

MaineCare Behavioral Health Homes – Quality Strategy

November 21, 2013

MaineCare will develop quarterly Behavioral Health Homes quality measures reports to provide feedback to the Health Homes and monitor progress in these areas.

MaineCare’s claims system processes Medicare cross-over claims that can be used to calculate the measures for Duals. To the extent the cross-over claims may be missing or incomplete, MaineCare will request Medicare claims data from CMS to augment the cross-over claims. MaineCare will work with partners to identify technical solutions to capture clinical data for certain measures, and will also use existing data resources (i.e., Enterprise Information System, annual surveying tools) for measure calculation.

Goal 1: Reduce Inefficient Healthcar e Spending	Measures	Measure Steward and Alignment	Data Source	Measure Specification	How HIT will be Utilized
	<p>Ambulatory Care-Sensitive Condition Admission: Ambulatory care sensitive conditions: age-standardized acute care hospitalization rate for conditions where appropriate ambulatory care prevents or reduces the need for admission to the hospital, per 100,000 population under age 75 years.</p>	<p>NQMC Rosenthal HH CORE Stage A</p>	<p>Claims</p>	<p>Numerator : Total number of acute care hospitalizations for ambulatory care sensitive conditions under age 75 years Denominator: Total mid-year population under age 75</p>	<p>This measure will be included on the Health Homes quality measures report.</p>
	<p>Plan- All Cause Readmission: For members 18 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis</p>	<p>NCQA HH Core Stage A</p>	<p>Claims</p>	<p>Numerator : Count the number of Index Hospital Stays with a readmission within 30 days for each age, gender, and total combination Denominator: Count the number of Index Hospital Stays for each age, gender, and total combination</p>	<p>This measure will be included on the Health Homes quality measures</p>

MaineCare Behavioral Health Homes – Quality Strategy

November 21, 2013

	within 30 days				report.
	ED Utilization (Utilization): Number of ED visits per 1000 member months;	HEDIS ¹ Stage A	Claims	<p>Emergency Department (ED) visits were identified using standard coding systems for hospital billing: Uniform Billing (UB) Revenue Codes or CPT Codes (Current Procedural Terminology).</p> <p>Both of these systems include multiple codes that refer to emergency department care. The comprehensive list of codes applied was developed by the National Committee for Quality Assurance (NCQA) Health Effectiveness Data Information Set (HEDIS).¹</p> <p>Numerator: Number of ED visits not resulting in an inpatient stay. Excludes visits with a primary diagnosis of mental illness (ICD-9 code 290-316)</p> <p>Denominator: Member months Measure is shown as a rate per 1000 member months.</p>	This measure will be included on the Health Homes quality measures report.
	Non-Emergent ED visits: Maine ED study ² developed list of 14 diagnoses identified as preventable. The criteria for selection of the included	Stage A	Claims	<p>ED visits identified by HEDIS coding and with the following primary diagnosis:</p> <ul style="list-style-type: none"> • Sore throat (Strep) 034.0 • Viral Infection (unspecified) 079.99 • Anxiety (unspecified or generalized) 	This measure will be included on the Health Homes

¹ For complete specifications of HEDIS claims-based measures see HEDIS 2011 Technical Specifications for Health Plans, Volume 2. Unless otherwise specified, most measures use members enrolled in MaineCare during 11 of the 12 months of the referent period.

² ANALYSIS OF 2006 MAINE EMERGENCY DEPARTMENT USE : A Study Conducted on Behalf of the Emergency Department Use Work Group of the Maine Advisory Council on Health System Development, E. Kilbreth, et al., 2009.

MaineCare Behavioral Health Homes – Quality Strategy

November 21, 2013

	<p>conditions were: 1) matching diagnostic codes of conditions seen frequently both in hospital emergency departments and in primary care settings; 2) eliminating any diagnoses that, when seen in an emergency department, result in the patient being admitted more than 5 percent of the time; 3) a review of the list of diagnoses generated through this process by clinicians with emergency department experience and selection by the clinicians of a sub-set of conditions that, based on their clinical judgment, met the criterion of usually being an avoidable ED visit. Commercial and Medicaid claims used as source for identification of ICD-9 codes.</p>			<p>300.00, 300.02</p> <ul style="list-style-type: none"> • Conjunctivitis (acute or unspecified) 372.00, 372.30 • External and middle ear infections (acute or unspecified) 380.10, 381.00, 381.01, 381.4, 382.00, 382.9 • Upper respiratory infections (acute or unspecified) 461.9, 473.9, 462, 465.9 • Bronchitis (acute or unspecified) or cough 466.0, 786.2, 490 • Asthma (unspecified) 493.90 • Dermatitis and rash 691.0, 691.8, 692.6, 692.9, 782.1 • Joint pain 719.40, 719.41, 719.42, 719.43, 719.44, 719.45, 719.46, 719.47, 719.48, 719.49 • Lower and unspecified back pain 724.2, 724.5 • Muscle and soft tissue limb pain 729.1, 729.5 • Fatigue 780.79 • Headache 784.0 <p>Numerator: Non-Emergent ED Visits</p> <p>Denominator: Members</p> <p>Measure is expressed as a rate per 1000 member months.</p>	<p>quality measures report.</p>
	<p>Percent of Members with fragmented primary care</p>	<p>Measure developed based on Liu</p>	<p>Claims</p>	<p>This measure uses Liu’s fragmented care index (FCI) is based on Bice and Boserman’s⁴ continuity of care index (CCI) that considers</p>	<p>This measure will be included on</p>

MaineCare Behavioral Health Homes – Quality Strategy

November 21, 2013

		methodology ³ Stage A		the number of different providers visited, the proportion of attended visits to each provider and the total number of visits. The CCI runs from “0” continuous care to “1” fragmented care. Numerator: Number of members above the 75 th percentile on FCI index Denominator: Number of members	the Health Homes quality measures report.
	Care Transition: Transition Record Transmitted to Health care Professional: percentage of patients, regardless of age, discharged from an inpatient facility to home or any other site of care for whom a transition record was transmitted to the facility or primary physician or other health care professional designated for follow-up care within 24 hours of discharge.	Stage A HH Core	Clinical	Numerator: Patients for whom a transition record was transmitted to the facility or primary physician or other health care professional designated for follow-up care within 24 hours of discharge Denominator: All patients, regardless of age, discharged from an inpatient facility (e.g., hospital inpatient or observation, skilled nursing facility, or rehabilitation facility) to home/self-care or any other site of care	
	Out of Home Placement Days for Children	Stage B only	Claims	Number of behavioral health residential treatment bed days per member per month - (Breakout for adults 18 years and older and for children/youth – birth to 17 years)	
	All readmissions for behavioral health diagnoses including	Stage B only	Claims	Numerator: Count of Index Hospital Stays with a readmission for behavioral health	

⁴ Bice TW, Boxerman, SB. A quantitative measure of continuity of care. *Medical Care*. 1977;15(4)347-349.

³ Liu C.W., et al. Care Fragmentation and Emergency Department Use among Complex Patients with Diabetes. *The American Journal of Managed Care*. 2010;16(6): 413-419

MaineCare Behavioral Health Homes – Quality Strategy

November 21, 2013

	IMD, as data is available			reasons within 30 days for each age, gender, and total combination Denominator: Count of Index Hospital Stays for each age, gender, and total combination	
--	---------------------------	--	--	---	--

Goal 2: Improve Chronic Disease Management:	Measures	Measure Steward and Alignment	Data Source	Measure Specification	How HIT will be Utilized
Improve Diabetes Care					
	1. Adult Diabetes Care: HbA1c monitoring: Percentage of members 18-75 years of age with diabetes (type 1 or type 2) who had one Hemoglobin A1c test in the measurement year.	HEDIS Stage A	Claims	Numerator: Number of members age 18-75 years with diabetes with one HbA1c test within 12 month referent period Denominator: Total number of members age 18-75 with diabetes ⁵ identified in 12 month referent period	This measure will be included on the Health Homes quality measures report.
	2. Pediatric Diabetes Care: HbA1c monitoring Percentage of members <u>5-17 years of age</u> with diabetes (type 1 or type 2) who had one Hemoglobin A1c test in the	NCQA CHIPRA Meaningful Use NQF #0060 Improving	Claims	Numerator: Number of members age 5-17 years with diabetes with one HbA1c test within 12 month referent period Denominator: Total number of members age 5-17 with diabetes ⁶ identified in 12 month referent period	This measure will be included on the Health Homes quality measures

⁵ Diabetes as defined by American Diabetes Association, 2013 Standards of Care, available at http://care.diabetesjournals.org/content/36/Supplement_1

⁶ Diabetes as defined by American Diabetes Association, 2013 Standards of Care, available at http://care.diabetesjournals.org/content/36/Supplement_1

MaineCare Behavioral Health Homes – Quality Strategy

November 21, 2013

	measurement year.	Health Outcomes for Children (IHOC) #43 Stage A		Denominator: Total number of members age 5-17 with diabetes ⁷ identified in 12 month referent period	report.
	3. Adult Diabetes Care: Eye Exam Percentage of members 18-75 years of age with diabetes (type 1 or type 2) who had a retinal eye exam performed within past 1-2 years.	HEDIS Stage A	Claims	Numerator: Number of members age 18-75 years with diabetes with at least one retinal eye exam performed within previous 24 months, or within previous 12 months for those previously diagnosed with retinopathy. Denominator: Total number of members age 18-75 with diabetes identified in 12 month referent period	This measure will be included on the Health Homes quality measures report.
	4. Adult Diabetes Care: Lipid Monitoring Percentage of members 18-75 years of age with diabetes (type 1 or type 2) who had a LDL-C screening performed within previous 12 months.	HEDIS Stage A	Claims	Numerator: Number of members age 18-75 years with diabetes with at least one LDL-C screening tests performed within 12 month referent period Denominator: Total number of members age 18-75 with diabetes identified in 12 month referent period	This measure will be included on the Health Homes quality measures report.
	5. Adult Diabetes Care: Nephropathy Screening Percentage of members 18-75 years of age with diabetes with nephropathy screening within previous 12 months.	HEDIS Stage A	Claims	Numerator: Number of members age 18-75 years with diabetes with at least one nephropathy screening tests performed within 12 month referent period. Denominator: Total number of members	This measure will be included on the Health Homes quality

⁷ Diabetes as defined by American Diabetes Association, 2013 Standards of Care, available at http://care.diabetesjournals.org/content/36/Supplement_1

MaineCare Behavioral Health Homes – Quality Strategy

November 21, 2013

				age 18-75 with diabetes identified in 12 month referent period.	measures report.
Improve Hypertension Care					
	Controlling high blood pressure: Percentage of patients 18–85 years of age who had a diagnosis of hypertension (HTN) whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year.	Stage A HH CORE	Clinical	Numerator: Number of members age 18-85 years with HTN and whose BP was adequately controlled (<140/90) during the measurement year. Denominator: Total number of members age 18-85 with HTN identified in 12 month referent period.	This measure will be included on the Health Homes quality measures report.
Improve Asthma Care					
	Appropriate Medication Therapy Adult & Pediatric Asthma Care: Percentage of members 2-75 years of age with persistent asthma who were appropriately prescribed controller medication (report separately for patients 2- <19, 19-75, and total)	NCQA / HEDIS CHIPRA (MMA) Meaningful Use NQF #1799 NQF #0036 IHOC #25 Stage A	Claims	Numerator: Total number of members 2-75 years of age during the measurement year identified with persistent asthma who were appropriately prescribed controller medication during the measurement year Denominator: Total number of members age 2-75 during the measurement year identified with persistent asthma	This measure will be included on the Health Homes quality measures report.
Improve COPD Care					
	Spirometry Testing in Chronic Obstructive Pulmonary Disease (COPD): Members age 42 years and older with a new diagnosis or newly	HEDIS Stage A	Claims	Numerator: Members age 42 years and older with new COPD diagnosis that received a spirometry test within the 2 years prior or 180 days after the diagnosing event.	This measure will be included on the Health Homes

MaineCare Behavioral Health Homes – Quality Strategy

November 21, 2013

	active COPD who received spirometry testing within two years			Denominator: All members 42 and older identified with a diagnosis of COPD on an outpatient, ED or acute inpatient visit and were continuously enrolled for 2 years.	quality measures report.
Improve Cardiovascular Care					
	Lipid Management: Percentage of members age 18-75 years of age with cardiovascular disease (CVD) who received an LDL-C screening within previous year.	HEDIS HH Core Stage A	Claims	Numerator: Members age 18-75 years with CVD who had LDL-c screening during the measurement year and the year prior to the measurement year. Denominator: All members 18-75 years with diagnosis of CVD (i.e. AMI, CABG or PTCA procedure, or diagnosis of IVD on an outpatient or inpatient stay.)	This measure will be included on the Health Homes quality measures report.

Goal 3: Promotion of Wellness and Prevention	Measures	Measurement Steward and Alignment	Data Source	Measure Specification	How HIT will be Utilized
	Well-Child Visits ages 3-6 and 7-11: Percentage of members who were three to eleven years of age who received one or more well-child visits with a PCP during the measurement year	HEDIS Stage A	Claims	Numerator: Children who received one or more well child visits with a PCP Denominator: Children between the ages of 3 and 6 during the measurement year. Numerator: Children who received one or more well child visits with a	This measure will be included on the Health Homes quality measures report.

MaineCare Behavioral Health Homes – Quality Strategy

November 21, 2013

				PCP Denominator: Children between the ages of 7 and 11 during the measurement year.	
	Adolescent Well-Care Visit (12-20): Percentage of members who were 12-20 years of age and who had at least one comprehensive well-care visit with a PCP or OB/GYN during the measurement year	HEDIS Stage A	Claims	Numerator: adolescents with at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. Denominator: Adolescents ages 12 to 21 during the measurement year.	This measure will be included on the Health Homes quality measures report.
	Healthy Weight: Weight Assessment and BMI Classification: % 3-<18 who had an outpatient visit with documentation of BMI percentile. (Report 3-<12, 12-<18 age groups and total.)	CHIPRA (7) Bright Futures NCQA/HEDIS, NHANES Stage B only	Clinical measure	Numerator: Of those in the denominator, number of patients who have evidence of Body Mass Index (BMI) percentile documentation during the measurement year. Denominator: Patients 3-<18 who had an outpatient visit during the measurement year with a PCP.	
	Adult Body Mass Index (BMI) Assessment	Stage A HH Core	Clinical measure	Numerator: Body mass index documented during the measurement year or the year prior to the measurement year Denominator: Members 18-74 of age who had an outpatient visit	
	Cardio-Metabolic Screening for adults and children who are prescribed antipsychotic medications (SSD) (NCQA)	Stage B only Specifications derived from NQF 1932 and NQF 1927	Claims	Lipid screening Numerator: Persons receiving any antipsychotic medication who receive one or more lipid tests per year. Denominator: all persons on antipsychotic medication.	

MaineCare Behavioral Health Homes – Quality Strategy

November 21, 2013

				<p>Glucose screening Numerator: Persons receiving any antipsychotic medication who receive one or more glucose or Hemoglobin A1c tests per year.</p> <p>Denominator: all persons on antipsychotic medication.</p>	
	<p>Screening for Clinical Depression and Follow-up Plan: Percentage of patients aged 18 years and older screened for clinical depression using a standardized tool AND follow-up documented</p>	<p>HH Core Stage A</p>	<p>Clinical</p>	<p>Numerator: Total number of patients from the denominator who have follow-up documentation</p> <p>Denominator: All patients 18 years and older screened for clinical depression using a standardized tool</p>	

Goal 4: Recovery and Effective Management of BH Conditions	Measures	Measurement Steward and Alignment	Data Source	Measure Specification	How HIT will be Utilized
	<p>Follow-Up After Hospitalization for Mental Illness HEDIS Claims: Percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 7 days</p>	<p>NCQA HH Core Stage A</p>	<p>Claims</p>	<p>Numerator: An outpatient visit, intensive outpatient encounter, or partial hospitalization (refer to Table FUH-C in the original measure documentation for codes to identify visits) with a mental health practitioner within 7 days after discharge. Include outpatient visits, intensive outpatient encounters or partial hospitalizations that occur on the date of discharge.</p>	<p>This measure will be included on the Health Homes quality measures report.</p>

MaineCare Behavioral Health Homes – Quality Strategy

November 21, 2013

	of discharge.			Denominator: Members 6 years of age and older discharged alive from an acute inpatient setting (including acute care psychiatric facilities) with a principal mental health diagnosis on or between January 1 and December of the measurement year	
	<p>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: Percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who received the following:</p> <ul style="list-style-type: none"> • Initiation of AOD treatment. • Engagement of AOD treatment. 	NCQA HH Core Stage A	Claims	<p>Numerator: Initiation of Alcohol and other Drug (AOD) Dependence Treatment: Members with initiation of AOD treatment through an inpatient admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days of diagnosis. Engagement of Alcohol and other Drug (AOD) Treatment: 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.</p> <p>Denominator: Members 13 years of age and older as of December 31 of the measurement year with a new episode of alcohol or other drug</p>	This measure will be included on the Health Homes quality measures report.

MaineCare Behavioral Health Homes – Quality Strategy

November 21, 2013

				(AOD) during the intake period, reported in two age stratifications (13-17 years, 18+ years) and a total rate. The total rate is the sum of the two numerators divided by the sum of the two denominators.	
	Weak/No Evidence Base for receipt of antipsychotic medication	Based on MEDNET project with Rutgers CERT and FDA approval Stage B only	Claims	<p>Numerator: Members 18+ on Antipsychotic who do NOT have schizophrenia, or any of the following disorders: psychoses, schizoaffective bipolar, major depression, autism</p> <p>Denominator: Members 18+ on any antipsychotic medication</p>	
	SMI/SED Care – Access and Adherence to Antipsychotic medications	Stage B	Claims	<p>Numerator (Access): Percent of members with diagnosis of schizophrenia, schizoaffective disorder who filled at least two prescriptions for any antipsychotic medication.</p> <p>Denominator: all persons with same diagnoses</p> <p>Numerator (Adherence): number with schizophrenia or schizoaffective disorder who filled at least 2 prescriptions for any antipsychotic medication and have Proportion of Days Covered (PDC) (aka Medication Possession Ratio) of 80% or greater</p> <p>Denominator: all persons with same</p>	

MaineCare Behavioral Health Homes – Quality Strategy

November 21, 2013

				diagnoses with 2 prescriptions for antipsychotic medication.	
	Employment Status (adults) Percent of adults with SMI who are competitively employed (full or part-time, including supported employment) over 12-month period.	Stage B only	Enterprise Information system (EIS) – SMI enrollment data.	Numerator: Number of enrolled members competitively employed Denominator: Total number members enrolled over 12-month period.	
	Residential stability: Percent of adults with SMI who have 2 or more residential placements over a 12- month period.	Stage B only: Year 2	Enterprise Information system (EIS) – SMI enrollment data.	Numerator: Number of enrolled members who have 2 or more residential placements over 12-month period Denominator: Number of adult members over 12-month period	
	Functional improvement, Adults: development of measure to assess functional improvement based on ANSA.	Stage B only: Year 2	Enterprise Information system (EIS) – SMI enrollment data.	Numerator/Denominator TBD	
	Functional improvement, Children: development of measure to assess functional improvement based on CANS.	Stage B only: year 2	Enterprise Information system (EIS) – SMI enrollment data.	Numerator/Denominator TBD	
Goal 5: Promote Improved Experience of Care for Consumers/ Families	Measures	Measurement Steward and Alignment	Data Source	Measure Specification	How HIT will be Utilized

MaineCare Behavioral Health Homes – Quality Strategy

November 21, 2013

SMI/SED Experience of Care	SMI/SED Experience of Care % of members reporting improved overall satisfaction with treatment and services	Stage B only	Mental Health and Wellness Survey	Numerator: the number of respondents to the survey Denominator: the number of MaineCare members who receive the survey	
	SMI/SED Access to services % of members reporting positive experience with access to services	Stage B only	Mental Health and Wellness Survey	SMI/SED Improved Access to Services as a result of treatment and services % of members reporting improved outcome as a result of treatment and services	
	SMI/SED Improved Outcome as a result of treatment and services % of members reporting improved outcome as a result of treatment and services	Stage B only	Mental Health and Wellness Survey	SMI/SED Improved Outcome as a result of treatment and services % of members reporting improved outcome as a result of treatment and services	
	SMI/SED Level of Functioning % of members reporting improved level of functioning as a result of treatment and services	Stage B only	Mental Health and Wellness Survey	SMI/SED Level of Functioning % of members reporting improved level of functioning as a result of treatment and services	
	SMI/SED Social Connectedness % of members reporting social connectedness with the community	Stage B only	Mental Health and Wellness Survey	SMI/SED Social Connectedness % of members reporting social connectedness with the community	
	Participation in Treatment Planning % of members who report positive experience in their participation in treatment planning.	Stage B only	Mental Health and Wellness Survey	Numerator: members who had an ISP conducted within 30 days of enrollment Denominator: % of members who report positive experience in their participation in treatment planning.	