Health Home Quality Measures: Beginning 2013
OVERVIEW

OQPS
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Health Data NY

NEW YORK STATE OF OPPORTUNITY. Department of Health

General Description:

Background

Section 2703 of the Affordable Care Act (Public Law 111-148), entitled "State Option to Provide Health Homes for Enrollees with Chronic Conditions," creates a new opportunity for states to support improved integration of care for individuals with chronic conditions. Through the establishment of section 1945 of the Social Security Act, this provision allows states to elect a new Health Homes service option under the Medicaid state plan. This provision is an important opportunity for states to address and receive additional federal support for the enhanced integration and coordination of primary, acute, behavioral health (mental health and substance use), and long-term services and supports for persons across the lifespan with chronic illness. Overall, it provides an opportunity for states to build a person-centered care delivery model that focuses on improving outcomes and disease management for enrollees with chronic conditions and obtaining better value for state Medicaid programs.

To support ongoing assessment of the effectiveness of the Health Home model, the Centers for Medicare & Medicaid Services (CMS) has established a recommended Core Set of health care quality measures to be used in the rulemaking process. These recommended Health Home quality measures are an integral part of a larger payment and care delivery reform effort that focuses on quality outcomes for enrollees. This effort is aligned closely with the Department of Health and Human Services' (HHS) National Strategy for Quality improvement in Health Care, as well as other quality initiatives. The recommended Core Set of Health Home measures were chosen because they reflect key priority areas such as behavioral health and preventive care, and they align with the Core Set of health care quality measures for adults enrolled in Medicaid, the Medicaid Electronic Health Record (EHR) Incentive Program measures, and the National Quality Strategy.

The Health Home Core Set of quality measures will be used to inform an independent evaluation report to Congress. The Core Set will also be used to assess quality outcomes and performance, as well as to inform ongoing quality monitoring of the Health Home program. Health Home providers will be expected to report to the state Medicaid program, which will report the data in aggregate to CMS at the State Plan Amendment (SPA) level.

Dataset

Health Homes are certified by New York State Department of Health to enroll both child and adult members, a child being anyone 18 years of age and younger. The quality measures are based on the January-December calendar year for each measurement year.

Health Home quality measures are largely based on measures of quality established by the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS ®) with New York State-specific measures added to address public health issues of importance to New York.

Data Methodology:

The data used in the Health Home Quality Measures are taken from the following sources:

- Medicaid Data Mart
    - Claims and encounters data generated from the Medicaid Data Warehouse (MDW).
- QARR Member Level Files
    - Sample of the health plan eligible member's quality.
- New York State Delivery System Inform Incentive Program (DSRIP) Data Warehouse
    - Claims and encounters data generated from the Medicaid Data Warehouse (MDW).

Limitations of Use:

Not all measures are collected each year. Some services require more resource intensive methods of collection, and these measures are collected every other year to reduce the burden associated with reviewing patient records. Some results should not be trended over time due to changes in measure specification changes and Health Home mergers and closures. Please use caution when attempting to compare measures and/or Health Homes over time.

Health Homes may have the same numerical rating but different significance results. This not an error and occurs for the following reasons. Decision used to compare a Health Home to the Statewide results are specific to each Health Home and are influenced by the Health Home denominator. In addition, after statistical testing is complete, results are rounded for presentation.

Variations and/or extremes in utilization are difficult to interpret for Health Homes with low enrollment. For this reason, Health Homes with fewer than 30 eligible members are excluded from the statistical calculations of the percentiles, but are still included in the calculation of the statewide averages. All rates based on denominators of less than 30 are suppressed.

Dually eligible members (those enrolled in both Medicaid and Medicare services) are excluded from the measure results as a full picture of their services are not represented solely from Medicaid claims and encounters data.