

Health Homes Administrative Component

OMB Control Number: 0938-1148
 Expiration date: 10/31/2014

Health Homes Administrative Component

Name of Health Homes Program:
 OK HH - adults

Monitoring

Provide an estimate of the number of individuals to be served by the Health Homes program during the first year of operation:

13800

Provide an estimate of the cost-savings that will be achieved from implementation of the Health Homes program during the first year of operation:

\$ 1891375.00

Describe how this cost-saving estimate was calculated, whether it accounted for savings associated with dual eligibles, and if Medicare data was available to the State to utilize in arriving at its cost-savings estimates: The State estimate of savings is based on the 90 percent enhanced Federal Medicaid Assistance Percentage (FMAP) for health home services. See also rate calculations spreadsheet to be submitted under separate cover.

Quality Measurement

CMS Recommended Core Measures

For each Health Homes core measure, indicate the data source, the measure specification, and how HIT will be utilized in reporting on the measure.

Health Homes Core Measure		

State Goals and Quality Measures

In addition to the CMS recommended core measures, identify the goals and define the measures the State will use to assess its Health Homes model of service delivery:

Health Home Goal		
Adult Health Home members will experience improved coordination of care		
Adult Health Home members will experience improved preventive care		
Adult Health Home members will experience improved health outcomes		

Health Homes Administrative Component: Goal Detail

Health Home Goal:
 Adult Health Home members will experience improved coordination of care

Measure		
Care Transition – Transition Record Transmitted to Healthcare Professional		

Health Homes Administrative Component: Measure Detail

Measure
 Care Transition – Transition Record Transmitted to Healthcare Professional

The measure is an Evaluation Measure from the Health Homes State Plan for purposes of determining the effect of the program on reducing one of the following:

- Hospital Admissions
- Emergency Room Visits
- Skilled Nursing Facility Admissions

The measure is not included in the Health Homes State Plan

Measure Specification, including a description of the numerator and denominator.

Numerator: Members for whom a transition record was transmitted to the facility or primary physician or other healthcare professional designated for follow-up care within 24 hours of discharge

Denominator: All members, regardless of age, discharged from an inpatient facility (e.g., hospital inpatient or observation, skilled nursing facility, or rehabilitation facility) to home/self care or any other site of care

Data Sources:
 EMR

Frequency of Data Collection:

- Monthly
- Quarterly
- Annually
- Continuously
- Other

How Health IT will be utilized
EMR

Measure is related to:

- Clinical Outcomes
- Experience of Care
- Quality of Care
- Other
Describe: _____

Health Homes Administrative Component: Goal Detail

Health Home Goal:
Adult Health Home members will experience improved preventive care

Measure		
Adult BMI Assessment		
Percentage of members aged 18 years and older screened for clinical depression using a standardized ...		
Percentage of women 50 to 69 years of age screened in the past two years for breast cancer		
Percent of women age 21 to 64 screened for cervical cancer in the past three years.		

Health Homes Administrative Component: Measure Detail

Measure
Adult BMI Assessment

- The measure is an Evaluation Measure from the Health Homes State Plan for purposes of determining the effect of the program on reducing one of the following:
 - Hospital Admissions
 - Emergency Room Visits
 - Skilled Nursing Facility Admissions
- The measure is not included in the Health Homes State Plan

Measure Specification, including a description of the numerator and denominator.

Numerator Description

Body mass index documented during the measurement year or the year prior to the measurement year

Denominator Description

Members 18-74 of age who had an outpatient visit

Data Sources:

EMR

Frequency of Data Collection:

- Monthly
- Quarterly
- Annually
- Continuously
- Other

How Health IT will be utilized

EMR

Measure is related to:

- Clinical Outcomes
 - Experience of Care
 - Quality of Care
 - Other
- Describe:

Health Homes Administrative Component: Measure Detail

Measure

Percentage of members aged 18 years and older screened for clinical depression using a standardized tool AND follow-up documented

- The measure is an Evaluation Measure from the Health Homes State Plan for purposes of determining the effect of the program on reducing one of the following:

- Hospital Admissions
- Emergency Room Visits
- Skilled Nursing Facility Admissions

The measure is not included in the Health Homes State Plan

Measure Specification, including a description of the numerator and denominator.

Numerator: Total number of members from the denominator who have follow-up documentation

Denominator: All members 18 years and older screened for clinical depression using a standardized tool

Data Sources:
Claims Data

Frequency of Data Collection:

- Monthly
- Quarterly
- Annually
- Continuously
- Other

How Health IT will be utilized
Claims Data

Measure is related to:

- Clinical Outcomes
 - Experience of Care
 - Quality of Care
 - Other
- Describe:

Health Homes Administrative Component: Measure Detail

Measure

Percentage of women 50 to 69 years of age screened in the past two years for breast cancer

- The measure is an Evaluation Measure from the Health Homes State Plan for purposes of determining the effect of the program on reducing one of the following:**

- Hospital Admissions
- Emergency Room Visits
- Skilled Nursing Facility Admissions

- The measure is not included in the Health Homes State Plan**

Measure Specification, including a description of the numerator and denominator.

Numerator: Women with evidence of a mammography performed in the past two years

Denominator: Women aged 50 to 69 at the time of the qualifying visit

Data Sources:
Claims Data

Frequency of Data Collection:

- Monthly
- Quarterly
- Annually
- Continuously
- Other

How Health IT will be utilized
Claims Data

Measure is related to:

- Clinical Outcomes
- Experience of Care
- Quality of Care
- Other

Describe:

Health Homes Administrative Component: Measure Detail

Measure

Percent of women age 21 to 64 screened for cervical cancer in the past three years.

- The measure is an Evaluation Measure from the Health Homes State Plan for purposes of determining the effect of the program on reducing one of the following:**
 - Hospital Admissions**
 - Emergency Room Visits**
 - Skilled Nursing Facility Admissions**

- The measure is not included in the Health Homes State Plan**

Measure Specification, including a description of the numerator and denominator.

Numerator: Women age 24 to 64 screened for cervical cancer in the past three years

Denominator: Women age 24 to 64 at the time of the qualifying visit

Data Sources:
Claims Data

Frequency of Data Collection:

- Monthly**
- Quarterly**
- Annually**
- Continuously**
- Other**

How Health IT will be utilized
Claims Data

Measure is related to:

- Clinical Outcomes**

Experience of Care
 Quality of Care
 Other
 Describe: _____

Health Homes Administrative Component: Goal Detail

Health Home Goal:
 Adult Health Home members will experience improved health outcomes

Measure		
Percent of outpatients with a diagnosis of hypertension (uncomplicated) on antihypertensive multi-dr...		
Plan – All Cause Readmission		
Ambulatory Care - Sensitive Condition Admission		
Percentage of members who were prescribed lipid-lowering therapy.		

Health Homes Administrative Component: Measure Detail

Measure
 Percent of outpatients with a diagnosis of hypertension (uncomplicated) on antihypertensive multi-drug therapy where the regimen includes a thiazide diuretic.

- The measure is an Evaluation Measure from the Health Homes State Plan for purposes of determining the effect of the program on reducing one of the following:
 - Hospital Admissions
 - Emergency Room Visits
 - Skilled Nursing Facility Admissions
- The measure is not included in the Health Homes State Plan

Measure Specification, including a description of the numerator and denominator.

Numerator: Number of unique outpatients with a diagnosis of hypertension (uncomplicated) on antihypertensive multi-drug therapy with an active prescription for a thiazide diuretic

Denominator: Number of unique outpatients with a diagnosis of hypertension (uncomplicated) on antihypertensive multi-drug therapy

Data Sources:
Claims Data

Frequency of Data Collection:

- Monthly
- Quarterly
- Annually
- Continuously
- Other

How Health IT will be utilized
Claims Data

Measure is related to:

- Clinical Outcomes
- Experience of Care
- Quality of Care
- Other
Describe:

Health Homes Administrative Component: Measure Detail

Measure
Plan – All Cause Readmission

- The measure is an Evaluation Measure from the Health Homes State Plan for purposes of determining the effect of the program on reducing one of the following:**
 - Hospital Admissions
 - Emergency Room Visits
 - Skilled Nursing Facility Admissions

The measure is not included in the Health Homes State Plan

Measure Specification, including a description of the numerator and denominator.

Numerator: Count the number of Index Hospital Stays with a readmission within 30 days for each age, gender, and total combination

Denominator: Count the number of Index Hospital Stays for each age, gender, and total combination

Data Sources:
Claims Data

Frequency of Data Collection:

- Monthly
- Quarterly
- Annually
- Continuously
- Other

How Health IT will be utilized
Claims Data

Measure is related to:

- Clinical Outcomes
 - Experience of Care
 - Quality of Care
 - Other
- Describe: _____

Health Homes Administrative Component: Measure Detail

Measure
Ambulatory Care - Sensitive Condition Admission

- The measure is an Evaluation Measure from the Health Homes State Plan for purposes of determining the effect of the program on reducing one of the following:**

- Hospital Admissions
- Emergency Room Visits
- Skilled Nursing Facility Admissions

The measure is not included in the Health Homes State Plan

Measure Specification, including a description of the numerator and denominator.

Numerator: Total number of acute care hospitalizations for ambulatory care sensitive conditions for members 18 through under age 75 years

Denominator: Total mid-year population 18 through under age 75

Data Sources:
Claims Data

Frequency of Data Collection:

- Monthly
- Quarterly
- Annually
- Continuously
- Other

How Health IT will be utilized
Claims Data

Measure is related to:

- Clinical Outcomes
- Experience of Care
- Quality of Care
- Other
Describe:

Health Homes Administrative Component: Measure Detail

Measure

Percentage of members who were prescribed lipid-lowering therapy.

- The measure is an Evaluation Measure from the Health Homes State Plan for purposes of determining the effect of the program on reducing one of the following:**

- Hospital Admissions**
- Emergency Room Visits**
- Skilled Nursing Facility Admissions**

- The measure is not included in the Health Homes State Plan**

Measure Specification, including a description of the numerator and denominator.

Numerator: Members from the denominator who were prescribed lipid lowering therapy

Denominator: All members with coronary artery disease (CAD)

Data Sources:
Claims Data

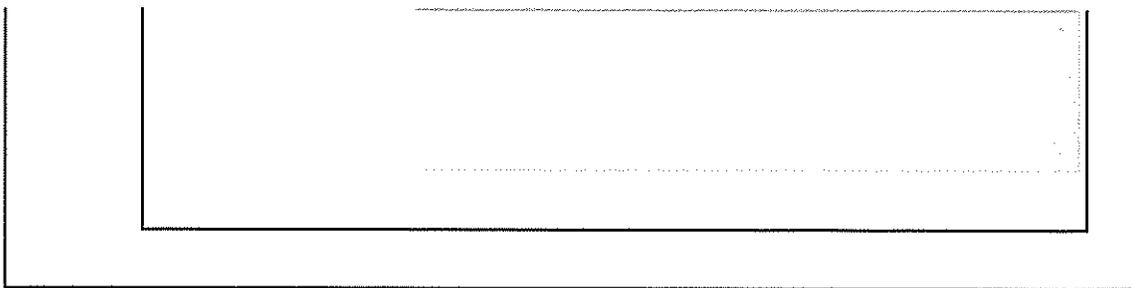
Frequency of Data Collection:

- Monthly**
- Quarterly**
- Annually**
- Continuously**
- Other**

How Health IT will be utilized
Claims Data

Measure is related to:

- Clinical Outcomes**
- Experience of Care**
- Quality of Care**
- Other**
Describe:



PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 80 per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

