
SMD # 25-002

**RE: Federal Fiscal Year 2026
Updates to the Health Home Core
Quality Measure Sets**

July 11, 2025

Dear State Medicaid Director:

This State Medicaid Director letter (SMDL) details requirements and expectations for states with respect to compliance with mandatory annual state reporting of the Social Security Act (the Act) section 1945 and section 1945A Core Sets of Health Home Quality Measures for Medicaid (Health Home Core Sets). In 2023, the Centers for Medicare & Medicaid Services (CMS) published the Mandatory Medicaid and CHIP Core Set Reporting final rule (88 FR 60278) to establish requirements for mandatory reporting of the Health Home Core Sets.¹ All quality measures on both the 1945 and the 1945A Health Home Core Set(s) for Federal Fiscal Year (FFY) 2026 must be reported if a state or territory has a Health Home program under the respective authority. Additionally, because this will be the third year of mandatory reporting, 50 percent of the measures must be stratified pursuant to 42 C.F.R. 437.10(d).² To enable alignment with and comparisons across other Medicaid programs and to reduce state burden, CMS selected stratification categories and data standards either established by the Office of Management and Budget (OMB) or in use in other CMS and Department of Health and Human Services (HHS) programs. Annual resource manuals and technical assistance (TA) briefs will provide additional details on the reporting process and uniform data collection standards for the required stratification categories. CMS is interested in stratifying quality measures, including those in Health Home programs, in the categories referenced in regulation. However, the Secretary has discretion to add other categories for stratification and CMS is particularly interested in stratification by eligibility group such as those beneficiaries covered under the adult expansion group. States should prepare to report on stratification by eligibility group in the near future.

This letter outlines state requirements that will begin with FFY 2026 reporting based on the final rule for the Health Home Core Sets. It applies to all states, the District of Columbia, and

¹ Final Rule: <https://www.federalregister.gov/documents/2023/08/31/2023-18669/medicaid-program-and-chip-mandatory-medicare-and-childrens-health-insurance-program-chip-core-set>

² Consistent with the Child and Adult Core Set Data, states will be required to report stratified data for the Health Home measures under the following categories: race and ethnicity, sex, and geography.

territories (hereinafter collectively referred to as states) that have an approved Health Home State Plan Amendment (SPA). Specifically, the letter addresses the following:

- The Stakeholder Workgroup for the Health Home Core Sets for FFY 2026
- The 2026 Health Home Core Set
- The 2026 Health Home Core Set Measures Subject to Stratification
- The Effective Date of Revisions to the Health Home Core Sets

Stakeholder Workgroup for the Health Home Core Sets for FFY 2026

The workgroup included 13 members from various stakeholder groups and affiliations, who all have expertise and experience in quality measurement. The workgroup was charged with assessing the 1945 and 1945A Health Home Core Sets for 2025 and recommending measures for addition or removal with the goal of strengthening and improving the 2026 Health Home Core Sets. Workgroup members were asked to suggest, discuss, and vote on measures for removal from or addition to the Health Home Core Sets based on several criteria. These criteria support the adoption of measures that are feasible and viable for reporting at the Health Home program level, are actionable by state Medicaid agencies, and represent strategic priorities for improving health care delivery and health outcomes for Medicaid Health Home enrollees.

2026 Health Home Core Sets

Based on the input received through this annual review process described above, CMS has not selected any measures for addition or removal for the section 1945 or 1945A Home Health Core Set(s) measures for FFY 2026.

2026 Health Home Core Set Measures Subject to Stratification

As set out in the final rule and as further detailed in State Medicaid Director Letter #24-002, states were required to report stratified data for 25 percent of the mandatory FFY 2025 Core Set measures.³ For FFY 2026 reporting, states will be required to report stratified data on 50 percent of the mandatory measures to the Quality Measure Reporting (QMR) system by December 31, 2026.⁴ The table below identifies the specific measures for which states will be required to report stratified data for the 2026 Health Home Core Sets, which reflect 50 percent of each of the 1945 and 1945A Core Sets(states may additionally choose to report stratified data on any other quality measure).

CMS selected this subset of measures because they cover the lifespan, from birth through adulthood, and reflect high priority areas for improvement in health care delivery and health outcomes. CMS also prioritized measures that align with other Core Set measure sets across the agency.

³ www.medicaid.gov/sites/default/files/2024-03/smd24002.pdf

Table 1

1945 Health Home Measures for Stratification by 2026 Core Set Reporting <i>6 measures</i>
Colorectal Cancer Screening (COL-HH)
Follow-Up After Hospitalization for Mental Illness (FUH-HH)
Controlling High Blood Pressure (CBP-HH)
Follow-Up After Emergency Department Visit for Substance Use (FUA-HH)
Follow-Up After Emergency Department Visit for Mental Illness (FUM-HH)
Use of Pharmacotherapy for Opioid Use Disorder (OUD-HH)

Table 2

1945A Core Set Measures for Stratification in 2026 <i>3 measures</i>
Child and Adolescent Well-Care Visits (WVC-HH)
Oral evaluation, dental services (OEV-HH)
Well-Child Visits in the First 30 Months of Life (W30-HH)

Effective Date of the FFY 2026 Health Home Core Sets

The Health Home Core Sets will take effect for the FFY 2026 reporting cycle (for Health Home programs implemented between July 1, 2024, to June 30, 2025). To support states, CMS will release updated technical specifications for the 1945 and 1945A Health Home Core Sets in the spring of 2026. The Core Set measures are listed in Addendums to this letter.

States can submit questions or request technical assistance for reporting the Health Home Core Sets by sending an email to: MACQualityTA@cms.hhs.gov.

If you have questions about this SMDL, please contact Sara Rhoades, Technical Director, Division of Health Homes, PACE and Coordination of Benefits/Third Party Liability, at sara.rhoades@cms.hhs.gov

Sincerely,

/s/

Drew Snyder
Deputy Administrator and Director

Addendum A

2026 Core Set of Health Care Quality Measures for 1945 Health Home Programs (1945 Health Home Core Set)

CMIT #	Measure Steward	Measure Name	Data Collection Method
394	NCQA	Initiation and Engagement of Substance Use Disorder Treatment (IET-HH)	Administrative or EHR
167	NCQA	Controlling High Blood Pressure (CBP-HH)	Administrative, EHR, or hybrid
139	NCQA	Colorectal Cancer Screening (COL-HH)	Administrative or EHR ^a
672	CMS	Screening for Depression and Follow-Up Plan (CDF-HH)	Administrative or EHR
268	NCQA	Follow-Up After Hospitalization for Mental Illness (FUH-HH)	Administrative
561	NCQA	Plan All-Cause Readmissions (PCR-HH)	Administrative
750	CMS	Use of Pharmacotherapy for Opioid Use Disorder (OUD-HH)	Administrative [^]
267	NCQA	Follow-Up After Emergency Department Visit for Substance Use (FUA-HH)	Administrative [^]
265	NCQA	Follow-Up After Emergency Department Visit for Mental Illness (FUM-HH)	Administrative
Utilization Measures			
20	CMS	Admission to a Facility from the Community (AIF-HH)	Administrative
394	CMS	Inpatient Utilization (IU-HH)	Administrative

^a The Colorectal Cancer Screening measure is also specified for Electronic Clinical Data System (ECDS) reporting for HEDIS. ECDS specifications are not currently available for Health Home Core Set reporting.

CMS = Centers for Medicare & Medicaid Services; EHR = Electronic Health Record; NCQA = National Committee for Quality Assurance.

[^] Measures added to meet the requirements for SUD-focused Health Home programs under section 1945(c)(4)(B). All 1945 Health Home programs report on these measures.

Addendum B

**2026 Core Set of Health Care Quality Measures for 1945A Health Home Programs
(1945A Health Home Core Set)**

CMIT #	Measure Steward	Measure Name	Data Collection Method
761	NCQA	Well-Child Visits in the First 30 Months of Life (W30-HH)	Administrative
24	NCQA	Child and Adolescent Well-Care Visits (WCV-HH)	Administrative
124	NCQA	Childhood Immunization Status (CIS-HH)	Administrative, EHR, or hybrid ^a
363	NCQA	Immunizations for Adolescents (IMA-HH)	Administrative or hybrid ^a
897	DQA (ADA)	Oral Evaluation, Dental Services (OEV-HH)	Administrative
394	CMS	Inpatient Utilization (IU-HH)	Administrative

^a The Childhood Immunization Status and Immunizations for Adolescents measures are also specified for Electronic Clinical Data System (ECDS) reporting. ECDS specifications are not currently available for Health Home Core Set reporting.

CMIT = CMS Measure Inventory Tool; CMS = Centers for Medicare & Medicaid Services; DQA (ADA) = Dental Quality Alliance (American Dental Association); EHR = Electronic Health Record; NCQA = National Committee for Quality Assurance.