



**Mathematica**  
Progress Together

**Medicaid Health Home Core Set Stakeholder Workgroup:**  
**Measures Suggested for Removal**  
**from the 2022 Core Set**

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**Measure Information Sheets**  
**August 2021**



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## MEASURE INFORMATION SHEET

### HEALTH HOME CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2022 CORE SET

Measure Information	
<b>Measure name</b>	<b>Ambulatory Care: Emergency Department (ED) Visits (AMB-HH)</b>
<b>Description</b>	Rate of emergency department (ED) visits per 1,000 enrollee months among health home enrollees.
<b>Measure steward</b>	National Committee for Quality Assurance (NCQA)
<b>NQF number (if endorsed)</b>	Not endorsed
<b>If measure is removed, does it leave a gap in the Health Home Core Set?</b>	The Workgroup members (WGMs) indicated that removing this measure would not leave a gap in the Health Home Core Set.
<b>Has another measure been proposed for substitution (new or existing measure)?</b>	Follow-Up After Emergency Department Visit for Mental Illness (FUM)
<b>Is there another related measure in the Core Set?</b>	No
<b>Meaningful Measures area of measure</b>	Affordability and Efficiency Note: The Meaningful Measures 2.0 Framework is still under development
<b>Use in other CMS programs</b>	<ul style="list-style-type: none"> <li>• Child Core Set</li> <li>• Medicaid &amp; CHIP Scorecard</li> <li>• Medicare Medicaid FAI Demonstration</li> </ul>

FFY 2021 Technical Specifications	
<b>Ages</b>	All health home enrollees.
<b>Data collection method</b>	Administrative.
<b>Denominator</b>	Number of enrollee months. Enrollee months are an enrollee's "contribution" to the total year enrollment. Enrollee months are calculated by summing the total number of months each enrollee is enrolled in the program during the measurement year.
<b>Numerator</b>	Number of ED visits. Count each visit to an ED once, regardless of the intensity or duration of the visit. Count multiple ED visits on the same date of service as one visit.
<b>Exclusions</b>	<ul style="list-style-type: none"> <li>• Exclude enrollees in hospice from the eligible population.</li> <li>• Exclude ED visits resulting in an inpatient stay.</li> </ul>
<b>Continuous enrollment period</b>	None.
<b>Allowable gap</b>	None.

## Reasons for Removal Noted by Workgroup Member(s)

### Minimum Technical Feasibility Criteria

Two WGMs suggested this measure for removal. One WGM indicated that the specifications and data source for AMB-HH do not allow for consistent calculations across health home programs due to differences across programs. Specifically, low enrollment may skew the results of the measure calculations and rates may be inconsistent from one health home to another. The other WGM cited challenges in accessing the data necessary for tracking all ED usage for enrollees.

### Actionability and Strategic Priority

Both WGMs indicated that, when taken together with other Core Set measures, AMB-HH does not contribute to estimating the overall national quality of health care in Medicaid Health Home programs. The WGMs cited the following factors:

- Low health home enrollment numbers may result in skewed measurements.
- Having a measure of overall ED use, such as AMB-HH, without the ability to analyze the conditions driving the ED use is not useful in quality improvement initiatives.
- Other suggested measures for ED follow-up are preferable.
- This measure cannot be used to monitor progress in improving health care delivery and outcomes in Medicaid Health Home programs because health homes do not have control over all populations going to the ED.
- The prevalence of the condition or outcome measured by AMB-HH is not sufficient to produce reliable and meaningful results across health home programs, taking into account Medicaid population sizes and demographics.

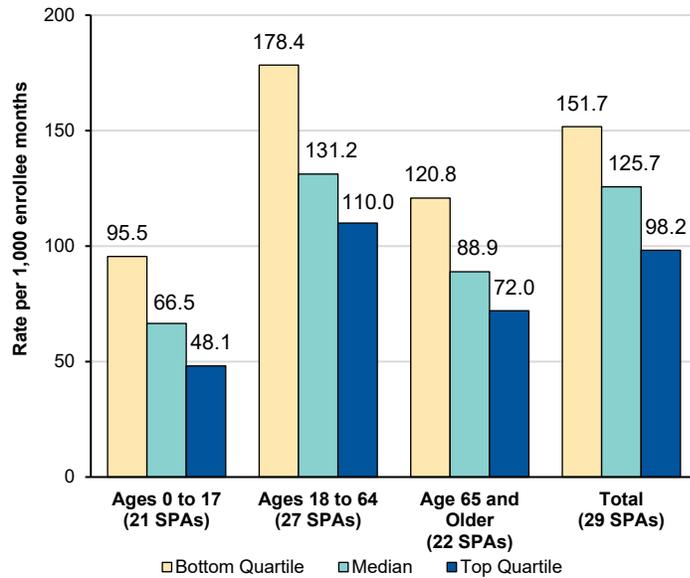
### Other Considerations

Both WGMs suggested this measure for removal because the measure specifications are not aligned with those used in other CMS programs. One WGM noted that Follow-up After Emergency Department for Alcohol and Other Drug Abuse or Dependence (FUA-HH) could replace the AMB-HH measure. (Note that the FUA measure is currently in the Adult Core Set and the Health Home Core Set and was recommended for addition to the Child Core Set.) Additionally, the Follow-up After Emergency Department Visit for Mental Illness measure is suggested for addition to the 2022 Health Home Core Set.

Finally, both WGMs suggested the AMH-HH measure for removal because it is being retired by the measure steward for the Medicaid line of business. (Note that it was retired for the Medicare and commercial lines of business beginning with MY 2020.) One WGM noted that this reason was also a factor in the AMB-CH measure being recommended for removal from the 2022 Child Core Set.

<b>Core Set Reporting History</b>	
<b>Number of SPAs reporting the measure for FFY 2019</b>	31 SPAs (1 of 31 SPAs did not report using Core Set measure specifications)
<b>Was the measure publicly reported for FFY 2019?</b>	Yes (see final page for FFY 2019 data)
<b>Is the measure on the Child or Adult Core Set?</b>	Child Core Set  Recommended by the 2022 Child and Adult Core Set Review Workgroup for removal from the 2022 Child Core Set
<b>Is the measure on the Medicaid &amp; CHIP Scorecard?</b>	Yes (ages 0 to 19)
<b>Challenges noted by SPAs in reporting the measure for FFY 2019</b>	<p>One SPA reported AMB-HH using other specifications for FFY 2019 because the state identified concerns with the quality and completeness of the data used to calculate the measure for the SPA.</p> <p>Four health homes were expected to report AMB-HH for FFY 2019 but did not. These states did not submit Health Home Core Set measure reports for FFY 2019 and did not provide a reason for not reporting.</p> <p>There were no TA questions related to the AMB-HH measure in the last three years.</p>

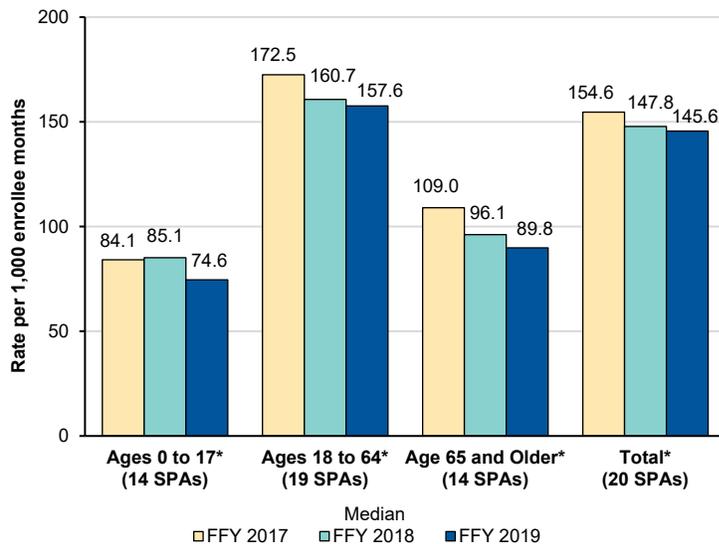
### Rate of Emergency Department Visits per 1,000 Enrollee Months for Health Home Enrollees, FFY 2019 [Lower rates are better for this measure]



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of July 27, 2020.

Notes: For a measure to be available for analysis, data must be provided to CMS by at least 15 SPAs that used Core Set specifications and reported a denominator of at least 30 enrollees, and data must meet CMS standards for data quality. The sample size for each age group differs because SPAs may not report all age groups within a given measure. Of the 31 SPAs reporting AMB-HH for FFY 2019, one SPA used other specifications to calculate the measure and is not included in Figure 2.

### Trends in SPA Performance for AMB-HH, FFY 2017 – FFY 2019 [Lower rates are better for this measure]



Source: Mathematica analysis of FFY 2017-2019 MACPro reports.

Notes: For a measure to be trended, the measure must meet the following criteria: (1) the measure met the criteria for performance reporting in all three years; (2) the measure was reported by a set of at least 10 SPAs that used Core Set specifications in all three years; (3) the measure specifications were comparable for all three years. This figure includes the SPAs that reported the measure using Health Home Core Set specifications for all three years. The sample size for each age group differs because SPAs may not report all age groups within a given measure.

## MEASURE INFORMATION SHEET

### HEALTH HOME CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2022 CORE SET

Measure Information	
<b>Measure name</b>	<b>Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-HH)</b>
<b>Description</b>	<p>Percentage of health home enrollees age 13 and older with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:</p> <ul style="list-style-type: none"> <li>• <b>Initiation of AOD Treatment.</b> Percentage of enrollees who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis.</li> <li>• <b>Engagement of AOD Treatment.</b> Percentage of enrollees who initiated treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit.</li> </ul>
<b>Measure steward</b>	National Committee for Quality Assurance (NCQA)
<b>NQF number (if endorsed)</b>	0004
<b>If measure is removed, does it leave a gap in the Health Home Core Set?</b>	The Workgroup member (WGM) indicated that removing this measure would leave a gap in care and explained that care managers in health homes are much more impactful in follow-up to ED visits.
<b>Has another measure been proposed for substitution (new or existing measure)?</b>	Follow-up after Emergency Department Visit for Mental Illness
<b>Is there another related measure in the Core Set?</b>	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-HH) and Use of Pharmacotherapy for Opioid Use Disorder (OUD-HH)
<b>Meaningful Measures area of measure</b>	Behavioral Health and Substance Use Disorders Note: The Meaningful Measures 2.0 Framework is still under development
<b>Use in other CMS programs</b>	<ul style="list-style-type: none"> <li>• Adult Core Set</li> <li>• Medicaid &amp; CHIP Scorecard</li> <li>• Merit-based Incentive Payment Systems (MIPS)</li> <li>• Medicare-Medicaid Financial Alignment Initiative (FAI)</li> <li>• Marketplace Quality Rating System (QRS)</li> <li>• Medicaid State Directed Payment Programs (where applicable)</li> <li>• Certified Community Behavioral Health Clinic Demonstration</li> </ul>

#### FFY 2021 Technical Specifications

<b>Ages</b>	Age 13 and older as of December 31 of the measurement year.
<b>Data collection method</b>	Administrative or electronic health record (EHR).

<b>Denominator</b>	Enrollees with a new diagnosis of AOD abuse or dependence (the eligible population). The denominator is stratified by four diagnosis cohorts: alcohol abuse or dependence; opioid abuse or dependence; other drug abuse or dependence; and total AOD abuse or dependence.
<b>Numerator</b>	<p>Enrollees who received AOD treatment:</p> <ul style="list-style-type: none"> <li>• Within 14 days of diagnosis (Initiation of AOD treatment rate)</li> <li>• Within 34 days of the initiation event (Engagement of AOD treatment rate) where either of the following criteria are met: <ul style="list-style-type: none"> <li>– The initiation of AOD treatment event was a medication treatment event, and the enrollee received two or more engagement events, only one of which was a medication treatment event.</li> <li>– The initiation of AOD treatment event was not a medication treatment event, and the enrollee received at least one engagement medication treatment event or at least two engagement visits.</li> </ul> </li> </ul> <p>The numerator is also stratified by four diagnosis cohorts: alcohol abuse or dependence; opioid abuse or dependence; other drug abuse or dependence; and total AOD abuse or dependence.</p>
<b>Exclusions</b>	None.
<b>Continuous enrollment period</b>	Enrolled in a Medicaid Health Home program for at least 60 days (two months) prior to the index episode start date (IESD) through 47 days after the IESD (108 total days).
<b>Allowable gap</b>	No allowable gaps in the continuous enrollment period.

### Reasons for Removal Noted by Workgroup Member(s)

#### Minimum Technical Feasibility Criteria

The WGM indicated that health homes may not have access to claims data and may find it difficult to track the percentage of members who initiated and were engaged in treatment within three to four days of the initiation visits. Many of the measures such as AOD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization may not be available to most health homes.

#### Actionability and Strategic Priority

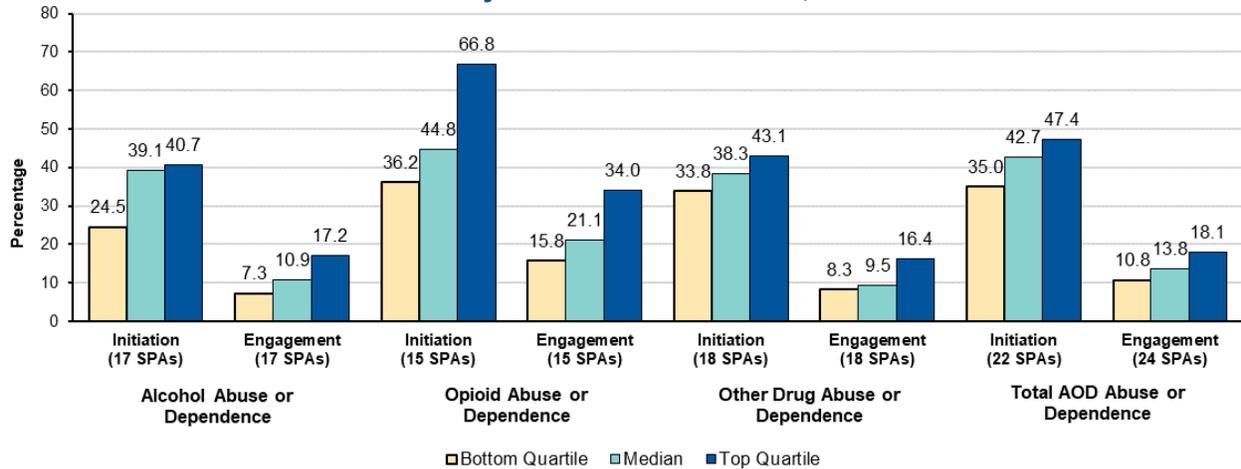
The WGM noted that this measure does not contribute to estimating the overall national quality of health care in Medicaid Health Home programs since evaluating health homes may be most impactful through motivational interviewing techniques to assist members preparing for treatment. The WGM also indicated that the ongoing engagement in alcohol and other drug abuse or dependence treatment is outside the direct influence of health home programs and is more relevant to providers instead.

#### Other Considerations

The WGM indicated that two other measures could replace this measure: (1) Follow-up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA), which is currently in the Health Home Core Set, and (2) Follow-up after Emergency Department Visit for Mental Illness (FUM), which is suggested for addition to the Health Home Core Set.

<b>Core Set Reporting History</b>	
<b>Number of SPAs reporting the measure for FFY 2019</b>	27 SPAs (1 of the 27 SPAs did not use Core Set specifications)
<b>Was the measure publicly reported for FFY 2019?</b>	Yes (see final page for FFY 2019 data)
<b>Is the measure on the Child or Adult Core Set?</b>	Adult Core Set
<b>Is the measure on the Medicaid &amp; CHIP Scorecard?</b>	Yes
<b>Challenges noted by SPAs in reporting the measure for FFY 2019</b>	<p>One SPA reported IET-HH using other specifications for FFY 2019 because the state identified concerns with the quality and completeness of the data used to calculate the measure.</p> <p>Among the eight SPAs not reporting the IET-HH measure for FFY 2019, the following reasons were noted:</p> <ul style="list-style-type: none"> <li>• The data were not submitted by providers (2 SPAs)</li> <li>• There were not enough measure-eligible enrollees in the health home (1 SPA)</li> <li>• The health home enrollees did not meet the continuous enrollment requirement (1 SPA)</li> </ul> <p>Four health homes were expected to report IET-HH for FFY 2019 but did not. These states did not submit Health Home Core Set measure reports for FFY 2019 and did not provide a reason for not reporting.</p> <p>There were three TA questions related to the IET-HH measure in the last three years. These questions asked for clarification on (1) the instructions for matching medication assisted treatment to diagnosis categories, (2) differences between the IET-HH measure and the measure in the Adult Core Set (IET-AD), and (3) the rules for suppressing reporting for small denominators.</p>

**Percentage of Health Home Enrollees Age 13 and Older with a New Episode of Alcohol or Other Drug Abuse or Dependence who: (1) Initiated Treatment within 14 Days of Diagnosis, and (2) Initiated Treatment and Had Two or More Additional Services or Medication Treatment within 34 Days of the Initiation Visit, FFY 2019**



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of July 27, 2020.

Notes: This measure shows the percentage of health home enrollees age 13 and older with a new episode of alcohol or other drug (AOD) abuse or dependence who: (1) initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis (initiation rate), and (2) initiated treatment and had two or more additional AOD services or medication treatment within 34 days of the initiation visit (engagement rate). Initiation and Engagement rates for Ages 18 to 64 met performance reporting criteria but are not shown on shown on this slide. Rates for Ages 13 to 17 and Age 65 and Older are not shown because fewer than 15 SPAs reported these rates for FFY 2019. This chart excludes Iowa health home Services SPA, Michigan Chronic Care Model for Individuals with Serious and Persistent Mental Health Conditions SPA, and Oklahoma health home (Adults) SPA, which had denominators less than 30.

## MEASURE INFORMATION SHEET

### HEALTH HOME CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2022 CORE SET

Measure Information	
<b>Measure name</b>	<b>Screening for Depression and Follow-Up Plan (CDF-HH)</b>
<b>Description</b>	Percentage of health home enrollees age 12 and older screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the eligible encounter.
<b>Measure steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>NQF number (if endorsed)</b>	0418/0418e (no longer endorsed)
<b>If measure is removed, does it leave a gap in the Health Home Core Set?</b>	The Workgroup member (WGM) indicated that removing this measure would not leave a gap in the Health Home Core Set.
<b>Has another measure been proposed for substitution (new or existing measure)?</b>	No
<b>Is there another related measure in the Core Set?</b>	No
<b>Meaningful Measures area of measure</b>	Promote Effective Prevention & Treatment of Chronic Diseases Note: The Meaningful Measures 2.0 Framework is still under development
<b>Use in other CMS programs</b>	<ul style="list-style-type: none"> <li>• Child and Adult Core Sets</li> <li>• Uniform Data System</li> <li>• Behavioral Health Clinic Quality Measures</li> <li>• Medicaid Promoting Interoperability</li> <li>• Medicare Shared Savings Program (MSSP)</li> <li>• Merit-Based Incentive Payment System (MIPS) Program</li> </ul>

FFY 2021 Technical Specifications	
<b>Ages</b>	Age 12 or older on date of encounter.
<b>Data collection method</b>	Administrative or electronic health record (EHR).
<b>Denominator</b>	The eligible population with an outpatient visit during the measurement year.
<b>Numerator</b>	Enrollee screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age appropriate standardized depression screening tool and, if positive, a follow-up plan is documented on the date of the eligible encounter.
<b>Exclusions</b>	Exclude enrollees with an active diagnosis of depression or bipolar disorder.

	<p>Exclude patients with any of the following <i>only</i> if the patients do not meet the criteria for inclusion in the numerator:</p> <ul style="list-style-type: none"> <li>• Enrollee refuses to participate</li> <li>• Enrollee is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status</li> <li>• Situations where the enrollee's functional capacity or motivation to improve may impact the accuracy of results of nationally recognized standardized depression assessment tools. For example: certain court appointed cases or cases of delirium.</li> </ul>
<b>Continuous enrollment period</b>	None.
<b>Allowable gap</b>	None.

### Reasons for Removal Noted by Workgroup Member(s)

#### Minimum Technical Feasibility Criteria

The WGM who suggested this measure for removal indicated that states report problems with providers coding the information needed to calculate this measure in administrative claims. They indicated that this measure has not been meaningful as evidenced by the small number of states reporting the measure to CMS.

#### Actionability and Strategic Priority

None identified by the WGM.

#### Other Considerations

None identified by the WGM.

### Core Set Reporting History

<b>Number of SPAs reporting the measure for FFY 2019</b>	12 SPAs (4 of the 12 SPAs did not use Core Set specifications)
<b>Was the measure publicly reported for FFY 2019?</b>	No
<b>Is the measure on the Child or Adult Core Set?</b>	Child and Adult Core Sets
<b>Is the measure on the Medicaid &amp; CHIP Scorecard?</b>	No
<b>Challenges noted by SPAs in reporting the measure for FFY 2019</b>	<p>Four of the twelve SPAs that reported CDF-HH used other specifications for FFY 2019, such as using alternate data sources, different populations, or other methodologies.</p> <p>Among the 23 SPAs that did not report the CDF-HH measure for FFY 2019, the following reasons were noted:</p> <ul style="list-style-type: none"> <li>• The data were not submitted by providers (11 SPAs)</li> <li>• Inability to calculate measures requiring medical record review (4 SPAs)</li> </ul>

	<ul style="list-style-type: none"><li>• Length of the continuous enrollment period (2 SPAs)</li><li>• No measure-eligible enrollees in the health home (1 SPA)</li><li>• The measure was too new to report (1 SPA)</li></ul> <p>Four health homes were expected to report CDF-HH for FFY 2019 but did not. These states did not submit Health Home Core Set measure reports for FFY 2019 and did not provide a reason for not reporting.</p> <p>There were eight TA questions related to the CDF-HH measure in the last three years. These questions asked for clarification on (1) the continuous enrollment period, (2) how to identify the measure-eligible population, and (3) the types of providers that could provide screenings.</p>
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