SUMMARY OF UPDATES TO THE HEALTH HOME CORE SET MEASURES TECHNICAL SPECIFICATIONS AND RESOURCE MANUAL SEPTEMBER 2017

Overall Changes

- Updated reporting year to FFY 2017, and data collection timeframe to 2016.
- Updated specifications, value set codes, copyright, and table source information to HEDIS 2017 for all HEDIS measures.
- Updated eCQM specifications for the CBP-HH, CDF-HH, and IET-HH measure specifications for the FFY 2017 reporting cycle to specifications for eligible professionals for 2016 reporting (published in 2015).
- Retired one measure:
  - Measure CTR-HH: Timely Transmission of Transition Record

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

- Updated information about the 2017 Health Home Core Set.

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

- Added information about value sets for the Health Home Core Set measure specifications.
- Updated the Continuous Enrollment bullet to clarify that an individual must be continuously enrolled with the measure-specified benefit(s) to be considered continuously enrolled (e.g., pharmacy or mental health).
- Added bullet on Date Specificity to clarify that a date must be specific enough to determine that an event occurred during the specified timeframe in the measure.
- Revised the Data Collection Methods bullet to (1) clarify that each measure specification specifies the data collection method(s) that must be used and (2) add specificity to the hybrid method.
- Added guidance to the ICD-9/ICD-10 Conversion bullet to clarify when ICD-9 codes will be removed from measure specifications.
- Updated reference electronic health record (EHR) Medicaid Incentive Program measures to ask that states indicate whether any information was extracted from EHRs.

III. Technical Specifications

Measure CDF: Screening for Clinical Depression and Follow-up Plan

- Updated Guidance for Reporting:
  - The screening tools listed in the measure specifications are examples of standardized tools. However, states may use any assessment tool that has been appropriately normalized and validated for the population in which it is being utilized. The name of the age-appropriate standardized depression screening tool utilized must be documented in the medical record.
  - The denominator for this measure includes Medicaid beneficiaries age 18 and older with an outpatient visit during the measurement year. The numerator for this measure includes the following two groups:
    1. Those beneficiaries with a positive screen for clinical depression during an outpatient visit using a standardized tool with a follow-up plan documented.
    2. Those beneficiaries with a negative screen for clinical depression during an outpatient visit using a standardized tool.

Measure PCR: Plan All-Cause Readmission Rate

- Added language to step 1 under the denominator and numerator sections to clarify that inpatient stays where the discharge date from the first setting and the admission date to the second setting are two or more calendar days apart must be considered distinct inpatient stays.
- Added language to step 2 under the denominator and numerator sections to clarify how to identify direct transfers.

Measure FUH: Follow-Up After Hospitalization for Mental Illness

- Updated Guidance for Reporting to clarify use of visit or procedure codes in conjunction with a diagnosis code.
- Added value sets to identify direct transfers.
- Revised the transitional care management language in the numerator section of the administrative specification to align with CMS's changes to billing rules for transitional care management.

Measure CBP: Controlling High Blood Pressure

- Updated Guidance for Reporting:
  - NCQA's list of NDC codes for insulin or oral hypoglycemic/antihyperglycemic medications can be found at http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2017/hedis-2017-ndc-license

- Added "Dapagliflozin-metformin" and "Insulin degludec" to Table CBP-A, Prescriptions to Identify Health Home Enrollees With Diabetes.
- In Step 2 of the Hybrid Specification, replaced the reference to "coded with 401" with "coded with a diagnosis of hypertension (Essential Hypertension Value Set).
- Revised Step 1 of the Medical Record Specification to clarify which blood pressure readings do not count toward a representative BP.
- Added a note to clarify the intent when confirming the diagnosis of hypertension.

Measure IET: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

- Under the Index Episode Start Date (IESD) definition, clarified how to identify ED visits that result in an inpatient stay.
- Added instructions to identify direct transfers. Clarified that an AOD diagnosis is not required for direct transfers when identifying the IESD.

Measure PQI92: PQI 92: Chronic Conditions Composite

- Removed ICD-9 codes from specifications and put them with ICD-10 codes in Excel file posted online.
- Removed "Acute bronchitis and any secondary ICD-9-CM diagnosis code for COPD" from the numerator criteria for PQI 05.
- Removed PQI 13 because it was retired in Version 6.0.

Measure AMB: Ambulatory Care – Emergency Department Visits

- Updated Guidance for Reporting:
  - Consider all inpatient stays, regardless of payment status (paid, suspended, pending, denied), when confirming that an ED visit did not result in an inpatient stay. For example, if an ED visit is paid but an inpatient stay is denied, the ED visit resulted in an inpatient stay and should not be included in the measure numerator.

Measure IU: Inpatient Utilization

- Updated language in step 2 to clarify exclusions of newborn care rendered from birth to discharge home from delivery.