

**SUMMARY OF UPDATES TO THE HEALTH HOME CORE SET MEASURES
FFY 2024 TECHNICAL SPECIFICATIONS AND RESOURCE MANUAL
FEBRUARY 2024**

Overall Changes

- Updated the reporting year to FFY 2024, and data collection timeframe to 2023.
- Updated specifications, value set codes, copyright, and table source information to HEDIS Measurement Year (MY) 2023 Vol. 2 for all HEDIS measures.
- Updated specifications, value set codes, and copyright information to correspond to calendar year 2023 for non-HEDIS measures.
- Updated references to exclusions throughout specifications. For HEDIS measures, exclusions are now distinguished by whether supplemental and medical record data may be used to identify them; supplemental and medical record data may be used for “required exclusions” but not “exclusions.”
- Updated the exclusion for frailty and advanced illness from an Optional Exclusion to an Exclusion (i.e., exclusions for which supplemental and medical record data may not be used).
- Updated guidance related to mandatory reporting of the Health Home Core Set beginning in FFY 2024.

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

- Inserted information about updates to the 2024 Health Home Core Set.
- Updated Table 1 to replace National Quality Forum (NQF) numbers with CMS Measures Inventory Tool (CMIT) numbers.
 - CMIT is the repository of record for information about the measures that CMS uses to promote health care quality and quality improvement. More information is available at <https://cmit.cms.gov/cmit/>. A public access quick start guide for CMIT is available at <https://cmit.cms.gov/cmit/assets/CMIT-QuickStartPublicAccess.pdf>.

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

- Clarified that Health Home Core Set reporting is mandatory beginning with FFY 2024 reporting and states are required to adhere to technical specifications and reporting guidance issued by CMS.
- Clarified that a visit results in a stay when the visit date of service occurs on the day prior to the admission date or any time during the admission (admission date through discharge date). This guidance applies to the following HEDIS measures in the Health Home Core Set: AMB-HH, CBP-HH, COL-HH, FUA-HH, FUH-HH, FUM-HH, IET-HH, IU-HH, and PCR-HH.
- Clarified that enrollees who died any time during the measurement year are a required exclusion. This guidance applies to the following HEDIS measures in the Health Home Core Set: CBP-HH, COL-HH, FUA-HH, FUH-HH, FUM-HH, and IET-HH.

III. Technical Specifications for the Health Home Core Set Measures

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

- Clarified in Guidance for Reporting that for the purpose of Core Set reporting, the measure should be reported per 1,000 enrollee months.
- Clarified guidance in the Numerator for visits that result in an inpatient stay.

Measure CBP-HH: Controlling High Blood Pressure

- Replaced the reference to “female enrollees” with “enrollees” in the required exclusions.
- Revised Step 2 of the “Event/Diagnosis” for enrollees who had a nonacute inpatient admission during the measurement year.
- Revised the optional exclusions to be required exclusions. This includes the exclusion for end-stage renal disease, dialysis, or kidney transplant; and diagnosis of pregnancy.
- Updated the number of occurrences required for the frailty cross-cutting exclusion; two indications with different dates of service are required
- Added a direct reference code for the required exclusion for palliative care.

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

- Moved code tables (Table CDF-A through Table CDF-F) to a value set directory, which is linked in the technical specifications; updated codes in tables.
- Updated terminology to refer to “qualifying” encounters rather than “eligible” encounters.
- Added additional guidance for enrollees with multiple qualifying encounters.
- Updated the Follow-up Plan language with examples of follow-up provider type.

Measure COL-HH: Colorectal Cancer Screening

- Updated the age stratifications for Core Set reporting to include: ages 46 to 50, 51 to 65, and 66 to 75.
- Revised the optional exclusions for colorectal cancer and total colectomy to be required exclusions.
- Updated the number of occurrences required for the frailty cross-cutting exclusion; two indications with different dates of service are required.
- Added a direct reference code for the required exclusion for palliative care.

Measure FUA-HH: Follow-Up After Emergency Department Visit for Substance Use

- Added eligible population instructions for ED visits followed by residential treatment.
- In the Benefit section, clarified that enrollees with withdrawal management, as well as detoxification-only chemical dependency benefits, do not meet the criteria.

Measure FUM-HH: Follow-Up After Hospitalization for Mental Illness: Age 18 and Older

- In the “Event/diagnosis” section, replaced the reference to Mental Illness Value Set, Intentional Self-Harm Value Set with Mental Illness and Intentional Self-Harm Value Set.

Measure IET-HH: Initiation and Engagement of Substance Use Disorder Treatment

- Added guidance for reporting clarifying that the SUD diagnosis in the Negative SUD Diagnosis History does not need to match the diagnosis on the claim for the given SUD episode.
- Replaced “detoxification” references with “withdrawal management.”
- Added a new step and Note in the “Event/diagnosis” section with guidance on deduplicating eligible episodes.

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

- Updated codes in the value set directory for FDA-approved medications for opioid use disorder.

Measure PCR-HH: Plan All-Cause Readmissions

- Replaced “female enrollees” with “enrollees” in the pregnancy exclusion.
- Clarified definition of Count of Enrollees in Health Home Population.
- Clarified truncating and rounding rules in steps 6 and 8 of the Risk Adjustment Weighting section.
- Added step 8 for calculating the variance for each index hospital stay. Calculating variance can help facilitate interpretation of results; however, it is not reported by states for Health Home Core Set reporting.

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

- Added “hospice facility” to the list of transfers from health care facilities that are excluded.
- Updated the value set directory including:
 - Table PQI92-A. ICD-10-CM Diagnosis Codes for Short-term Complications of Diabetes.
 - Table PQI92-C. ICD-10-CM Diagnosis Codes for Diabetes Long-Term Complications.
 - Table PQI92-G. ICD-10-CM Procedure Codes for Cardiac Procedures.
 - Table PQI92-H-B. ICD-10-CM Procedure Codes for Dialysis Access.
 - Table PQI92-J. ICD-10-CM Diagnosis Codes for Uncontrolled Diabetes without Mention of a Short-Term or Long-Term Complication.

Measure IU-HH: Inpatient Utilization

- The Value Set is now a standalone document and not included in the HEDIS Health Home Value Set Directory.
- Removed stratified reporting for surgery and medicine discharges and revised Administrative Specifications and Numerator guidance accordingly.
- Added new value set for neurodevelopmental disorders (Mental, Behavioral, and Neurodevelopmental Disorders Value Set).

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

- Added Direct Reference Codes as a type of code included in the value set directory.