

Public Comment Overview

Agency Overview

The New York State Department of Health (NYSDOH) is responsible for evaluating quality and oversees the collection of health care quality performance data.

Measure Development Process

The Department uses a consensus development process that involves a rigorous review of published guidelines, scientific evidence, and feedback from multi-stakeholder advisory panels, including the Office of Quality and Patient Safety, the Office of Health Insurance Programs, the Office of Alcohol and Substance Abuse and the Office of Mental Health.

Submitting Comments

The Department seeks feedback on the proposed new measures for the 2019 Value-Based Payment (VBP) Quality Measure set and 2019 Quality Assurance Reporting Requirements. Please submit all comments using the spreadsheet provided to nysqarr@health.ny.gov by December 21, 2018.

Value Set Directory

Any code tables not attached to the measure specifications are from the HEDIS 2019 Value Set Directory.

A **value set** contains the complete set of codes used to identify the service or condition included in the measure.

Item for Public Comment

Proposed New Measures

1. *Health Home Enrollment*
2. *Continued Engagement in Substance Use Disorder Treatment (CET)*

Proposed New Measure Health Home Enrollment

The Department seeks comments on the proposed measure for inclusion in the 2019 Value-Based Payment (VBP) HARP Quality Measure Set and the 2019 Quality Assurance Report Requirements for the HARP Product Line:

1. ***Health Home Enrollment.*** The proportion of Health Home (HH) eligible members enrolled in a health home for 3 or more months during the measurement year.

A Health and Recovery Plan (HARP) is a managed care product that manages physical health, mental health, and substance use services in an integrated way for adults with significant behavioral health needs (mental health or substance use). Care management is an important part of being in a HARP. Individuals identified as HARP eligible must be offered care management through State-designated Health Homes (HH). HARP enrollment of eligible individuals began in New York City in October 2015, and the rest of NYS began in July 2016. HARP eligible members are identified by the State on an ongoing basis and shared with the HARP plans, which will make assignments to Health Homes.

The measure was field-tested with 2017 Health Home Tracking System for eligible enrolled in a HARP health plan. The statewide rate of health home enrollment was 42% and ranged from 36% to 56% by health plan.

NYSDOH seeks feedback on this measure, the technical specification, and response to the following question:

Should there be continuous enrollment criteria applied at both the health plan and health home level? We have stated that the member must be continuously enrolled in the HARP for the measurement year with an allowable gap of no more than one month during the measurement year. Numerator compliance requires the member be enrolled in the health home for 3 or more months.

Health Home Enrollment

Description

The proportion of Health Home (HH) eligible members enrolled in a health home for 3 or more months during the measurement year.

Eligible Population

Product Lines	HARP
Ages	21 years and older as of December 31, of the reporting period.
Continuous Enrollment Health Plan	Continuous enrollment in HARP for the measurement year.
Allowable Gap	The allowable gap is no more than one month during the measurement year for the HARP and no allowable gaps for Health Home enrollment.
Benefit	Health Home eligible.
Anchor date	December 31 of the measurement year.

Administrative Specification

Denominator	The eligible population.
Numerator	The number of members enrolled in a Health Home for 3 or more months in the measurement year.

Proposed New Measure Continued Engagement in Substance Use Disorder (SUD) Treatment (CET)

The Department seeks comments on the proposed measure for inclusion in the 2019 Value-Based Payment (VBP) HARP Category 2 Quality Measure Set:

1. Continued Engagement in Substance Use Disorder (SUD) Treatment (CET)

This measure focuses on individuals engaged in treatment for alcohol and other drug dependence for at least 6 months following initiation of treatment. The length of time spent in treatment has been one of the most reliable predictors of post-treatment outcomes in national evaluations in the United States.^{1,2} There is evidence that SUD patients who engage in more continuing outpatient care after intensive inpatient treatment have better outcomes. A Continued Engagement in Substance Use Disorder Treatment measure has the potential to be a useful tool to help providers monitor continuation of SUD care and to alert them where improvement of care is needed.

The measure was field-tested with 2016 Medicaid claims and encounters and the OASAS Client Data System. The overall rate of Continued Engagement in SUD treatment was 24.9% for measurement year 2017.

The Department seeks feedback on this measure, the technical specification, and responses to the following questions:

- 1. Should follow-up visits be restricted to primary Alcohol or Other Drug (AOD) diagnosis and/or primary AOD procedures only? We are interested in whether this restriction captures SUD follow-up visits.**
- 2. This measure requires a visit every 30 days for 6 months to meet the measure. Should this measure allow for at least 1-month gap in a 6-month engagement period? If yes, please explain.**

¹ Simpson, D. Dwayne, George W Joe, and Barry S Brown. "Treatment Retention and Follow-Up Outcomes in the Drug Abuse Treatment Outcome Study (DATOS)." *Psychology of Addictive Behaviors* 11.4 (1997): 294 – 307.

² Simpson, D. Dwayne. "A Conceptual Framework for Drug Treatment Process and Outcomes." *Journal of Substance Abuse Treatment* 27 (2004): 99 – 121.

Continued engagement in Substance Use Disorder (SUD) Treatment (CET)

DRAFT

Description

The percentage of individuals with a new episode of Substance Use Disorder (SUD) treatment within the intake period and at least one subsequent SUD treatment every 30 days through 180 days from the date of the initial SUD treatment.

Definitions

Intake Period July 1 of prior year to June 30 of present year. The intake period is used to identify a new episode of SUD treatment service.

Direct Transfer A **direct transfer** is when the discharge date from one inpatient rehabilitation setting and the admission date to a second inpatient rehabilitation setting are one calendar day apart or less. For example:

- An inpatient rehabilitation discharge on June 1, followed by an admission to another inpatient rehabilitation setting on June 1, is a direct transfer.
- An inpatient rehabilitation discharge on June 1, followed by an admission to an inpatient rehabilitation setting on June 2, is a direct transfer.
- An inpatient rehabilitation discharge on June 1, followed by an admission to another inpatient rehabilitation setting on June 3, is not a direct transfer; these are two distinct inpatient rehabilitation stays.

Use the following method to identify admission to and discharges from inpatient rehabilitation settings.

1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
2. Identify if the inpatient stay includes a primary diagnosis of one of the following: NYS Alcohol Value Set, NYS Opioid Value Set, NYS Stimulant Value Set, NYS Other Drug Value Set.
3. Identify the admission and discharge dates for the stay.

To combine direct transfers, keep the first admission date of the first admission and the discharge date of the last discharge date as one episode.

Eligible Population

Product Lines	HARP
Ages	18 years and older as of December 31, of the reporting period.
Continuous Enrollment	60 days (2 months) prior to the ISD through 180 days after the ISD.
Allowable Gap	No gaps in enrollment.
Anchor date	None.
Benefits	Medical and chemical dependency (inpatient, residential, and outpatient).
Event/diagnosis	The earliest SUD service during the intake period. Follow the steps below to identify the eligible population.

Step 1 Identify the Initial Service. Identify members who during the intake period had a primary diagnosis of SUD and one of the following:

- An outpatient visit, intensive outpatient visit, residential, opioid treatment service or partial hospitalization. Any of the following code combinations meet these criteria:
 - Initiation & Engagement of Treatment (IET) Stand Alone Visits Value Set with a primary diagnosis using one of the following: NYS Alcohol Value Set, NYS Opioid Value Set, NYS Stimulant Value Set, NYS Other Drug Value Set.
 - IET Visits Group 1 Value Set with IET POS Group 1 Value Set and a primary diagnosis using one of the following: NYS Alcohol Value Set, NYS Opioid Value Set, NYS Stimulant Value Set, NYS Other Drug Value Set
 - IET Visits Group 2 Value Set with IET POS Group 2 Value Set and a primary diagnosis using one of the following: NYS Alcohol Value Set, NYS Opioid Value Set, NYS Stimulant Value Set, NYS Other Drug Value Set
- An acute or nonacute inpatient discharge identified with codes in the Inpatient Stay Value Set with a primary diagnosis using one of the following: NYS Alcohol Value Set, NYS Opioid Value Set, NYS Stimulant Value Set, NYS Other Drug Value Set.

For Medication Assisted Treatment (MAT):

Identify members who during the intake period had ANY diagnosis of SUD **and** one of the following:

- *If the Initial Service was for a diagnosis of Alcohol Dependence (NYS Alcohol Value Set) a MAT dispensing event (MAT for Alcohol Abuse or Dependence Medications List) or claim for MAT (Medication Assisted Treatment Value Set).*
- *If the Initial Service was for a diagnosis of Opioid Dependence (NYS Opioid Value Set), a MAT dispensing (MAT for Opioid Abuse or Dependence Medications List) or a claim for MAT (Medication Assisted Treatment Value Set).*

Identify the discharge date for the stay. For members with more than one SUD treatment visit, use the first service. Select the Index Episode Start Date (IESD).

Step 2

Test for Negative History. Exclude members who had an inpatient, outpatient, residential or opioid treatment claim/encounter with a primary diagnosis of SUD or MAT with any SUD diagnosis during the 60 days before the IESD.

For an inpatient IESD, use the admission date to determine the 60-day Negative History.

Step 3

Calculate continuous enrollment. Members must be continuously enrolled for 60 days before the IESD through 180 days after the IESD, with no gaps.

Administrative Specification

Denominator The eligible population.

Numerator

At least one treatment visit for an inpatient, outpatient, residential or opioid service with a primary diagnosis of SUD or MAT with any SUD diagnosis every 30 days through 180 days from the IESD during the covered period.

If one treatment service is being provided over the 180-day period, then that service meets numerator compliance.

Any of the following code combinations meet the numerator criteria:

- An outpatient visit, intensive outpatient visit, residential, opioid treatment service or partial hospitalization. Any of the following code combinations meet these criteria:
 - IET Stand Alone Visits Value Set **with** a primary diagnosis using one of the following: NYS Alcohol Value Set, NYS Opioid Value Set, NYS Stimulant Value Set, NYS Other Drug Value Set.
 - IET Visits Group 1 Value Set **with** IET POS Group 1 Value Set **and** a primary diagnosis using one of the following: NYS Alcohol Value Set, NYS Opioid Value Set, NYS Stimulant Value Set, NYS Other Drug Value Set
 - IET Visits Group 2 Value Set **with** IET POS Group 2 Value Set **and** a primary diagnosis using one of the following: NYS Alcohol Value Set, NYS Opioid Value Set, NYS Stimulant Value Set, NYS Other Drug Value Set
- An acute or nonacute inpatient discharge identified with codes in the Inpatient Stay Value Set **with** a primary diagnosis using one of the following: NYS Alcohol Value Set, NYS Opioid Value Set, NYS Stimulant Value Set, NYS Other Drug Value Set.

A MAT dispensing event (MAT for Alcohol Abuse or Dependence Medications List; MAT for Opioid Abuse or Medications List) or claims for MAT (Medication Assisted Treatment Value Set).

Medication-Assisted Treatment for Opioid or Alcohol Abuse or Dependence.

Description	Prescription	
Alcohol Dependence Treatment	<ul style="list-style-type: none">• Acamprosate• Naltrexone (oral)	<ul style="list-style-type: none">• Naltrexone (injectable)• Disulfiram
Opioid Dependence Treatment	<ul style="list-style-type: none">• Methadone• Buprenorphine• Naltrexone (oral)	<ul style="list-style-type: none">• Buprenorphine/naloxone• Depot Naltrexone/Naltrexone implants

Note: Review NCQA website for NDC codes