



Health Care Home (HCH) Recertification-Year 2

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

Year 2 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.
- **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 of continuing progress in the following recertification standards:

- **0040 Subp.2-** Demonstrate progression in patients' readiness for change, literacy level, or other barriers to learning by reporting progress from previous year, or select a new element of readiness for change. Provide documentation that supports ongoing patient activation.
- **0040 Subp. 6-** Provide one example of progress in each of the following subparts.
 - **6A:** Patient and family-centered care such as a shared decision-making tool, or patient and family engagement efforts.
 - **6B:** Ongoing partnership with at least one or more community-based resources that builds on the previous year.
 - **6D:** Anticipatory health-care related or life stages related transition planning.



- **Subp 8:** Submit 2 care plans/clinic or a maximum of 20 care plans demonstrating integration of external care plans; or complete an audit of 20 integrated care plans and submit a summary of findings and next steps.
- 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.
 - 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, 11A)**
 - Review and discuss HCH benchmarking data with MDH. Based on the results, 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 for Superior Outcomes

Starting at year three 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.
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. 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.