



## **Health Care Home (HCH) Recertification-Year 1**

Clinics that have been a certified HCH for one year and are applying for their first year of recertification should follow the reporting requirements as outlined below. Reporting requirements are reduced from certification. Future recertification will be based on results from reported quality data and benchmarking reports. MDH will review with the clinic at the clinic recertification team meeting the clinics baseline benchmarking reports.

### **Year 1 Recertification Reporting Requirements**

#### **1. Continue to meet all initial certification requirements ( Subp. 1,3,5,7,9)**

- **Submit documentation by exception.** Provide updates on only the standard elements where changes have been made to meet the requirements. If there are no changes or updates since last recertification, no additional information is needed unless specifically requested. The clinic selects “no change” in the HCH portal.
- **Subp1A1** - All clinics must submit documentation of progress in their process for identifying patients with complex or chronic conditions who would benefit from care coordination services with movement towards addressing the clinic’s entire clinic population. i.e. risk stratification tools, broadened use of registries or population-based screening mechanisms, etc.
- **Subp 5A** – All clinics must provide documentation of the number and type of care plans (comprehensive or action plans) and the number of patients receiving care coordination for this year of recertification.

#### **2. Address all variances and recommendations made from the previous year.**

- Provide evidence of work done to resolve variances to ensure standards are being met. If the variance is not resolved, submit a request for a new variance with a corrective action plan.

#### **3. Submit documentation in the recertification standards:**

- See recertification Assessment Tool for standards, **2, 4, 6, 8 and 10.**

#### **4. Performance Reporting and Quality Improvement (Subp. 9A, 10B)**

- Provide documentation that the quality team is in place with QI meeting dates, names and roles of participants and patient membership activity.
- Submit a quality improvement plan that addresses the “Triple Aim” of patient health, patient experience and cost effectiveness.
- There is a MDH Quality Plan template on the MDH web site for your use. Any format is acceptable.

#### **5. Participate in a Learning Collaborative and learning communities (Subp 9D).**

- Submit list of topics of learning collaborative work, dates of attendance, and participants.



**6. Submit outcomes data to statewide measurement system (Subp 10A)**

- Review and discuss baseline HCH benchmark data with MDH. Based on the results for the following year of recertification:
  - Submit a variance for superior outcomes and continued progress on standards if eligible, or
  - Continue with present improvement plan, or
  - Submit a variance with action plan for justifiable failure to show measureable improvement.

**7. Participate in a HCH team meeting with MDH staff or upon request, participate in a modified site visit.**

**Variance Definitions:**

**Variance for Superior Outcomes**

Starting at year two of recertification, certified health care homes may apply for a variance to the reporting requirements in part 4764.0030 subp 5B based on superior achievement reflected in the outcomes data and continued progress on the health care homes standards in part 4764.0040.

To receive the variance, the applicant clinic must:

1. Demonstrate that the clinic has met or surpassed the benchmarks for superior achievement in outcomes related to patient health, patient experience and cost-effectiveness as reflected in the data submitted by the clinic to the statewide quality reporting system.
2. Submit a signed statement of ongoing compliance with all initial certification and recertification requirements for year one and two. Clinics will submit this statement in the Recertification Letter of Intent.
3. Demonstrate continued progress on the health care home standards by identifying at least one approach that is new to the applicant for each of the five health care home standards in part 4764.0040, except for the standard for performance reporting and quality improvement.
  - a. Continue to submit the number of care coordination patients and number of care plans.
  - b. Continue to submit the clinic's annual quality plan.
4. Provide any additional documentation of superior outcomes and continued progress on standards requested by the commissioner.
5. Continue to submit outcomes data to the statewide quality measurement system.
6. Continue to participate in a health care home learning collaborative.



- a. Submit list of topics in learning collaborative work, dates of attendance and participants.
- b. Provide evidence of ongoing learning in the clinic.

### **SECTION 3 –Variance for Justifiable Failure to Show Measureable Improvement**

Certified health care homes that fail to show measureable improvement as required by subpart 4764.0030, subp 5B may apply for and receive a variance if the applicant submits the following:

1. Reasonable justification for the applicant's ability to show required measureable improvement; and
2. A corrective action plan to achieve measureable improvement in the following year or a shorter time period with regular reporting requirements determined by MDH and the clinic applicant.
3. Clinics will submit variances through the HCH Portal.
4. Clinics will continue to submit process documentation as specified for recertification. Clinics will annually be informed of these requirements.