

SUMMARY OF UPDATES TO THE HEALTH HOME CORE SET MEASURES TECHNICAL SPECIFICATIONS AND RESOURCE MANUAL MARCH 2021

Overall Changes

- Updated reporting year to FFY 2021, and data collection timeframe to 2020.
 - Updated specifications, value set codes, copyright, and table source information to HEDIS MY 2020 & MY 2021 Vol. 2 for all HEDIS measures.
 - Retired one measure
 - Measure ABA-HH: Adult Body Mass Index Assessment
 - Removed one appendix:
 - Appendix B: Guidance for Selecting Sample Sizes for HEDIS® Hybrid Measures
- I. The Core Set of Health Care Quality Measures for Medicaid Health Home Programs
- Inserted information about updates to the 2021 Health Home Core Set.
- II. Data Collection and Reporting of the Health Home Core Set
- Clarified definitions of synchronous/asynchronous telehealth and noted how HEDIS measure specifications indicate when telehealth is included. Additionally, noted that non-HEDIS measures will specify whether telehealth is allowed and what type of telehealth is included, if applicable.

III. Technical Specifications for the Health Home Core Set Measures

Measure CBP-HH: Controlling High Blood Pressure

- Revised the time frame in the event/diagnosis criteria to look for two outpatient visits with a diagnosis of hypertension in the first six months of the measurement year and the year prior to the measurement year.
- Removed the restriction that only one of the two visits with a hypertension diagnosis could be an outpatient telehealth, telephone visit, e-visit, or virtual check-in when identifying the event/diagnosis.
- Added palliative care as a required exclusion.
- Moved the exclusion for beneficiaries with advanced illness and frailty to a new row labeled “Optional exclusions” and added a note that supplemental and medical record data may not be used for these exclusions.
- Added telephone visits, e-visits, and virtual check-ins to the advanced illness exclusion.
- Updated medications in the Dementia Medications List.
- In the Administrative Specification, added telephone visits, e-visits, and virtual check-ins as appropriate settings for blood pressure (BP) readings.

- Updated the Hybrid Specification to indicate that sample size reduction is not allowed for MY 2020.
- Removed the requirements for remote monitoring devices to allow BPs taken by any digital device.
- Removed the exclusion of BP readings reported or taken by the enrollee; these readings are now allowed using a digital device.

Measure CDF-HH: Screening for Depression and Follow-Up Plan

- Revised the date of the eligible encounter to determine if the screening for depression on the date of a qualified encounter or 14 days prior to the date of the qualifying encounter, and if positive, a follow-up plan is documented on the date of the eligible encounter.
- Updated the list of tools included as examples of standardized depression screening tools.
- Updated CPT and HCPCS codes for identifying outpatient visits.
- Added cognitive capacity to the list of criteria for exceptions.

Measure FUA-HH: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence

- Added value sets for opioid use disorder (OUD) treatment services to the numerator to identify a follow-up visit.

Measure FUH-HH: Follow-Up After Hospitalization for Mental Illness

- Replaced the term “mental health practitioner” with “mental health provider.”
- Deleted the Mental Health Practitioner Value Set in the Numerators section; states must develop their own methods to identify mental health providers using the definition in Appendix B.
- Removed the mental health provider requirement for follow-up visits for (1) intensive outpatient encounters, (2) partial hospitalizations, (3) community mental health center visits, and (4) electroconvulsive therapy in selected settings.
- Added visits in a behavioral healthcare setting to the numerator.
- Added telephone visits with a mental health provider to the numerator.

Measure IET-HH: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment

- Clarified the Episode Date when detoxification occurs during an acute inpatient stay.
- Added definition of "Dates of service for services billed weekly or monthly" to clarify how to determine the date of service.
- Added value sets for OUD treatment services that are billed weekly or monthly to the denominator and numerators.
- Updated the definition of the continuous enrollment period to include 60 days (2 months) prior to the Index Episode Start Date (IESD) through 47 days after the IESD (108 total days).
- Updated the step 3 event/diagnosis instructions for ED and observation visits that result in an inpatient stay, to align with updates in the Definitions section.

Measure OUD-HH: Use of Pharmacotherapy for Opioid Use Disorder

- Updated value sets for Opioid Use Disorder (OUD) diagnosis and approved pharmacotherapy for OUD.

Measure PCR-HH: Plan All-Cause Readmissions

- Added a Note to the definition of the “Health Home population” to clarify that it is based on enrollees and not discharges, and should only be used as a denominator for the outlier rate.
- Updated the Administrative specification to identify direct transfers using the definition of "direct transfer" in the Definitions section.
- Replaced references to “Table HCC-Surg” with the “Surgery Procedure Value Set” in the Risk Adjustment Determination section.
- Replaced references to “Table PCR-DischCC” with “Table CC_Mapping” in the Risk Adjustment Mapping Determination section.
- Added telephone visits in the Risk Adjustment Comorbidity Category Determination and revised reference from Table CC-Comorbid to Table CC-Mapping.
- Removed references to specific risk weight tables in the Risk Adjustment Weighting section and referred to the reporting indicator column in the risk adjustment tables to ensure that weights are linked appropriately.

Measure PQI92-HH: Prevention Quality Indicator (PQI) 92: Chronic Conditions Composite

- Added admissions with an ungroupable DRG (DRG = 999) as an exclusion.
- Changed "obstetric admissions" to "obstetric discharges" since this refers to principal diagnosis at discharge.
- Added admission codes to identify transfers from an Assisted Living Facility and other Nursing Facility in Table PQI01-B. Admission Codes for Transfers.

IV. Technical Specifications for the Health Home Utilization Measures

Appendix A: Health Home Core Set HEDIS® Value Set Directory User Manual

- In the section on “What’s New in the Value Set Directory,” noted that the Health Home Value Sets to Codes spreadsheet is unlocked for use in Core Set reporting.

Appendix B: Definitions of Health Home Core Set Practitioner Types

- Replaced the term “mental health practitioner” with “mental health provider,” and added definitions for a physician assistant, an authorized community mental health center, and a certified community behavioral health clinic.
- Clarified that certified nurse midwives count as a nonphysician under the definition of Primary Care Practitioner (PCP).
- Clarified that only *certified* federally qualified health centers are considered PCPs.