

Comparison of Health Homes / High Utilizer Data Indicators

<i>Health Homes</i>	<i>High Utilizer</i>	<i>Comments</i>
Chronic conditions in at least (1) of the (4) categories:		
1. At least two of the following – <ul style="list-style-type: none"> • Asthma • Chronic Obstructive Pulmonary Disease (COPD) • Diabetes • Traumatic Brain Injury • Chronic or Congestive Heart Failure • Coronary Artery Disease • Chronic Liver Disease • Dementia • Substance Use Disorder (SUD) 	Chronic conditions are listed separately except Traumatic Brain Injury	Add Traumatic Brain Injury?
2. Hypertension and one of the following – <ul style="list-style-type: none"> • COPD • Diabetes • Coronary Artery Disease • Chronic or Congestive Heart Failure 	Chronic conditions are listed separately except hypertension/ diabetes comorbidity	Add comorbidities?
3. One of the following – <ul style="list-style-type: none"> • Major Depression Disorders • Bipolar Disorder • Psychotic Disorders 	✓	
4. Asthma and a risk of one of the following – <ul style="list-style-type: none"> • Diabetes • SUD • Depression • Obesity 	Have all except Obesity	Need to define “at risk.” Include?
<u>AND</u> One of the following acuity/complexity criteria:		
1. Chronic condition predictive level above three based on a method determined by DHCS.	N/A	DHCS to determine.
2. At least one inpatient stay in the last year.	✓	
3. Three or more ED visits in the last year.	✓	
4. Chronic homelessness.	Not specific.	Should this be refined?
<u>AND</u> At least 2 separate claims for the eligible condition.		
<p><i>Questions:</i></p> <p>1) Do we wish to modify the indicators for the 2017 data pull? Or if all indicators are present, pull data both ways? For single conditions, plus the HHP parameters?</p> <p>2) Do we wish to pull “chronic homelessness?” Should this indicator be standardized across plans?</p> <p>3) HHP pulls highest risk 3 – 5%. We pull 50. Should we change this? HHP also refreshes data monthly or quarterly. How frequently should we refresh data?</p>		

Health Home exclusions will be applied through the data analysis:

- Sufficiently well managed, or otherwise determined to not fit the high risk criteria;
- Condition management cannot be improved because member is uncooperative;
- Members whose behavior is unsafe for CB-CME staff;
- Determined to be more appropriate for alternative care management program.

Chronic Renal Disease is a Health Home Program eligible condition, but will not be included in the targeted engagement list. Members who have this condition may be referred for plan approval.