Numerator	Health home enrollees (ages 18 to 85) with hypertension whose most recent blood pressure reading is < 140/90 mm HG.
Exclusions	<p>Exclude enrollees who meet any of the following criteria:</p> <ul style="list-style-type: none"> • Enrollees in hospice or using hospice services anytime during the measurement year. Note: States should exclude enrollees who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the services began. These enrollees may be identified using various methods, which may include but are not limited to, enrollment data, medical record review, or claims/encounter data (identified using the Hospice Encounter Value Set or Hospice Intervention Value Set) or supplemental data for this required exclusion. • Enrollees receiving palliative care during the measurement year.
Continuous enrollment period	Enrollee is enrolled in a Medicaid health home program for the measurement year.
Allowable gap	No more than one gap in enrollment of up to 45 days during the measurement year.
Whether the data source allows for stratification by factors such as race, ethnicity, sex, age, rural/urban status, disability, and language	<p>The measure steward began requiring stratification by race and ethnicity for this measure for measurement year 2022 (which corresponds to the FFY 2023 Health Home Core Set reporting cycle). Notably, while fields for race and ethnicity must be populated, it is currently acceptable to report a value of 'unknown'. Results are not yet available about the feasibility and completeness of stratified rates; however, the measure steward plans to conduct this evaluation in CY 2023. Additional stratifications are being considered for future reporting years.</p> <p>For the purpose of Health Home Core Set reporting, states should report the measure for two age groups (as applicable) and a total rate: ages 18 to 64, ages 65 to 85, and total (ages 18 to 85).</p>



Reasons for Removal Noted by Workgroup Member(s)
Minimum Technical Feasibility Criteria
The WGM who suggested CBP-HH for removal cited limitations on data extraction and the burden of reporting on measures that require a medical record review as impacting this Health Home Core Set measure.
Actionability and Strategic Priority
None identified by WGM.
Other Considerations
None identified by WGM.

Core Set Reporting History	
Year added to Core Set	2013 Health Home Core Set (Initial Health Home Core Set)
Number of approved health home programs reporting the measure for FFY 2020	14 approved health home programs
Was the measure publicly reported for FFY 2020?	No
Is the measure on the Child or Adult Core Set?	Adult Core Set
Challenges noted by health home programs in reporting the measure for FFY 2020	Health home programs that did not report the CBP-HH measure for FFY 2020 cited a variety of reasons for not reporting, including data collection, linkage, or calculation issues (17 programs); staff and/or budget constraints (1 program); the length of the continuous enrollment requirement (1 program); and no measure-eligible enrollees in the health home (2 programs). Two programs did not provide a reason for not reporting
Summary of prior Workgroup discussion	The measure was not previously discussed by the Workgroup.

Number of Approved Health Home Programs Reporting CBP-HH, FFY 2018–FFY 2020



Source: Mathematica analysis of MACPro reports for the FFY 2018, FFY 2019, and FFY 2020 reporting cycles. FFY 2018 data reflect state reporting as of September 13, 2019. FFY 2019 data reflect state reporting as of July 27, 2020. FFY 2020 data reflect state reporting as of July 13, 2021. 2022 Health Home Core Set Measure Summaries, FFY 2020 available at: <https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/health-home-core-set-measure-summaries-ffy-2020.zip>.

HH = approved health home program.



HEALTH HOME CORE SETS REVIEW WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2025 CORE SET

Measure Information	
Measure name	Screening for Depression and Follow-Up Plan (CDF-HH)
Description	Percentage of health home enrollees aged 12 and older screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of or up to two days after the date of the qualifying encounter.
Measure steward	Centers for Medicare & Medicaid Services (CMS)
NQF number (if endorsed)	0418/0418e (no longer endorsed)
Core Set	1945 Health Home Core Set
Meaningful Measures area	Behavioral Health
Measure Type	Process
If measure is removed, does it leave a gap in the Health Home Core Sets?	The Workgroup member (WGM) who suggested the measure for removal said that removal could potentially leave a gap in the Core Sets.
Has another measure been proposed for substitution (new or existing measure)?	No. The WGM who suggested this measure for removal did not suggest a replacement.
Is there another related measure in the Core Sets?	No
Use in other CMS programs	<ul style="list-style-type: none"> • Child Core Set • Adult Core Set • Merit-based Incentive Payment System Program (MIPS) • Medicare Shared Savings Program • Core Quality Measures Collaborative (CQMC) • End-Stage Renal Disease Quality Incentive Program • Care Compare



FFY 2023 Technical Specifications	
Ages	Age 12 or older on date of encounter.
Data collection method	Administrative or electronic health records (EHR).
Denominator	The eligible population with an outpatient visit during the measurement year.
Numerator	Enrollees screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND, if positive, a follow-up plan is documented on the date of the eligible encounter or up to two days after the date of the qualifying encounter using one of the following codes: G8431 or G8510.
Exclusions	<p>An enrollee is not eligible if they have been diagnosed with depression or bipolar disorder.</p> <p>Exclude enrollees only if they do not meet the criteria for inclusion in the numerator for a documented reason for not screening for depression due to the following:</p> <ul style="list-style-type: none"> • Enrollee reason: <ul style="list-style-type: none"> – Enrollee refuses to participate. • Medical reason: <ul style="list-style-type: none"> – Enrollee is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the enrollee’s health status. – Situations where the enrollee’s cognitive, functional, or motivational limitations may impact the accuracy of results.
Continuous enrollment period	None.
Allowable gap	Not applicable.
Whether the data source allows for stratification by factors such as race, ethnicity, sex, age, rural/urban status, disability, and language	<p>For the purpose of Health Home Core Set reporting, states should calculate and report the measure for three age groups (as applicable) and a total rate: ages 12 to 17, ages 18 to 64, age 65 and older, and total (age 12 and older). However, data may be suppressed for some age groups and performance rates due to small cell sizes.</p> <p>The measure steward has not comprehensively assessed the feasibility to stratify this measure by race, ethnicity, sex, age, rural/urban status, disability.</p>



Reasons for Removal Noted by Workgroup Member(s)
Minimum Technical Feasibility Criteria
The WGM expressed concerns about the technical feasibility of this measure due to states' limitations around data extraction needed for the reporting of CDF-HH, specifically the challenges with tracking the follow-up component.
Actionability and Strategic Priority
None identified by the WGM.
Other Considerations
None identified by the WGM.

Core Set Reporting History	
Year added to Core Set	2013 Health Home Core Set (Initial Health Home Core Set)
Number of approved health home programs reporting the measure for FFY 2020	13 approved health home programs
Was the measure publicly reported for FFY 2020?	No
Is the measure on the Child or Adult Core Set?	Child and Adult Core Sets
Challenges noted by health home programs in reporting the measure for FFY 2020	Of the 37 approved health home programs expected to report Health Home Core Set measures for FFY 2020, 13 health home programs reported the CDF-HH measure. Health Home programs that did not report the CDF-HH measure for FFY 2020 cited a variety of reasons for not reporting, including data collection, linkage, or calculation issues (15 programs); staff and/or budget constraints (5 programs); no measure-eligible enrollees in the health home (2 programs); and the sample size was too small (1 programs). One program did not provide a reason for not reporting the measure.



<p>Summary of prior Workgroup discussion</p>	<p>CDF-HH was suggested for removal from the 2022 Health Home Core Set. At the time, the WGM who suggested the measure for removal cited state challenges with provider coding of information needed to calculate the measure from administrative claims and noted that the measure had not been meaningful because so few states reported the measure. The WGM also stated that this removal would not leave a gap in the Health Home Core Set.</p> <p>Several WGMs spoke to the clinical importance of this measure and the prevalence of depression among health home enrollees. Other WGMs cited the difficulty of data collection for this measure, often requiring additional resources to gather data via chart review. (Note, however, that the measure is not currently specified for chart review.) One WGM suggested providing technical assistance to providers to alleviate code reporting issues and ultimately improve the data collection process.</p> <p>Another WGM inquired about the NQF endorsement of this measure. It was discussed that CMS did not seek renewal and that NQF endorsement is not required for a measure to be included in the Health Home Core Set.</p> <p>WGMs discussed the importance of measures like CDF-HH, but how the usability of this measure is limited due to data that is not reflective of quality of care in the health home population if it is not consistent across states. Another WGM added that Follow-Up After Hospitalization for Mental Illness (FUH-HH), Use of Pharmacotherapy for Opioid Use Disorder (OUD-HH), and Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-HH) could be leveraged for measuring the impact of health homes.</p> <p>One public commenter indicated the limitation that CDF-HH captures only outpatient visits, resulting in an underrepresentation of depression screenings that are provided in other care settings. Another suggested that states improve their ability to leverage EHR information for this measure (in addition to administrative claims).</p> <p>The 2022 Health Home Core Set Annual Review Workgroup recommended the CDF-HH measure for removal from the Health Home Core Set. Ultimately, CMCS decided to retain the measure in the Core Set to align with other quality measurement programs in Medicaid and CHIP.</p>
<p>Other</p>	<p>CMS recently announced the goal of establishing a Universal Foundation of quality measures that will apply to as many CMS quality-rating and value-based care programs as possible. The CDF measures were included in the preliminary list of adult and pediatric Universal Foundation measures.¹ CMS noted, however, that for Medicaid and CHIP, “any changes to measure sets will be made in partnership with states and other stakeholders.”</p>



Citations

¹ Jacobs, D. B., Schreiber, M., Seshamani, M., Tsai, D., Fowler, E., & Fleisher, L. A. (2023). Aligning quality measures across CMS — the universal foundation. *N Engl J Med*, doi:10.1056/NEJMp2215539. Available at: <https://www.nejm.org/doi/full/10.1056/NEJMp2215539>.



HEALTH HOME CORE SETS REVIEW WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2025 CORE SET

Measure Information	
Measure name	Prevention Quality Indicator (PQI) 92: Chronic Conditions Composite (PQI92-HH)
Description	Hospitalizations for ambulatory care sensitive chronic conditions per 100,000 health home enrollee months for enrollees age 18 and older.
Measure Steward	Agency for Healthcare Research and Quality (AHRQ)
NQF number (if endorsed)	Not endorsed
Core Set	1945 Health Home Core Set
Meaningful Measures area	Chronic Conditions
Measure Type	Outcome
If measure is removed, does it leave a gap in the Health Home Core Sets?	The Workgroup member (WGM) who suggested the measure for removal said that removal could potentially leave a gap in the Core Sets.
Has another measure been proposed for substitution (new or existing measure)?	No. The WGM who suggested this measure for removal did not suggest a replacement.
Is there another related measure in the Core Sets?	No
Use in other CMS programs	<ul style="list-style-type: none"> • Medicare Shared Savings Program • Merit-Based Incentive Payment System Program (MIPS)



FFY 2023 Technical Specifications	
Ages	Age 18 and older.
Data collection method	Administrative.
Denominator	Total number of months of health home enrollment for enrollees age 18 and older during the measurement period.
Numerator	<p>Discharges for health home enrollees age 18 and older, that meet the inclusion and exclusion rules for the numerator in any of the following Prevention Quality Indicators (PQIs):</p> <ul style="list-style-type: none"> • PQI 01: Diabetes Short-Term Complications Admission Rate • PQI 03: Diabetes Long-Term Complications Admission Rate • PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate • PQI 07: Hypertension Admission Rate • PQI 08: Heart Failure Admission Rate • PQI 14: Uncontrolled Diabetes Admission Rate • PQI 15: Asthma in Younger Adults Admission Rate • PQI 16: Lower-Extremity Amputations Among Patients with Diabetes Rate <p>Discharges that meet the inclusion and exclusion rules for the numerator in more than one of the above PQIs are counted only once in the composite numerator.</p>
Exclusions	<p>PQI 01- Exclude episodes with any of the following:</p> <ul style="list-style-type: none"> • Transfers from a hospital (different facility), a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF), or another health care facility • Discharges with an ungroupable Diagnosis Related Group (DRG) • Discharges with missing age, year, or principal diagnosis • Obstetric discharges <p>PQI 03- Exclude episodes with any of the following:</p> <ul style="list-style-type: none"> • Transfers from a hospital (different facility), a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF), or another health care facility • Discharges with an ungroupable DRG • Discharges with missing age, year, or principal diagnosis • Obstetric discharges



Exclusions (continued)	<p>PQI 05- Exclude episodes with any of the following:</p> <ul style="list-style-type: none">• Transfers from a hospital (different facility), a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF), or another health care facility• Discharges with an ungroupable DRG• Discharges with missing age, year, or principal diagnosis• Obstetric discharges• Cases with any listed ICD-10-CM diagnosis codes for cystic fibrosis and anomalies of the respiratory system <p>PQI 07- Exclude episodes with any of the following:</p> <ul style="list-style-type: none">• Transfers from a hospital (different facility), a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF), or another health care facility• Discharges with an ungroupable DRG• Discharges with missing age, year, or principal diagnosis• Obstetric discharges• Cases with any-listed ICD-10-PCS procedure code for cardiac procedure• Cases with any listed ICD-10-CM diagnosis codes for Stage I–IV kidney disease if the diagnosis is accompanied by any listed ICD-10-PCS procedure codes for dialysis access <p>PQI 08- Exclude episodes with any of the following:</p> <ul style="list-style-type: none">• Transfers from a hospital (different facility), a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF), or another health care facility• Discharges with an ungroupable DRG• Discharges with missing age, year, or principal diagnosis• Obstetric discharges• Cases with any-listed ICD-10-PCS procedure code for cardiac procedure <p>PQI 14- Exclude episodes with any of the following:</p> <ul style="list-style-type: none">• Transfers from a hospital (different facility), a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF), or another health care facility• Discharges with an ungroupable DRG• Discharges with missing age, year, or principal diagnosis• Obstetric discharges
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Exclusions (continued)	<p>PQI 15- Exclude episodes with any of the following:</p> <ul style="list-style-type: none"> • Transfers from a hospital (different facility), a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF), or another health care facility • Discharges with an ungroupable DRG • Discharges with missing age, year, or principal diagnosis • Obstetric discharges • Cases with any listed ICD-10-CM diagnosis codes for cystic fibrosis and anomalies of the respiratory system <p>PQI 16- Exclude episodes with any of the following:</p> <ul style="list-style-type: none"> • Transfers from a hospital (different facility), a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF), or another health care facility • Discharges with an ungroupable DRG • Discharges with missing age, year, or principal diagnosis • Cases with any listed ICD-10-CM diagnosis codes for traumatic amputation of the lower extremity • MDC 14 cases (pregnancy, childbirth, and puerperium)
Continuous enrollment period	None.
Allowable gap	None.
Whether the data source allows for stratification by factors such as race, ethnicity, sex, age, rural/urban status, disability, and language	<p>For the purpose of Health Home Core Set reporting, states should calculate and report the measure for two age groups (as applicable) and a total rate: ages 18 to 64, age 65 and older, and total (age 18 and older). However, data may be suppressed for some age groups and performance rates due to small cell sizes.</p> <p>The measure published by the measure steward can be adjusted for age and sex. It also permits stratification by race and ethnicity.</p>

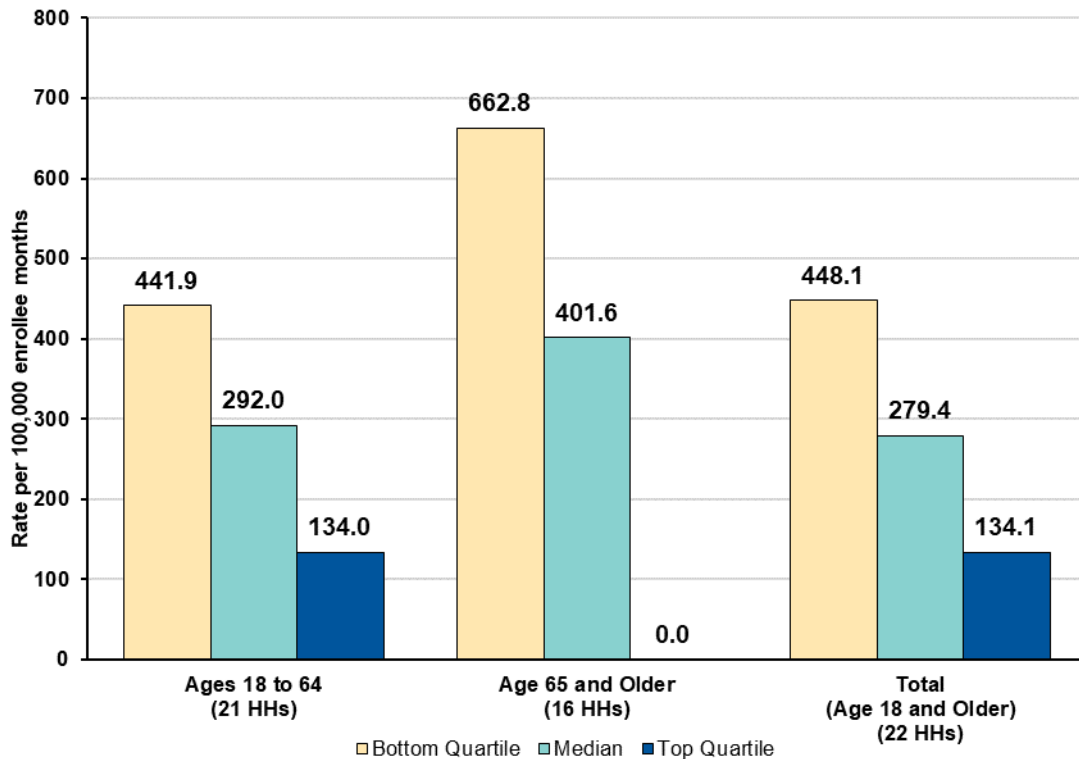
Reasons for Removal Noted by Workgroup Member(s)
Minimum Technical Feasibility Criteria
<p>One WGM suggested this measure for removal. The WGM expressed concerns about the technical feasibility of this measure due to states' challenges and limitations accessing the appropriate data source that contains all the data elements necessary to calculate this measure.</p>
Actionability and Strategic Priority
None identified by the WGM.
Other Considerations
None identified by the WGM.



Core Set Reporting History

Year added to Core Set	2013 Health Home Core Set (Initial Health Home Core Set)
Number of approved health home programs reporting the measure for FFY 2020	25 health home programs
Was the measure publicly reported for FFY 2020?	Yes (see next page for FFY 2020 data)
Is the measure on the Child or Adult Core Set?	No. However, the Adult Core Set includes four components of this composite measure (PQI 01, PQI 05, PQI 08, and PQI 15).
Challenges noted by health home programs in reporting the measure for FFY 2020	Of the 37 health home programs expected to report PQI 92 for FFY 2020, 12 programs did not report the measure. The states that did not report the measure cited a variety of reasons for not reporting, including data collection, linkage, or calculation issues (7 programs); no measure-eligible enrollees in the health home (3 programs); and staff and/or budget constraints (1 program). One program did not provide a reason for not reporting.
Summary of prior Workgroup discussion	This measure has not been discussed previously by the Workgroup.

Number of Inpatient Hospital Admissions for Ambulatory Care Sensitive Chronic Conditions per 100,000 Enrollee Months for Health Home Enrollees Age 18 and Older (PQI92-HH), FFY 2020 [Lower rates are better for this measure]

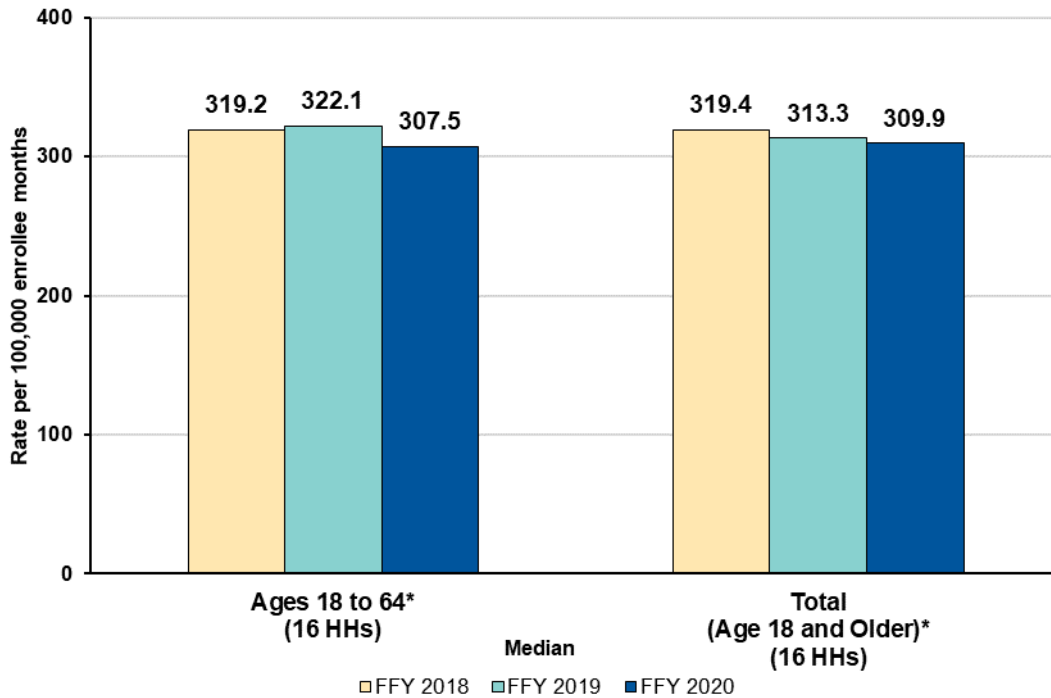


Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of July 13, 2021. Health Home Core Set Measure Summaries, FFY 2020 available at: <https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/health-home-core-set-measure-summaries-ffy-2020.zip>.

* Lower rates are better for this measure.
HH = approved health homes program.

Trends in Program Performance, FFY 2018–2020: PQI 92: Chronic Conditions Composite, FFY 2018 – FFY 2020 [Lower rates are better for this measure]

Median program performance did not change significantly between FFY 2018 and FFY 2020 among programs reporting the PQI 92: Chronic Conditions Composite measure for all three years.



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of July 13, 2021. Health Home Core Set Measure Summaries, FFY 2020 available at: <https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/health-home-core-set-measure-summaries-ffy-2020.zip>.

Note: This chart includes the programs that reported the measure using Health Home Core Set specifications for all three years. The Age 65 and Older rate did not meet performance trending criteria and is not shown in this chart.

* Lower rates are better for this measure.

HH = approved health homes program.



HEALTH HOME CORE SETS REVIEW WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2025 CORE SET

Measure Information	
Measure name	Admission to a Facility from the Community (AIF-HH)
Description	<p>The number of admissions to a facility among health home enrollees age 18 and older residing in the community for at least one month.</p> <p>The following three performance rates are reported across four age groups (ages 18 to 64, ages 65 to 74, ages 75 to 84, and age 85 and older):</p> <ul style="list-style-type: none"> • Short-Term Stay. The rate of admissions resulting in a short-term stay (1 to 20 days). • Medium-Term Stay. The rate of admissions resulting in a medium-term stay (21 to 100 days). • Long-Term Stay. The rate of admissions resulting in a long-term stay (greater than or equal to 101 days). <p>The number of short-term, medium-term, or long-term admissions is reported per 1,000 enrollee months. Enrollee months reflect the total number of months each enrollee is enrolled in the program and residing in the community for at least one day of the month.</p>
Measure steward	Centers for Medicare & Medicaid Services (CMS)
NQF number (if endorsed)	Not endorsed
Core Set	1945 Health Home Core Set
Meaningful Measures area	Person-Centered Care
Measure Type	Outcome
If measure is removed, does it leave a gap in the Health Home Core Sets?	The Workgroup member (WGM) who suggested the measure for removal said that removal could potentially leave a gap in the Core Sets.
Has another measure been proposed for substitution (new or existing measure)?	No. The WGM who suggested the measure for removal did not suggest a replacement.
Is there another related measure in the Core Sets?	No
Use In Other CMS programs	<ul style="list-style-type: none"> • Medicaid Innovation Accelerator Program (IAP) • Managed Long Term Services and Supports (MLTSS) • Dual Eligible Beneficiaries Program



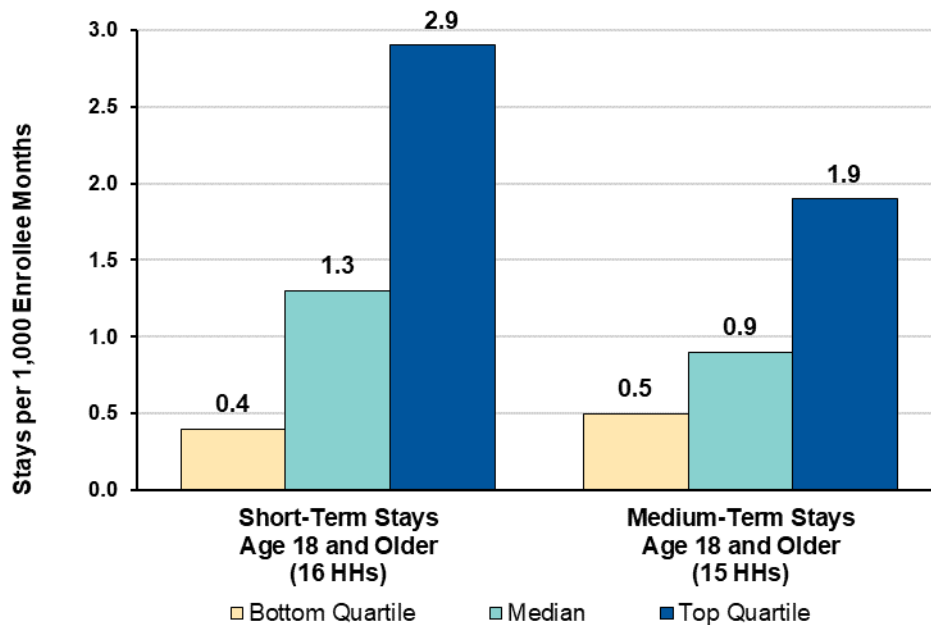
FFY 2023 Technical Specifications	
Ages	Age 18 and older as of the first day of the measurement year.
Data collection method	Administrative.
Denominator	Number of enrollee months where the enrollee was residing in the community for at least one day of the month.
Numerator	The number of facility admissions (FA) from a community residence from August 1 of the year prior to the measurement year through July 31 of the measurement year.
Exclusions	None.
Continuous enrollment period	Enrollee must be continuously enrolled in a health home program for at least 30 days from August 1 of the year prior to the measurement year to December 31 of the measurement year.
Allowable gap	None.
Whether the data source allows for stratification by factors such as race, ethnicity, sex, age, rural/urban status, disability, and language	For the purpose of Health Home Core Set reporting, states should report the performance rates for the following four age groups (as applicable) and a total performance rate: ages 18 to 64, ages 65 to 74, ages 75 to 84, and age 85 and older, and total (age 18 and older). However, data may be suppressed for some age groups and performance rates due to small cell sizes. The Measure Steward reported that the AIF-HH measure (the health home adaptation of MLTSS-6) is not currently stratified. The upcoming public comment period for this measure will inform updated measure specifications for MLTSS-6. Any changes would go into effect in January 2024.

Reasons for Removal Noted by Workgroup Member(s)
Minimum Technical Feasibility Criteria
One WGM suggested this measure for removal. The WGM has concerns about the technical feasibility of this measure due to limitations around data extraction. This includes challenges identifying Medicaid beneficiary transitions of care admissions to an institution from the community.
Actionability and Strategic Priority
None identified by the WGM.
Other Considerations
None identified by the WGM.



Core Set Reporting History	
Year added to Health Home Core Set	2019. The AIF-HH 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
Number of approved health home programs reporting the measure for FFY 2020	22 of 37 approved health home programs reported the measure for FFY 2020. Of the 22 health home programs that reported AIF-HH, four reported using other specifications that deviated substantially from the Health Home Core Set specifications, such as using alternate data sources, different populations, or other methodologies.
Was the measure publicly reported for FFY 2020?	Yes (see next page for FFY 2020 data)
Is the measure on the Child or Adult Core Set?	No
Challenges noted by health home programs in reporting the measure for FFY 2020	The 15 health home programs that did not report the AIF-HH measure for FFY 2020 cited a variety of reasons for not reporting, including data collection, linkage, or calculation issues (4 programs); staff and/or budget constraints (2 programs); the length of the continuous enrollment requirement (3 programs); and no measure-eligible enrollees in the health home (4 programs). Two programs did not provide a reason for not reporting.
Summary of prior Workgroup discussion	This measure has not been discussed previously by the Workgroup.
Other	The measure will be undergoing a public comment period in 2023. Following the close of the public comment period, updated measure specifications for MLTSS-6 are anticipated to be publicly posted on CMS’s website later this year. These changes would go into effect January 2024 and would be available in time for 2025 Core Set Reporting.

Number of Admissions to a Facility from the Community that Result in a Short-, Medium- or Long-Term* Stay per 1,000 Enrollee Months for Health Home Enrollees Age 18 and Older, FFY 2020



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of July 13, 2021. Health Home Core Set Measure Summaries, FFY 2020 available at: <https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/health-home-core-set-measure-summaries-ffy-2020.zip>.

Notes: For a measure to be available for analysis, data must be provided to CMS by at least 15 approved health home programs that used Core Set specifications and reported a denominator of at least 30 enrollees, and data must meet CMS standards for data quality. The sample size for each rate differs because health home programs may not report all rates within a given measure. Data were suppressed for 2 health home programs for the short-term stays rate and 3 health home programs for the medium-term stays rate due to small cell sizes. Of the 22 approved health home programs reporting AIF-HH for FFY 2020, 4 programs used other specifications to calculate the measure and are not included in this exhibit.

* Long-term stays rates are not shown because fewer than 15 health home programs reported these rates for FFY 2020. HH = approved health home program.