Ohio Health Homes Learning Community Meeting

Overview of Health Homes Measures

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Health Homes Measures
Overview

- Health Services Advisory Group, Inc. (HSAG) will be calculating performance measures for the Ohio Health Homes.
- Performance measures are used to:
  - Assess quality, access, timeliness, and coordination of care.
  - Determine individual consumers who have not received necessary services.
  - Compare performance.
- The primary data source for these measures are claims and encounter data submitted to the Ohio Office of Medical Assistance (OMA).

Health Homes Measures
Specifications

- The majority of the measures were developed by:
  - The Centers for Medicare & Medicaid Services (CMS).
  - National Committee for Quality Assurance (NCQA).
- As necessary, OMA modified the specifications for the measures to better reflect Health Home reporting needs.
  - Enrollment Criteria
  - CPT Category II Codes
  - Measurement Period

Health Homes Measures
References

- OMA has provided the following reference materials:
  - Provider Coding Document: A quick reference sheet that outlines some of the potentially less-familiar codes that will be used in measure calculation.
  - ODJFS Method for Clinical Performance Measures For the Health Homes Program: A full explanation of the detailed measure specifications, including all codes and the rate calculation methodologies.
  - Reporting Template: A mock-up of the measure results reports that Health Homes can expect to receive.

Health Homes Measures
Reporting

Phase I Reporting:

- Results will be provided to Health Homes in May 2013.*
- Report Period: January 1, 2012, through December 31, 2012.

Phase II Reporting:

- Results will be provided to Health Homes in July 2013.
- Report Period: April 1, 2012, through March 30, 2013.

* May 2013 is the targeted timeframe for providing results to Health Homes but may vary based on data availability.

Health Homes Measures
Results

Health Homes will receive their specific measure results with a listing of consumers to target for improvement.

Ohio Health Homes Project—(HH Name) Health Home Results			
Measure	Numerator	Denominator	Rate
Use of Appropriate Medications for People with Asthma			
Cholesterol Management for Patients With Cardiovascular Conditions			
Controlling High Blood Pressure*			
Comprehensive Diabetes Care: HbA1c level Less Than 7.0%			
Comprehensive Diabetes Care: LDL-C Screening			
Comprehensive Diabetes Care: LDL-C Less Than 100 mg/dl			
Proportion of Days Covered of Medication			
Annual Assessment of Body Mass Index, Glycemic Control, and Lipids for People with Schizophrenia Who Were Prescribed Antipsychotic Medications			
Annual Assessment of Body Mass Index, Glycemic Control, and Lipids for People with Bipolar Disorder Who Were Prescribed Mood Stabilizer Medications			
Screening for Clinical Depression and Follow-up Plan*			
Follow-Up After Hospitalization for Mental Illness*			
Initiation of Alcohol and Other Drug (AOD) Dependence Treatment*			
Engagement of Alcohol and Other Drug (AOD) Dependence Treatment*			
Smoking and Tobacco Use Cessation			
Adult BMI Assessment*			
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: BMI Percentile Documentation			
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Counseling for Nutrition			
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Counseling for Physical Activity			

Ohio Health Homes Project—(HH Name) Recipients to Target for Improvement			
Use of Appropriate Medications for People with Asthma	Cholesterol Management for Patients With Cardiovascular Conditions	Controlling High Blood Pressure*	Comprehensive Diabetes Care: HbA1c level Less Than 7.0%
*These measures are CMS core measures.			

Health Homes Measures
Data Sources

- Claims and Encounter (fee-for-service, managed care plans, Health Home)
  - Institution
  - Professional
  - Pharmacy
- Enrollment File
- Demographic File
- Provider File
- Vital Statistics Data

Health Homes Measures
Code Types

- ICD-9-CM Codes:
  - Diagnosis Codes
  - Procedure Codes
- CPT®: Codes used to describe medical, surgical, and diagnostic procedures.
- HCPCS: Codes used to identify products, supplies, and services not included in CPT codes.
- Drug codes: NDC codes found in pharmacy claims data.
- UB Revenue and Place of Service Codes: Indicate where a patient received a service.

Health Homes Measures
CPT-II Codes

- Optional tracking codes that facilitate collection of data.
- The following measures require CPT-II codes:
  - Cholesterol Management for Patients with Cardiovascular Condition
  - Controlling High Blood Pressure
  - Comprehensive Diabetes Care: HbA1c Level Below 7.0 Percent
  - Comprehensive Diabetes Care: Cholesterol Management
  - Smoking & Tobacco Use Cessation
  - Timely Transmission of Transition Record
  - Medication Reconciliation Post-Discharge

Health Homes Measures
Measure List

Ohio Health Homes Quality Measures
Asthma
Use of Appropriate Medications for People with Asthma
Cardiovascular Care
Cholesterol Management for Patients with Cardiovascular Condition
Controlling High Blood Pressure*
Diabetes Care
Comprehensive Diabetes Care: HbA1c Level Below 7.0 Percent
Comprehensive Diabetes Care: Cholesterol Management
Management of Behavioral Health Conditions
Client Perception of Care—National Outcome Measure
Proportion of Days Covered of Medication
Mental Illness Outcomes
Schizophrenia—Annual Assessment of Weight/BMI, Glycemic Control, Lipids
Bipolar Disorder—Annual Assessment of Weight/BMI, Glycemic Control, Lipids
Screening for Clinical Depression and Follow-up Plan*
Follow-up After Hospitalization for Mental Illness*

*These measures are CMS core measures.

Health Homes Measures
Measure List (cont.)

Ohio Health Homes Quality Measures (cont.)
Substance Abuse
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment*
Smoking & Tobacco Use Cessation
Preventive Care
Percent of Live Births Weighing Less than 2,500 Grams
Timeliness of Prenatal Care
Postpartum Care
Adult BMI Assessment*
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
Adolescent Well-Care Visits
Adults' Access to Preventive/Ambulatory Health Services
Appropriate Treatment for Children with Upper Respiratory Infections
Annual Dental Visit

*These measures are CMS core measures.

Health Homes Measures
Measure List (cont.)

Ohio Health Homes Quality Measures (cont.)
Utilization
Ambulatory Care—Sensitive Condition Admission*
Inpatient & ED Utilization—Rates
All-Cause Readmission*
Care Coordination
Timely Transmission of Transition Record*
Medication Reconciliation Post-Discharge

*These measures are CMS core measures.

Health Homes Measures
Interpreting the Specifications

The measure specifications will provide the following:

- Brief measure description.
- Definition of measure numerator.
- Definition of measure denominator.
- Exclusions to measure, if applicable.
- Description of report periods.
- Tables detailing the codes used to identify denominator criteria, numerator criteria, and exclusions (if applicable).

Health Homes Measures
Interpreting the Specifications (cont.)

Ambulatory Care—Sensitive Condition Admission (SCA)*

The acute care hospitalization rate for conditions where appropriate ambulatory care prevents or reduces the need for admission to hospital, per 100,000 population younger than 75 years of age.

Numerator: The total number of acute care hospitalizations for members under 75 years of age with an ambulatory care sensitive condition as a primary diagnosis (Table SCA-A).

Denominator: The total number of health home members under 75 years of age at the midpoint of the report period.

Exclusions: Deaths prior to discharge.

Formula: (Total number of acute care hospitalizations for ambulatory care sensitive conditions younger than 75 years of age / total mid-year population younger than 75 years of age) x 100,000.

Report Period:

- Report Period 1: October 1, 2012 – December 31, 2012
- Report Period 2: October 1, 2012 – March 31, 2012

Table SCA-A: Codes to Identify Sensitive Conditions

Description	Primary ICD-9-CM Diagnosis Codes		Secondary ICD-9-CM Diagnosis Codes
Grand mal status and other epileptic convulsions	345		
COPD	491, 492, 494, 496		
	466, 480–486, 487.0	*AND*	496

Health Homes Measures
Measure Specifications

Data Source	Denominator	Numerator	Key Codes
Use of Appropriate Medications for People with Asthma			
Claims	Members 5 through 64 years of age who were enrolled in the Health Home during the last month of the reporting period and were identified as having persistent asthma during both the report period and the year prior to the report period. Methods for identifying persistent asthma: 1) Member has at least one ED visit with asthma as the principal diagnosis. 2) Member has at least one acute inpatient discharge with asthma. 3) Member has at least four outpatient asthma visits on different dates of service, with asthma as one of the listed diagnoses and at least two asthma medication dispensing events. 4) Member has at least four asthma medication dispensing events. Exclusions: Members diagnosed with emphysema, COPD, cystic fibrosis, or acute respiratory failure any time on or prior to the last day of the reporting period.	For each member in the denominator, those who had at least one dispensed prescription for an asthma controller (inhaled corticosteroids, inhaled steroid combinations, antibody inhibitor, antiasthmatic combinations, leukotriene modifiers, mast cell stabilizers, or methylxanthines) during the report period.	

Health Homes Measures
Measure Specifications (cont.)

Data Source	Denominator	Numerator	Key Codes
Cholesterol Management for Patients with Cardiovascular Condition			
Claims	The number of members 18 to 75 years of age who were enrolled in a Health Home during the last month of the report period and: 1) Discharged alive for AMI, CABG, or PCI during the first ten months of the year prior to the report period, or 2) at least one IVD diagnosis during either an outpatient or an acute inpatient encounter in both the report period and the year prior to the report period.	The number of members in the denominator whose most recent LDL-C test was less than 100 mg/dL.	LDL-C Test Results: CPT-II: 3048F, 3049F, and 3050F
Controlling High Blood Pressure*			
Claims	The number of members age 18 to 85 who were enrolled during the last month of the report period and had at least one outpatient visit with a diagnosis of hypertension during the first six months of the report period.	The number of members in the denominator whose most recent BP after the diagnosis of hypertension is adequately controlled. For a member's BP to be adequately controlled, the systolic BP must be less than 140 and the diastolic BP must be less than 90.	BP: CPT-II: 3074F, 3075F, and 3077F-3080F

* This measure is a CMS Health Home Core Quality measure. Methodology for this measure may undergo revisions once CMS releases the full measure specifications.

Health Homes Measures
Measure Specifications (cont.)

Data Source	Denominator	Numerator	Key Codes
Comprehensive Diabetes Care: HbA1c Level Below 7.0 Percent			
Claims	The number of members with Type 1 or 2 diabetes age 18 through 75 who were enrolled in a Health Home during the last month of the report period. Exclusions: CABG, PCI, IVD, thoracic aortic aneurysm, CHF, prior MI, CRF/ESRD, dementia, blindness, and amputation.	The number of members in the denominator whose most recent Hemoglobin A1c (HbA1c) test had levels less than 7.0 percent during the report period. The member is not numerator compliant if the result for the most recent HbA1c test is greater than or equal to 7.0 percent or if an HbA1c test was not performed during the report period.	HbA1c levels: CPT-II: 3044F- 3046F
Comprehensive Diabetes Care: Cholesterol Management			
Claims	The number of members with Type 1 or 2 diabetes age 18 through 75 who were enrolled in a Health Home during the last month of the report period.	The number of members in the denominator who met each of the following: 1) Had an LDL-C screening. 2) Whose most recent LDL-C screening during the report period is less than 100 mg/dL. If the result for the most recent LDL-C test during the last quarter of the report period is ≥100 mg/dL or if an LDL-C test was not performed during the report period, the member is not numerator compliant.	LDL Values: CPT-II: 3048F- 3050F

Health Homes Measures
Measure Specifications (cont.)

Data Source	Denominator	Numerator	Key Codes
Proportion of Days Covered of Medication			
Claims	The four separate denominators include members who filled at least one prescription for 1) cardiovascular disease, 2) mental illness, 3) diabetes, or 4) asthma and who were enrolled in a Health Home as of the end of the measurement period.	The number of members who meet the PDC threshold of 80 percent. The 80 percent threshold is defined as the member being covered with medication for over 80 percent of the time during the measurement period.	

Health Homes Measures
Measure Specifications (cont.)

Data Source	Denominator	Numerator	Key Codes
Schizophrenia—Annual Assessment of Weight/BMI, Glycemic Control, Lipids			
Claims	The number of members ages 18-64 who were enrolled in the Health Home during the last month of the report period, had a primary or secondary diagnosis of schizophrenia on a Health Home claim, and who had at least two outpatient encounters on different days or one inpatient discharge with a diagnosis of schizophrenia, and who were prescribed an antipsychotic medication. Exclusion: Members with diabetes.	The number of members in the denominator who received a BMI assessment, a glycemic control assessment, and a lipid screening.	Schizophrenia Diagnosis: • ICD-9: 295.x BMI: • CPT: G8417-G8420 • ICD-9: V85.0-V85.5 • CPT-II: 2001F, 3008F Glycemic Control: • CPT-II: 3044F-3046F • CPT: 82947, 82948, 82951, 82962 Lipids: • CPT: 80061, 83700, 83701, 83704, 83718, 83721 • CPT-II: 3011F, 3048F-3050F

Health Homes Measures
Measure Specifications (cont.)

Data Source	Denominator	Numerator	Key Codes
Bipolar Disorder—Annual Assessment of Weight/BMI, Glycemic Control, Lipids			
Claims	The number of Health Home members 18-64 years of age who were enrolled in the Health Home during the last month of the report period, had a primary or secondary diagnosis of bipolar disorder on a Health Home claim, who had at least two outpatient encounters on different days or one inpatient discharge with a diagnosis of bipolar disorder, and who were prescribed an antipsychotic medication. Exclusion: Members with diabetes.	The number of members in the denominator who received a BMI assessment, a glycemic control assessment, and a lipid screening.	Bipolar Disorder Diagnosis: • ICD-9: 296.0, 296.1, 296.4, 296.5, 296.6, 296.7 BMI: • CPT: G8417-G8420 • ICD-9: V85.0-V85.5 • CPT-II: 2001F, 3008F Glycemic Control: • CPT-II: 3044F-3046F • CPT: 82947, 82948, 82951, 82962 Lipids: • CPT: 80061, 83700, 83701, 83704, 83718, 83721 • CPT-II: 3011F, 3048F-3050F

Health Homes Measures
Measure Specifications (cont.)

Data Source	Denominator	Numerator	Key Codes
Screening for Clinical Depression and Follow-up Plan*			
Claims	Members age 18 years and older (as of the encounter date) who were screened for depression with a standardized tool and had a positive result.	The number of members in the denominator who have follow-up plan documentation.	Depression Screening: CPT: 90801 HCPCS: H0031
* This measure is a CMS Health Home Core Quality measure. Methodology for this measure may undergo revisions once CMS releases the full measure specifications.			

Health Homes Measures
Measure Specifications (cont.)

Data Source	Denominator	Numerator	Key Codes
Follow-up After Hospitalization for Mental Illness*			
Claims	The number of discharges for members 6 years of age and older who were enrolled in a Health Home during the last month of the report period and were discharged alive from an acute inpatient setting with a principal mental health diagnosis during the first 11 months of the report period. In addition, the member must have been enrolled in Medicaid on discharge through seven days after discharge. Exclusions: 1) Initial discharge and the readmission/direct transfer discharge if the readmission/direct transfer discharge occurs after the 11th month of the report period. 2) Discharges followed by readmission or direct transfer to a nonacute facility for a mental health principal diagnosis within the seven-day follow-up period. 3) Discharges in which the beneficiary was transferred directly or readmitted within the seven days after discharge to an acute or nonacute facility for a non-mental health principal diagnosis.	The number of discharges for which the member received follow-up on the date of discharge or within seven days of discharge. Follow-up includes an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner.	Mental Health Visits: CPT: 90801, 90862 HCPCS: H0004, H0031, S0201, S9484 Inpatient Mental Health Discharge: CPT-II: 1110F (U4 modifier)
* This measure is a CMS Health Home Core Quality measure. Methodology for this measure may undergo revisions once CMS releases the full measure specifications.			

Health Homes Measures
Measure Specifications (cont.)

Data Source	Denominator	Numerator	Key Codes
Initiation and Engagement of Alcohol or Other Drug Dependence Treatment*			
Claims	Members 13 years and older who were enrolled in a Health Home during the last month of the report period and had a new episode of AOD during the first ten and a half months of the report period. Index Episode: 1) An outpatient visit, intensive outpatient encounter, or partial hospitalization with a diagnosis of AOD. 2) A detoxification visit. 3) An ED visit with a diagnosis of AOD. 4) An inpatient discharge with a diagnosis of AOD as identified by an inpatient facility code in conjunction with a diagnosis of AOD or an AOD procedure code.	**Initiation:** Initiation of AOD treatment through an inpatient admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of diagnosis. **Engagement:** Initiation of AOD treatment and two or more inpatient admissions, outpatient visits, intensive outpatient encounters or partial hospitalizations with any AOD diagnosis within 30 days after the date of the Initiation encounter (inclusive). Multiple engagement visits may occur on the same day, but they must be with different providers in order to be counted.	Treatment Services: HCPCS: H0003-H0005, H0007, H0014-H0016, H0020, A9999
* This measure is a CMS Health Home Core Quality measure. Methodology for this measure may undergo revisions once CMS releases the full measure specifications.			

Health Homes Measures
Measure Specifications (cont.)

Data Source	Denominator	Numerator	Key Codes
Smoking and Tobacco Use Cessation			
Claims	The number of members who were enrolled in the Health Home during the last month of the report period who were identified as tobacco users during the report period.	The number of tobacco-using members who received a tobacco cessation intervention during the report period. Interventions: 1) Chantix 2) Smoking cessation patch	Tobacco Users: ICD-9: 305.1, 649.0, 989.84 CPT-II: 1034F, 1035F, Cessation Intervention: CPT-II: 4000F, 4001F, 4004F

Health Homes Measures
Measure Specifications (cont.)

Data Source	Denominator	Numerator	Key Codes
Percent of Live Births Weighing Less Than 2,500 Grams			
Claims and Vital Statistics	The number of live births during the report period. **NOTE:** This measure will not be calculated until a full year of Health Home data are available.	The number of births in the denominator with a birth weight less than or equal to 2,500 grams.	
Timeliness of Prenatal Care			
Claims	Women with live births during the report period and enrolled 43 days prior to delivery to 56 days after delivery. **NOTE:** This measure will not be calculated until a full year of Health Home data are available.	One (or more) prenatal care visit(s) within 42 days of enrollment in the Health Home or within the first trimester if the member was already enrolled in the Health Home.	
Postpartum Care			
Claims	Women with live births during the report period and enrolled 43 days prior to delivery to 56 days after delivery. **NOTE:** This measure will not be calculated until a full year of Health Home data are available.	A postpartum visit for a pelvic exam or postpartum care on or between 21 and 56 days after delivery.	

Health Homes Measures
Measure Specifications (cont.)

Data Source	Denominator	Numerator	Key Codes
Adult BMI Assessment*			
Claims	The number of members 18 to 74 years of age who were enrolled in a Health Home during the last month of the report period and had an outpatient visit during the report period or the year prior to the report period. Exclusion: Members who had a diagnosis of pregnancy during the report period or the year prior to the report period.	The number of members meeting denominator criteria who had a BMI assessment during the report period or the year prior to the report period.	BMI: CPT: G8417-G8420 CPT-II: 2001F and 3008F ICD-9: V85.0-V85.5
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents			
Claims	Members ages 3-17 who were enrolled in a Health Home during the last month of the report period and who had an outpatient visit with a PCP or OB/GYN during the report period.	The number of members in the denominator each of the three following numerators: 1) BMI percentile documentation, 2) Counseling for nutrition, and 3) Counseling for physical activity.	BMI: CPT: G8417-G8420 CPT-II: 2001F and 3008F ICD-9: V85.5

* This measure is a CMS Health Home Core Quality measure. Methodology for this measure may undergo revisions once CMS releases the full measure specifications.

Health Homes Measures
Measure Specifications (cont.)

Data Source	Denominator	Numerator	Key Codes
Adolescent Well-Care Visits			
Claims	Members age 12 to 21 who were enrolled in a Health Home during the last month of the report period.	Members with at least one comprehensive well-child visit with a PCP or OB/GYN practitioner during the report year.	
Adults' Access to Preventive/Ambulatory Health Services			
Claims	The number of members 20 years of age and older enrolled in a Health Home during the last month of the report period.	The number of members who meet the denominator criteria and had an ambulatory or preventive care visit during the report period.	
Appropriate Treatment for Children with Upper Respiratory Infections			
Claims	Children 3 months – 18 years of age who were given a diagnosis of URI, had a 30 day negative medication history prior to the episode date, and did not have a competing diagnosis on the same day as or for three days after the episode date. To be included in the measure, members must be enrolled in the Health Home for the month the episode occurs, and have been enrolled in Medicaid the month prior to the episode date.	The number of members in the denominator who were dispensed an antibiotic prescription within three days of the episode date. **NOTE**: This measure is calculated as an inverted rate.	

Health Homes Measures
Measure Specifications (cont.)

Data Source	Denominator	Numerator	Key Codes
Annual Dental Visit			
Claims	Members 2 - 21 years of age enrolled in a Health Home during the last month of the report period.	One (or more) dental visits with a dental practitioner during the report period.	
Ambulatory Care—Sensitive Condition Admission*			
Claims	The total number of Health Home members under 75 years of age at the midpoint of the report period.	The total number of acute care hospitalizations for members under 75 years of age with an ambulatory care sensitive condition as a primary diagnosis. Conditions: 1) Grand mal and other epileptic convulsions 2) COPD 3) Asthma 4) Diabetes 5) Heart failure and pulmonary edema 6) Hypertension 7) Angina	
* This measure is a CMS Health Home Core Quality measure. Methodology for this measure may undergo revisions once CMS releases the full measure specifications.			

Health Homes Measures
Measure Specifications (cont.)

Data Source	Denominator	Numerator	Key Codes
Inpatient and Emergency Department (ED) Utilization—Rates			

Claims	The number of Health Home member months.	• Total Inpatient Discharges excluding:
		  • Poisoning by drugs, medicinals, and biologic substances
		  • Alcohol/drug-induced mental disorders
		  • Alcohol/drug dependence
		  • Nondependent abuse of drugs
		• Total ED visits excluding mental health and chemical dependency services. ED visits that result in an inpatient stay should not be counted toward this measure. In addition, only one ED visit should be counted per date of service.
		• Total AOD Inpatient Discharges.
		• Total Mental Health Discharges.	

Health Homes Measures
Measure Specifications (cont.)

Data Source	Denominator	Numerator	Key Codes
All-Cause Readmission*			
Claims	All Health Home member acute inpatient discharges that occur during the report period prior to the first day of the last month of the report period for members 18 years of age and older in which the beneficiary is enrolled in a Health Home in the last month of the report period. In addition, the member had to be enrolled in Medicaid through 30 days after discharge. Exclusions: 1) Nonacute inpatient rehabilitation services, including nonacute inpatient stays at rehabilitation facilities. 2) Hospital stays where the index admission date is the same as the index discharge date. 3) Acute inpatient stays with a discharge date in the 30 days prior to the index admission date. 4) Inpatient stays with discharges for death. 5) Acute inpatient discharge with a principal diagnosis for pregnancy or for any other condition originating in the perinatal period.	The number of acute 30-day readmissions for any diagnosis.	
* This measure is a CMS Health Home Core Quality measure. Methodology for this measure may undergo revisions once CMS releases the full measure specifications.			

Health Homes Measures
Measure Specifications (cont.)

Data Source	Denominator	Numerator	Key Codes
Timely Transmission of Transition Record*			
Claims	All members enrolled in a Health Home during the last month of the report period, regardless of age, who were discharged from an inpatient facility to home/self-care or any other site of care, excluding members who died, left against medical advice, or discontinued care.	Members for whom a transition record was transmitted to the Health Home within 24 hours of discharge for each discharge during the report period.	Discharge and Transition Record: CPT-II: 1110F (U3 modifier)
Medication Reconciliation Post-Discharge			
Claims	All members enrolled in a Health Home during the last month of the report period, regardless of age, who were discharged from an inpatient facility to home/self care or any other site of care, excluding members who died, left against medical advice, or discontinued care.	Number of members for whom a reconciled medication list was transmitted to the Health Home within 24 hours of discharge.	Reconciled Medication List: CPT-II: 1111F
* This measure is a CMS Health Home Core Quality measure. Methodology for this measure may undergo revisions once CMS releases the full measure specifications.			

Health Home Measures

Questions