

Criteria for Using the Health Home Core Set Measures to Assess Performance and Trends in Performance in Medicaid Health Homes

Introduction

Medicaid Health Home programs provide person-centered, team-based care coordination to more than one million Medicaid beneficiaries with chronic conditions. States may create Health Home programs that target specific populations, including beneficiaries with multiple chronic conditions, severe mental illness, or substance use disorder. As of April 2020, 21 states¹ have 35 approved Health Home programs, with some states submitting multiple state plan amendments (SPAs) to target different populations.^{2,3}

Each year, the Centers for Medicare & Medicaid Services (CMS) releases the Health Home Core Set of Health Care Quality Measures intended for quality reporting by Health Home SPAs.⁴ The 2019 Health Home Core Set includes 10 measures; 7 measures address the quality of care delivered by state Health Home programs and 3 measures address the utilization of care. States are expected to report the measures to CMS for each of their SPAs.⁵

CMS has established criteria for reporting SPA-level performance on the Health Home Core Set. This methods brief documents the criteria used for analyzing performance and trends. The brief is designed to:

- Describe the criteria for determining whether SPA performance can be analyzed for FFY 2019 and whether data can be publicly reported

- Identify the measures in the Health Home Core Set that meet the criteria for analyzing performance for FFY 2019
- Describe the criteria for determining whether SPA median performance can be trended over time
- Identify the measures that meet the criteria for trending performance for the three-year period from FFY 2017 to FFY 2019

Criteria and Recommendations for Assessing and Reporting Health Home Core Set Performance for FFY 2019

For a measure to be available for SPA-level analysis, data must be submitted to CMS by at least 15 SPAs that used Core Set specifications, have a denominator of at least 30 enrollees, and meet CMS standards for data quality.⁶ Table 1 identifies the seven Health Home Core Set measures that met the criteria for assessing performance for FFY 2019 for at least one rate.

- Adult Body Mass Index Assessment (ABA-HH)
- Follow-Up After Hospitalization for Mental Illness (FUH-HH)
- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-HH)
- Plan All-Cause Readmissions (PCR-HH)

¹ The term “states” includes the 50 states and the District of Columbia.

² A Medicaid and CHIP state plan is an agreement between a state and the federal government describing how the state administers its Medicaid and CHIP programs. When a state is planning to change its program policies or operational approach, states submit a SPA to CMS for review and approval. More information on health home SPAs is available at <https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html>.

³ A list of all approved health home SPAs as of April 2020 is available at <https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-home-information-resource-center/downloads/hh-spa-overview.pdf>.

⁴ More information on Health Home quality reporting is available at <https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/health-home-quality-reporting/index.html>.

⁵ 42 U.S.C. §1945(g).

⁶ Some states reported Core Set rates based on “other” specifications when they deviated substantially from Core Set specifications, such as using alternate data sources, different populations, or other methodologies. CMS does not publicly report performance when rates are calculated using “other” specifications.

- Prevention Quality Indicator (PQI) 92: Chronic Conditions Composite (PQI92-HH)
- Ambulatory Care: Emergency Department (ED) Visits (AMB-HH)
- Inpatient Utilization (IU-HH)

Three measures did not meet the criteria because they were not reported by at least 15 SPAs using Core Set specifications.

- Controlling High Blood Pressure (CBP-HH)
- Screening for Depression and Follow-Up Plan (CDF-HH)
- Admission to an Institution from the Community (AIF-HH)

For measures that meet the criteria for analyzing performance, SPA-level performance data that are based on small numbers of beneficiaries may need to be suppressed to protect the privacy of beneficiaries or because of concerns about the reliability of the performance rates.

CMS's cell-size suppression policy⁷ prohibits reporting data that show or can be used to derive beneficiary and record counts of 1 to 10. For example, if a SPA reports a rate with a denominator between 1 and 10, that denominator value and the accompanying SPA-level rate is not shown in public reporting of health home data and is replaced with DS (Data Suppressed). Similarly, CMS replaces rates based on numerators from 1 to 10 with DS.

In addition, values greater than 10 may need to be suppressed if data users can use the values to derive a value suppressed for privacy reasons, referred to as secondary suppression. These values are also shown with DS. This may include other denominators and rates reported by a SPA or other SPAs. For example, some measures include rates for multiple age groups and a Total rate, and the age-group denominators sum to the Total rate denominator. If a denominator for a single age group is between 1 and 10, that denominator and the next smallest would be suppressed with a DS to ensure that users could not derive the suppressed denominator by subtracting the remaining age-group denominators from the Total

⁷ More information about CMS's cell-size suppression policy is available at <https://www.hhs.gov/guidance/document/cms-cell-suppression-policy>.

denominator. In cases of secondary suppression, CMS will still report the rate if doing so does not violate CMS's cell suppression policy.

For public reporting of Core Set measures, CMS does not report rates that are based on denominators less than 30 due to concerns about the reliability of estimates based on a small number of beneficiaries. In such cases, the associated rate is not used in performance analysis and is shown with a # symbol. Note that rates based on numerators and denominators between 1 and 10 will always be suppressed, and shown as DS, to adhere to CMS's cell suppression policy.

When a denominator is not shown due to secondary suppression, CMS will report a rate in certain circumstances, such as when the denominator is at least 30 and the numerator is greater than 10, as long as showing the rate would not allow the identification of numerators between 1 and 10 or rates based on a numerator between 1 and 10 either within a SPA or in other SPAs.

Criteria and Recommendations for Assessing Trends in SPA Performance from FFY 2017 to FFY 2019

Each year, CMS assesses which Health Home Core Set measures are available for trending for the most recent three-year period. To be trended, each measure must meet the following three criteria:

1. The measure met the criteria for performance analysis in all three years. To be eligible a measure must be reported for at least 15 SPAs using Core Set specifications and must meet CMS standards for data quality.
2. The measure was reported by a set of at least 10 SPAs that used Core Set specifications and had a denominator of at least 30 enrollees in all three years.
3. The measure specifications were comparable for all three years (no specification changes occurred during the three-year period that would make results incomparable across years).⁸

Table 1 shows the Health Home Core Set measures that are available for trending from FFY 2017 to FFY 2019. For each measure, the table indicates whether (1) the measure

⁸ Determinations about the consistency of specifications over time are made in consultation with measure stewards. Each year, NCQA makes recommendations about the trendability of HEDIS measures. NCQA's HEDIS 2019 Measure Trending Determinations are available at https://www.ncqa.org/wp-content/uploads/2019/04/HEDIS-2019-Measure-Review-Memo_updated-4.8.19.pdf. Trending determinations for non-HEDIS measures follow a similar approach and decisions regarding trending are made in consultation with measure stewards.

met performance analysis criteria for all three years, (2) at least 10 SPAs reported the measure in all three years using Core Set specifications, and (3) Core Set rates are trendable based on consistent specifications across all three years. CMS does not recommend trending performance for measures that do not meet all of these criteria.

Based on the three criteria, CMS determined that trends in performance could be assessed from FFY 2017 to FFY 2019 for three Health Home Core Set measures (Table 1).

- Prevention Quality Indicator (PQI) 92: Chronic Conditions Composite (PQI92-HH)
- Ambulatory Care: Emergency Department (ED) Visits (AMB-HH)
- Inpatient Utilization (IU-HH)

The following seven Health Home Core Set measures are not recommended for trending due to changes in measure steward specifications during the three-year period.

- Adult Body Mass Index Assessment (ABA-HH)
- Controlling High Blood Pressure (CBP-HH)
- Follow-Up After Hospitalization for Mental Illness (FUH-HH)
- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-HH)
- Plan All-Cause Readmissions (PCR-HH)
- Admission to an Institution from the Community (AIF-HH)
- Screening for Depression and Follow-Up Plan (CDF-HH)

Please refer to Table 1 for more information on the factors that affected trendability for the Health Home Core Set measures for the period from FFY 2017 to FFY 2019.

For More Information

More information on the Health Home Core Set is available at <https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/health-home-quality-reporting/index.html>.

For technical assistance related to the Health Home Core Set, contact the TA mailbox at MACQualityTA@cms.hhs.gov.

Table 1. Assessment of Health Home Core Set Measures Available for Analysis of FFY 2019 Performance and Trending from FFY 2017 to FFY 2019

	FFY 2019 Performance Analysis Determination	FFY 2017 – FFY 2019 Trending Determination			
Measure Name	Did at least 15 SPAs report the measure for FFY 2019 using Core Set specifications?	Did the measure meet performance analysis criteria for all three years?	Did at least 10 SPAs report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from FFY 2017 to FFY 2019?	Trending determination based on all three trending criteria
Core Measures					
Adult Body Mass Index Assessment (ABA-HH)	Yes	Yes	Yes	A break in trending is recommended for rates calculated using the administrative method due to a change in ICD-10 coding guidelines for how body mass index is billed that went into effect during the FFY 2019 measurement year. This change does not affect rates calculated using the hybrid method.	Do not trend
Controlling High Blood Pressure (CBP-HH)	No	No	No	A break in trending is recommended due to significant changes to the measure for FFY 2019, including addition of the administrative method for reporting, removal of the requirement to identify and use different thresholds for enrollees ages 60 to 85 without a diagnosis of diabetes, and revision of the definition of representative blood pressure (BP) to indicate that the BP reading must occur on or after the second diagnosis of hypertension, among other changes.	Do not trend
Screening for Depression and Follow-Up Plan (CDF-HH)	No	No	No	A break in trending is recommended due to significant changes to the measure for FFY 2019, including an updated data collection method from Hybrid or EHR to Administrative or EHR, and additional reporting guidelines, among other changes.	Do not trend
Follow-Up After Hospitalization for Mental Illness (FUH-HH)	Yes	Yes	Yes	A break in trending is recommended due to changes in the measure specifications for FFY 2018 and FFY 2019. For FFY 2018, the measure specifications changed to no longer allow follow-up visits that occur on the date of discharge. For FFY 2019, the specifications were revised to include beneficiaries with a principal diagnosis of intentional self-harm, remove the use of a mental health diagnosis as a proxy for a visit with a mental health practitioner (all numerator events require a mental health practitioner), and add age stratifications.	Do not trend
Initiation and Engagement of Alcohol and Other Drug (AOD) Abuse or Dependence Treatment (IET-HH)	Yes	Yes	No	A break in trending is recommended due to significant changes to the measure specifications for FFY 2018, including the inclusion of pharmacy benefits and medication-assisted treatment, new reporting by age and diagnosis, inclusion of telehealth in the numerator and denominator, and an extension of the Engagement of AOD treatment time frame to 34 days.	Do not trend

	FFY 2019 Performance Analysis Determination		FFY 2017 – FFY 2019 Trending Determination		
Measure Name	Did at least 15 SPAs report the measure for FFY 2019 using Core Set specifications?	Did the measure meet performance analysis criteria for all three years?	Did at least 10 SPAs report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from FFY 2017 to FFY 2019?	Trending determination based on all three trending criteria
Plan All-Cause Readmissions (PCR-HH)	Yes	No	No	A break in trending is recommended due to significant updates to the measure for FFY 2018, including the addition of risk adjustment for the Medicaid population. For FFY 2019, the measure specifications were revised to remove planned admissions from the numerator instead of the denominator.	Do not trend
Prevention Quality Indicator (PQI) 92: Chronic Conditions Composite (PQI92-HH)	Yes	Yes	Yes	Yes	Trend
Utilization Measures					
Admission to an Institution from the Community (AIF-HH)	No	NA	NA	A break in trending is recommended due to significant changes to the measure specifications for FFY 2019, including new reporting for Short-Term, Medium-Term, and Long-Term stay rates and changes to the numerator and denominator exclusion criteria, among other changes.	Do not trend
Ambulatory Care: Emergency Department (ED) Visits (AMB-HH)	Yes	Yes	Yes	Yes	Trend
Inpatient Utilization (IU-HH)	Yes	Yes	Yes	For FFY 2019 the measure specifications changed to no longer use Medicare Severity-Diagnosis Related Groups (MS-DRGs) to identify inpatient stays by type of use. Pending measure steward feedback on the implications of this change, this measure should be trended with caution.	Trend with caution

Sources: Mathematica analysis of MACPro reports and Core Set measure specifications for the FFY 2017— FFY 2019 reporting cycles.

Notes: This table includes all 2019 Health Home Core Set measures.

To meet performance reporting criteria, the measure must have been reported by at least 15 SPAs that used Core Set specifications, have a denominator of at least 30 enrollees, and meet CMS standards for data quality.

To be trendable from FFY 2017 to FFY 2019, the measure must have met performance analysis criteria for all three years, been reported for at least 10 SPAs for all three years, and have consistent specifications across the three years. Determinations about the consistency of specifications over time are made in consultation with measure stewards. Each year, NCQA makes recommendations about the trendability of HEDIS measures. NCQA's HEDIS 2019 Measure Trending Determinations are available at https://www.ncqa.org/wp-content/uploads/2019/04/HEDIS-2019-Measure-Review-Memo_updated-4.8.19.pdf. Trending determinations for non-HEDIS measures follow a similar approach in consultation with measure stewards.

NA = Not applicable; the measure changed for FFY 2019 from a measure of nursing facility utilization to a measure that includes multiple rates and is based on a broader definition of institutional admissions.