

3.1 - A: Categorically Needy View

**Health Homes for Individuals with Chronic Conditions
Amount, Duration, and Scope of Medical and Remedial Care Services: Categorically Needy**

vii. Quality Measures: Goal Based Quality Measures

A. Goal 1: Reduce utilization associated with avoidable (preventable) inpatient stays

1. Clinical Outcomes

Measures	Data Source	Specifications	HIT Utilization
Inpatient Utilization – General hospital/Acute Care	Claims	(HEDIS 2012 – Use of Services) The rate of utilization of acute inpatient care per 1,000 member months. Data is reported by age for categories: Medicine, Surgery, Maternity and Total Inpatient	Inpatient stays will be identified from administrative claims. Results of aggregated rates will be shared with health homes including their results and benchmarking to the overall peer results.

2. Experience of Care

Measures	Data Source	Specifications	HIT Utilization
NA	NA	NA	NA

3. Quality of Care

Measures	Data Source	Specifications	HIT Utilization
NA	NA	NA	NA

B. Goal 2: Reduce utilization associated with avoidable (preventable) emergency room visits

1. Clinical Outcomes

Measures	Data Source	Specifications	HIT Utilization
Ambulatory Care (ED Visits)	Claims	(HEDIS 2012 – Use of Services) The rate of ED visits per 1,000 member months. Data is reported by age categories.	Emergency Department visits will be identified from administrative claims. Results of aggregated rates will be shared with health homes including their results and benchmarking to the overall peer results.

2. Experience of Care

Measures	Data Source	Specifications	HIT Utilization
NA	NA	NA	NA

3. Quality of Care

Measures	Data Source	Specifications	HIT Utilization

Health Home for Individuals with Chronic Behavioral and Medical Health Conditions
SPA 11-56
Quality Measures

NA	NA	NA	NA
----	----	----	----

C. Goal 3: Improve Outcomes for persons with Mental Illness and/or Substance Use Disorders

1. Clinical Outcomes

Measures	Data Source	Specifications	HIT Utilization
Mental Health Utilization	Claims	(HEDIS 2012 – Use of Services) The number and percentage of members receiving the following mental health services during the measurement year. <ul style="list-style-type: none"> • Any service • Inpatient • Intensive outpatient or partial hospitalization • Outpatient or ED 	Mental health services will be identified by data analysis of administrative claims. Results of aggregated rates will be shared with health homes including their results and benchmarking to the overall peer results.
Follow Up After Hospitalization for Mental Illness	Claims	(HEDIS 2012 - Effectiveness of Care) Percentage of discharges for treatment of selected mental illness disorders who had an outpatient visit, intensive outpatient encounter or partial hospitalization with a mental health provider within 7 days and within 30 days of discharge. In addition, 'retention' in services, defined as at least five qualifying visits (see above) with mental health providers within 90 days of discharge.	The transition of care HEDIS indicator is developed from treatment guidelines. The State's Office of Mental Health added quantification standards for retention to capture quality of ongoing care for a persistently severe mentally ill population targeted by NYS SPA for Health Home. The follow up visits will be identified from vendor data and claims. We will use data analytics to aggregate results by health home and compare to peers.
Follow up After Hospitalization for Alcohol and Chemical Dependency Detoxification	Claims	(New York State Specific) The percentage of discharges for specified alcohol and chemical dependency conditions that are followed up with visits with chemical treatment and other qualified providers within 7 days and within 30 days and who have ongoing visits within 90 days of the discharges	The transition of care is patterned after the HEDIS indicator for mental health. The State's Office of Alcohol and Substance Abuse Services added quantification standards for retention to capture quality of ongoing care for a chemically dependent population targeted By NYS SPA for Health Home. The follow up visits will be identified from vendor data and claims. We will use data analytics to aggregate results by health home and compare to peers.

2. Experience of Care

Measures	Data Source	Specifications	HIT Utilization
NA	NA	NA	NA

3. Quality of Care

Measures	Data Source	Specifications	HIT Utilization

Health Home for Individuals with Chronic Behavioral and Medical Health Conditions

SPA 11-56

Quality Measures

Antidepressant Medication Management	Claims and Pharmacy	(HEDIS 2012 - Effectiveness of Care) Percentage of members who had a new diagnosis of depression and treated with an antidepressant medication who remained on the antidepressant for acute phase and recovery phase of treatment	The medication adherence HEDIS indicators are developed from treatment guidelines. We will use data analytics with administrative claims data to calculate the results which will be shared with the health homes and will include benchmarks to peers.
Follow Up Care for Children Prescribed ADHD Medication	Claims and Pharmacy	(HEDIS 2012 - Effectiveness of Care) Percentage of children newly prescribed ADHD medication who had appropriate follow up in the initial 30 days and in the continuation and maintenance phase	The medication adherence HEDIS indicators are developed from treatment guidelines. We will use data analytics with administrative claims data to calculate the results which will be shared with the health homes and will include benchmarks to peers.
Adherence to Antipsychotics for Individuals with Schizophrenia	Claims and Pharmacy	(RAND section 2701 ACA proposed measure) Percentage of patients with a schizophrenia diagnosis who received an antipsychotic medication that had a proportion of days covered (PDC) for antipsychotic medication ≥ 0.8 during the measurement period.	This medication adherence indicator is based on the RAND measure and includes advice from the State's mental health agency to better reflect the standards of quality of care for a persistently severe mentally ill population targeted for Health Home. We will use data analytics with administrative claims data to calculate the results which will be shared with the health homes and will include benchmarks to peers.
Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder	Claims and Pharmacy	(RAND section 2701 ACA proposed measure) Percentage of patients with bipolar I disorder who received a mood stabilizer medication that had a proportion of days covered (PDC) for mood stabilizer medication ≥ 0.8 during the measurement period.	This medication adherence indicator is based on the RAND measure and includes advice from the State's mental health agency to better reflect the standards of quality of care for a persistently severe mentally ill population targeted for Health Home. We will use data analytics with administrative claims data to calculate the results which will be shared with the health homes and will include benchmarks to peers.

D. Goal 4: Improve Disease-Related Care for Chronic Conditions

1. Clinical Outcomes

Measures	Data Source	Specifications	HIT Utilization
NA	NA	NA	NA

2. Experience of Care

Measures	Data Source	Specifications	HIT Utilization
NA	NA	NA	NA

3. Quality of Care

Measures	Data Source	Specifications	HIT Utilization
Use of Appropriate	Claims and Pharmacy	(HEDIS 2012 - Effectiveness of Care) Percentage of members	The medication adherence HEDIS indicator is developed from

Health Home for Individuals with Chronic Behavioral and Medical Health Conditions

SPA 11-56

Quality Measures

Medications for People with Asthma		who are identified with persistent asthma and who were appropriately prescribed preferred asthma medication	treatment guidelines. We will use data analytics with administrative claims data to calculate the results which will be shared with the health homes and will include benchmarks to peers.
Medication Management for People With Asthma	Claims and Pharmacy	(HEDIS 2012 - Effectiveness of Care) The percentage of members who were identified as having persistent asthma and were dispensed appropriate medications in amounts to cover: 1) at least 50% of their treatment period and 2) at least 75% of their treatment period.	The medication adherence HEDIS indicator is developed from treatment guidelines. We will use data analytics with administrative claims data to calculate the results which will be shared with the health homes and will include benchmarks to peers.
Comprehensive Diabetes Care (HbA1c test and LDL-c test)	Claims, Pharmacy	(HEDIS 2012 - Effectiveness of Care) Percentage of members with diabetes who had at least one HbA1c test and at least one LDL-C test	The service-related HEDIS indicators are developed from treatment guidelines. We will use data analytics with administrative claims data to calculate the results which will be shared with the health homes and will include benchmarks to peers.
Persistence of Beta-Blocker Treatment after Heart Attack	Claims and Pharmacy	(HEDIS 2012 - Effectiveness of Care) Percentage of members who were hospitalized and discharged alive with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge	The medication adherence HEDIS indicators are developed from treatment guidelines. We will use data analytics with administrative claims data to calculate the results which will be shared with the health homes and will include benchmarks to peers.
Cholesterol Testing for Patients with Cardiovascular Conditions	Claims, Pharmacy	(HEDIS 2012 - Effectiveness of Care) Percentage of members who were discharged alive for AMI, CABG or PCI or who have a diagnosis of IVD and who had at least one LDL-C screening	The service-related HEDIS indicators were developed from treatment guidelines. We will use data analytics with administrative claims data to calculate the results which will be shared with the health homes and will include benchmarks to peers.
Comprehensive Care for People Living with HIV/AIDS	Claims and Pharmacy	(NYS Specific QARR 2010) Percentage of members living with HIV/AIDS who received the following services: (A) two outpatient visits with primary care with one visit in the first six months and one visit in the second six months, (B) viral load monitoring, and (C) Syphilis screening for all who 18 and older	The service-related HEDIS indicators were developed from treatment guidelines. We will use data analytics with administrative claims data to calculate the results which will be shared with the health homes and will include benchmarks to peers.

E. Goal 5: Improve Preventive Care

1. Clinical Outcomes

Measures	Data Source	Specifications	HIT Utilization
NA	NA	NA	NA

Health Home for Individuals with Chronic Behavioral and Medical Health Conditions
SPA 11-56
Quality Measures

2. Experience of Care

Measures	Data Source	Specifications	HIT Utilization
NA	NA	NA	NA

3. Quality of Care

Measures	Data Source	Specifications	HIT Utilization
Chlamydia Screening in Women	Claims and Pharmacy	(HEDIS 2012 - Effectiveness of Care) Percentage of women who were identified as sexually active and who had at least one test for Chlamydia	The preventive care HEDIS indicator was developed from preventive care guidelines. We will use data analytics with administrative claims data to calculate the results which will be shared with the health homes and will include benchmarks to peers.
Colorectal Cancer Screening	Claims (administrative method only)	(HEDIS 2012 - Effectiveness of Care) Percentage of member 50 and older who had appropriate screening for colorectal cancer	The preventive care HEDIS indicator was developed from preventive care guidelines. We will use data analytics with administrative claims data to calculate the results which will be shared with the health homes and will include benchmarks to peers.

viii. Quality Measures: Service Based Quality Measures N/A