
CMCS Informational Bulletin

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SUBJECT: New Reporting Measures for Substance Use Disorder (SUD)-focused Health Homes

This informational bulletin describes new reporting measures that CMS will make available to states that have an approved SUD-focused health home state plan amendment (SPA) under section 1945(c)(4) of the Social Security Act (the Act). CMS is announcing the new measures, and adding them to the existing Medicaid Health Home Core Set of reporting measures, in advance of rulemaking. CMS intends to propose through the rulemaking process that states that must submit reports under section 1945(c)(4)(B) of the Act would be required to use specific measures when they submit the required reports, and intends to propose that the required measures would include these two new measures. However, as noted in the January 15, 2013 State Medicaid Director letter (<https://www.medicaid.gov/federal-policy-guidance/downloads/smd-13-001.pdf>), and as described further below, until regulations are promulgated, the existing Health Home Core Set of measures is voluntary, and so are these new measures. CMS is sharing this information in advance of rulemaking, so that states that have, or may be considering, a SUD-focused health home SPA can opt to use CMS-provided measures when submitting the required reports. This bulletin serves as a follow-up to the May 7, 2019 informational bulletin regarding the availability of an extension of the enhanced Federal Medical Assistance Percentage (FMAP) period for Medicaid health homes for individuals with SUD (<https://www.medicaid.gov/federal-policy-guidance/downloads/cib050719.pdf>).

Background

On October 24, 2018, the Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act, (Pub. L. No. 115–271) (referred to in this document as the SUPPORT for Patients and Communities Act, or SUPPORT Act), was signed into law. Section 1006(a) of the SUPPORT Act, “Extension of Enhanced FMAP for Certain Health Homes for Individuals with Substance Use Disorders,” amended section 1945 of the Act to permit an extension of the enhanced FMAP period for certain health homes for individuals with SUD. As described in the May 7, 2019 informational bulletin, states with a “SUD-focused” health home SPA approved on or after October 1, 2018, may request to extend the enhanced FMAP period for payments for the provision of health home services to SUD-eligible individuals, such that there could be a total of 10 fiscal year quarters of enhanced FMAP, provided that certain conditions are met.

Reporting Measures for SUD-Focused Health Homes

There are new reporting requirements for states that receive approval for an extended enhanced FMAP period for a SUD-focused health home SPA. Section 1945(c)(4)(B) of the Act requires these states to submit a report to CMS on the following with respect to SUD-eligible individuals provided health home services under the SUD-focused SPA: (1) the quality of health care provided to these individuals, with a focus on outcomes relevant to the recovery of each such individual; (2) the access of these individuals to health care; and (3) the total expenditures of these individuals for health care. Section 1945(c)(4)(B) also provides that states must submit the required report “at the end of the period of such [SPA.]” Because most health home SPAs are not approved for a specific or limited period of time, CMS interprets the statute to require states to submit the report at the end of the extended enhanced FMAP period. Additionally, because states will need time to compile data and prepare a report, we are interpreting this language to mean that while the report should provide data relating to the enhanced FMAP period, states can submit the report within six months after the enhanced FMAP period ends.

To help states meet these new reporting requirements, CMS is adding two new SUD measures to the existing Health Home Core Set. Again, unless and until CMS makes specific measures mandatory through rulemaking, states are not required to use any of the CMS-provided health home measures, although states with an extension of the enhanced FMAP period for a SUD-focused health home SPA must submit the statutorily required reports.

The new SUD measures to be added to the Health Home Core Set include:

- (1) Use of Pharmacotherapy for Opioid Use Disorder
- (2) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD).

More information on each of the new measures can be found in the attached chart.

In an effort to promote alignment across programs, these two new measures are either currently included in the Medicaid Adult Core Set (the FUA-AD measure) or have been recommended for addition (the Use of Pharmacotherapy for Opioid Use Disorder measure) to the 2020 Adult Core Set by the Annual Core Set Review Workgroup.¹ Reporting on these new SUD measures broadens the scope of the existing Health Home Core Set. If states report on all the existing Health Home Core Set measures, along with the two new measures, this would be sufficient to address the section 1945(c)(4)(B) reporting topics on quality and access. The current (2019) set of Health Home Core Set measures is available at <https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-home-information-resource-center/downloads/2019-health-home-core-set.pdf>. States that receive approval for an extended enhanced FMAP period for a SUD-focused health home SPA are also expected to report on the total expenditures for health care of SUD-eligible individuals receiving health home services under their SUD-focused health home SPA.

¹ <https://www.mathematica-mpr.com/features/-/media/internet/files/additional-documents/coresetreview2020finalreport.pdf?la=en>

CMS will release additional reporting guidance on these new measures and will update technical specifications in the spring of 2020 for the new SUD measures in MACPRO, as well as for the existing Health Home Core Set.

Timing of Reporting -Next Steps

As discussed above, states that receive approval for an extended enhanced FMAP period for a SUD-focused health home SPA must report on the topics listed in section 1945(c)(4)(B) of the Act at the end of the extended enhanced FMAP period under their SPA. CMS will add the two new SUD measures mentioned above and make them available for reporting as part of the 2020 updates to the Health Home Core Set. The FFY 2020 reporting cycle will begin in the early fall of 2020.

The two new SUD measures were created specifically for states with an extended enhanced FMAP period for a SUD-focused health home SPA, and only these states will be expected to report on the topics listed in section 1945(c)(4)(B) of the Act at the end of their extended enhanced FMAP period. However, CMS encourages other states with health homes that are not SUD-focused to consider reporting on these new SUD measures as well. The data gathered could help CMS and states to better understand and meet the needs of the beneficiaries served by their health homes. If states opt to use CMS-provided measures in the reports required by section 1945(c)(4)(B) of the Act, then they should report not only the information captured in the two new measures, but should also report the expenditure data mentioned in the statute, and on all the measures from the existing Health Home Core Set. Additionally, as noted above, unless CMS, through rulemaking, requires states with an extended enhanced FMAP period for a SUD-focused health home SPA to use these specific measures, these states could use alternative measures to report on the statutorily required topics, subject to CMS approval. Any such alternative measures must be sufficient to cover the required reporting topics.

For states with questions about the Health Home Core Set measures or for further assistance with reporting and quality improvement strategies regarding their health home, please submit questions or requests to: MACQualityTA@cms.hhs.gov.

Attachment

Measures for SUD-Focused Health Home SPAs

Measure name	Use of Pharmacotherapy for Opioid Use Disorder
Description	Percentage of Medicaid beneficiaries ages 18 to 64 with an opioid use disorder (OUD) who filled a prescription for or were administered or ordered an FDA-approved medication for the disorder during the measure year. The measure will report any medications used in medication-assisted treatment of opioid dependence and addiction and four separate rates representing the following types of FDA-approved drug products: buprenorphine; oral naltrexone; long-acting, injectable naltrexone; and methadone.
Measure steward	Centers for Medicare & Medicaid Services (CMS), Center for Medicaid & CHIP Services (CMCS)
NQF number (if endorsed)	3400
Core Set domain	Behavioral Health Care
Measure type	Process
Recommended to replace current measure?	No
Ages	Ages 18-64
Data collection method	Administrative
Denominator	Number of Medicaid beneficiaries ages 18 to 64 with at least one encounter with a diagnosis of opioid abuse, dependence, or remission (primary or other) at any time during the measurement year.
Numerator	Beneficiaries ages 18 to 64 with an OUD who filled a prescription for or were administered or ordered an FDA-approved medication for the disorder during the measure year.
Exclusions	None
Continuous enrollment period	Not specified

Level of reporting for which specifications were developed	State-level.
Recommended to replace current measure?	No
Target of the measure	Quality

Measure name	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD)
Description	Percentage of emergency department (ED) visits for beneficiaries age 18 and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence who had a follow up visit for AOD abuse or dependence. Two rates are reported: • Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 30 days of the ED visit (31 total days) • Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 7 days of the ED visit (8 total days)
Measure steward	National Committee for Quality Assurance
NQF number (if endorsed)	2605
Core Set domain	Behavioral health Care
Measure type	Process
Recommended to replace current measure?	No
Ages	18 and up
Data collection method	Administrative
Denominator	Age 18 and older as of the ED visit. An ED visit (ED Value Set) with a principal diagnosis of AOD (Abuse or Dependence Value Set) on or between January 1 and December 1 of the measurement year where the beneficiary was 18 years or older on the date of the visit. The denominator for this measure is based on ED visits, not on beneficiaries. If a beneficiary has more than one ED visit, identify all eligible ED visits between January 1 and December 1 of the measurement year and do not include more than one visit per 31-day period as described below. Note: Removal of multiple visits in a 31-day period is based on eligible visits. Assess each ED visit for exclusion before removing multiple visits in a 31-day period. If a beneficiary has more than one ED visit in a 31-day period, include only the first eligible ED visit. For example, if a beneficiary has an ED visit on January 1, then include the January 1 visit and do not include ED visits that occur on or between January 2 and January 31; then, if applicable, include the next ED visit that occurs on or after February 1. Identify visits chronologically including only one per 31-day period.

Measure name	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD)
Numerator	<p>30-Day Follow-Up: A follow-up visit with a mental health practitioner within 30 days after discharge. Do not include visits that occur on the date of discharge. 7-Day Follow-Up: A follow-up visit with a mental health practitioner within 7 days after discharge. Do not include visits that occur on the date of discharge. For both indicators, any of the following meet criteria for a follow-up visit. • An outpatient visit (Visit Setting Unspecified Value Set with Outpatient POS Value Set) with a mental health practitioner, with or without a telehealth modifier (Telehealth Modifier Value Set) • An outpatient visit (BH Outpatient Value Set) with a mental health practitioner, with or without a telehealth modifier (Telehealth Modifier Value Set) • An intensive outpatient encounter or partial hospitalization (Visit Setting Unspecified Value Set with Partial Hospitalization POS Value Set) with a mental health practitioner, with or without a telehealth modifier (Telehealth Modifier Value Set) • An intensive outpatient encounter or partial hospitalization (Partial Hospitalization/Intensive Outpatient Value Set) with a mental health practitioner • A community mental health center visit (Visit Setting Unspecified Value Set with Community Mental Health Center POS Value Set) with a mental health practitioner, with or without a telehealth modifier (Telehealth Modifier Value Set) • Electroconvulsive therapy (Electroconvulsive Therapy Value Set) with (Ambulatory Surgical Center POS Value Set; Community Mental Health Center POS Value Set; Outpatient POS Value Set; Partial Hospitalization POS Value Set) with a mental health practitioner • A telehealth visit: Visit Setting Unspecified Value Set with Telehealth POS Value Set with a mental health practitioner, with or without a telehealth modifier (Telehealth Modifier Value Set)</p>
Exclusions	<p>Exclude ED visits followed by an admission to an acute or nonacute inpatient care setting on the date of the ED visit or within the 30 days after the ED visit, regardless of principal diagnosis for the admission. To identify admissions to an acute or nonacute inpatient care setting: 1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set). 2. Identify the admission date for the stay. These events are excluded from the measure because admission to an acute or nonacute inpatient setting may prevent an outpatient follow-up visit from taking place</p>
Continuous enrollment period	Not specified
Level of reporting for which specifications were developed	State-level.
Index Prescription Start Date	N/A
Target of the measure	Access and Quality