

### IHH State Reporting Tracker Summary

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Report Information				Amerigroup				Iowa Total Care		Molina	
Type of Report	State Report Name	Report Name	What Report is Capturing	Frequency to Submit to State	Population Reported On	Submit To / Received From	IHH Due Date / Received Date	Submit To / Received From	IHH Due Date / Received Date	Submit To / Received From	IHH Due Date / Received Date
Assessment	E8 LTSS Level of Care/Functional Assessment	LOC Timeliness	Identifies # of assessments completed timely vs. not timely along with timeliness information. Timeliness is based off of the previous year's annual InterRAI for CMH waiver or comprehensive assessment & social history (CASH) for hab. Must be completed within 365 days of previous year.	Quarterly	Hab, CMH	Designated AGP Associate that emailed the IHH or to ia-healthhome@amerigroup.com	AGP tracks and reaches out to the IHH CC or IHH Manager for information as needed	Assigned CBCM	ITC tracks and reaches out to IHH for information as needed	Designated Molina representative that initiated contact	Molina tracks internally and will reach out as needed
Assessment	A13 Revised Assessments	Revised Assessments	To monitor all revised assessments and reason for the revision	Quarterly	Hab, CMH	None - AGP completes	None - based on re-assessments submitted by the IHH	None - ITC completes	None - based on assessments submitted	None - Molina completes	NA - based on assessments data submitted
Assessment/Care Planning	A16 Planned Coordination Events	Ride Along	Scheduled assessments & PCSP that fall within the noted timeframe for the month	Monthly	Hab, CMH	ia-healthhome@amerigroup.com	20th of each month	ITC_IHH@iowatotalcare.com	20th of each month	healthhomesiowa@molinahealthcare.com	20th of each month
Care Planning	A15 Service Plan Reductions (Step 1)	Reduction/Termination	Identifies services that were reduced or terminated during month, date effective, number of units, reason and rational	Monthly	Hab, CMH	None - AGP completes	None - based on service authorizations submitted	None - ITC completes	None - based on PCSP submitted and authorizations	None - Molina completes	NA - Based on PCSP data submitted
Care Planning	A15 Service Plan Reductions (Step 2)	Reduction/Termination	Identifies services that were reduced or terminated during month, date effective, number of units, reason and rational. The State reviews Step 1 and selects a random sample to review further.	Monthly	Hab, CMH	None - AGP completes	None - based on service authorizations submitted	None - ITC completes	None - based on PCSP submitted and authorizations	None - Molina completes	NA - Based on PCSP data submitted
Care Planning	A14 Revised Care Plans	Revised Care Plans	To monitor all revised care plans and reason for the revision	Quarterly	Hab, CMH	ia-healthhome@amerigroup.com	10th of the month following the end of the quarter (April, July, October and January)	None - ITC completes	None - based on PCSP submitted	None - Molina completes	NA - Based on PCSP data submitted
Care Planning	E2 E5 E9 Waivers	Services reviewed	Identifies # of services reviewed due to care plan revisions, reviewed without change, with increase & decrease	Quarterly	Hab, CMH	None - AGP completes	None - based on service authorizations submitted by the IHH	None - ITC completes	None - based on PCSP submitted	None - Molina completes	NA - Based on PCSP data submitted
Care Planning	E2 E5 E9 Waivers	Timely Care Plans	Identifies total annual care plans due, including total that were timely and untimely, with a rationale of each untimely care plan	Quarterly	Hab, CMH	ia-healthhome@amerigroup.com	10th of the month following the end of the quarter (April, July, October and January)	None - ITC completes	None - based on PCSP submitted	None - Molina completes	NA - Based on PCSP data submitted
Contact Monitoring	A1 AS D1 E1 Care Coordination	Face-to-Face Visits	Face-to-Face visit with member at minimum quarterly	Quarterly	Hab, CMH	TBD		TBD		TBD	
Contact Monitoring	A1 AS D1 E1 Care Coordination	Monthly Contact	Contact with member monthly (phone call or face-to-face visit)	Quarterly	Hab, CMH	TBD		TBD		TBD	
Critical Incident Reporting	State Critical Incident Reporting (CIR)	Emergency Room (ED)/Critical Incident Reporting (CIR)	Identifies members who have had a ED visits and if CIR was completed	Monthly	Hab, CMH	ia-healthhome@amerigroup.com	Due date is dependent on when we receive the report request from the State, but typically this will be due in the second week of each month.	Assigned CBCM	Due date depends on when report is received and due back to the State	healthhomesiowa@molinahealthcare.com	Due date depends on when report is received and due back to the State
Employment	E10 Employment	Employment Reporting	Employment data is reported for a designated two-week time frame in Jan, April, July, and October for members with Habilitation eligibility. Supported Employment service providers report information regarding member's wage, earnings, hours worked, and competitive employment. IHHs report information regarding the remaining members and their competitive employment status.	Quarterly	Hab	ia-healthhome@amerigroup.com	Quarterly due date identified in email sent February, May, August and November	Assigned CBCM	Quarterly due date identified in email	healthhomesiowa@molinahealthcare.com	Quarterly date identified in email
Gap in Care Reports	None	Gap in Care Reports	This report displays important information about potential gaps in care for members based on HEDIS specifications.	Monthly to e/o Month	Hab, CMH, Non-ICM	Gap in Care reports are located at <a href="https://www.avallity.com">https://www.avallity.com</a> > Provider Online Reporting	IHHs are notified via Open Office Hours or email when Gap in Care reports are available.	Quality	IHH are provided with report via email	Quality	IHH are provided with report via email
Inpatient Report	None	Inpatient Report	Indicates members who are enrolled in IHH and currently inpatient.	Daily	Hab, CMH, Non-ICM	Inpatient reports are located at <a href="https://www.avallity.com">https://www.avallity.com</a> > Provider Online Reporting	Daily	ITC_IHH@iowatotalcare.com	Emails sent to Health Homes daily for notification	Assigned CM	Emails sent to Health Homes daily for notification
Member Satisfaction	E-14 Iowa Participant Experience Survey	IPES Reporting	Tells us how members rate their services, including IHH. If negative response or no response, IHH completes follow-up.	Quarterly	Hab, CMH	Designated AGP Associate that emailed the IHH	AGP tracks and reaches out to the IHH CC or IHH Manager for information as needed	Assigned CBCM	ITC tracks and reaches out to IHH for follow-up with member as needed	Designated Molina representative that initiated contact	Date identified in email
Membership	IHH Annual Membership	Annual Membership	IHH membership throughout the year and tier changes. MCOs provide this to the State.	Annually	Hab, CMH, Non-ICM	None - AGP completes	None - based on HHN forms submitted	None - ITC completes	None - based on HHN forms submitted	None - Molina completes	NA - Molina completes based on HHN forms submitted
Membership	A1 AS D1 E1 Care Coordination	Hab/CMH Assignment a/n/a Ratio Reporting	MCOs will provide a list of members with Habilitation and CMH waiver eligibility to the State which is based on Roster reports at end of quarter.	Quarterly	Hab, CMH	None - AGP completes	None - based on HHN forms submitted	None - ITC completes	None - based on monthly roster (IHH Member Roster)	None - Molina completes	None - based on monthly roster (IHH Member Roster)
Membership	None	IHH Member Roster	MCOs provide membership file minimum of monthly to IHHs. IHHs will reconcile the roster to verify members are identified correctly and determine if updates need to be completed. Report provides monthly numbers to the state, P4P measures, LOC/PCSP timeliness and eligibility.	Monthly	Hab, CMH, Non-ICM	Member-specific reports are located at <a href="https://www.avallity.com">https://www.avallity.com</a> > Provider Online Reporting	Member rosters are updated weekly.	Assigned CBCM	20th of each month	healthhomesiowa@molinahealthcare.com	20th of each month
Membership	IHH Monthly Membership	Monthly Membership	IHH membership includes Member, assigned tier, age and IHH assignment. MCOs provides this to the State.	Monthly	Hab, CMH, Non-ICM	None - AGP completes	None - based on HHN forms submitted	None - ITC completes	None - based on HHN forms submitted	None - Molina completes	NA - Molina completes based on HHN forms submitted
Performance Measures	None	Report Card	Report cards indicate the IHH's performance on specific quality measures. IHHs can earn an incentive for achieving targets on selected quality measures.	Quarterly	Hab, CMH, Non-ICM	Report cards are located at <a href="https://www.avallity.com">https://www.avallity.com</a> > Provider Online Reporting	Report cards are updated quarterly after a 90 day claims run out and 30 day quality review process. Incentives are paid annually, in July of the following year.	Quality Team Member	Emailed to Health Homes	TBD	
Quality Improvement/Auditing	Chart Review Workbook	Chart Review Workbook	This captures data regarding chart reviews completed by Iowa Medicaid and MCOs. Annually, a random sample of member files are selected for review for each health home.	Annually	Hab, CMH, Non-ICM	Designated AGP Associate that emailed the IHH	Date identified in email	Designated ITC staff	Date identified in email	Designated Molina representative that initiated contact	Date identified in email

Report Information				Amerigroup		Iowa Total Care		Molina			
Quality Improvement/Auditing	E-17 CMS New 1915c & 1915i	Continuous Quality Improvement	<ul style="list-style-type: none"> <li>Monitoring of</li> <li>* service plan addresses needs, goals, health risk, safety risk</li> <li>* service plan updated due to member needs</li> <li>* services plan updated prior to due date</li> <li>* service plan identifies amt, duration, scope of service</li> <li>* IPES question #401 (member reports they had choice of services)</li> <li>* service plan identify choice of providers</li> <li>* major (critical) incident reports requiring follow-up that were investigated</li> <li>* service plan that identify how to report abuse, neglect, exploitation, unexplained deaths</li> <li>* unresolved CIR resulted in targeted review</li> <li>* CIR where root cause identified</li> <li>* claims paid</li> <li>* service plan which indicated member's residence meets HCBS setting requirements</li> <li>* service plan indicates member receiving services in setting that meets HCBS requirements</li> <li>MCO provides action plan if any subcategories are under 86%</li> </ul>	Quarterly	Hab, CMH	Designated AGP Associate that emailed the IHH	Based on random member sample. AGP may request additional information if needed.	None - ITC completes	None - based on data submitted by IHH with PCSP, IPES, and CIR	None - Molina completes	NA - Based on data already submitted
Staff Roster	None	Staff Roster	A list of current IHH staff with contact information	Bi-annually	N/A	Designated AGP Associate that emailed the IHH or to ia-healthhomes@amerigroup.com	Date identified in email	Designated ITC staff	Date identified in email	Designated Molina representative that initiated contact	Date identified in email
Utilization	A1 AS D1 E1 Care Coordination	Acute Inpatient Stays	Identifies members who are unable to be successfully discharged from an acute inpatient stay due to lack of appropriate setting (MHI, hospitals)	Quarterly	Hab, CMH	None - AGP completes	AGP BH UIM Department tracks and reports this information	None - ITC completes	Based on hospitalization authorizations	NA - Molina completes	NA - Molina completes based on UM data
Utilization		CMH Waiver Utilization	Utilization and lack of utilization of CMH waiver members per quarter	Quarterly	CMH	Designated AGP Associate that emailed the IHH or to ia-healthhomes@amerigroup.com	10th of the month following the end of the quarter (January, April, July, and October)	Assigned CBCM	10th of the month following the end of quarter (January, April, July, October)	healthhomesiowa@molinahealthcare.co	10th of the month following the end of quarter (January, April, July, October)
Utilization	A1 AS D1 E1 Care Coordination	Involuntary Discharges	Member issued involuntary discharge notice from CMH or Hab service provider that takes effect within the quarter	Quarterly	Hab, CMH	Designated AGP Associate that emailed the IHH or to ia-healthhomes@amerigroup.com	10th of the month following the end of the quarter (January, April, July, and October)	ITC_IHH@iowatotalcare.com	10th of the month following the end of quarter (January, April, July, October)	healthhomesiowa@molinahealthcare.co	10th of the month following the end of quarter (January, April, July, October)

Quarterly Timeframe Reporting Period	
Quarterly Period	Months
1st	July - Septembr
2nd	October - December
3rd	January - March
4th	April - June