

SUMMARY OF UPDATES TO THE HEALTH HOME CORE SET MEASURES TECHNICAL SPECIFICATIONS AND RESOURCE MANUAL MARCH 2020

Overall Changes

- Updated reporting year to FFY 2020, and data collection timeframe to 2019.
- Updated specifications, value set codes, copyright, and table source information to HEDIS 2020 Vol. 2 for all HEDIS measures.
- Added specifications for two new measures:
 - Measure FUA-HH: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence
 - Measure OUD-HH: Use of Pharmacotherapy for Opioid Use Disorder

I. The Core Set of Health Care Quality Measures for Medicaid Health Home Programs

- Inserted information about updates to the 2020 Health Home Core Set.

II. Data Collection and Reporting of the Health Home Core Set

- Added a bullet about the medication lists and how to access them. The medication lists apply to the following Health Home Core Set measures: CBP-HH and IET-HH.
- Clarified that when determining continuous enrollment and allowable gaps for the purpose of Core Set reporting, for each Health Home program, states should combine data across all Health Home providers, delivery systems, and managed care plans in the Health Home program.
- Clarified that for each Health Home program, representativeness of data includes Health Home enrollees in all delivery systems as well as services received in all applicable health care settings (such as hospitals, outpatient settings, and federally qualified health centers).
- Clarified how Health Home program-level rates should be reported in the web-based reporting system when rates are combined across multiple entities using administrative data only, the hybrid method, or a combination of administrative and hybrid method data.
- Clarified that supplemental data can be used for determining the hospice exclusion, including for measures that otherwise exclude supplemental data. Value sets were updated accordingly.
- Added guidance for determining whether telehealth is eligible for use in reporting. HEDIS measures that are silent about telehealth (i.e., do not mention telehealth) include telehealth. HEDIS measures that exclude telehealth will indicate that telehealth is not eligible for use.
- Updated guidance on not reporting measures due to small numbers for PCR-HH to consider a Count of Index Hospital Stays less than 150 as meeting the small-numbers criterion.

- Clarified that the electronic health record Medicaid Incentive Program is now the Promoting Interoperability (PI) program.

III. Technical Specifications for the Health Home Core Set Measures

Measure CBP-HH: Controlling High Blood Pressure

- Clarified telehealth requirements for identifying the event/diagnosis.
- Added guidance on identifying a nonacute inpatient discharge in the exclusions step.
- Updated the exclusions (step 2) to indicate that Health Home enrollees with at least one acute inpatient discharge with an advanced illness diagnosis on the discharge claim should also be excluded from the eligible population.
 - Updated the value sets used for identifying advanced illness.
- Clarified optional exclusion criteria apply to both the administrative and hybrid data collection methods.
- Clarified in the Additional Notes section that eligible blood pressure readings should be considered whether taken during an outpatient visit, nonacute inpatient encounter, or remote monitoring event excluding acute inpatient and ED visit settings.
- Added a Note to clarify that an electronic medical record can be used to identify the most recent blood pressure reading if it meets the criteria for appropriate medical record.
- Modified the value sets to make them compatible with digital measure formatting.
- Removed “with or without a telehealth modifier” language throughout the specification.

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

- Clarified in the Guidance for Reporting that the measure is intended to promote screening of patients never previously diagnosed with depression or bipolar disorder.
- Clarified in the Guidance for Reporting that an active diagnosis for depression or bipolar disorder may or may not have an end date.
- Clarified in the Guidance for Reporting that codes to identify an active diagnosis of depression for the measure exclusions include both depression diagnoses and depression remission diagnoses.
- Added Guidance for Reporting:
 - If recommended follow-up includes additional screening, the additional screening must occur at the same encounter as the initial positive screen. The results of the additional screen are not necessary for data abstraction. An additional screen alone would not count toward a valid follow-up intervention to an initial positive screen.
- Added examples of follow-up plans that meet numerator criteria.
- Updated CPT and HCPCS codes for identifying outpatient visits.

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

- Clarified that the diagnosis must be on the discharge claim when identifying the event/diagnosis and direct transfers.
- Added the Mental Health Practitioner Value Set to make the measure compatible with digital measure formatting.
- Added a Note that the Mental Health Practitioner Value Set can be used to identify mental health practitioners for states that report the measures using clinical data. If states do not use the Mental Health Practitioner Value Set, the state must map providers to a code in the value set for reporting.
 - Only providers who meet the definition of a “mental health practitioner” in Appendix C are eligible to be mapped.
- Removed “with or without a telehealth modifier” language throughout the specification.

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

- Revised description of the Engagement of Alcohol and Other Drug Abuse Dependence (AOD) Treatment rate to the percentage of beneficiaries who initiated treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit.
- Added Guidance for Reporting:
 - This measure requires that medication assisted treatment (MAT) services match the diagnosis category of the index episode identified in the denominator in order to count toward the numerator of the engagement rate. Depending on the diagnosis used in the denominator (i.e., opioid abuse or dependence or alcohol abuse or dependence), a corresponding MAT medication should be used to satisfy the numerator.
- Revised the Intake Period to end on November 13 of the measurement year.
- Added “outpatient visits” to the following sections: index episode start date (IESD), negative diagnosis history, and Event/Diagnosis.
- Clarified that the diagnosis must be on the discharge claim when identifying acute and nonacute inpatient discharges.
- Updated medications in the Opioid Use Disorder Treatment Medications List.
- Clarified criteria for numerator compliance in step 2 under numerator 2: engagement of AOD treatment by noting that engagement events begin on the day after the initiation encounter through 34 days after the initiation event.
- Clarified criteria for identifying engagement visits.
- Clarified in Additional Notes section why pharmacy claims for methadone are not included in the medication lists for the measure.
- Removed “with or without a telehealth modifier” language throughout the specification.

Measure PCR-HH: Plan All-Cause Readmissions

- Revised index hospital stays (IHS) to include observation stays.
- Clarified that in the risk adjustment tables, clinical conditions (CCs) and hierarchical clinical conditions (HCCs) not listed receive a weight of ZERO (i.e., 0.0000).
- Added Definitions of “direct transfer,” “outliers,” “nonoutliers,” and “Health Home population.”
- Clarified that the event/diagnosis should include acute inpatient and observation stay discharges for nonoutlier Health Home enrollees.
- Revised direct transfers to include observation stay discharges.
- Added steps to remove hospitalizations for outlier Health Home enrollees and report a count of outlier enrollees. Outliers are enrollees in the eligible population with four or more index hospital stays between January 1 and December 1 of the measurement year.
- Revised step 1 of the Utilization Risk Adjustment Determination to include acute and nonacute inpatient discharges as inpatient events to be reviewed.
- Added a step in the Risk Adjustment Weighting section to link the observation stay IHS weight (step 1).
- Removed the base weight variable and removed step for identifying base risk weight from the Risk Adjustment Weighting.
- Removed Sample Table: PCR—Risk Adjustment Weighting in Risk Adjustment Weighting since the table no longer reflects the current method for calculating the weights.
- Added a Note to step 4 in the numerator to clarify how to count numerator and denominator events.
- Added count of enrollees in Health Home population, number of outliers, and outlier rate columns to Table PCR-A. Plan All-Cause Readmissions Rates.

IV. Technical Specifications for the Health Home Utilization Measures

Measure AIF-HH: Admission to an Institution from the Community

- Revised example in step 6 of the denominator to reflect the FFY 2020 measurement period.
- Clarified in step 5 of the numerator that if a member is discharged to the hospital and dies in the hospital, exclude the admission from the numerator.

Measure AMB-HH: Ambulatory Care: Emergency Department (ED) Visits

- Added Guidance for Reporting:
 - Supplemental data may not be used for this measure.

Measure IU-HH: Inpatient Utilization

- Added Guidance for Reporting:
 - Supplemental data may not be used for this measure.
 - Enrollees in hospice are excluded from the eligible population. For additional information, refer to the hospice exclusion guidance in Section II. Data Collection and Reporting of the Health Home Core Set.

Appendix B: Guidance for Selecting Sample Sizes for HEDIS® Hybrid Measures

- Updated title and column headers in Table B.1 on determining sample sizes.

Appendix C: Definitions of Health Home Core Set Practitioner Types

- Updated definition of Primary Care Practitioner (PCP) to include guidance on rural health clinics (RHCs).