Discover the HOUSES Platform

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Whether you've used HOUSES before or showed interest, we're sharing real-world examples of how the HOUSES index is helping improve care and research. Our goal: to show how tools like HOUSES can support fairer, more personalized health care. Let us know if you're ready to explore how HOUSES can support your next project.

HOUSES Research Highlight

HOUSES Program offers a novel way to integrate individual level SES status into the Medicare Advantage Program

The HOUSES Program at Mayo Clinic submitted formal comments to CMS' request for information on the **CY2027 Medicare Advantage proposed rule**, recommending that CMS incorporate the Housing-based Individual-level Socioeconomic Status (HOUSES) Index into both Star Ratings and risk adjustment to more accurately reflect beneficiary social risk.

The comment highlights that reliance on the Historical Reward Factor without a precise measure of individual SES (in light of the proposed removal of the Healthy Equity Index) risks masking within-plan disparities, reinforcing structural advantages, and disadvantaging plans that serve socially complex populations. HOUSES—an objective, validated, non-manipulable SES measure derived from publicly available housing data—offers a low-burden, nationwide solution that improves payment accuracy, enhances competition, reduces gaming, and supports higher-value benefit design. The team outlines several pathways for CMS adoption, including modifying the HRF, incentivizing within-risk-stratum improvement, testing HOUSES in MSSP or CMMI models, and integrating SES into risk adjustment to strengthen equity, innovation, and long-term program sustainability.

The HOUSES Program is actively pursuing collaboration with Medicare Advantage partners to demonstrate the value of individual-level social risk to improve patient outcomes, reduce utilization, lower cost and support system risk planning.
Read the HOUSES Program CMS comment here.

HOUSES Index offers advantages over ADI for AI Bias mitigation

Artificial intelligence (AI) is increasingly applied to health care, yet concerns about fairness persist, particularly in relation to sociodemographic disparities. Previous studies suggest that socioeconomic status (SES) and sex may influence AI model performance, potentially affecting groups that are historically underserved or understudied.

A study published on February 17, 2026 in JMIR, called "Assessing the Impact of Sociodemographic Factors on Artificial Intelligence Models in Predicting Dementia: Retrospective Cohort Study" found that AI bias detection is possible using various SES measures (HOUSES, State-level ADI, National-level ADI) as measured by the balanced error rate (BER). However, the relative performance of the SES measure across sex is variable depending on the prediction model that is used, except for HOUSES whose detection capability was directionally correct across all four model types (Random forest, logistic regression, support vector machine, and naïve bayes). Further, while bias detection was similar between State-level ADI and HOUSES, after applying oversampling to reduce bias in the dataset, HOUSES prediction performance improved to a greater degree than State-level ADI.

These findings underscore that SES meaningfully affects AI accuracy and that HOUSES offers potential advantages for detecting and mitigating bias in clinical AI models.

Please feel free to contact us via **HOUSESINDEX@mayo.edu for** any questions or more information. If you would like to unsubscribe to HOUSES updates, please email us.
Check it out! Overview - Mayo Clinic HOUSES Program