



## **Health Care Home (HCH) Recertification-Year 3 and Subsequent Years**

Clinics that have been a certified HCH for three full years and are applying for their third year of recertification or subsequent years of recertification should follow the reporting requirements as outlined below.

Reporting requirements are reduced from the second year of recertification. Recertification documentation includes addressing recommendations or variances from the previous year's report and sharing ongoing improvements and requirements outlined below.

Recertification will be based on data reported from care coordination / care planning, quality data and HCH benchmarking reports. Benchmarking results are located in the Minnesota Community Measurement, Health Care Home Benchmarking Portal and further information on benchmarking is located at

<http://www.health.state.mn.us/healthreform/homes/outcomes/benchmarking.html>

**The applicants HCH team and patient partners participate in a HCH team meeting in person or as an alternative by phone with MDH staff. In cases where further verification is needed the certified clinic will be requested to participate in a modified site visit.**

### **Year 3 and ongoing recertification reporting requirements**

**1. Continue to meet all initial certification and recertification requirements. (0040**

**Subp. 1,2,3,4,5,6,7,8,9,10)**

**Submit documentation by exception.**

- Provide updates on only the subparts where changes or improvements have been made to meet the requirements. If there are no changes or improvements since last recertification, no additional information is needed unless specifically requested.

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

- Provide evidence of how recommendations made by MDH at the previous certification were addressed. Recommendations are not required; if the clinic chooses not to implement a recommendation describe the rationale or alternative actions.
- Provide evidence of work done to resolve variances to ensure standards are being met. If the variance is not resolved, submit a request to extend the variance with a corrective action plan.



### **3. Subp. 1A1**

- All clinics must submit documentation of progress in their process for systematically identifying patients with complex or chronic conditions who would benefit from care coordination services with movement towards addressing the clinic's entire clinic population. For example implementation of, risk stratification tools, broadened use of registries, predictive modeling tools or population-based screening mechanisms to identify patients for care coordination services.

### **4. Subp. 5A**

- All clinics must provide documentation of the number and type of patients receiving care coordination for this year of recertification in comparison to the previous year.

### **5. Subp. 8**

- All clinics must provide documentation of the number and type of care plans (comprehensive or action plans) in comparison to the previous year.

### **6. Subp. 9D**

- Participate in a MDH Learning Collaborative and submit list of participants and dates of attendance.

### **7. Subp. 10A, 11**

Pursuant to Minnesota Rules, chapter 4764.0040, the applicant will participate in the statewide quality reporting system in the manner prescribed by the commissioner. To meet this requirement, the applicant will submit patient level data for all applicable statewide quality measurement and reporting system (SQRMS) measures and all required HCH measures, as defined by the Commissioner. MDH will utilize this data for evaluation and benchmarking.

- Review and discuss HCH benchmarking data with MDH at the team meeting. Based on the results the certified clinic may address variances for superior outcomes or for improvement, the following year of recertification :
  - o Submit a variance for superior outcomes and continued progress on standards if eligible, or
  - o Continue with present improvement plan, or
  - o Submit a variance with action plan for justifiable failure to show measureable improvement.



## **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.