



# OneCare Kansas Planning Council

May 16, 2019

*Helping people live healthier lives by integrating and coordinating services and supports to treat the “whole-person” across the lifespan.*



*Welcome*

# AGENDA FOR THE DAY



- Updates
  - Project Timeline
  - Target Population
  - Communications
- Data Collection and Sharing Discussion

# Updates

- Project Timeline – *Becky Ross*
- Target Population – *Dr. Tami Gurley-Calvez*
- Communications & Provider Application –  
*Samantha Ferencik*



# OneCare Kansas Measures and Opportunities

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Amy Swanson – Quality Program Manager, KDHE-DHCF

# OneCare Core Measures

- Federally required by CMS
- Align with other initiatives including:
  - HEDIS (Healthcare Effectiveness Data and Information Set)
  - CMS Adult Core Measures
  - AHRQ (Agency for Healthcare Research and Quality)
  - NQF (National Quality Forum)
- Technical Specifications and Resource Manual

# Current Required Core Measures

## 2019 Core Set of Health Care Quality Measures for Medicaid Health Home Programs (Health Home Core Set)

NQF #	Measure Steward	Measure Name
<b>Core Set Measures</b>		
0004	NCQA	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-HH)
0018	NCQA	Controlling High Blood Pressure (CBP-HH)
0418/ 0418e	CMS	Screening for Depression and Follow-Up Plan (CDF-HH)
0576	NCQA	Follow-Up After Hospitalization for Mental Illness (FUH-HH)
1768	NCQA	Plan All-Cause Readmissions (PCR-HH)
NA	NCQA	Adult Body Mass Index Assessment (ABA-HH)
NA	AHRQ	Prevention Quality Indicator (PQI) 92: Chronic Conditions Composite (PQI92-HH)
<b>Utilization Measures</b>		
NA	CMS	Admission to an Institution from the Community (AIF-HH) <sup>a</sup>
NA	NCQA	Ambulatory Care: Emergency Department (ED) Visits (AMB-HH)
NA	CMS	Inpatient Utilization (IU-HH)

AHRQ = Agency for Healthcare Research & Quality; CMS = Centers for Medicare & Medicaid Services; NA = Measure is not NQF endorsed; NCQA = National Committee for Quality Assurance; NQF = National Quality Forum.

<sup>a</sup> For the 2019 Health Home Core Set, NFU-HH was revised and renamed Admission to an Institution from the Community (AIF-HH).

# CMS Guidance

## Technical Specifications

- Original - 2013
- Updated consistently but irregularly (every year or two)
- Built on previous year
- Few changes from year to year
- Latest Version – 2019

<https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-home-information-resource-center/quality-reporting/index.html>



# Technical Specifications Example

## (handout)

### MEASURE ABA-HH: ADULT BODY MASS INDEX ASSESSMENT

National Committee for Quality Assurance

#### A. DESCRIPTION

Percentage of Health Home enrollees ages 18 to 74 who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.

Data Collection Method: Administrative or Hybrid

##### Guidance for Reporting:

- This measure applies to Health Home enrollees ages 18 to 74. For the purpose of Health Home Core Set reporting, states should calculate and report this measure for two age groups (as applicable) and a total rate: ages 18 to 64 and ages 65 to 74.
- The height, weight, and BMI should be from the same data source.
- The height and weight measurement should be taken during the measurement year or the year prior to the measurement year.
- If using hybrid specifications, documentation in the medical record should indicate the weight and BMI value, dated during the measurement year or the year prior to the measurement year.
- Include all paid, suspended, pending, and denied claims.
- Enrollees in hospice are excluded from the eligible population. If a state reports this measure using the Hybrid method, and an enrollee is found to be in hospice or using hospice services during medical record review, the enrollee is removed from the sample and replaced by a member from the oversample.

The following coding systems are used in this measure: CPT, HCPCS, ICD-9-CM, ICD-10-CM, and UB. Refer to the Acknowledgments section at the beginning of the manual for copyright information.

#### B. DEFINITIONS

BMI	Body mass index. A statistical measure of the weight of a person scaled according to height.
BMI percentile	The percentile ranking based on the Centers for Disease Control and Prevention's (CDC) BMI-for-age growth charts, which indicate the relative position of a patient's BMI number among those of the same sex and age.

#### C. ELIGIBLE POPULATION

Age	Age 18 as of January 1 of the year prior to the measurement year to age 74 as of December 31 of the measurement year.
Continuous enrollment	Enrolled in a Medicaid Health Home program for the measurement year and the year prior to the measurement year.

Version of Specification: HEDIS 2018

Measure ABA-HH: Adult Body Mass Index Assessment

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Allowable gap	No more than one gap in enrollment of up to 45 days during each year of continuous enrollment. To determine continuous enrollment for a Health Home enrollee for whom enrollment is verified monthly, the enrollee may not have more than a 1-month gap in coverage (i.e., an enrollee whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).
Anchor date	December 31 of the measurement year.
Benefit	Medical.
Event/ diagnosis	Health Home enrollees who had an outpatient visit ( <u>Outpatient Value Set</u> ) during the measurement year or the year prior to the measurement year.

#### D. ADMINISTRATIVE SPECIFICATION

##### Denominator

The eligible population.

##### Numerator

For Health Home enrollees age 20 or older on the date of service, BMI (BMI Value Set) during the measurement year or the year prior to the measurement year.

For Health Home enrollees younger than age 20 on the date of service, BMI percentile (BMI Percentile Value Set) during the measurement year or the year prior to the measurement year.

##### Exclusions (optional)

Female Health Home enrollees who have a diagnosis of pregnancy (Pregnancy Value Set) during the measurement year or the year prior to the measurement year.

#### E. HYBRID SPECIFICATION

##### Denominator

A systematic sample drawn from the eligible population.

Use a sample size of 411, unless special circumstances apply. States may reduce the sample size using information from the current year's administrative rate or the prior year's audited, hybrid rate. Regardless of the selected sample size, NCQA recommends an oversample to allow for substitution in the event that cases in the original sample turn out to be ineligible for the measure. For additional information on using a reduced sample size, refer to [Appendix B](#), Guidance for Selecting Sample Sizes for Hybrid Measures.

##### Numerator

BMI during the measurement year or the year prior to the measurement year, as documented through either administrative data or medical record review.

##### Administrative Data

Refer to Administrative Specification to identify positive numerator hits from the administrative data.

# What did we measure for the previous program?

(CMS Required)

1. Initiation & Engagement - Alcohol & Drug Dependence Treatment
  - Adolescents
  - Adults
2. Controlling High Blood Pressure
  - Adequately controlled (<140/90)
3. Screening for Clinical Depression and Follow-up Plan
  - Screen using standardized tool
  - Follow-up documented

# What did we measure for the previous program?

(CMS Required)

## 4. Follow-up After Hospitalization for Mental Illness

- Outpatient visit/encounter/partial hospitalization w/ MH Practitioner

## 5. Plan All-Cause Readmissions

- Hospital stays with readmission within 30 days

## 6. Adult BMI

- Documented

# What did we measure for the previous program?

(CMS Required)

## 7. Inpatient Utilization

- General hospital/acute

## 8. Ambulatory Care Sensitive Condition Admission (No longer req.)

- Acute care admissions for conditions avoidable by primary care

# What's new?

(CMS Required)

## 9. Prevention Quality Indicator: Chronic Conditions Composite

- Inpatient hospital admission
- Based on qualifying event

## 10. Ambulatory Care: Emergency Department (ED) Visits

- ED visits for conditions manageable by PCP visits

## 11. Admission to an Institution from the Community

- Institutional Facility Admissions
- Short, Medium and Long-term

# In conclusion

- Core Measure Questions
- How can you share data you are collecting with other OneCare Partners, MCOs, the State?



# Next Steps

# OCK Provider Webinar Series:

## OCK Core Services

Definitions, Activities, and Documentation



Friday, May 24  
12:00 – 1:00 p.m.

Register:

[https://wchitaccsr.adobeconnect.com/ock\\_6\\_core\\_services/event/registration.html](https://wchitaccsr.adobeconnect.com/ock_6_core_services/event/registration.html)



**Mark your calendars!!**

**OneCare Kansas  
Planning Council Meeting**

**June 20, 2019**

**10:00 a.m. – 4:00 p.m.**

**Kansas Health Institute, Topeka**



*Thank you!*