MISSOURI BEHAVIORAL HEALTH COUNCIL

Missouri Behavioral Health Council

HCH Measures Handbook

For Questions Contact:

CareManager Help Desk: caremanager@mobhc.org

Audrey Warbritton: awarbritton@mobhc.org

Morgan Williams: mwilliams@mobhc.org

Drew Burnett: dburnett@mobhc.org

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Table of Contents

Health Home Measure Specifications

The Health Home Measures Handbook is designed to provide information and guidance on the measures required by the Health Home Programs. The following information details the specifications for the Health Home measures within Netsmart's Measures Registry tool. These measures are a combination of MBHC-created and National HEDIS measures. This handbook serves as a comprehensive resource for healthcare providers, administrators, and stakeholders involved in the Health Home Program. It outlines the criteria and methodologies for each measure, ensuring consistency and accuracy in data reporting and performance evaluation. By adhering to these measure specifications, health homes can effectively monitor and improve the quality of care provided to their patients, ultimately enhancing patient outcomes and promoting overall health and well-being.

Helpful Definitions

Numerator: The numerator represents all clients who have received the desired activity of the measure. This is your managed population.

*Note: For the A1c Poor Control measure, this will be your intervention list

Denominator: The denominator represents all clients who qualify for the measures. This is your total population.

Intervention: The intervention represents all clients who have not received the desired activity of the measure. This is your flagged population and will be the population that you work from.

*Note: For the A1c Poor Control measure, this will be your Managed list

Measurement Period: The timeframe in which the clinical action or outcome of interest may be accomplished. The Health Home measures typically have a 12-month or two-year measurement period.

Example: If a quality measure is to track mammograms, the measurement period could be from October 1 two years prior to the measurement year to December 31 of the measurement year.

Reporting Period: The specific timeframe or event during which data related to a specific measure is collected and submitted for evaluation. It defines when data should be extracted, processed, and reported by individual clinicians or organizations, as specified in the measure's documentation. For Health Home measures, the reporting period is defined by events occurring within a certain month.

Continuous Enrollment: This refers to the client's continuing enrollment in commercial insurance, Medicaid, or Medicare.

Metabolic Screening Complete

Measure Title:

MOCO_META_SCREEN : Metabolic Screening Complete

Measure Goal:

80%↑ Adult

80%↑ Youth

Description:

ADULT- The percentage of clients 18 years and older screened in the previous 12 months - Metabolic Screening (BMI, BP, HDL cholesterol, triglycerides, HbA1c or FBG, and Health Factors)

YOUTH- The percentage of clients under 18 years of age screened in the previous 12 months - Metabolic Screening (BMI, BP, HDL cholesterol, triglycerides, HbA1c or FBG, and Health Factors)

Population(s):

Clients enrolled in Healthcare Home (CMHC or DD) during the reporting period.

Two (2) performance rates collected:

Adult – 18 y/o & Older

Youth – Under 18 y/o

Denominator:

Equals Population(s)

Numerator:

Clients with a completed metabolic screening documented in the previous 12 months.

Reporting Period Explanation for Measures Registry:

Client Example: June 2024 – Clients enrolled in Healthcare Home (CMHC or DD) during June 2024. To be numerator compliant, the client must have a completed MBS Assessment documented between June 2023 – June 2024.

Definitions:

Opt-Out: Selected if your client refuses to get lab work done.

Unable to Calculate: Selected if there is a machine error when collecting lab work.

Guidance:

Clients with an HCH program that started and stopped on the same day will still be pulled into the Population.

The three Health Factors questions must be completed for the client to count as Managed in the measure.

If the client is a male, the Pregnancy Status Health Factor question does not have to be completed to count as Managed in the measure.

If a client refuses lab work, “Opt-Out” can be selected in the MBS Assessment, which will count the metric as Managed in the measure.

If a machine error occurs when completing lab work, “Unable to calculate” can be selected, which will count the metric as Managed in the as.

Clients under 18 do not need lab work completed unless they have a diabetes diagnosis or if the Antipsychotic Medication Health Factor question is “Yes.” If either of these scenarios are true, then the client is required to have the full Metabolic screening.

All adults (age 18 and older) enrolled in an HCH must have a full MBS screening at least annually. Adult basic clinical requirements for the MBS screening are Height, Weight, Blood pressure, BMI and/or waist circumference, Blood glucose and/or HgbA1c, Lipid levels, Status of antipsychotic medication use, Tobacco use, and Pregnancy status, as applicable.

When collecting the client’s vitals, BMI or waist circumference must be calculated. You do not need to collect both metrics to count as managed in the measure.

When collecting the client’s labs, Blood Glucose or HgbA1c must be calculated. You do not need to collect both metrics to count as managed in the measure.

Measure Codes:

Office Visit: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

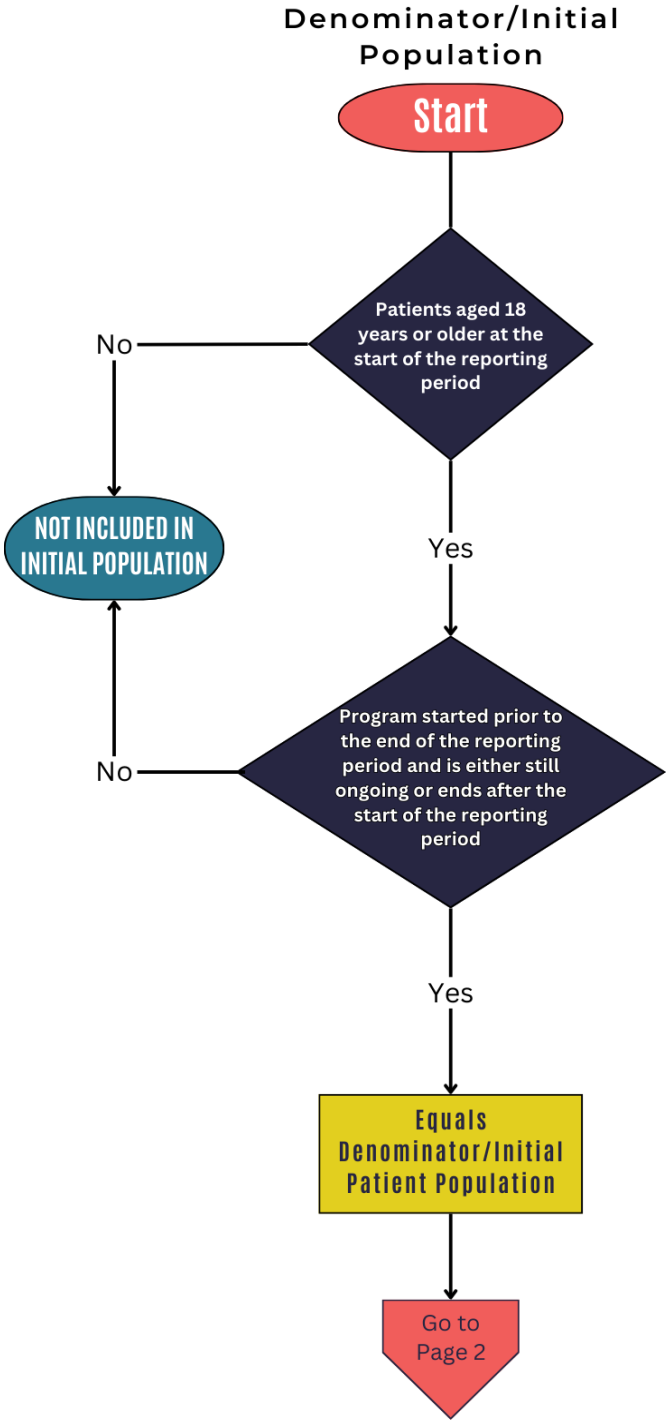
Preventative Care Services: 99395, 99396, 99397, 99385, 99386, 99387

Home Healthcare Services: 99341, 99342, 99343, 99344, 99345, 99347,99348, 99349, 99350

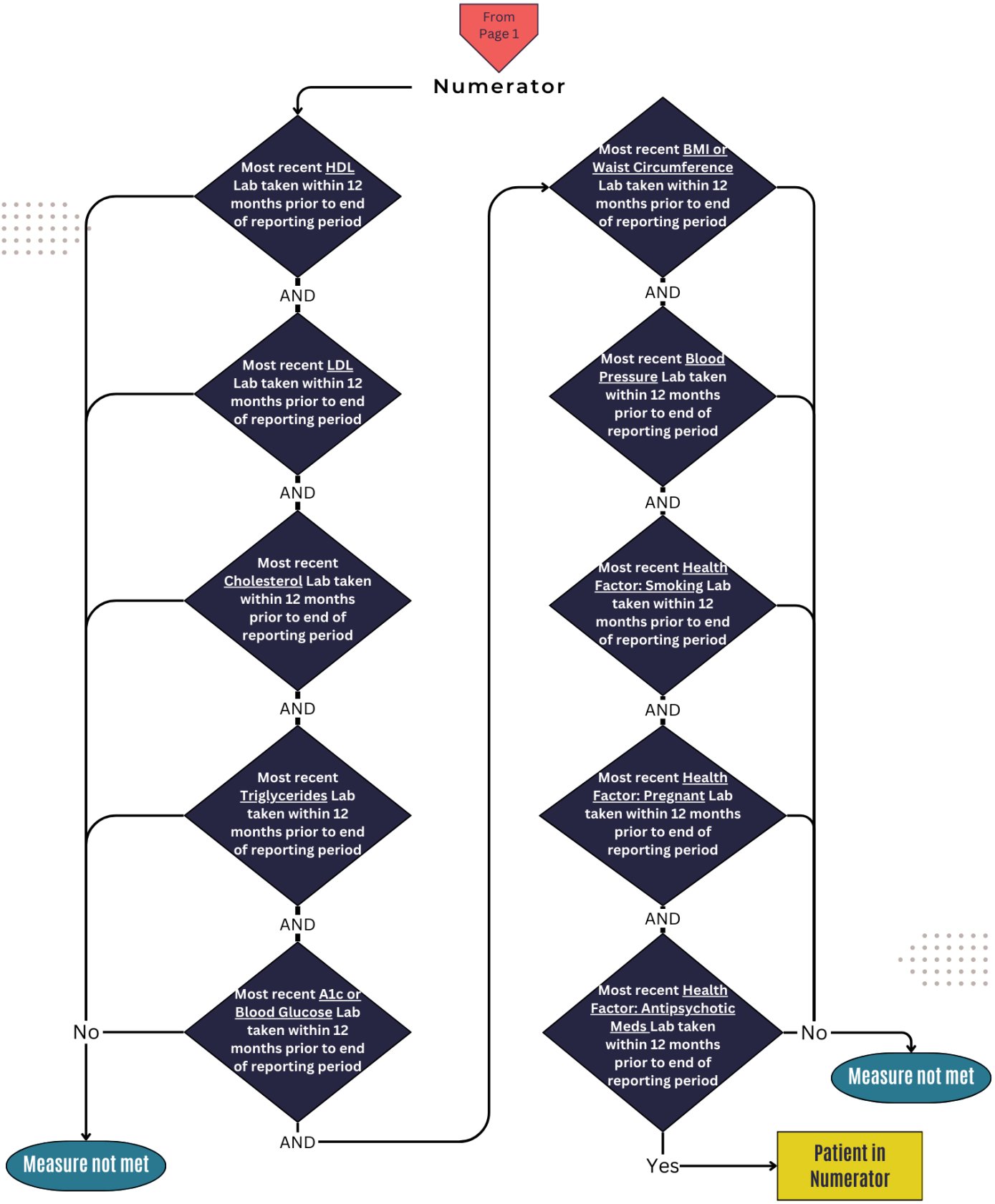
Measure Flow: Metabolic Screening (Adult)

METABOLIC SCREENING COMPLETE - ADULT

Percentage of clients 18 years and older screened in the previous 12 months - Metabolic Screening (BMI, BP, HDL cholesterol, triglycerides, HbA1c or FBG, and Health Factors)



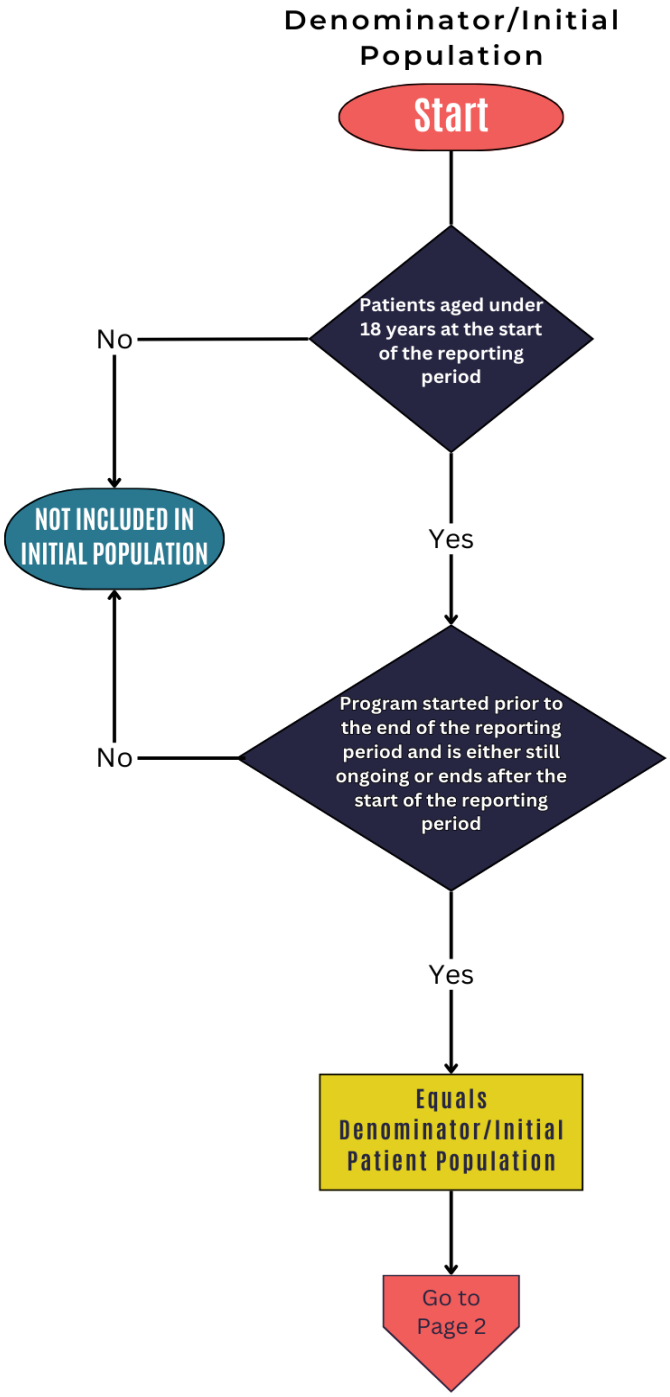
METABOLIC SCREENING COMPLETE - ADULT



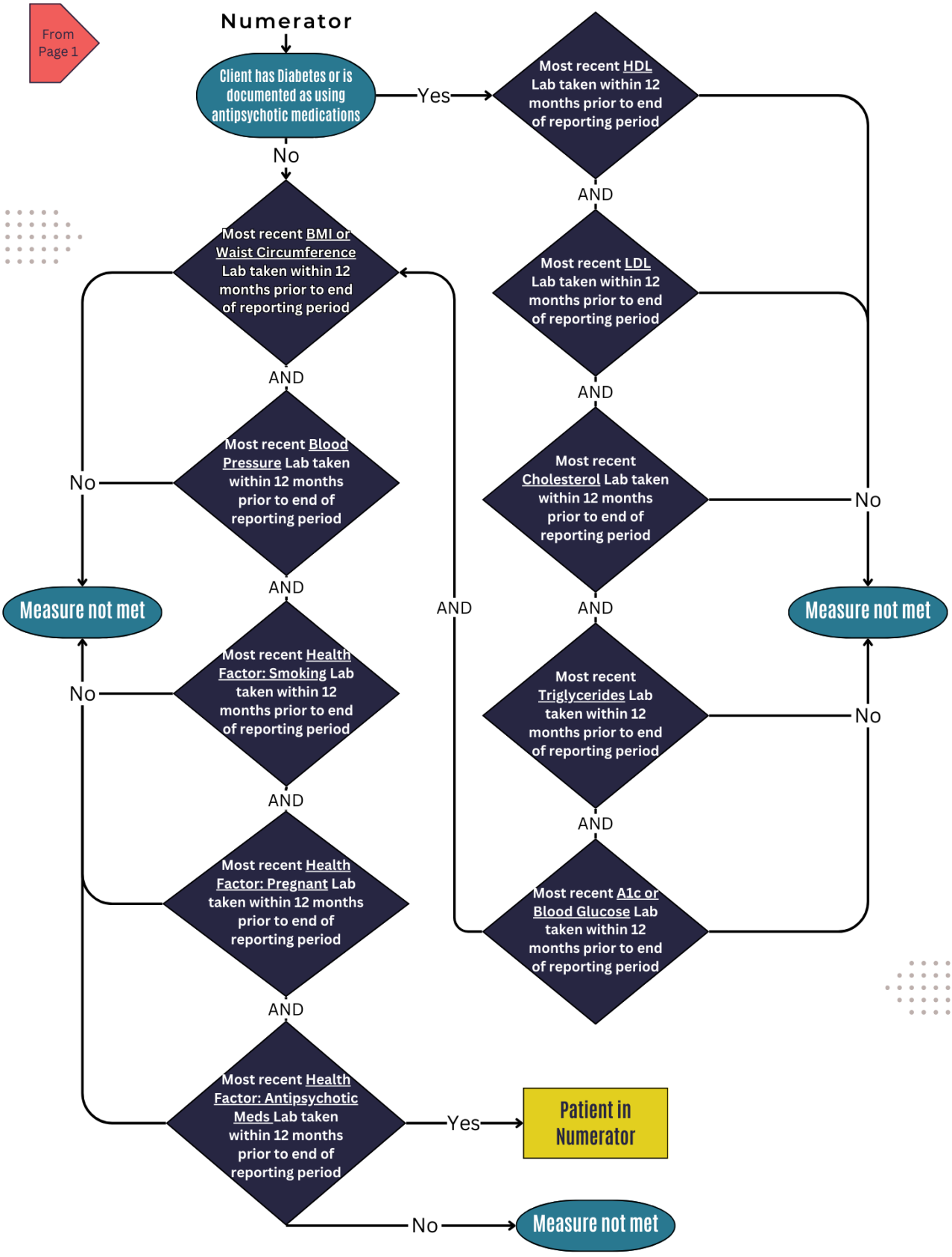
Measure Flow: Metabolic Screening (Youth)

METABOLIC SCREENING COMPLETE - YOUTH

Percentage of clients under 18 years of age screened in the previous 12 months - Metabolic Screening (BMI, BP, HDL cholesterol, triglycerides, HbA1c or FBG, and Health Factors)



METABOLIC SCREENING COMPLETE - YOUTH



Asthma Medication Ratio

Measure Title

AMRv2023_MBHC : Asthma Medication Ratio

Measure Goal

No current goal

Description:

ADULT: The percentage of clients 18- 64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

YOUTH: The percentage of clients 5-17 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.5 or greater

Population(s):

Clients qualify for the measure if they had one of the following during both the measurement year and the year prior, as well as identified as having persistent asthma. Criteria need not be the same across both years.

- One acute ED visit with a principal diagnosis of Asthma
- One acute inpatient discharge with a principal diagnosis of asthma
- Four or more outpatient visits, telephone visits, or e-visits – on different days of services – with a principal diagnosis of asthma and at least two asthma medication dispensing events
- Four or more asthma medication dispensing events for a controller or reliever medications

Two (2) performance rates collected:

Adult – 18 y/o & Older

Youth – Under 18 y/o

Denominator:

Equals Population(s)

Denominator Exclusions:

Clients with a diagnosis that requires a different treatment approach than clients with asthma at any time during the client's history through the end of the measurement year.

Clients who have had no asthma controller or reliever medications dispensed during the measurement year.

Clients who receive hospice care for any part of the measurement period or are deceased.

Numerator:

The number of clients who have a medication ratio of >= 0.50 during the measurement year.

Reporting Period Explanation for Measure Registry:

Client Example: June 2024 – This population considers clients who have had qualifying visits and asthma diagnoses between June 2022 – June 2024.

Guidance:

The asthma medication ratio is the ratio of asthma controller medications to the total asthma medications a client is prescribed within the measurement year. This is calculated by first determining the units of asthma controller medications dispensed during the measurement year and the units of asthma reliever medications dispensed during the measurement year. The ratio is calculated by taking the units of controller medications divided by the total units of asthma medications (controller medications and reliever medications).

$$\frac{\text{Asthma Controller Medications}}{\text{(Asthma Controller Medications + Asthma Reliever Medications)}}$$

Clients must be continuously enrolled during the measurement year and the year prior with an enrollment gap of up to 45 days.

Clients are identified as having persistent asthma if they have had at least four asthma medication dispensing events and at least one diagnosis of asthma during the same year as one of the dispensing events (within the measurement year or the year prior).

Measure Codes:

ED & Acute Inpatient Visit Codes (CPT): 99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236, 99238, 99239, 99251, 99252, 99253, 99254, 99255, 99281, 99282, 99283, 99284, 99285, 99291

Outpatient and Telehealth Visit Codes (CPT): 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99429, 99441, 99442, 99443, 99455, 99456, 99457, 99458, 99483

Asthma Diagnosis Codes (ICD10): J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.991, J45.998

Exclusion Codes:

Respiratory Diseases with Different Treatment Approaches than Asthma Value set (CPT): E84.0, E84.11, E84.19 E84.8, E84.0, J43.0, J43.1, J43.2, J43.8, J43.9, J44.0, J44.1, J44.9, J68.4, J96.00, J96.02, J96.20, J96.21, J96.22, J98.2, J98.3

Asthma Controller Medications

Description	Prescriptions	Medication Lists	Route
Antibody inhibitors	• Omalizumab	Omalizumab Medications List	Injection
Anti-interleukin-4	• Dupilumab	Dupilumab Medications List	Injection
Anti-interleukin-5	• Benralizumab	Benralizumab Medications List	Injection
Anti-interleukin-5	• Mepolizumab	Mepolizumab Medications List	Injection
Anti-interleukin-5	• Reslizumab	Reslizumab Medications List	Injection
Inhaled steroid combinations	• Budesonide-formoterol	Budesonide Formoterol Medications List	Inhalation
Inhaled steroid combinations	• Fluticasone-salmeterol	Fluticasone Salmeterol Medications List	Inhalation
Inhaled steroid combinations	• Fluticasone-vilanterol	Fluticasone Vilanterol Medications List	Inhalation
Inhaled steroid combinations	• Formoterol-mometasone	Formoterol Mometasone Medications List	Inhalation
Inhaled corticosteroids	• Beclomethasone	Beclomethasone Medications List	Inhalation
Inhaled corticosteroids	• Budesonide	Budesonide Medications List	Inhalation
Inhaled corticosteroids	• Ciclesonide	Ciclesonide Medications List	Inhalation
Inhaled corticosteroids	• Flunisolide	Flunisolide Medications List	Inhalation
Inhaled corticosteroids	• Fluticasone	Fluticasone Medications List	Inhalation
Inhaled corticosteroids	• Mometasone	Mometasone Medications List	Inhalation
Leukotriene modifiers	• Montelukast	Montelukast Medications List	Oral
Leukotriene modifiers	• Zafirlukast	Zafirlukast Medications List	Oral
Leukotriene modifiers	• Zileuton	Zileuton Medications List	Oral
Methylxanthines	• Theophylline	Theophylline Medications List	Oral

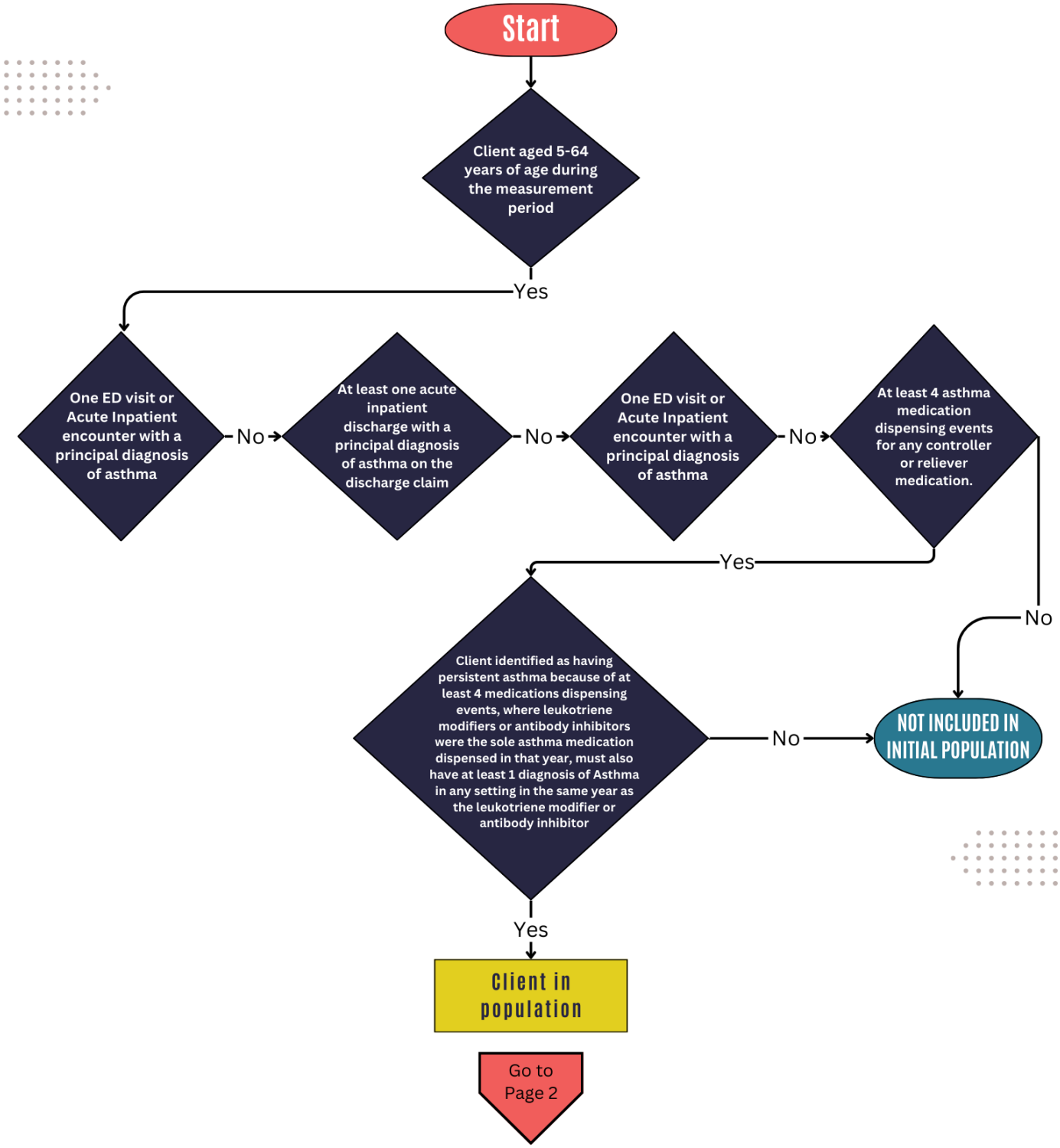
Asthma Reliever Medications

Description	Prescriptions	Medication Lists	Route
Short-acting, inhaled beta-2 agonists	Albuterol	Albuterol Medications List	Inhalation
Short-acting, inhaled beta-2 agonists	Levalbuterol	Levalbuterol Medications List	Inhalation

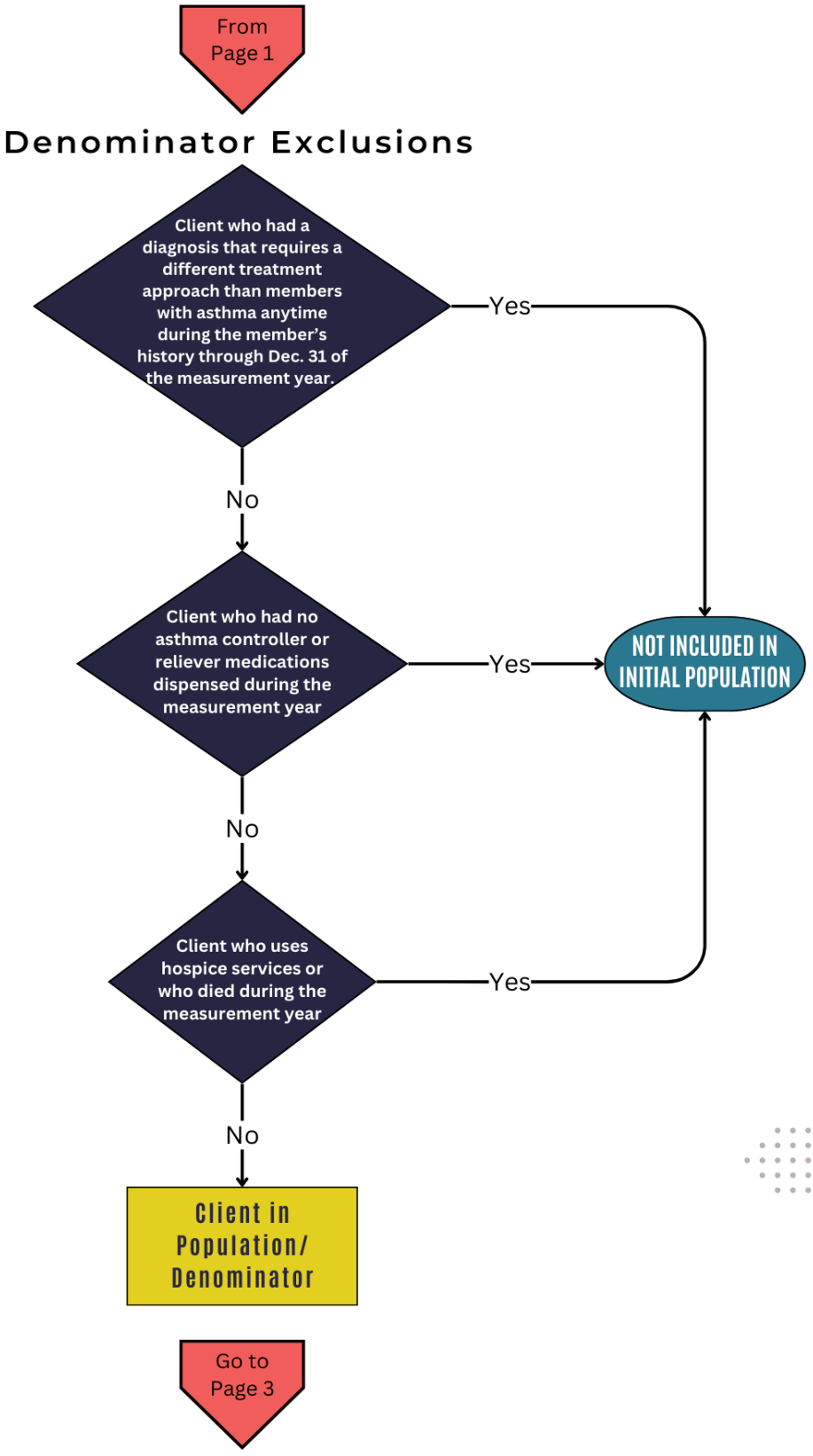
ASTHMA MEDICATION RATIO

The percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

Initial Population



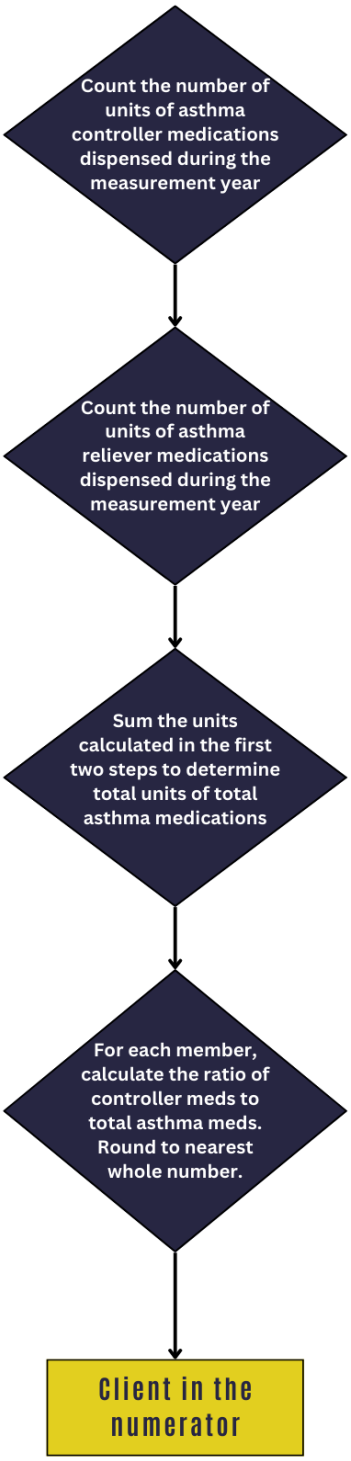
ASTHMA MEDICATION RATIO



ASTHMA MEDICATION RATIO

From Page 2

Numerator



Blood Pressure Control for Diabetes

Measure Title:

BPDv2023 : Blood Pressure Control for Patients With Diabetes

Measure Goal:

65%↑ Adult

Description:

The percentage of clients 18 - 75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.

Population(s):

Clients 18-75 diagnosed with Diabetes who were seen during the measurement period, or who received diabetes medication during the measurement period.

Clients can qualify for this measure if they have one of the following during the measurement year or the year prior.

- Client had at least two diagnoses of diabetes on different dates of service
- Client was dispensed diabetes medication and had at least one diagnosis of diabetes

Denominator:

Equals Population(s)

Denominator Exclusions:

Clients who are receiving hospice care or palliative care for any part of the measurement period.

Clients who are age 66 or older by the end of the measurement period and live in a long-term nursing facility.

Clients who are age 66 or older by the end of the measurement period and meet **both** of the following criteria

- At least two indications of frailty with different dates of service
- An advanced illness diagnosis on two different dates of service **or** are on dementia medication

Clients who are deceased during any part of the measurement year

Numerator:

Clients whose most recent BP (taken during the measurement year) was adequately controlled: BP <140/90 mm Hg

Reporting Period Explanation for Measures Registry:

Client Example: June 2024 – This population considers clients whose most recent, adequately controlled BP was taken from June 2023 – June 2024. The client must also have a qualifying diagnosis or were dispensed diabetes medication with a qualifying diagnosis between June 2022 – June 2024.

Guidance:

Results from an acute inpatient setting or ED visit are not included.

The member is numerator compliant if the BP is <140/90 mmHg. The member is not compliant if the BP is ≥140/90 mmHg, if there is no BP reading during the measurement year, or if the reading is incomplete (e.g., the systolic or diastolic level is missing).

If there are multiple BPs on the same date of service, use the lowest systolic and lowest diastolic BP on that date as the representative BP.

BP metrics can come from the MBS assessment or through claims. If the BP comes through claims data, then you may see a BP range instead of an actual BP reading in the measure. Example: Systolic result <140mmHg or Diastolic result >=90 mmHg.

Clients must be continuously enrolled during the measurement year and the year prior, with an enrollment gap of up to 45 days.

Measure Codes:

Denominator Codes & Medications (qualify individuals for the denominator):

Diabetes Dx Codes (ICD10): E10.10, E10.11, E10.21, E10.22, E10.29,E10.311, E10.319, E10.3211, E10.3212, E10.3213, E10.3219, E10.3291, E10.3292, E10.3293, E10.3299, E10.3311, E10.3312, E10.3313, E10.3319, E10.3391, E10.3392, E10.3393, E10.3399, E10.3411, E10.3412, E10.3413, E10.3419, E10.3491, E10.3492, E10.3493, E10.3499, E10.3511, E10.3512, E10.3513, E10.3519, E10.3521, E10.3522, E10.3523, E10.3529, E10.3531, E10.3532, E10.3533, E10.3539, E10.3541, E10.3542, E10.3543, E10.3549, E10.3551, E10.3552, E10.3553, E10.3559, E10.3591, E10.3592, E10.3593, E10.3599, E10.36, E10.37X1, E10.37X2, E10.37X3, E10.37X9, E10.3, E10.40, E10.41, E10.42, E10.43, E10.44, E10.49, E10.51, E10.52, E10.59, E10.610, E10.618, E10.620, E10.621, E10.622, E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9, E11.00, E11.01, E11.10, E11.11, E11.21, E11.22, E11.29, E11.311, E11.319, E11.3211, E11.3212, E11.3213, E11.3219, E11.3291, E11.3292, E11.3293, E11.3299, E11.3311, E11.3312, E11.3313, E11.331, E11.3391, E11.3392, E11.3393, E11.3399, E11.3411, E11.3412, E11.3413, E11.3419, E11.3491, E11.3492, E11.3493, E11.3499, E11.3511, E11.3512, E11.3513, E11.3519, E11.3521, E11.3522, E11.3523, E11.3529, E11.3531, E11.3532, E11.3533, E11.3539, E11.3541, E11.3542, E11.3543, E11.3549, E11.3551, E11.3552, E11.3553, E11.3559, E11.3591, E11.3592, E11.3593, E11.3599, E11.36, E11.37X1, E11.37X2, E11.37X3, E11.37X9, E11.39, E11.40, E11.41, E11.42, E11.43, E11.44, E11.49, E11.51, E11.52, E11.59, E11.610, E11.618, E11.620, E11.621, E11.622, E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9, E13.00, E13.01, E13.10, E13.11, E13.21, E13.22, E13.29, E13.311, E13.319, E13.3211, E13.3212, E13.3213, E13.3219, E13.3291, E13.3292, E13.3293, E13.3299, E13.3311, E13.3312, E13.3313, E13.3319, E13.3391, E13.3392, E13.3393, E13.3399, E13.3411, E13.3412, E13.3413, E13.3419, E13.3491, E13.3492, E13.3493, E13.3499, E13.3511, E13.3512, E13.3513, E13.3519, E13.3521, E13.3522, E13.3523, E13.3529, E13.3531, E13.3532, E13.3533, E13.3539, E13.3541, E13.3542, E13.3543, E13.3549, E13.3551, E13.3552, E13.3553, E13.3559, E13.3591, E13.3592, E13.3593, E13.3599, E13.36, E13.37X1, E13.37X2, E13.37X3, E13.37X9, E13.39, E13.40, E13.41, E13.42, E13.43, E13.44, E13.49, E13.51, E13.52, E13.59, E13.610, E13.618, E13.620, E13.621, E13.622, E13.628, E13.630, E13.638, E13.641, E13.649, E13.65, E13.69, E13.8, E13.9, O24.011, O24.012, O24.013, O24.019, O24.02, O24.03, O24.111, O24.112, O24.113, O24.119, O24.12, O24.13, O24.311, O24.312, O24.313, O24.319, O24.32, O24.33, O24.811, O24.812, O24.813, O24.819, O24.82, O24.83

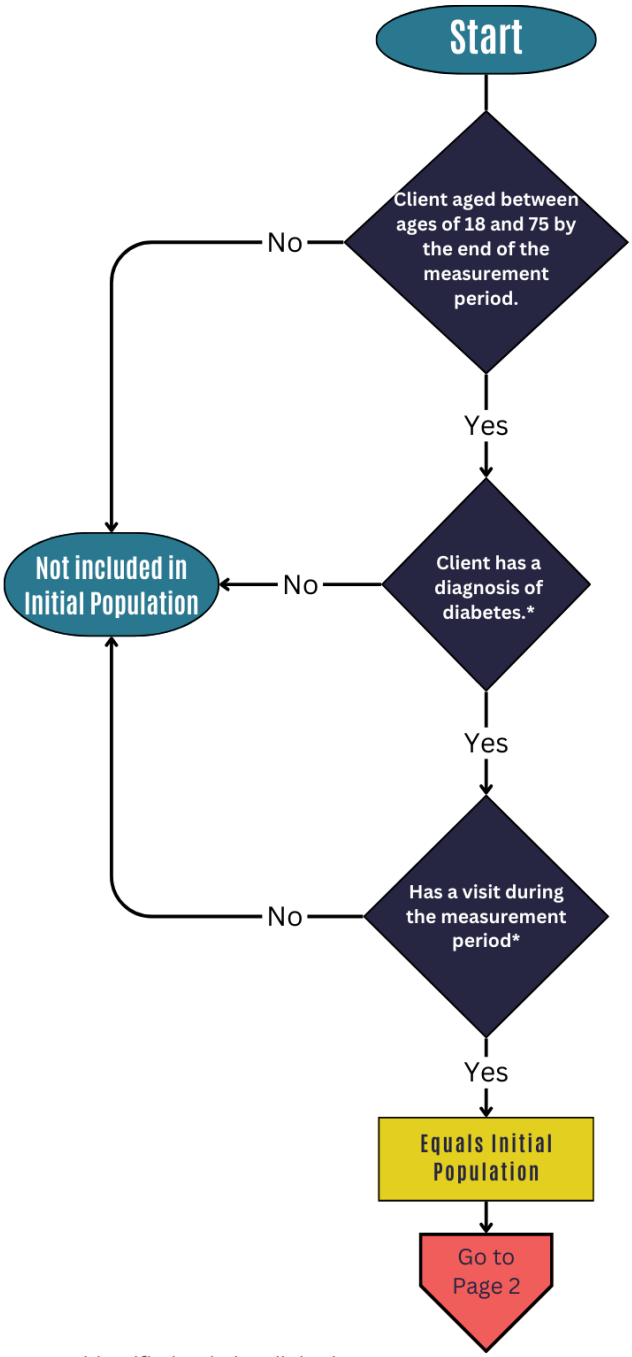
Diabetes Medications:

Description	Prescription		
Alpha-glucosidase inhibitors	• Acarbose	• Miglitol	
Amylin analogs	• Pramlintide		
Antidiabetic combinations	• Alogliptin-metformin • Alogliptin-pioglitazone • Canagliflozin-metformin • Dapagliflozin-metformin • Dapagliflozin-saxagliptin • Empagliflozin-linagliptin • Empagliflozin-linagliptin-metformin	• Empagliflozin-metformin • Ertugliflozin-metformin • Ertugliflozin-sitagliptin • Glimepiride-pioglitazone • Glipizide-metformin • Glyburide-metformin • Linagliptin-metformin	• Metformin-pioglitazone • Metformin-repaglinide • Metformin-rosiglitazone • Metformin-saxagliptin • Metformin-sitagliptin
Insulin	• Insulin aspart • Insulin aspart-insulin aspart protamine • Insulin degludec • Insulin degludec-liraglutide • Insulin detemir • Insulin glargine • Insulin glargine-lixisenatide	• Insulin glulisine • Insulin isophane human • Insulin isophane-insulin regular • Insulin lispro • Insulin lispro-insulin lispro protamine • Insulin regular human • Insulin human inhaled	
Meglitinides	• Nateglinide	• Repaglinide	
Biguanides	• Metformin		
Glucagon-like peptide-1 (GLP1) agonists	• Albiglutide • Dulaglutide • Exenatide	• Liraglutide • Lixisenatide • Semaglutide	
Sodium glucose cotransporter 2 (SGLT2) inhibitor	• Canagliflozin • Dapagliflozin	• Empagliflozin • Ertugliflozin	
Sulfonylureas	• Chlorpropamide • Glimepiride	• Glipizide • Glyburide	• Tolazamide • Tolbutamide
Thiazolidinediones	• Pioglitazone	• Rosiglitazone	
Dipeptidyl peptidase-4 (DDP-4) inhibitors	• Alogliptin • Linagliptin	• Saxagliptin • Sitagliptin	

BLOOD PRESSURE CONTROL FOR DIABETES

Percentage of patients clients 18 - 75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year

Initial Population

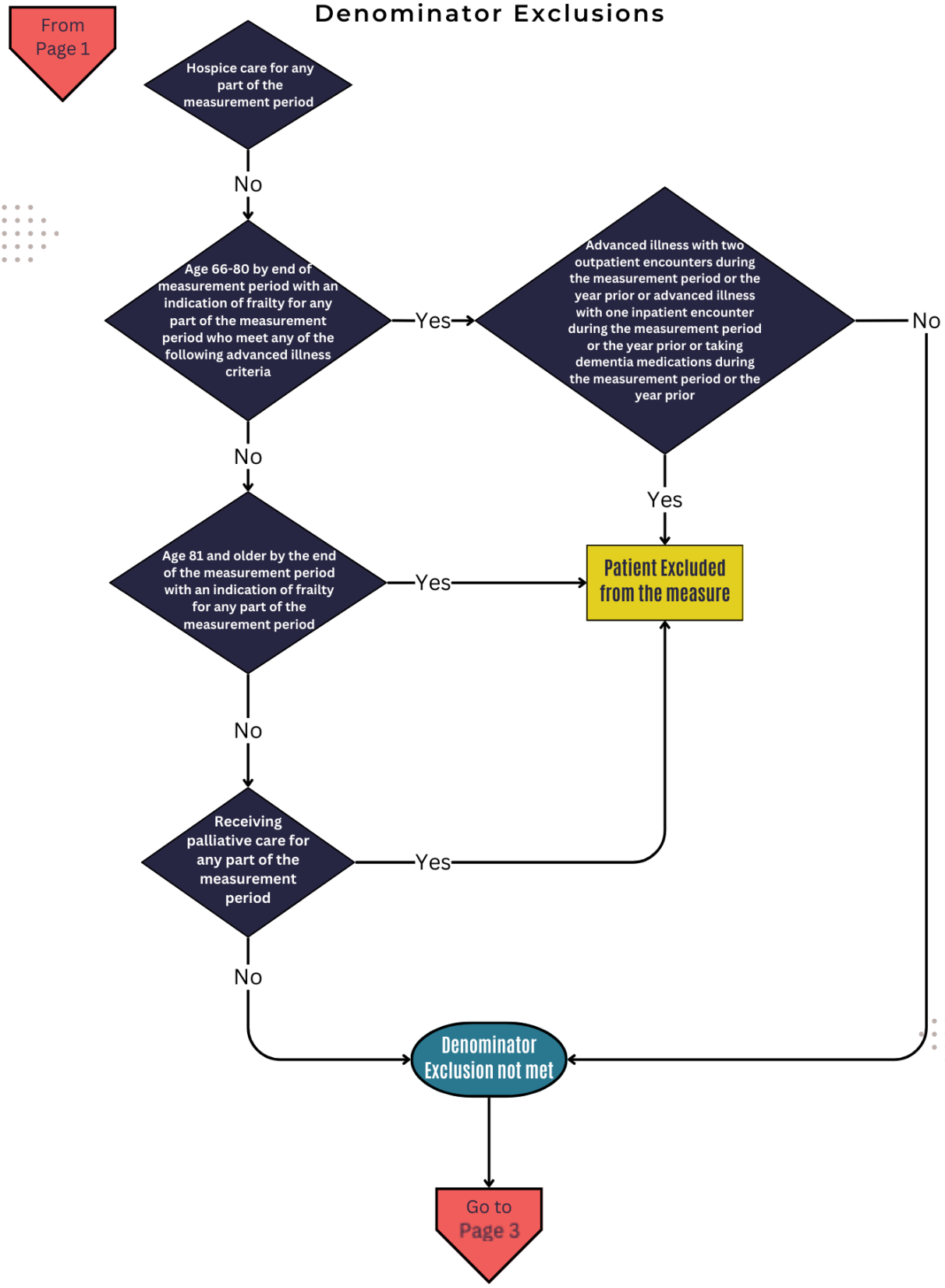


**Two ways clients are identified as being diabetic.*

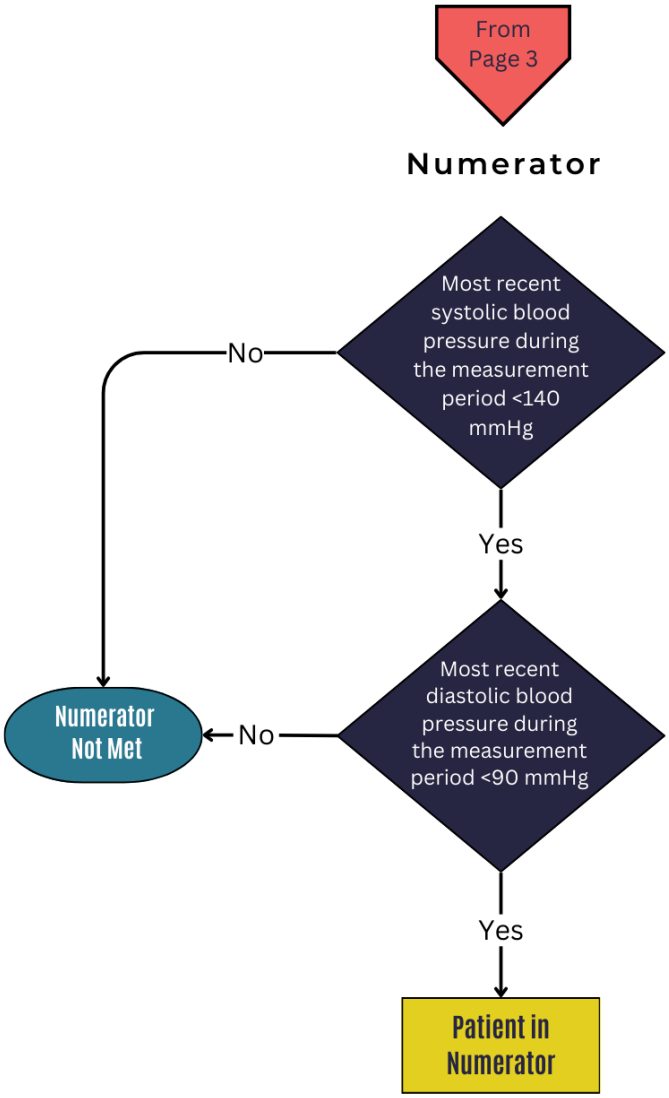
1. *Claim/Encounter data: Clients who had at least two (2) diagnoses of diabetes on different dates of service during the measurement year or the year prior to the measurement year. Does not include lab claims*
2. *Pharmacy Data: Clients who were dispensed insulin or hypoglycemics/antihyperglycemics during the measurement year or the prior measurement year and have at least one diagnosis of diabetes during the measurement year or the year prior to the measurement period.*

BLOOD PRESSURE CONTROL FOR DIABETES

Denominator Exclusions



BLOOD PRESSURE CONTROL FOR DIABETES



Controlling High Blood Pressure

Measure Title:

CMS_165v12 : Controlling High Blood Pressure

Measure Goal:

65%↑ Adult

Description:

The percentage of clients 18-85 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period, and whose most recent blood pressure is adequately controlled (<140/90 mmHg) during the measurement period.

Population(s):

Clients 18-85 who were previously diagnosed with Essential Hypertension and were seen in an outpatient setting at least once during the Measurement Period.

Denominator:

Equals Population(s)

Denominator Exclusions:

Clients who are receiving hospice care or palliative care for any part of the measurement period.

Clients who have a pregnancy diagnosis for any part of the measurement period.

Clients who have evidence of end-stage renal disease or chronic kidney disease, are on dialysis, or are kidney transplant recipients before or during the measurement period.

Clients age 66 or older by the end of the measurement period and live in a nursing home.

Clients age 66 – 80 by the end of the measurement period with an indication of frailty, and have one of the following:

- An advanced illness with two outpatient encounters during the measurement period or the year prior.
- Advanced illness with one inpatient encounter during the measurement period or the year prior
- Taking dementia medications during the measurement period or the year prior

Client is older than 81 years of age with an indication of frailty during any part of the measurement period.

Numerator:

Clients whose most recent blood pressure was adequately controlled during the Measurement Period.

- Systolic < 140 mmHg
- Diastolic <90 mmHg

Reporting Period Explanation for Measures Registry:

Client Example: June 2024 – This population considers clients with a hypertension diagnosis and an office visit occurring during June 2023 – June 2024. This diagnosis can occur before and continue into the measurement period, or the diagnosis can occur within 6 months after the measurement period start date (June 2023).

Guidance:

The member is numerator compliant if the BP is <140/90 mm Hg. The member is not compliant if the BP is ≥140/90 mm Hg, if there is no BP reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing).

If there are multiple BPs on the same date of service, use the lowest systolic and lowest diastolic BP on that date as the representative BP.

Clients must be continuously enrolled during the measurement year, with no more than one gap of up to 45 days.

Measure Codes:

Office Visits: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

Preventive Care Services: 99395, 99396, 99397

Home Healthcare Services: 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

Telephone Visits: 98966, 98967, 98968, 99441, 99442, 99443

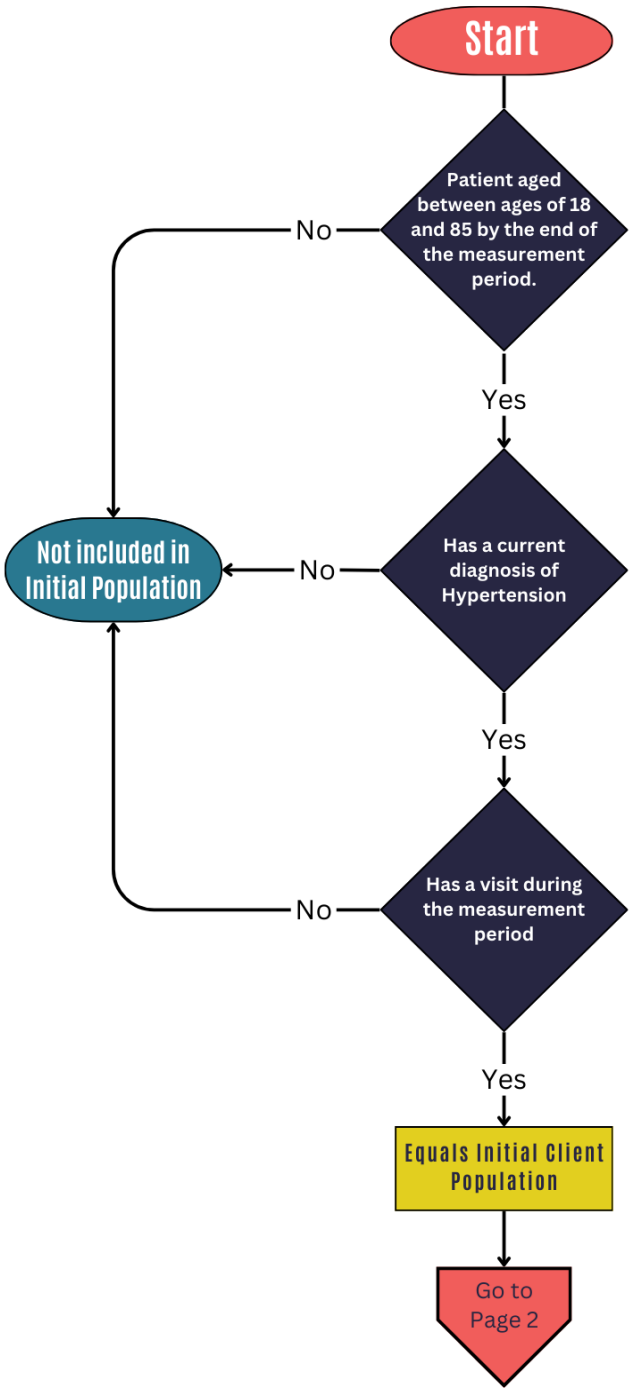
Online Assessments: 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99458

Diagnosis Codes (ICD10): I10

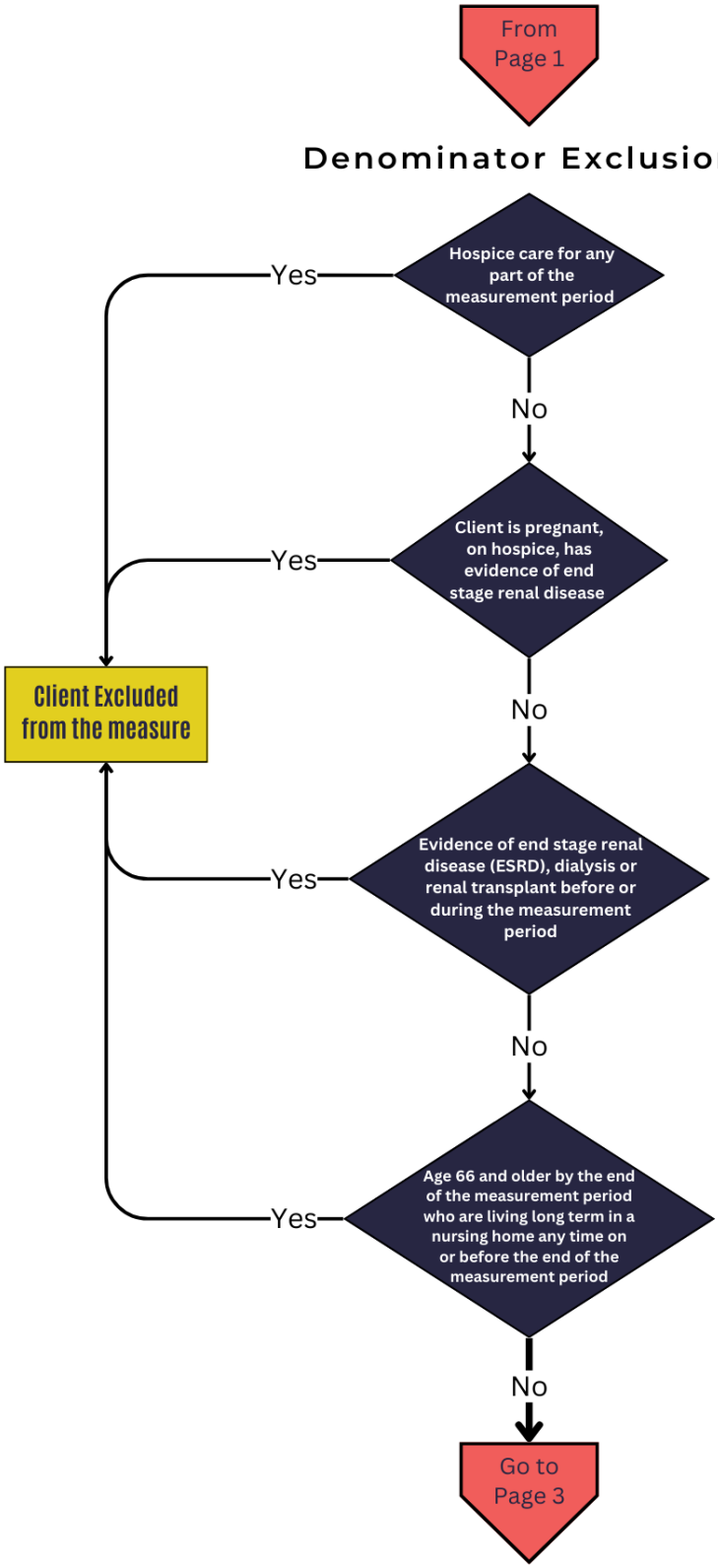
CONTROLLING HIGH BLOOD PRESSURE

Percentage of patients 18-85 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period, and whose most recent blood pressure is adequately controlled (<140/90 mmHg) during the measurement period.

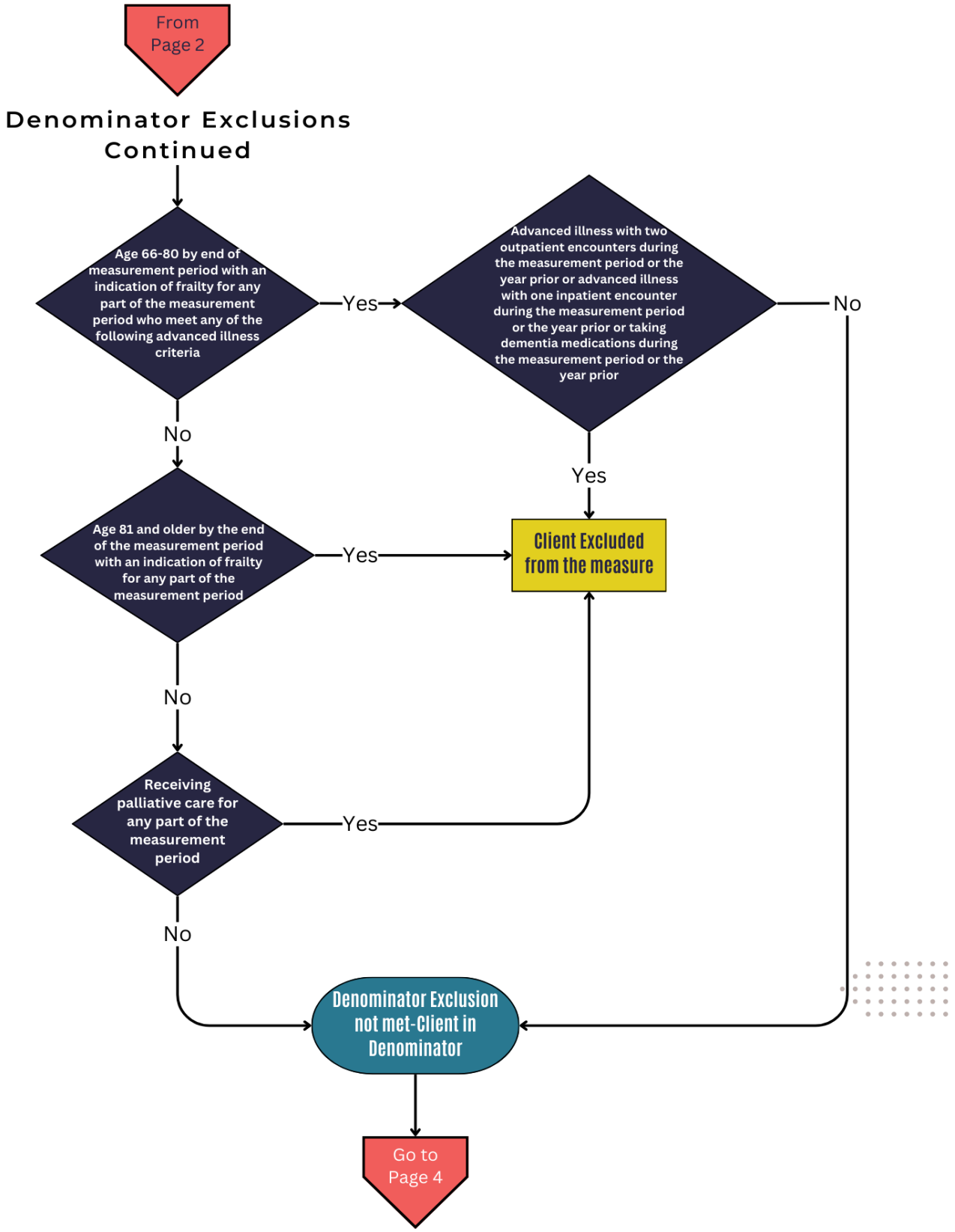
Initial Population



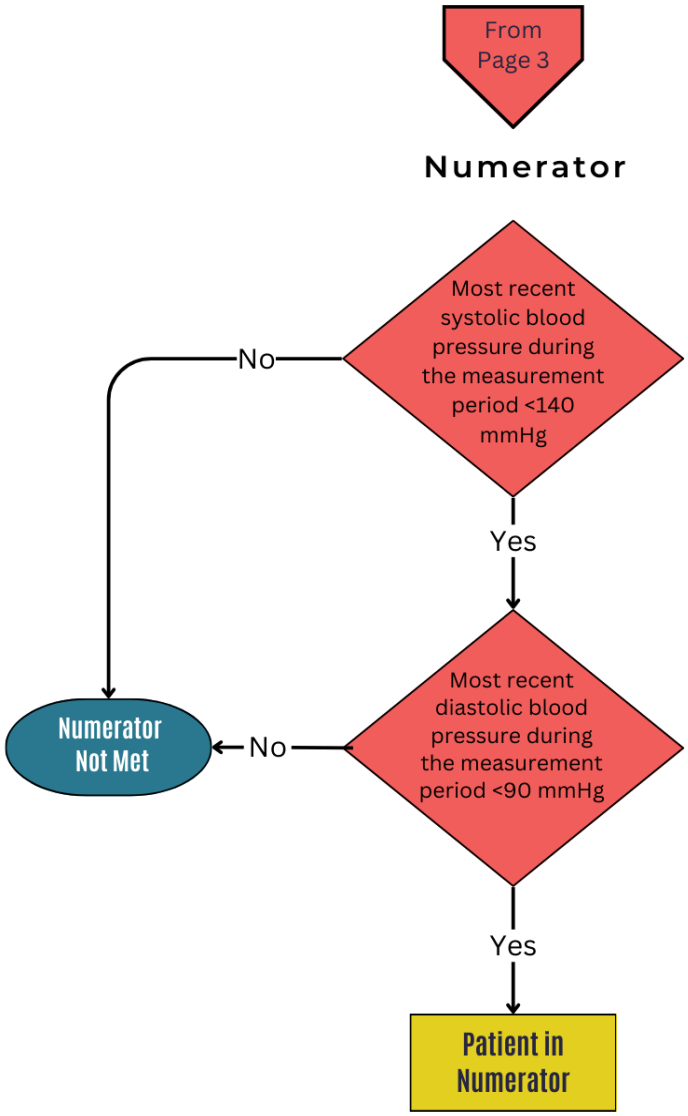
CONTROLLING HIGH BLOOD PRESSURE



CONTROLLING HIGH BLOOD PRESSURE



CONTROLLING HIGH BLOOD PRESSURE



Diabetes – Hemoglobin HbA1c Poor Control

Measure Title:

CMS_122v12_MBHC : Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)

Measure Goal:

35%↓ Adult

41↓ Youth

Description:

ADULT- The Percentage of patients 18-75 years of age with a diagnosis of diabetes (type 1 or type 2) who had an HbA1c >9.0% A lower score on this measure reflects better performance.

YOUTH- The Percentage of patients under 18 years of age with a diagnosis of diabetes (type 1 or type 2) who had an HbA1c >9.0% A lower score on this measure reflects better performance.

Population(s):

Clients identified as having an active diagnosis of diabetes and have had an Office Visit, Wellness Visit, or Annual Wellness Visit during the measurement period.

Denominator:

See Population(s)

Denominator Exclusions:

Clients who are receiving hospice care or palliative care for any part of the measurement period.

Clients age 66 or older by the end of the measurement period who are living in a nursing home or long-term residential facility at any time on or before the end of the measurement period

Clients age 66 or older by the end of the measurement period with an indication of frailty, and have one of the following:

- An advanced illness diagnosis with two outpatient encounters within two years prior to the end of the measurement period
- Advanced illness with one inpatient encounter within two years prior to the end of the measurement period
- Taking dementia medications during the measurement period or the year prior

Numerator:

Clients whose most recent HbA1c taken during the measurement period is greater than 9.0%, or clients who did not receive an HbA1c test during the measurement period. **The numerator of this measure shows clients who need intervention. This is the list to work from.**

Reporting Period Explanation for Measures Registry:

Client Example: June 2024 – This population considers clients with a diagnosis of Diabetes and who have had an office visit occurring during June 2023 – June 2024.

Guidance:

This is the only **inverse** measure within Measures Registry - this is the opposite of all other measures. Clients with a high HbA1c will be included in the Numerator and will need intervention.

- The Intervention list will reflect your Managed Population and will show clients with an HbA1c < 9.0%

Measure Codes:

Office Visits: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

Preventive Care Services: 99395, 99396, 99397, 99385, 99386, 99387

Home Healthcare Services: 99387, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

Diabetes Dx Codes (ICD10): E10.10, E10.11, E10.21, E10.22, E10.29,E10.311, E10.319, E10.3211, E10.3212, E10.3213, E10.3219, E10.3291, E10.3292, E10.3293, E10.3299, E10.3311, E10.3312, E10.3313, E10.3319, E10.3391, E10.3392, E10.3393, E10.3399, E10.3411, E10.3412, E10.3413, E10.3419, E10.3491, E10.3492, E10.3493, E10.3499, E10.3511, E10.3512, E10.3513, E10.3519, E10.3521, E10.3522, E10.3523, E10.3529, E10.3531, E10.3532, E10.3533, E10.3539, E10.3541, E10.3542, E10.3543, E10.3549, E10.3551, E10.3552, E10.3553, E10.3559, E10.3591, E10.3592, E10.3593, E10.3599, E10.36, E10.37X1, E10.37X2, E10.37X3, E10.37X9, E10.3, E10.40, E10.41, E10.42, E10.43, E10.44, E10.49, E10.51, E10.52, E10.59, E10.610, E10.618, E10.620, E10.621, E10.622, E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9, E11.00, E11.01, E11.10, E11.11, E11.21, E11.22, E11.29, E11.311, E11.319, E11.3211, E11.3212, E11.3213, E11.3219, E11.3291, E11.3292, E11.3293, E11.3299, E11.3311, E11.3312, E11.3313, E11.331, E11.3391, E11.3392, E11.3393, E11.3399, E11.3411, E11.3412, E11.3413, E11.3419, E11.3491, E11.3492, E11.3493, E11.3499, E11.3511, E11.3512, E11.3513, E11.3519, E11.3521, E11.3522, E11.3523, E11.3529, E11.3531, E11.3532, E11.3533, E11.3539, E11.3541, E11.3542, E11.3543, E11.3549, E11.3551, E11.3552, E11.3553, E11.3559, E11.3591, E11.3592, E11.3593, E11.3599, E11.36, E11.37X1, E11.37X2, E11.37X3, E11.37X9, E11.39, E11.40, E11.41, E11.42, E11.43, E11.44, E11.49, E11.51, E11.52, E11.59, E11.610, E11.618, E11.620, E11.621, E11.622, E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9, E13.00, E13.01, E13.10, E13.11, E13.21, E13.22, E13.29, E13.311, E13.319, E13.3211, E13.3212, E13.3213, E13.3219, E13.3291, E13.3292, E13.3293, E13.3299, E13.3311, E13.3312, E13.3313, E13.3319, E13.3391, E13.3392, E13.3393, E13.3399, E13.3411, E13.3412, E13.3413, E13.3419, E13.3491, E13.3492, E13.3493, E13.3499, E13.3511, E13.3512, E13.3513, E13.3519, E13.3521, E13.3522, E13.3523, E13.3529, E13.3531, E13.3532, E13.3533, E13.3539, E13.3541, E13.3542, E13.3543, E13.3549, E13.3551, E13.3552, E13.3553, E13.3559, E13.3591, E13.3592, E13.3593, E13.3599, E13.36, E13.37X1, E13.37X2, E13.37X3, E13.37X9, E13.39, E13.40, E13.41, E13.42, E13.43, E13.44, E13.49, E13.51, E13.52, E13.59, E13.610, E13.618, E13.620, E13.621, E13.622, E13.628, E13.630, E13.638, E13.641, E13.649, E13.65, E13.69, E13.8, E13.9, O24.011, O24.012, O24.013, O24.019, O24.02, O24.03, O24.111, O24.112, O24.113, O24.119, O24.12, O24.13, O24.311, O24.312, O24.313, O24.319, O24.32, O24.33, O24.811, O24.812, O24.813, O24.819, O24.82, O24.83

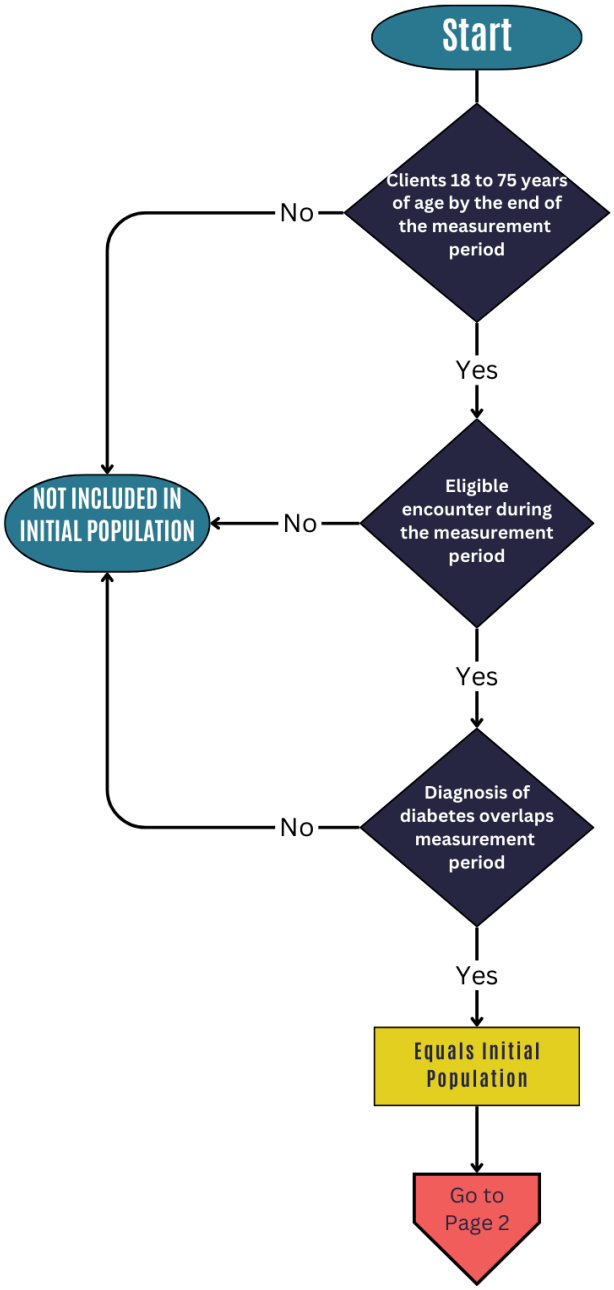
Diabetes Medications:

Description	Prescription		
Alpha-glucosidase inhibitors	• Acarbose	• Miglitol	
Amylin analogs	• Pramlintide		
Antidiabetic combinations	• Alogliptin-metformin • Alogliptin-pioglitazone • Canagliflozin-metformin • Dapagliflozin-metformin • Dapagliflozin-saxagliptin • Empagliflozin-linagliptin • Empagliflozin-linagliptin-metformin	• Empagliflozin-metformin • Ertugliflozin-metformin • Ertugliflozin-sitagliptin • Glimepiride-pioglitazone • Glipizide-metformin • Glyburide-metformin • Linagliptin-metformin	• Metformin-pioglitazone • Metformin-repaglinide • Metformin-rosiglitazone • Metformin-saxagliptin • Metformin-sitagliptin
Insulin	• Insulin aspart • Insulin aspart-insulin aspart protamine • Insulin degludec • Insulin degludec-liraglutide • Insulin detemir • Insulin glargine • Insulin glargine-lixisenatide	• Insulin glulisine • Insulin isophane human • Insulin isophane-insulin regular • Insulin lispro • Insulin lispro-insulin lispro protamine • Insulin regular human • Insulin human inhaled	
Meglitinides	• Nateglinide	• Repaglinide	
Biguanides	• Metformin		
Glucagon-like peptide-1 (GLP1) agonists	• Albiglutide • Dulaglutide • Exenatide	• Liraglutide • Lixisenatide • Semaglutide	
Sodium glucose cotransporter 2 (SGLT2) inhibitor	• Canagliflozin • Dapagliflozin	• Empagliflozin • Ertugliflozin	
Sulfonylureas	• Chlorpropamide • Glimepiride	• Glipizide • Glyburide	• Tolazamide • Tolbutamide
Thiazolidinediones	• Pioglitazone	• Rosiglitazone	
Dipeptidyl peptidase-4 (DDP-4) inhibitors	• Alogliptin • Linagliptin	• Saxagliptin • Sitagliptin	

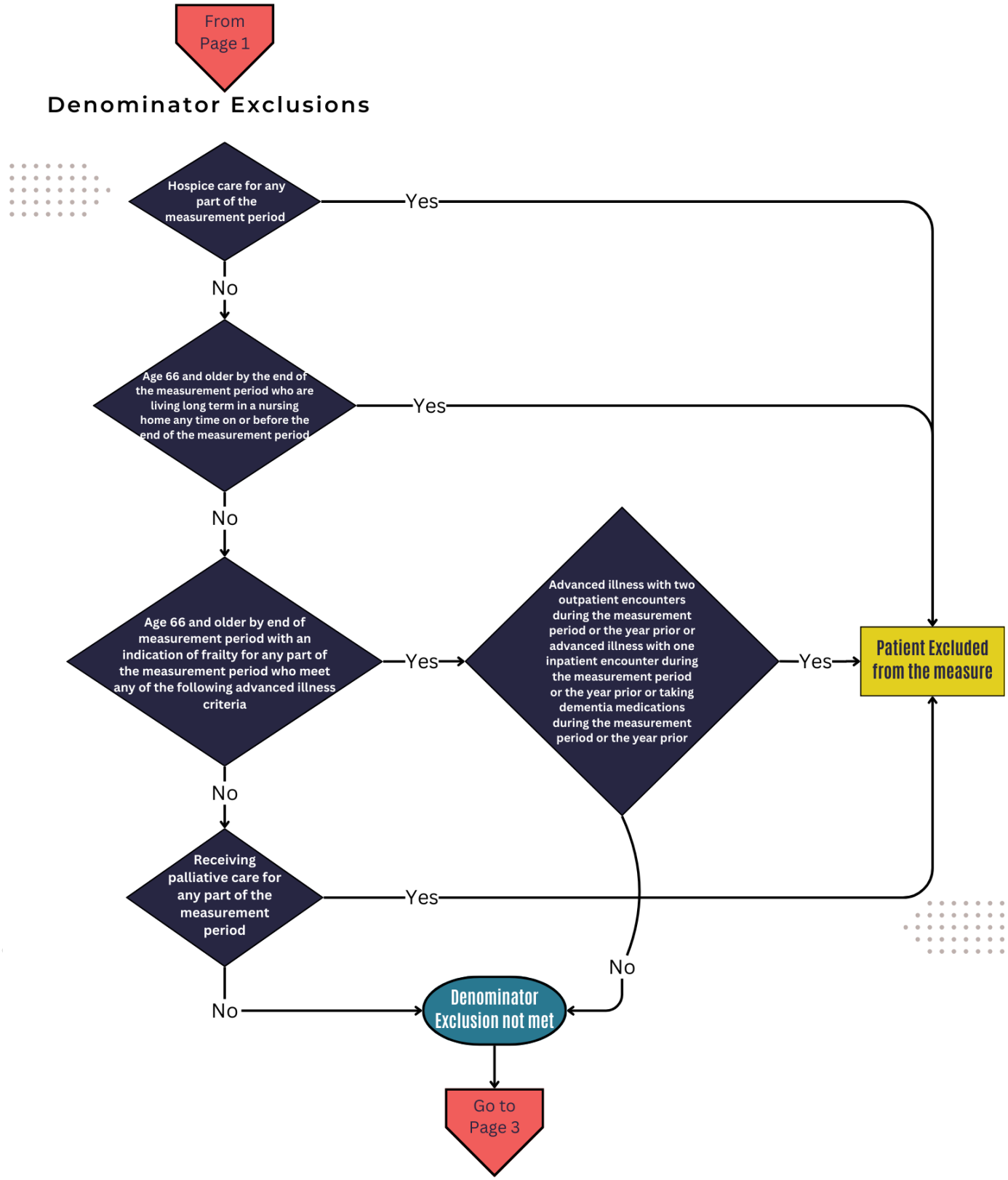
DIABETES: HEMOGLOBIN A1C POOR CONTROL

Percentage of clients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period

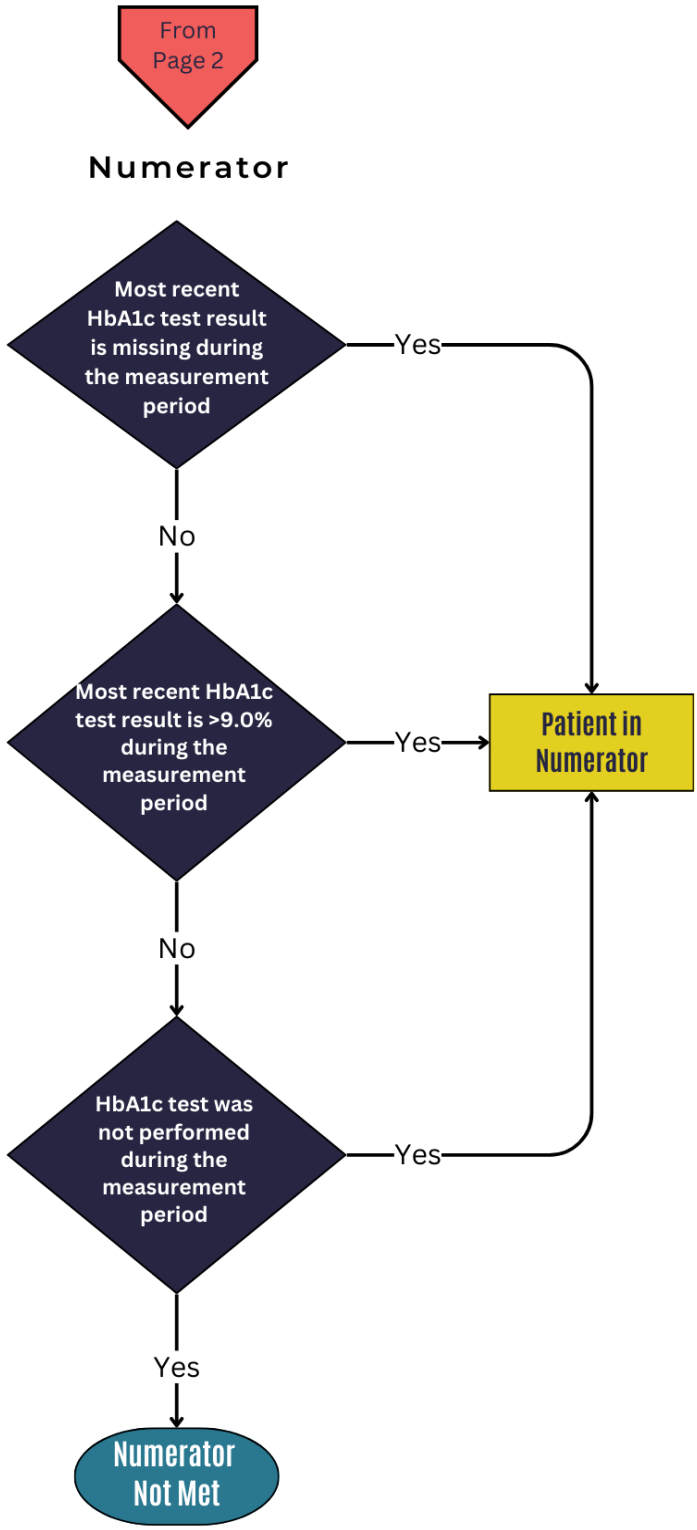
Initial Population



DIABETES: HEMOGLOBIN A1C POOR CONTROL



DIABETES: HEMOGLOBIN A1C POOR CONTROL



Obesity Weight Loss

Measure Title

MOCO_BMI_OBWL : Obesity Weight Loss

Measure Goal:

34%↑ Adult

Description:

The percentage of clients 18-75 years of age with a BMI of 30-39 who lost >=5% of their body weight since their first recorded weight.

Population(s):

Clients with at least 2 BMI/weights reported with the most recent reported in the measurement year and their first BMI was between 30 – 39.

Denominator:

Equals Population(s)

Denominator Exclusions:

Clients who have a Pregnancy diagnosis overlapping the first reported vital sign with BMI

Numerator:

Clients with a weight loss >=5% of the first reported body weight. This weight loss must occur in the 12 months prior to the Reporting Period End Date.

Reporting Period Explanation for Measures Registry:

Client Example: June 2024 – this population considers clients whose most recent BMI/Weight was reported between June 2023 – June 2024 (12 months prior to the current reporting period).

Guidance:

Height and weight must be collected within the same MBS assessment for CareManager to calculate the BMI.

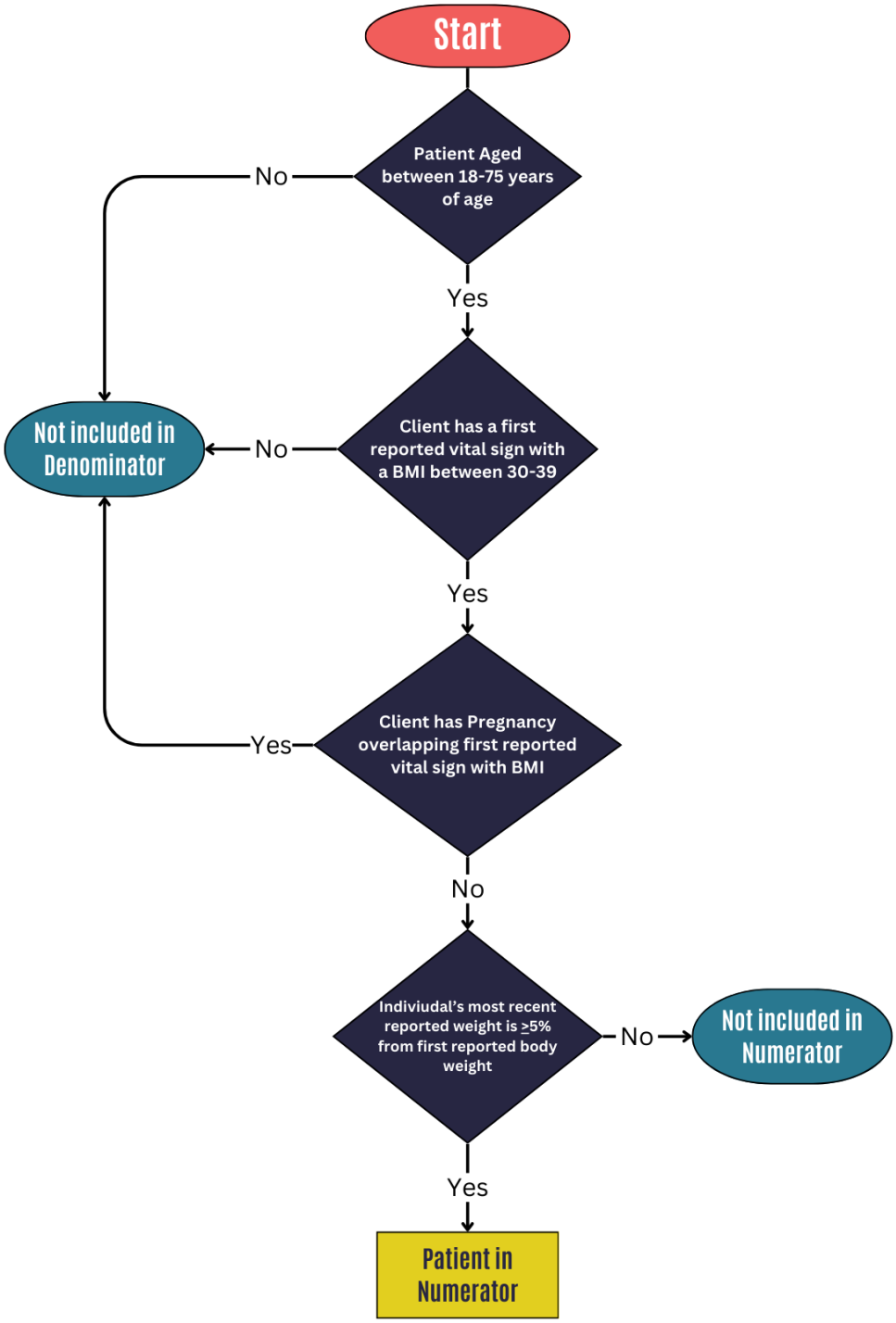
Measure Codes:

None for this measure

Measure Flow: Obesity Weight Loss

OBESITY WEIGHT LOSS

Percentage of patients 18-75 years of age with a BMI of 30-39 who lost ≥5% of their body weight since their first recorded weight.



Severe Obesity Weight Loss

Measure Title

MOCO_BMI_SOWL : Severe Obesity Weight Loss

Measure Goal:

42%↑ Adult

Description:

The percentage of clients 18-75 years of age with a BMI of >=40 who lost >=5% of their body weight since their first recorded weight.

Population(s)

Clients with at least 2 BMI/weights reported with the most recent reported in the measurement year and their first BMI was >=40.

Denominator:

Equals Population(s)

Denominator Exclusions:

Clients who have a Pregnancy diagnosis overlapping the first reported vital sign with BMI

Numerator:

Clients with a weight loss >=5% from the first reported body weight. This weight loss must occur in the 12 months prior to the Reporting Period End Date.

Reporting Period Explanation for Measures Registry:

Client Example: June 2024 – this population considers clients whose most recent BMI/Weight was reported between June 2023 – June 2024 (12 months prior to the current reporting period).

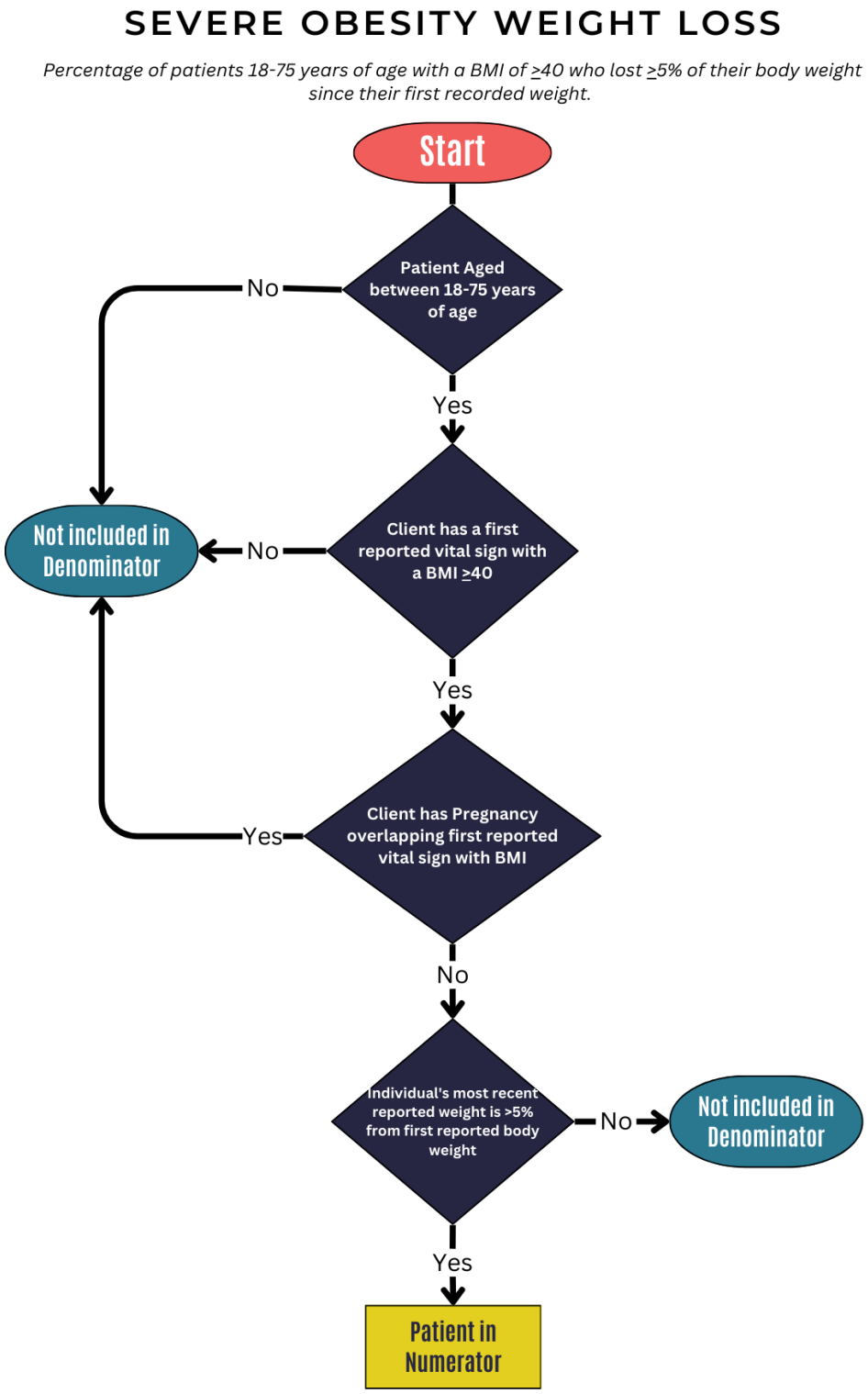
Guidance:

Height and weight must be collected within the same MBS assessment for CareManager to calculate the BMI.

Measure Codes

None for this measure.

Measure Flow: Sever Obesity Weight Loss



Pharmacotherapy Management of COPD Exacerbation

Measure Title

PCEv2023 : Pharmacotherapy Management of COPD Exacerbation

Measure Goal:

No goal for this measure at this time.

Description:

Corticosteroid: The percentage of COPD exacerbations for clients 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1-November 30 of the measurement year and who were dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event.

Bronchodilator: The Percentage of COPD exacerbations for clients 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1-November 30 of the measurement year and who were dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event.

Population(s):

Clients 40 years of age or older at the start of the measurement year (January 1st) with a diagnosis relevant to COPD who were seen during the measurement period and were continuously enrolled for at least 30 days after the episode date.

Clients can qualify for this measure if they have either of the following during the intake period

- An ED visit with a principal diagnosis of COPD, emphysema, or chronic bronchitis.
- An acute inpatient discharge with a principal diagnosis of COPD, emphysema, or chronic bronchitis.

There are two different populations for this measure – those who received Corticosteroid prescriptions and those who received Bronchodilator prescriptions.

Denominator:

Equals Population(s)

Denominator Exclusions:

Clients who are receiving hospice services at any time during the measurement year or are deceased.

Numerator:

COPD Corticosteroid (Adult): Systemic Corticosteroid prescription was dispensed, or there was evidence of an active prescription, on or 14 days after the episode date.

COPD Bronchodilator (Adult): Bronchodilator prescription was dispensed, or there was evidence of an active prescription, on or 30 days after the episode date.

Reporting Period Explanation for Measures Registry:

Client Example: June 2024 – This population considers clients who had a qualifying visit with a principal diagnosis relevant to COPD during January 2024 - June 2024.

Definitions:

Episode Date: The date of service for any acute inpatient discharge or ED visit during the intake period with a principal diagnosis of COPD. For acute inpatient, this is the date of discharge. For ED Visit, this is the date of service. This is not the same as the CareManager episode date.

Continuous Enrollment: This refers to the client's enrollment in commercial insurance, Medicaid, or Medicare.

Intake Period: January 1 to November 30 of the measurement year. The measure is set up so that prescription claims occur within the measurement year.

Guidance:

Clients may appear multiple times in this measure, as the eligible population is based on visits rather than clients.

If a client has an acute inpatient discharge and an ED visit on the same date, or if the client has multiple ED visits on the same date, this will be counted as one COPD episode in the measure.

ED visits that result in an inpatient stay do not count as a COPD episode in the measure.

Diagnoses relevant to COPD include: COPD, emphysema, or chronic bronchitis.

Clients must be continuously enrolled without a gap in coverage from the episode date through 30 days after the episode date.

Measure Codes:

ED Visit Value Set (CPT): 99281, 99282, 99283, 99284, 99285

Chronic Obstructive Pulmonary Disease Value Set (ICD10): J41.0, J41.1, J41.8, J42, J43, J43.1, J43.2, J43.8, J43.9, J44.0, J44.1, J44.9

Bronchodilator Medications:

Description	Prescription		
Glucocorticoids	• Cortisone • Dexamethasone	• Hydrocortisone • Methylprednisolone	• Prednisolone • Prednisone

Systemic Corticosteroid Medications:

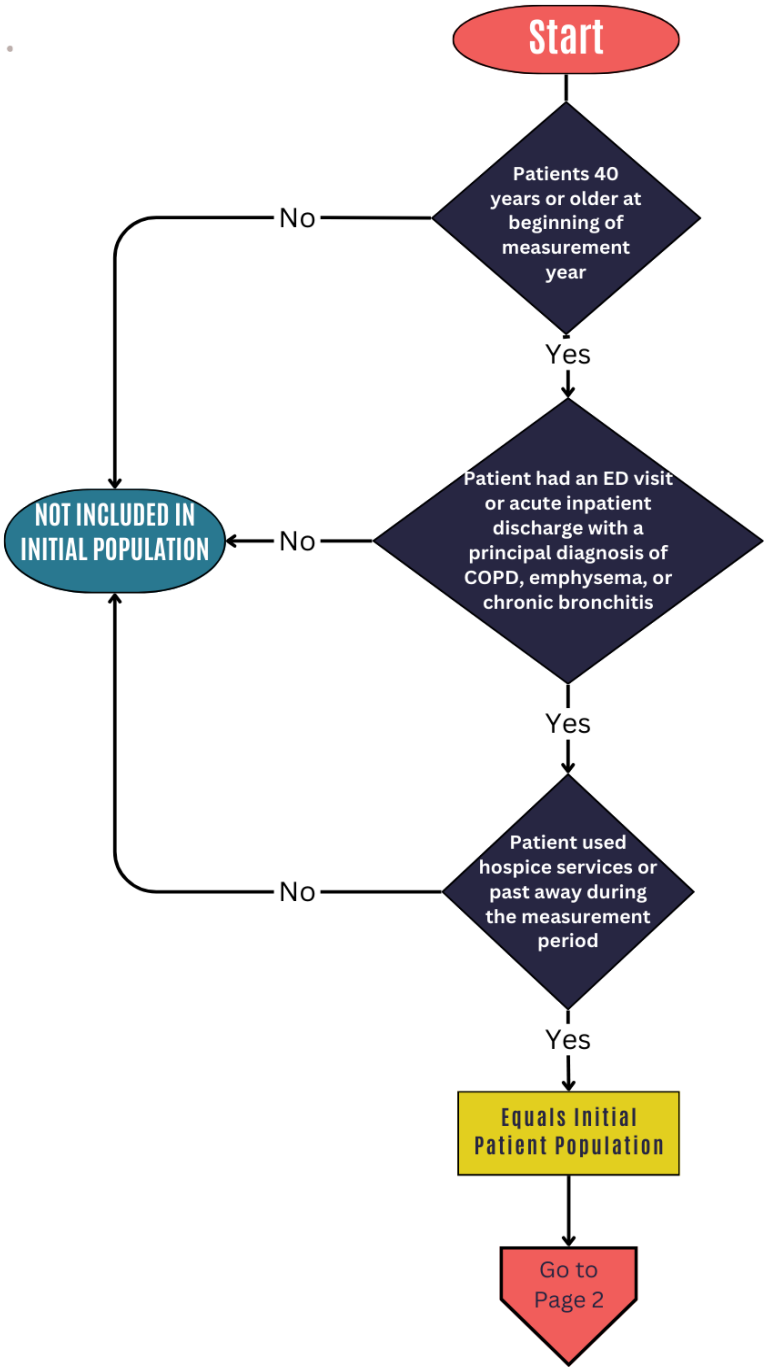
Description	Prescription		
Anticholinergic agents	• Aclidinium bromide • Ipratropium	• Tiotropium • Umeclidinium	
Beta 2-agonists	• Albuterol • Arformoterol • Formoterol	• Indacaterol • Levalbuterol • Metaproterenol	• Olodaterol • Salmeterol
Bronchodilator combinations	• Albuterol-ipratropium • Budesonide-formoterol • Fluticasone-salmeterol • Fluticasone-vilanterol • Fluticasone furoate-umeclidinium-vilanterol	• Formoterol-aclidinium • Formoterol-glycopyrrolate • Formoterol-mometasone	• Glycopyrrolate-indacaterol • Olodaterol-tiotropium • Umeclidinium-vilanterol

Measure Flow: COPD Exacerbation

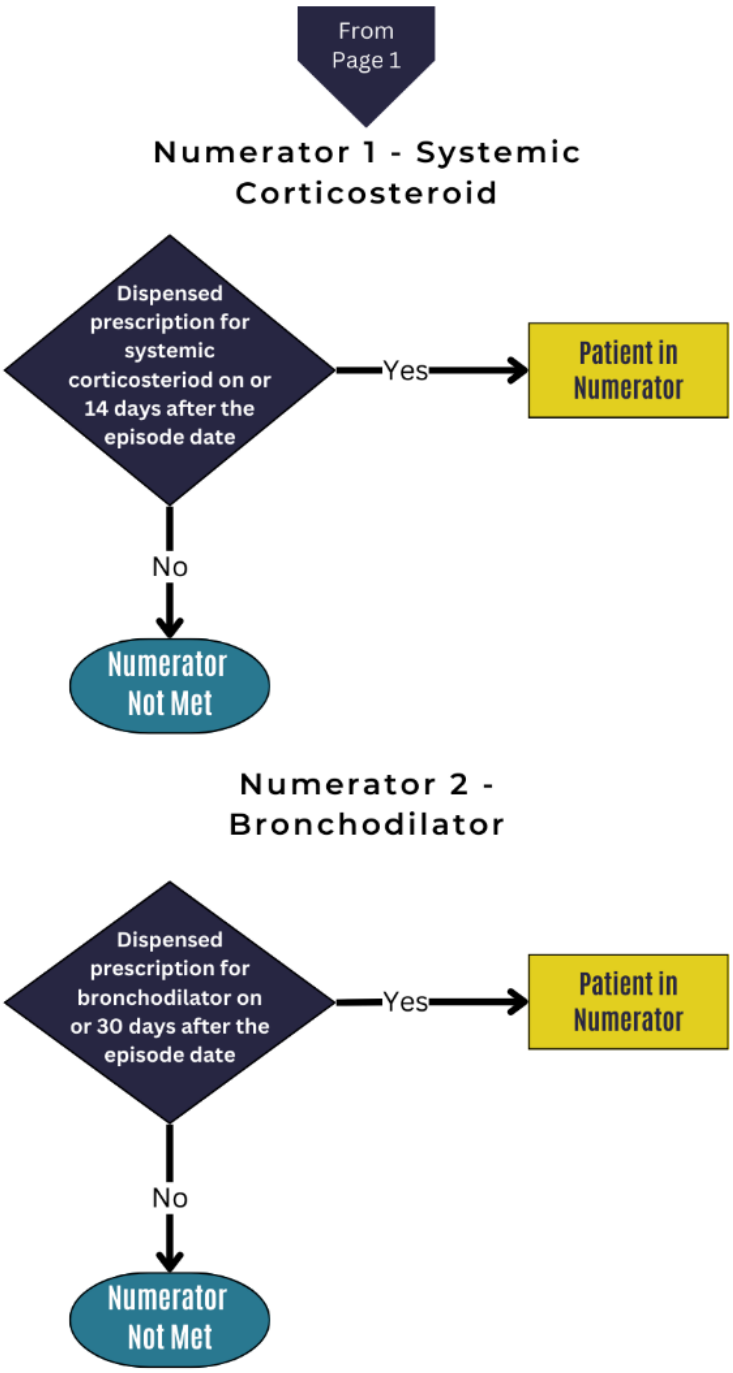
PHARMACOTHERAPY MANAGEMENT OF COPD EXACERBATION

Assesses chronic obstructive pulmonary disease (COPD) exacerbations for adults 40 years of age and older who had appropriate medication therapy to manage an exacerbation. A COPD exacerbation is defined as an inpatient or ED visit with a primary discharge diagnosis of COPD.

Initial Population



PHARMACOTHERAPY MANAGEMENT OF COPD EXACERBATION



Child and Adolescent Well-Child Visits

Measure Title:

WCVv2023 : Child and Adolescent Well-Care Visits

Measure Goal:

No current goal

Description:
The percentage of clients 3-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the Measurement Period.

Population(s):

Clients 3 - 21 years of age who are continuously enrolled in Medicaid.

Denominator:

Equals Population

Denominator Exclusions:

Clients who are receiving hospice care at any point during the measurement period or are deceased.

Clients who have a gap in enrollment with Medicaid.

Numerator:

Clients who had at least one comprehensive well-care visit during the Measurement Period.

Reporting Period Explanation for Measures Registry:

Client Example: June 2024 – This population considers clients who have had a qualifying well-care visit from June 2023 – June 2024.

Definitions

Continuous Enrollment: This refers to the client's enrollment in commercial insurance, Medicaid, or Medicare.

Guidance:

Clients must be continuously enrolled during the measurement year.

A client's well-care visit must occur with a PCP or OB/GYN practitioner.

Measure Codes:

Well Care Visit: 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 994619, GO439, SO302

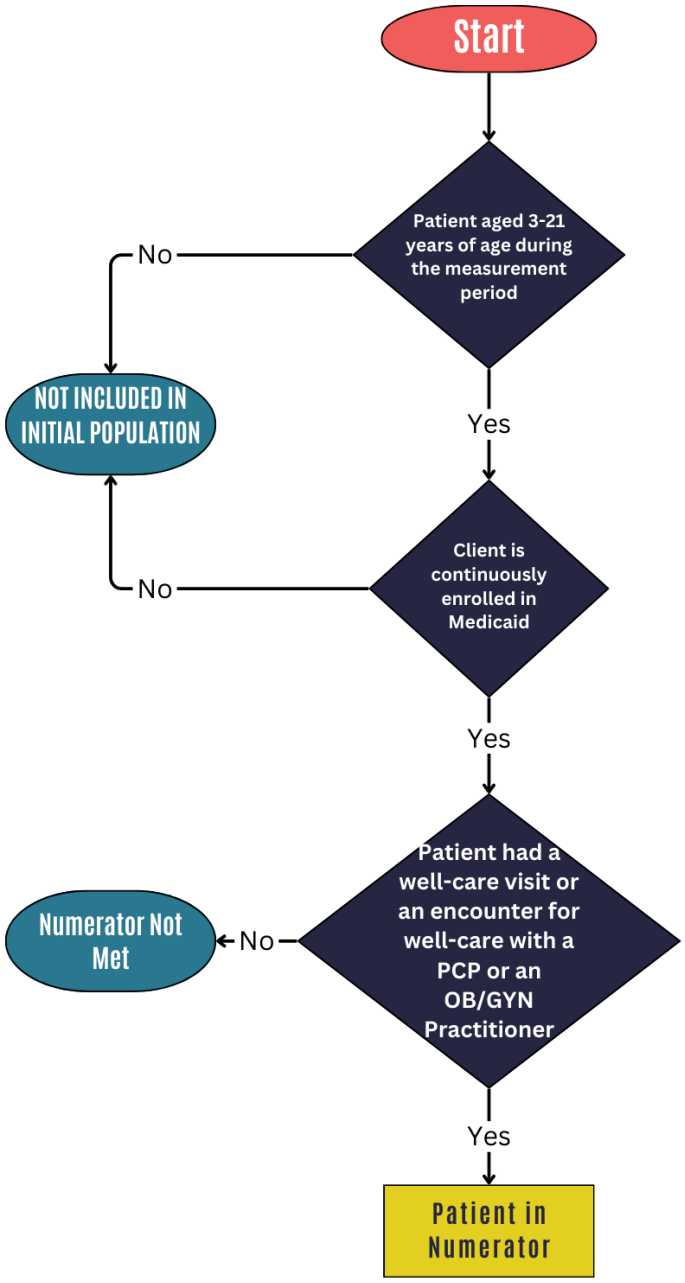
Encounter for Well Care: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2

Measure Flow: Well Child Visit

CHILD AND ADOLESCENT WELL-CARE VISITS

Percentage of members 3-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

Initial Population



Numerator Criteria Codes

Eligible client encounter CPT or HCPCS codes: ***99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461, G0438, G0439, S0302***

Care Transition Measure Specifications

The following information details the measure specifications for the Care Transitions measures within Netsmart's Measures Registry tool. These measures were created by MBHC and DMH specifically for the CMHC Healthcare Home program.

The Hospital Follow-Up and Medication Reconciliation within 7 Days measure is an HH requirement for both CMHC HCH and DD HCH. The other measures can be used as a resource for additional Population Health care for your clients.

Hospital Follow-up within 72 hours (Adult & Youth)

Measure Title:

MOCO_HFUA : Hospital Follow Up(Adult)

MOCO_HFUY : Hospital Follow Up(Youth)

Measure Goal:

No current goal

Description:

The percentage of clients (Adult & Youth) enrolled during the reporting period with a hospital follow-up within 72 hours post-hospital discharge.

Population(s):

Enrolled HCH clients (CMHC or DD) with a hospital notification received within 72 hours of the discharge date.

Two (2) performance rates collected:

Adult – 18 y/o & Older

Youth – Under 18 y/o

Denominator:

Equals Population(s)

Denominator Exclusions:

If the notification date is 72 hours after the discharge date based on the transmission date provided by DMH or documented in CareManager by the end user.

If the following has been documented in CareManager by the end user: patient passes away during the hospital stay/follow-up period, has yet to be discharged, or if the client has been transferred to another hospital.

Numerator:

Clients with a hospital follow-up documented within 72 hours (3 days) post-hospital discharge. The clock starts from the discharge date.

Reporting Period Explanation for Measures Registry:

Client Example: June 2024 – This population considers hospitalizations discharged in June 2024.

Definitions:

Admission Date: the date the client was admitted to the hospital.

Precertification Date: the date that the precertification was received from the insurance company to start coverage for an episode of care.

Precertification: Pre-certification serves as a utilization management tool, allowing payment for services and procedures that are medically necessary, appropriate, and cost-effective without compromising the quality of care to MO HealthNet participants. – DSS Pre-certifications. Also known as pre-authorization.

Cease Date: the date that the State of Missouri provides for the end date for precertification. This data is used as the discharge date if no discharge date is supplied in CareManager.

Discharge Date: the date the patient was discharged from the facility/hospital marking the end of that episode of care. This date can come across from DMH as the cease date or entered by staff in CareManager.

Transmission Date: the date that the notification of hospitalization comes into DMH's system. On hospitalizations entered by the user, this date is when they were notified by the client, hospital, etc. Also referenced as the "notification date."

Guidance:

The measure includes all days, not just business days.

The measure focuses on first looking at the discharge date for the clock to start. If there is no discharge date, the logic then looks for a cease date in the system. If neither exists on the hallmark event, it will not be included in the measure.

Denominator pulls from the Hallmark Events within CareManager, which is for pre-certifications, prior authorizations, managed care ADT notifications, and hospitalizations that users directly enter.

A client is considered numerator compliant if the follow-up date documented is within 72 hours post-hospital discharge with the type of contact documented in CareManager.

Types of Contact that count as numerator compliant for the measure:

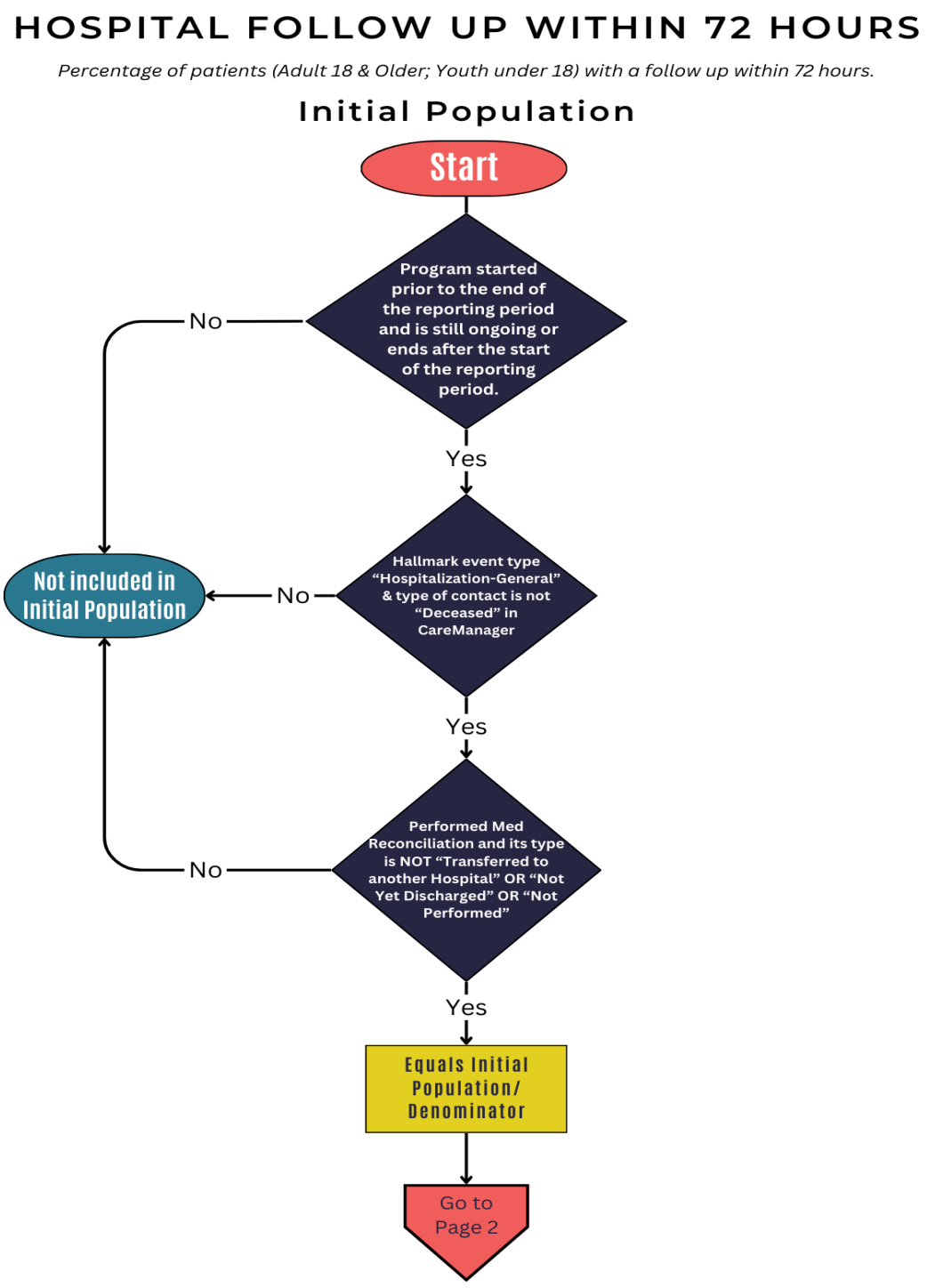
- Face-to-Face/Telehealth
- Phone

If the follow-up period is coming due but the client has not yet been discharged, you should document "not yet discharged" under Performed Med Reconciliation. Once discharged, the "not yet discharged" would need to be updated.

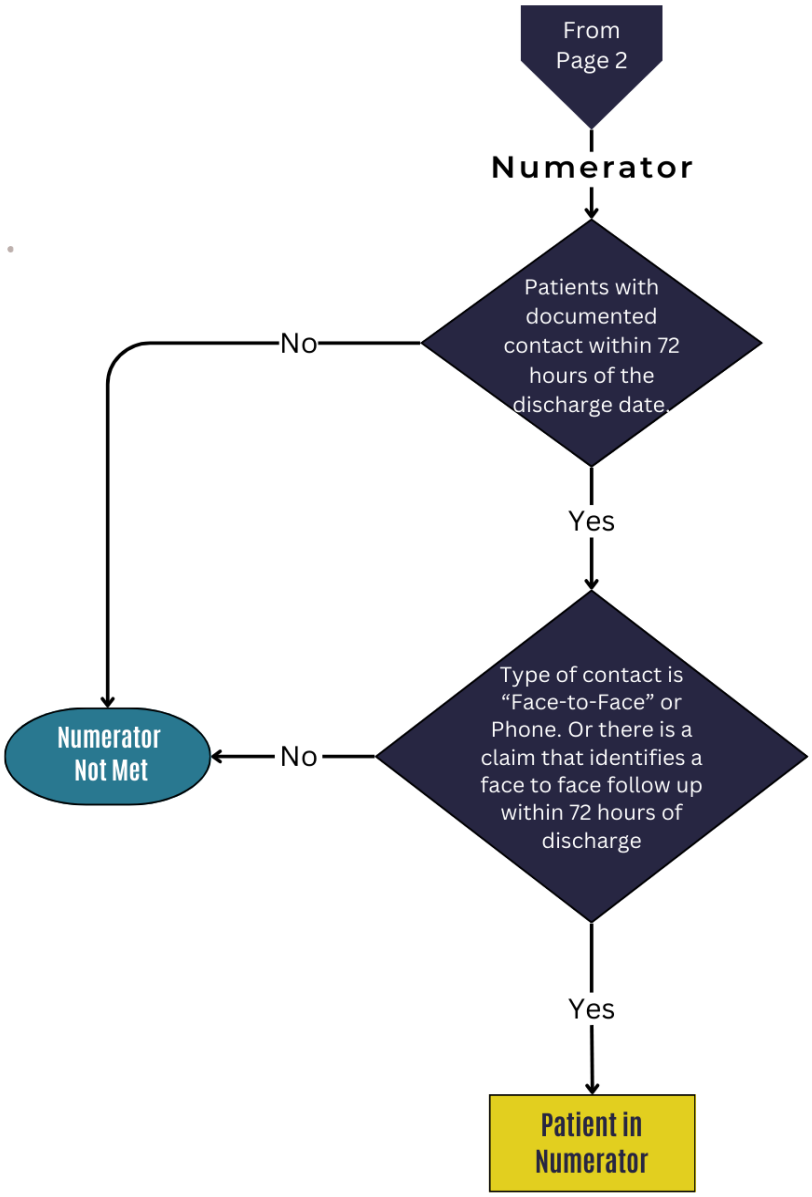
If a client passes away during their episode of care in the hospital, you may select 'Deceased' under Type of Contact in CareManager to exclude this person from the measure.

If a client transfers from one hospital to another hospital, you should document "Transferred to another hospital" under Performed Med Reconciliation.

Measure Flow: HFU within 72 hours



HOSPITAL FOLLOW UP WITHIN 72 HOURS



Hospital Follow-up within 72 hours with Medication Reconciliation (Adult & Youth)

Measure Title:

MOCO_HFUA : Hospital Follow Up(Adult)

MOCO_HFUY : Hospital Follow Up(Youth)

Measure Goal:

No current goal

Description:

The percentage of clients (Adult & Youth populations) during the reporting period with a hospital follow-up within 72 hours post-hospital discharge and completed medication reconciliation.

Population(s):

Enrolled clients with a hospital notification received within 72 hours of the discharge date.

Two (2) Performance Rates collected:

Adult – 18 y/o & Older

Youth – Under 18 y/o

Denominator:

Equals Population(s)

Denominator Exclusions:

If the notification date is 72 hours after the discharge date based on the transmission date provided by DMH or documented in CareManager by the end user.

If the following has been documented in CareManager by the end user: patient passes away during the hospital stay/follow-up period, has yet to be discharged, or if the patient has been transferred to another hospital.

Numerator:

Clients with a hospital follow-up documented along with completed medication reconciliation within 72 hours post-hospital discharge.

Reporting Period Explanation for Measures Registry:

MONTH: June 2024 – This population considers hospitalizations that were discharged in June 2024.

Definitions:

Admission Date: the date the client was admitted to the hospital.

Precertification Date: the date that the precertification was received from the insurance company to start coverage for an episode of care.

Precertification: Pre-certification serves as a utilization management tool, allowing payment for services and procedures that are medically necessary, appropriate, and cost-effective without compromising the quality of care to MO HealthNet participants. – DSS Pre-certifications. Also known as pre-authorization.

Cease Date: the date that the State of Missouri provides for the end date for precertification. This data is used as the discharge date if no discharge date is supplied in CareManager.

Discharge Date: the date the patient was discharged from the facility/hospital marking the end of that episode of care. This date can come across from DMH as the cease date or entered by staff in CareManager.

Transmission Date: the date that the notification of hospitalization comes into DMH's system. On hospitalizations entered by the user, this date is when they were notified by the client, hospital, etc. Also referenced as the "notification date."

Guidance:

The measure includes all days, not just business days.

The measure is focused on looking at the discharge date first for the clock to start. If there is no discharge date, the logic then next looks for a cease date in the system. If neither exists on the hallmark event, it will not be included in the measure.

Denominator pulls from the Hallmark Events within CareManager, which is for pre-certifications, prior authorizations, managed care ADT notifications, and hospitalizations that users add in.

A client is considered numerator compliant if the follow-up date documented is within 72 hours post-hospital discharge with the type of contact documented in CareManager.

Types of Contact that count as numerator compliant for the measure:

- Face-to-Face/Telehealth
- Phone

If the follow-up period is coming due but the patient has not yet been discharged, you should document "not yet discharged" under Performed Med Reconciliation. Once discharged, the "not yet discharged" would need to be updated.

If a client passes away during their episode of care in the hospital, you may select 'Deceased' under Type of Contact in CareManager to exclude this person from the measure.

If a client transfers from one hospital to another hospital, you should document "Transferred to another hospital" under Performed Med Reconciliation.

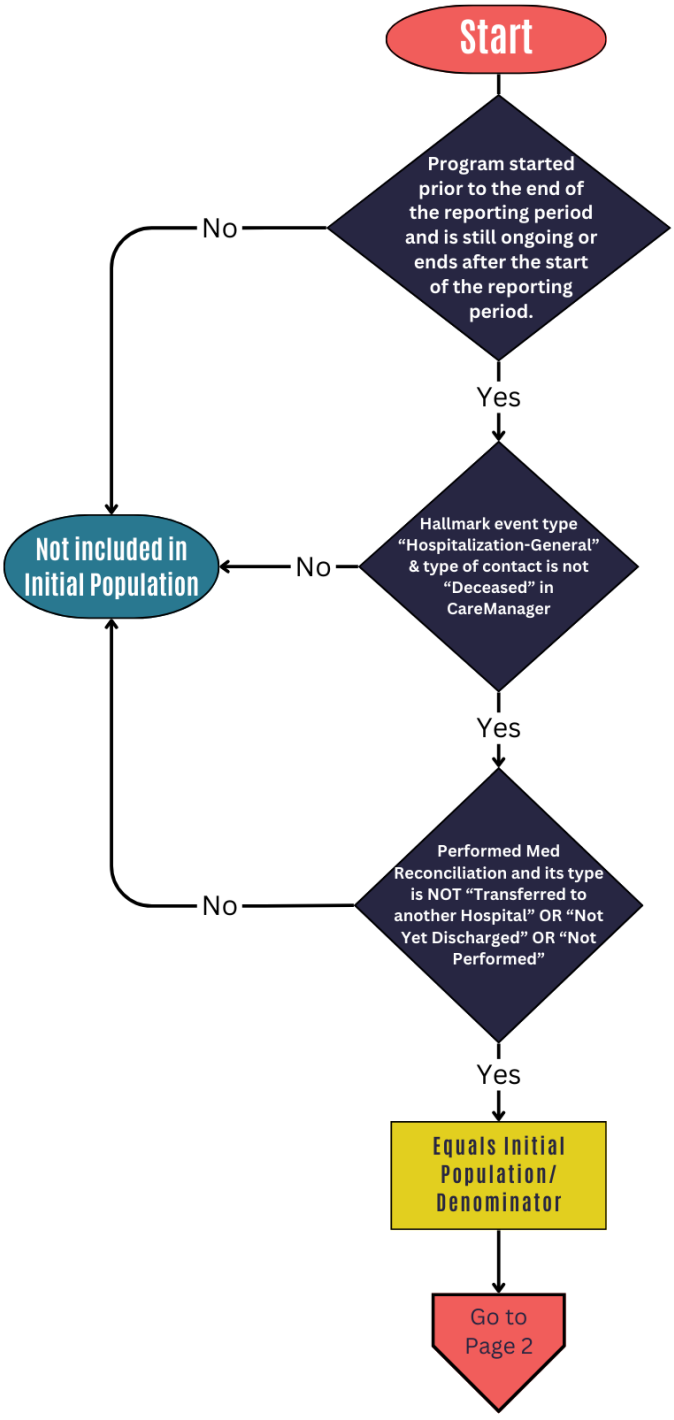
A date and "Yes" must be documented under Performed Medication Reconciliation in order for it to be numerator compliant.

Measure Flow: HFU within 72 Hours and Med Rec

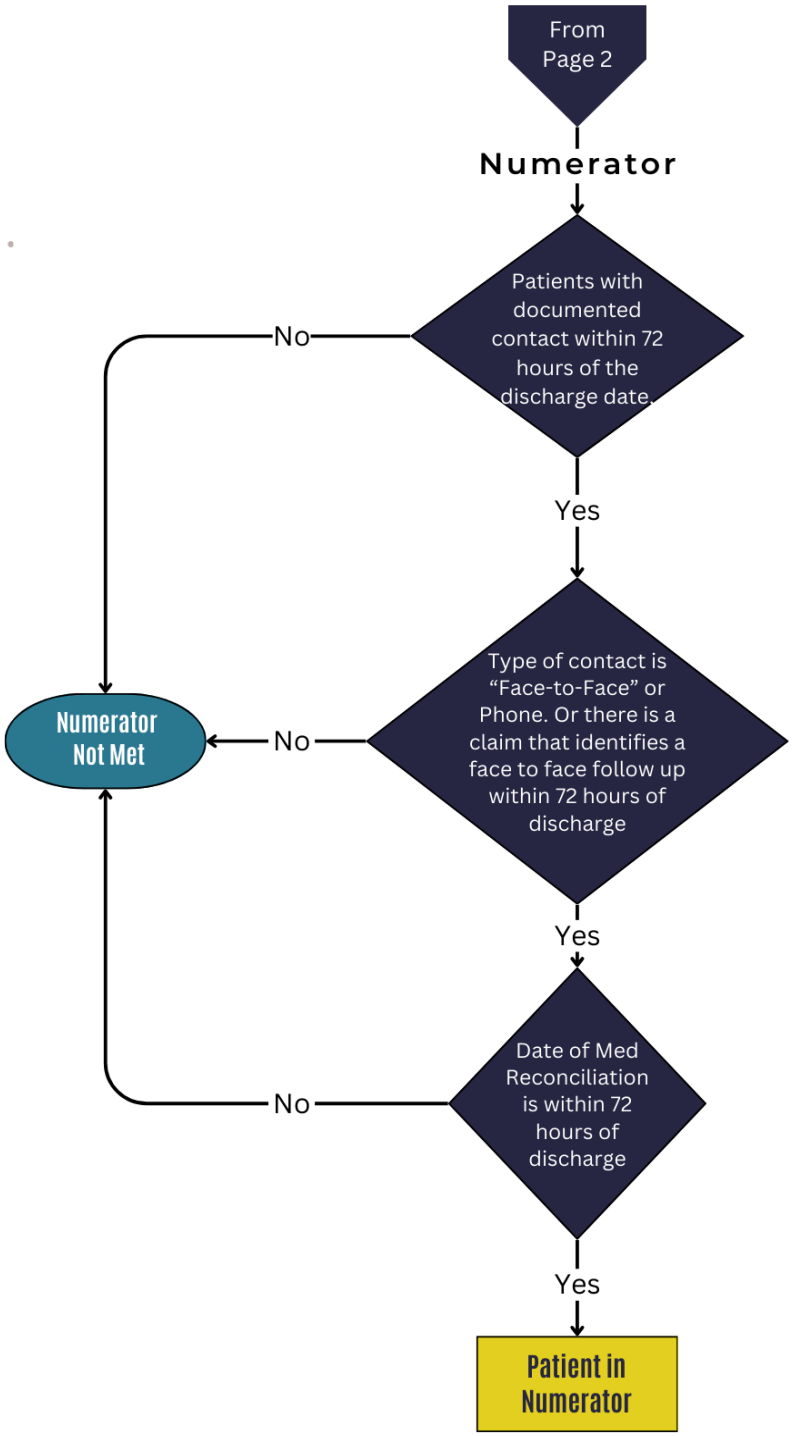
HOSPITAL FOLLOW UP WITHIN 72 HOURS WITH MED RECONCILIATION

Percentage of patients (Adult 18 & Older; Youth under 18) with a follow up and med rec within 72 hours.

Initial Population



HOSPITAL FOLLOW UP WITHIN 72 HOURS WITH MED RECONCILIATION



Hospital Follow-up within 7 Days (Adult & Youth)

Measure Title:

MOCO_HFUA : Hospital Follow Up(Adult)

MOCO_HFUY : Hospital Follow Up(Youth)

Measure Goal:

No current goal

Description:

The percentage of individuals (Adult & Youth) during the reporting period with a hospital follow-up within 7 days post-hospital discharge.

Population(s):

Enrolled clients with a hospital notification received within 7 days of the discharge date.

Two (2) performance rates collected:

Adult – 18 y/o & Older

Youth – Under 18 y/o

Denominator:

Equals Population(s)

Denominator Exclusions:

If the notification date is 7 days after the discharge date based on the transmission date provided by DMH or documented in CareManager by the end user.

If the following has been documented in CareManager by the end user: client passes away during the hospital stay/follow-up period, has yet to be discharged, or if the client has been transferred to another hospital.

Numerator:

Clients with hospital follow-up documented within 7 days post-hospital discharge.

Reporting Period Explanation for Measures Registry:

Client Example: June 2024 – This population considers hospitalizations that were discharged in June 2024.

Definitions:

Admission Date: the date the client was admitted to the hospital.

Precertification Date: the date that the precertification was received from the insurance company to start coverage for an episode of care.

Precertification: Pre-certification serves as a utilization management tool, allowing payment for services and procedures that are medically necessary, appropriate, and cost-effective without compromising the quality of care to MO HealthNet participants. – DSS Pre-certifications. Also known as pre-authorization.

Cease Date: the date that the State of Missouri provides for the end date for precertification. This date is used as the discharge date if no discharge date is provided in CareManager.

Discharge Date: the date the client was discharged from the facility/hospital, marking an end of that episode of care. This date can come across from DMH as the cease date, or entered by staff in CareManager.

Transmission Date: the date that the notification of hospitalization comes into DMH's system. On hospitalizations entered by the user, this date is when the client, hospital, etc. notified them. Also referenced as the "notification date."

Guidance:

The measure includes all days, not just business days.

The measure focuses on first looking at the discharge date for the clock to start. If there is no discharge date, the logic then looks for a cease date in the system. If neither exists on the hallmark event, it will not be included in the measure.

Denominator pulls from the Hallmark Events within CareManager, which is for pre-certifications, prior authorizations, managed care ADT notifications, and hospitalizations that users add-in.

A client is considered numerator compliant if the follow-up date documented is within 72 hours post-hospital discharge with the type of contact documented in CareManager.

Types of Contact that count as numerator compliant for the measure:

-Face-to-Face/Telehealth

-Phone

If the follow-up period is coming due but the client has not yet been discharged, you should document "not yet discharged" under Performed Med Reconciliation. Once discharged, the "not yet discharged" would need to be updated.

If a client passes away during their episode of care in the hospital, you may select 'Deceased' under Type of Contact in CareManager to exclude this person from the measure.

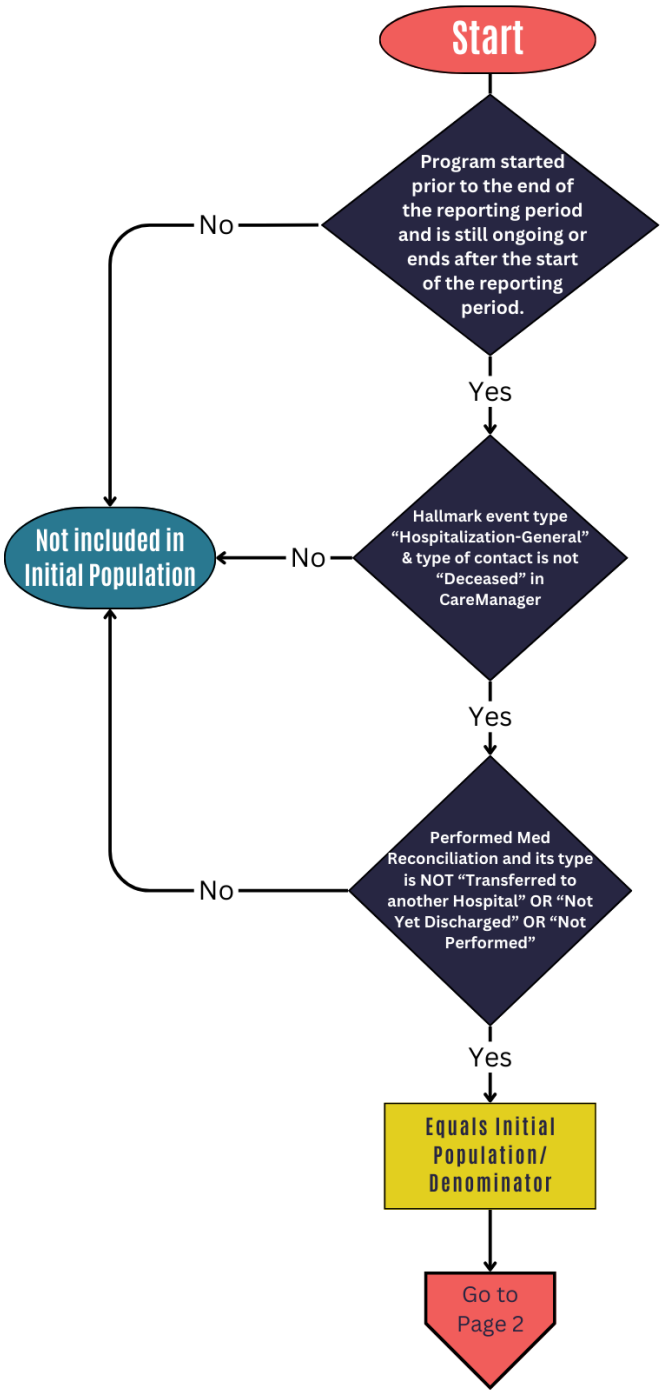
If a client transfers from one hospital to another hospital, you should document "Transferred to another hospital" under Performed Med Reconciliation.

Measure Flow: HFU within 7 Days

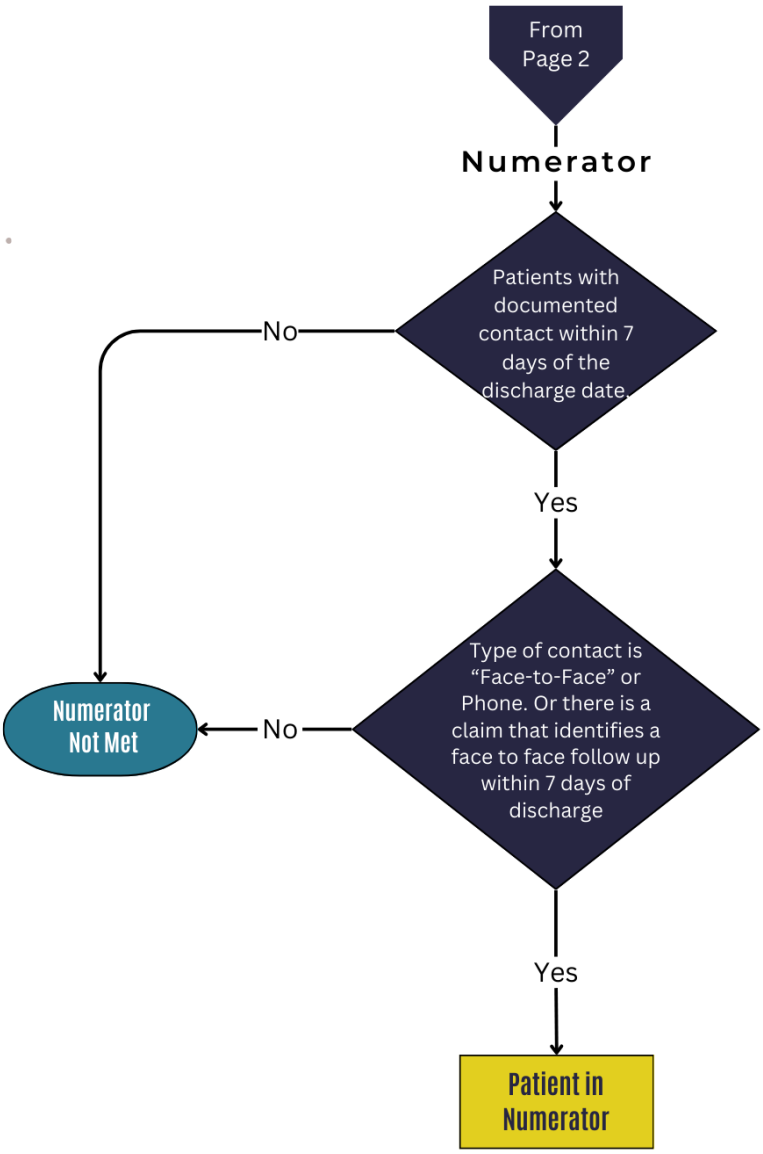
HOSPITAL FOLLOW UP WITHIN 7 DAYS

Percentage of patients (Adult 18 & Older; Youth under 18) with a follow up within 7 days.

Initial Population



HOSPITAL FOLLOW UP WITHIN 7 DAYS



Hospital Follow-up within 7 days with Medication Reconciliation (Adult & Youth)

Measure Title:

MOCO_HFUA : Hospital Follow Up(Adult)

MOCO_HFUY : Hospital Follow Up(Youth)

Measure Goal:

70%↑ Adult

80%↑ Youth

Program: CMHC & DD Health Care Home Policy

Measure Title:

MOCO_HFUA : Hospital Follow Up(Adult)

MOCO_HFUY : Hospital Follow Up(Youth)

Description:

The percentage of individuals (Adult & Youth populations) enrolled during the reporting period with a hospital follow-up within 7 days post-hospital discharge and completed medication reconciliation.

Population(s):

Enrolled clients with a hospital notification received within 7 days of the discharge date.

Two (2) Rates collected:

Adult – 18 y/o & Older

Youth – Under 18 y/o

Denominator:

Equals Population(s)

Denominator Exclusions:

If the notification date is 7 days after the discharge date based on the transmission date provided by DMH or documented in CareManager by the end user.

If the following has been documented in CareManager by the end user: client passes away during the hospital stay/follow-up period, has yet to be discharged, or if the client has been transferred to another hospital.

Numerator:

Clients with a hospital follow-up documented along with completed medication reconciliation within 7 days post-hospital discharge.

Reporting Period Explanation for Population Health:

Client Example: June 2024 – This population considers hospitalizations that were discharged in June 2024.

Definitions:

Admission Date: date the client was admitted to the hospital.

Precertification Date: date that the precertification was received from the insurance company to start coverage for an episode of care.

Precertification: Pre-certification serves as a utilization management tool, allowing payment for services and procedures that are medically necessary, appropriate, and cost-effective without compromising the quality of care to MO HealthNet participants. – DSS Pre-certifications. Also known as pre-authorization.

Cease Date: the date that the State of Missouri provides for the end date for a precertification. This date is used as the discharge date if no discharge date is provided in CareManager.

Discharge Date: date the client was discharged from the facility/hospital marking an end of that episode of care. This date can come across from DMH as the cease date, or entered by staff in CareManager.

Transmission Date: the date that the notification of hospitalization comes into DMH's system. On hospitalizations entered by the user, this date is when they were notified by the client, hospital, etc. Also referenced as the "notification date."

Guidance:

The measure includes all days, not just business days.

The measure is focused on looking at the discharge date first for the clock to start. If there is no discharge date, the logic then next looks for a cease date in the system. If neither exists on the hallmark event, it will not be included in the measure.

Denominator pulls from the Hallmark Events within CareManager which is for pre-certifications, prior authorizations, managed care ADT notifications, and hospitalizations that are added in by users.

A client is considered numerator compliant if follow-up date documented is within 72 hours post hospital discharge with type of contact documented in CareManager.

Types of Contact that count as numerator compliant for the measure:

-Face-to-Face/Telehealth

-Phone

If the follow-up period is coming due but the client has not yet been discharged, you should document "not yet discharged" under Performed Med Reconciliation. Once discharged the "not yet discharged" would need to be updated.

If a client passes away during their episode of care in the hospital, you may select 'Deceased' under Type of Contact in CareManager to exclude this person from the measure.

If a client transfers from one hospital to another hospital, you should document "Transferred to another hospital" under Performed Med Reconciliation.

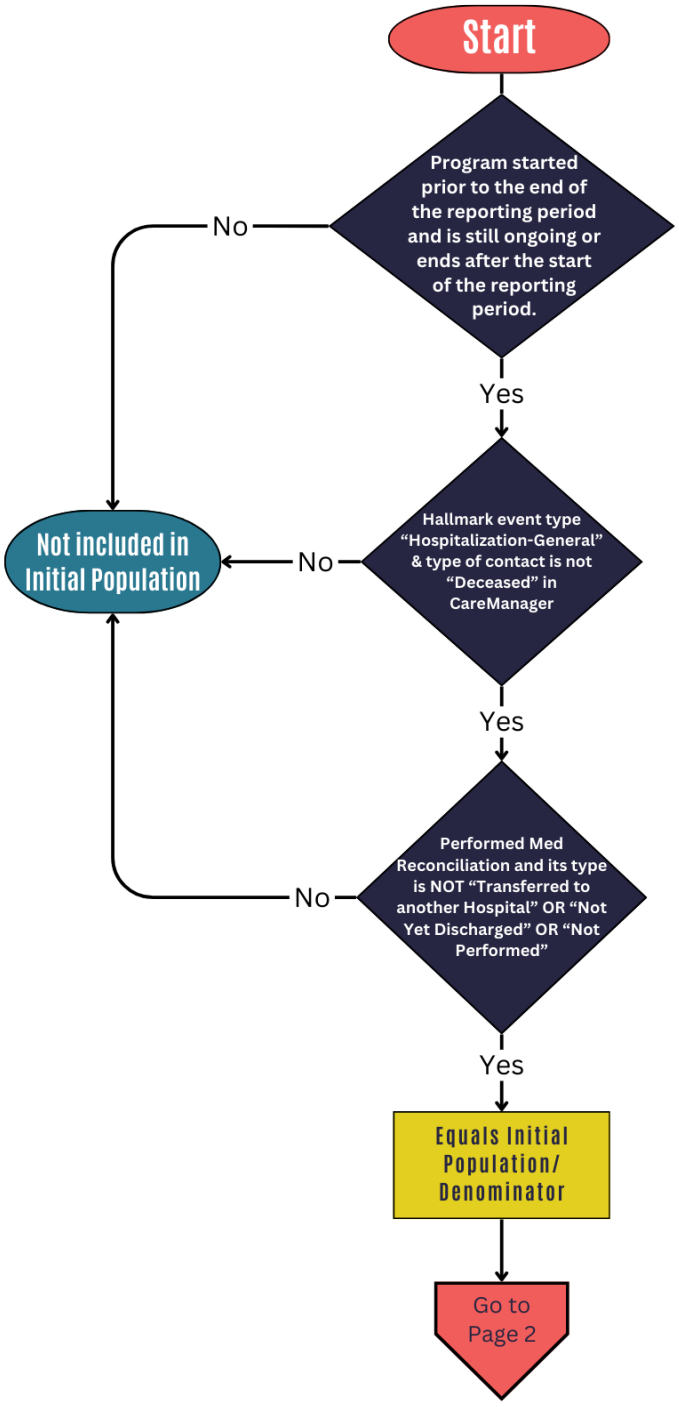
A date and "Yes" must be documented under Performed Medication Reconciliation in order for it to be numerator compliant.

Measure Flow: HFU within 7 Days with Med Rec

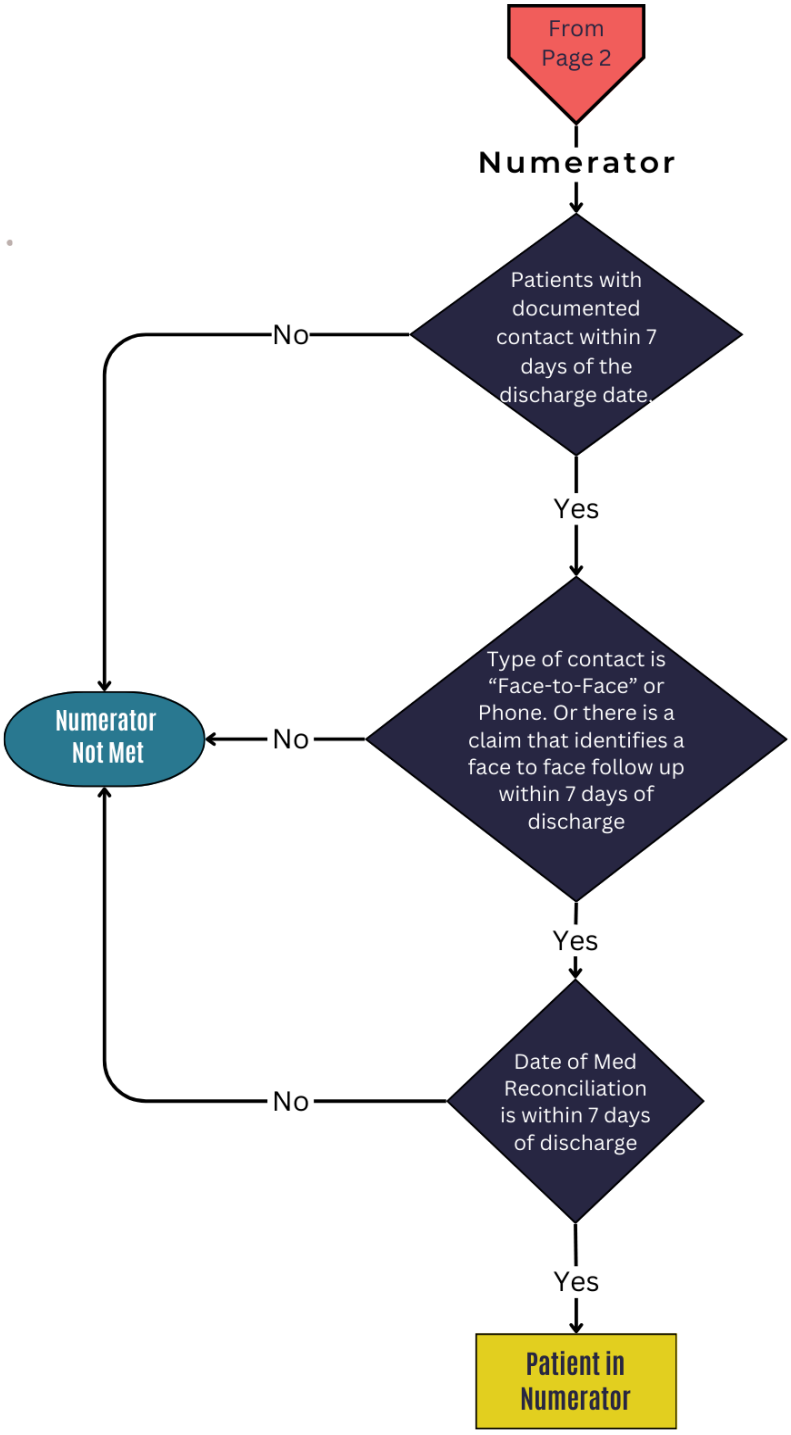
HOSPITAL FOLLOW UP WITHIN 7 DAYS WITH MED RECONCILIATION

Percentage of patients (Adult 18 & Older; Youth under 18) with a follow up and med rec within 7 days.

Initial Population



HOSPITAL FOLLOW UP WITHIN 7 DAYS WITH MED RECONCILIATION



Hospital Follow-up within 30 days (Adult & Youth)

Measure Title:

MOCO_HFUA : Hospital Follow Up(Adult)

MOCO_HFUY : Hospital Follow Up(Youth)

Measure Goal:

67%↑ Adult

71%↑ Youth

Description:

The percentage of individuals (Adult & Youth) enrolled during the reporting period with a hospital follow-up within 30 days post-hospital discharge.

Population(s):

Enrolled clients with a hospital notification received within 30 days of the discharge date.

Two (2) performance rates collected:

Adult – 18 y/o & Older

Youth – Under 18 y/o

Denominator:

Equals Population(s)

Denominator Exclusions:

If the notification date is 30 days after the discharge date based on the transmission date provided by DMH or documented in CareManager by the end user.

If the following has been documented in CareManager by the end user: client passes away during the hospital stay/follow-up period, has yet to be discharged, or if the client has been transferred to another hospital.

Numerator:

Clients with a hospital follow-up documented within 30 days post-hospital discharge.

Reporting Period Explanation for Measures Registry:

Client Example: June 2024 – This population considers hospitalizations that were discharged in June 2024.

Definitions:

Admission Date: date the client was admitted to the hospital.

Precertification Date: date that the precertification was received from the insurance company to start coverage for an episode of care.

Precertification: Pre-certification serves as a utilization management tool, allowing payment for services and procedures that are medically necessary, appropriate, and cost-effective without compromising the quality of care to MO HealthNet participants. – DSS Pre-certifications. Also known as pre-authorization.

Cease Date: the date that the State of Missouri provides for the end date for a precertification. This date is used as the discharge date if no discharge date is provided in CareManager.

Discharge Date: date the client was discharged from the facility/hospital marking an end of that episode of care. This date can come across from DMH as the cease date, or entered by staff in CareManager.

Transmission Date: the date that the notification of hospitalization comes into DMH's system. On hospitalizations entered by the user, this date is when they were notified by the client, hospital, etc. Also referenced as the "notification date."

Guidance:

The measure includes all days, not just business days.

The measure is focused on looking at the discharge date first for the clock to start. If there is no discharge date, the logic then next looks for a cease date in the system. If neither exists on the hallmark event, it will not be included in the measure.

Denominator pulls from the Hallmark Events within CareManager which is for pre-certifications, prior authorizations, managed care ADT notifications, and hospitalizations that are added in by users.

A client is considered numerator compliant if follow-up date documented is within 72 hours post hospital discharge with type of contact documented in CareManager.

Types of Contact that count as numerator compliant for the measure:

-Face-to-Face/Telehealth

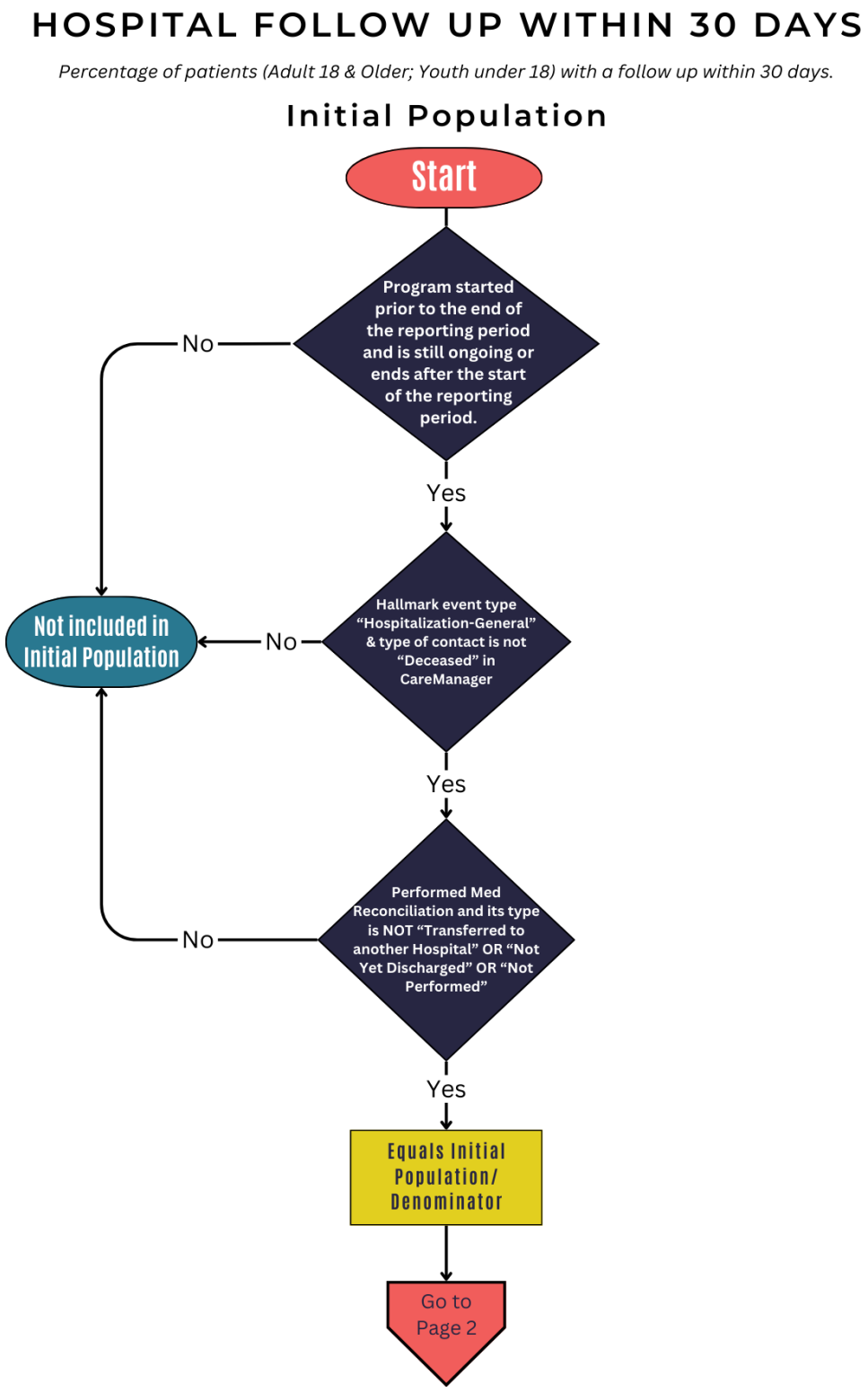
-Phone

If the follow-up period is coming due but the client has not yet been discharged, you should document "not yet discharged" under Performed Med Reconciliation. Once discharged the "not yet discharged" would need to be updated.

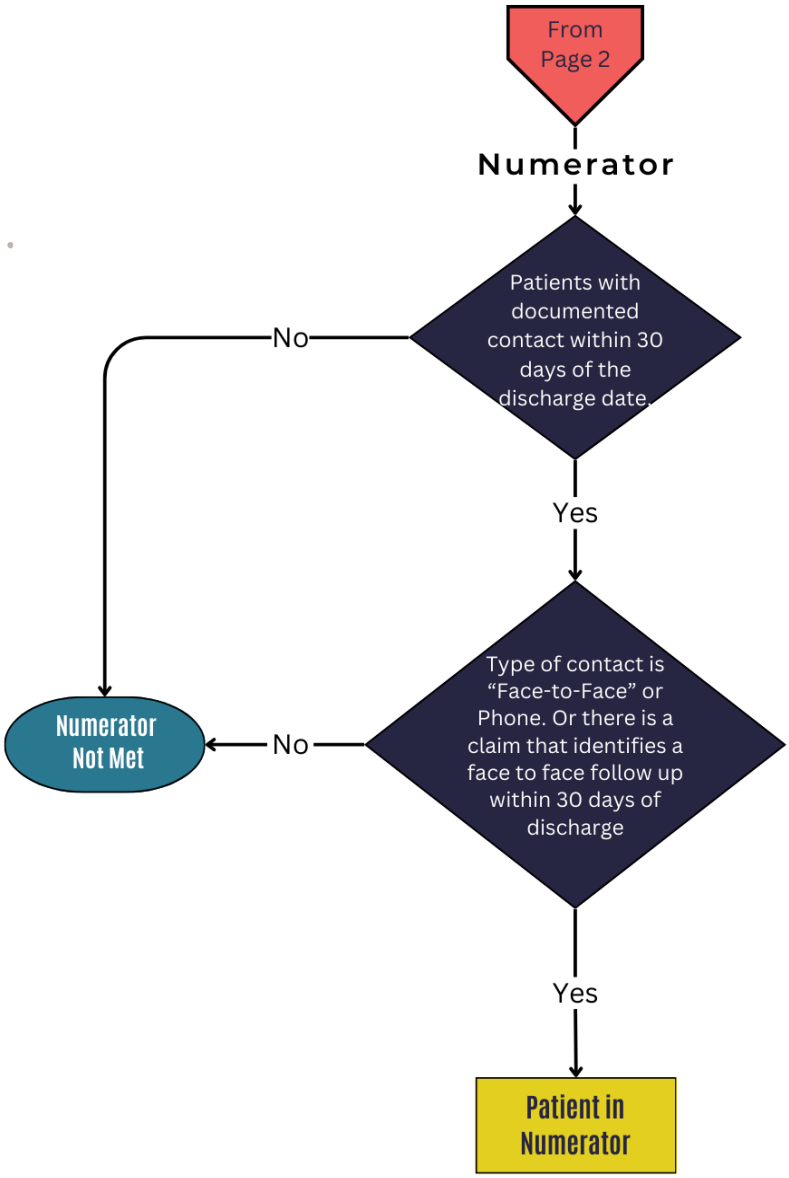
If a client passes away during their episode of care in the hospital, you may select 'Deceased' under Type of Contact in CareManager to exclude this person from the measure.

If a client transfers from one hospital to another hospital, you should document "Transferred to another hospital" under Performed Med Reconciliation.

Measure Flow: HFU within 30 Days



HOSPITAL FOLLOW UP WITHIN 30 DAYS



Measure Source One-Pager