QIO – Health Home Program Quality Oversight

Purpose:

To provide oversight of the Health Home programs including the maintenance of the interface for reimbursement, performance indicators, and incentive methodology to ensure care coordination and quality of care are part of the Health Home programs.

Identification of Roles:

Health Home project lead (PL) - oversees the Health Home program by meeting with the lead entities and Health Home providers, monitoring reporting requirements, and ensuring that the program is always using best practices to provide whole person coordinated care to members.

Performance Standards:

Performance standards are not specified for this program.

Path of Business Procedure: Health Home Program Quality Oversight

Step 1: PL facilitates Health Home quality data to track the Health Home as well as the lead entity that includes issue tracking.

Step 2: PL meets individually with lead entities as needed review areas of improvement with the goal to ensure lead entities are meeting the requirements and providing technical assistance needed to transform the delivery system.

Step 3: PL meets with the lead entities on a weekly basis and discusses Health Home data for individual Health Homes. The lead entities will provide technical assistance to the Health Homes as identified in the dashboards (see Attachments 1 and 2).

Step 4: PL will track oversight and report to Policy on a quarterly basis.

Path of Business Procedure: Key Performance Indicators

Step 1: Key performance indicators are created by PL based on program requirements and approved by Policy.

Step 2: Key performance indicators are tracked by PL a quarterly basis and reported to Policy.

Step 3: Key performance indicators are reviewed annually and as needed to ensure effective program monitoring.

Path of Business Procedure: Best Practices

Step 1: PL identifies best practices through the facilitated Learning Collaborative peer sharing process.

Step 2: PL collects those best practices and shares them with Policy.

Step 3: PL makes updates to the program based on identified best practices.

Path of Business Procedure: Stakeholder Understanding

Step 1: Programmatic barriers are identified by PL through the following areas:

- Meetings with associations.
- Lead entity open office hours calls with Health Home providers.
- Weekly lead entity meetings.
- Health Home director meetings and ad hoc workgroups..

Step 2: PL identifies strategies to eliminate barriers.

Step 3: PL obtains approval from Policy to implement strategies if needed.

Step 3: PL implements strategies.

Path of Business Procedure: Provider Guidance/Education

Step 1: The provider contacts PL to express interest in becoming a Chronic Condition or Integrated Health Home. PL directs the provider to the DHS website for more information.

Step 2: PL offers a call to provide details about the program and will provide the provider available times for the call based on staff availability.

Step 3: PL provides the provider pertinent documents.

Step 4: PL provides the provider a participant call agenda and schedules the conference call utilizing teams the potential participant agenda template.

Step 5: PL meets regularly with the new Health Homes to ensure successful onboarding.

Path of Business Procedure: Maintain Interface

Step 1: PL facilitates annual conversation to engage Policy in the evaluation of the per-member-per-month (PMPM) to ensure it is not over- or under-funding.

Step 2: PL updates the fee schedule for the program if Policy decides that the PMPM is to change.

Step 3: PL drafts an informational letter explaining the changes to the PMPM.

Step 4: PL notifies lead entities and Health Home providers by email those changes will occur.

Path of Business Procedure: Performance Indicators

Step 1: PL reminds lead entities in June that performance measures must be agreed upon, approved in the fall with provider education by end of February annually.

Step 2: PL reviews performance measures proposals in advance of submitting to Policy for approval. If it is not acceptable, it will be sent back to the lead entities with feedback.

Step 3: PL submits the proposal to Policy for approval.

Step 4: PL shares Policy response with the lead entities.

Step 5: PL collects results from lead entities and shares them with Policy.

Path of Business Procedure: Monitor Outcomes

Step 1: PL meets with Policy on a bi-weekly basis (see Attachment 3).

Path of Business Procedure: Facilitate Evaluation of Telligen Program Analysis

Step 1: PL during the initial review, will be copied on the draft copy and will review the analysis report prior to reviewing with Policy.

Step 2: PL provides the feedback from the initial review with Telligen.

Step 3: PL collaborates with the Federal compliance officer to get the preliminary draft on the quality committee's agenda.

Step 4: PL provides feedback from the quality committee to Telligen.

Step 5: PL follows through with Telligen if any changes to the reports are required based on feedback from the quality committee.

Step 6: PL follows the process to get the final draft of the report sent to the director.

Step 7: PL communicates with Telligen once the report is ready to be published.

Path of Business Procedure: Answer Questions and Review

Step 1: The lead entities meet with PL on a weekly basis to ensure alignment between Policy and lead entities (see Attachment 4).

Step 2: PL meets with lead entities individually as needed to discuss topics related to an individual lead entity.

Step 3: PL is identified as the subject matter expert and reviews all Health Home documents submitted to Policy for approval.

Path of Business Procedure: Activities and Savings

Step 1: PL retrieves the enrollment text file from the server.

Step 2: PL imports the file into Excel.

Step 3: PL reports member enrollment by Health Home type (see Attachment 5) to the Managed Care Bureau quarterly.

Step 4: PL notifies Telligen, IBM, and Data Warehouse when the Health Home quality measures and cost savings are due to CMS.

Step 5: PL receives a report from Telligen, IBM, and Data Warehouse when the measures are ready to be reported to CMS.

Step 6: PL reports the Health Home quality measures and cost savings to CMS in MacPRO.

Step 7: PL submits copies of the reports to the Federal compliance officer.

Step 8: PL shares a weekly (see Attachment 3) update with Policy.

Step 9: PL meets monthly with Policy and provides updates on the Health Home program.

Step 10: PL shares the Health Home savings in December annually.

Forms/Reports:

Attachment 1: Lead Entity Dashboard

Attachment 2: Health Home Dashboard

Attachment 3: Weekly QIO Health Home Leadership Update

Attachment 4: Monthly Enrollment Report

Attachment 5: Health Home Logistics Meeting Agenda

Attachment 6: Health Home Learning Collaborative Agenda

RFP Reference:

1.3.1.5.1.a-j: Population Health Improvement Special Projects B.1. Health Homes

1.3.1.5   a. - Provides quality oversight of Health Home programs and remain flexible with program design.

1.3.1.5   b. - Keeps current and advise the agency regarding any innovative best practices to Health Home models including, but not limited to, medical, dental, behavioral, and LTSS or related issues.

1.3.1.5   c. - Maintains and facilitates ongoing primary stakeholder understanding and buy-in on Health Home programs.

1.3.1.5   d. – Provide guidance and education necessary to engage potential Health Home Clinics.

1.3.1.5   e. - Maintains the interface for reimbursement and incentive methodology to ensure care coordination and quality of care are part of the Health Home programs.

1.3.1.5   f. - Develops performance indicators to identify effective Health Homes for incentive payments.

1.3.1.5   g. - Develops a plan to monitor new Health Home programs screening and assessment outcomes.

1.3.1.5   h. - Facilitates evaluation of Health Home programs and CMS Quality Measure reporting.

1.3.1.5   i. - Answers MCO questions and reviews MCO documents related to Health Homes.

1.3.1.5   j. - Provides reports to the agency monthly on Health Home activities and annually on Health Home savings.

Interfaces:

IMPA, IoWANS, MMIS, OnBase, SQL Server Reports, SharePoint, MacPRO

https://dhs.iowa.gov/ime/providers/enrollment/healthhome

https://dhs.iowa.gov/ime/providers/integrated-health-home

Attachments:

Attachment 1: Lead Entity Dashboard

Health Home Dashboard

Strategic Priority	Objective	Frequency	Baseline	Goal
Quality	Performance Measures Results			
	Member Surveys			
	Health Home Utilization			
	CMS Health Home Core Measure Results			
	Chart Review Results			
Standards	Health Home Standards			
	Number of Health Homes			
	Enrollment			
	CSR Report			
	Initial LOC			
	Self-Assessment			
Culture	Learning Collaborative Engagement			
	Success Stories			
	Peer Sharing			
Cost	Health Home			

Attachment 2: Health Home Dashboard

Attachment 3: Weekly QIO Health Home Leadership Update

IOWA Department of HUMAN SERVICES

Health Home Program: The Iowa Medicaid Enterprise (IME) staff **Month/Day/Year**

▸ **SPA:**
▸ **Documents and Processes**
▸ **Health Home Data**
▸ **Weekly MCO Logistics Meeting**
▸ **Learning Collaborative**
▸ **New Integrated Health Homes**
▸ **Potential New Integrated Health Homes**
▸ **New MCOs**
▸ **Outstanding for IME Leadership**
▸ **Outstanding for LeAnn**

Attachment 4: Monthly Enrollment Report

Name	Start Date	Planned Completion Date	Completed Date	Comments	Barriers
Health Home Plan 1/2/20-03/31/19					
Quality Oversight					
Work on 2020 performance measures					
Chart reviews					
Work with core to set up formal process					
Continue training staff					
Complete formal written process					
Program Oversight MCO					
MCO receive formal comments					
MCO re-submit self-assessment					
SWOT analysis completed and provided to leadership					
Action steps based on analysis created					
Develop a process to review MCO					
Program Oversight Health Home					
Process to add/remove HH					
Process to review HH					
Technical Assistance					
Weekly TA meetings with MCOs					
Monthly open office hours					
Weekly Learning Collaborative meetings					
Collaboration with IAP					
Collaboration with IHA					
Collaboration with IPCA					
Communication Strategies					
Leadership meetings					
Create MCO manual					
Quarterly newsletter					
Website updates					
Review submitted material (Stephanie Santos) HH SME					
Contact list updates					
Reporting: Data Warehouse/Core					
Weekly Reports					
Month 1					
Week 1 in review, project plan update, and progress report					
Week 2 in review, project plan update, and progress report					
Week 3 in review, project plan update, and progress report					
Week 4 in review, project plan update, and progress report					
Month 2					
Week 1 in review, project plan update, and progress report					
Week 2 in review, project plan update, and progress report					
Week 3 in review, project plan update, and progress report					
Week 4 in review, project plan update, and progress report					
Month 3					
Week 1 in review, project plan update, and progress report					
Week 2 in review, project plan update, and progress report					
Week 3 in review, project plan update, and progress report					
Week 4 in review, project plan update, and progress report					
Monthly Reports					
Month 1 monthly enrollment by tier					
Month 1 monthly enrollment by tier					
Month 1 monthly enrollment by tier					
Status update for Leadership					
Quarterly Reports					
Quarterly enrollment report					
Annual Reports					
Random sample chart reviews		1 - 2 days		As needed 1 - 2 days to accept data, process, deliver results	
List of high cost HH members		1 - 2 days		As needed 1 - 2 days to accept data, process, deliver results	
Propensity Scoring/Matching/Predictive Modeling Approaches to Risk-Adjusted Cost Efficacy Analyses (Annual)					
HH tiers 1-8					
Analysis of the 6 core services (movement in tier)					
Calculate and analyze cost savings					
Tier change analysis					
Identify high cost members and trends related to high cost					
Utilization Patterns (Annual)					
Emergency department admissions HH tiers 1-8					
Inpatient hospitalizations HH tiers 1-8					
SNF admissions HH tiers 1-8					
Avoidable hospital readmissions HH tiers 1-8					
Analysis report					
2029 CMS Reporting					
Create a formal process					
Upload 2018 data to CMS					

Attachment 5: Health Home Logistics Meeting Agenda

Attachment 6: Health Home Learning Collaborative Agenda

Department of HUMAN SERVICES

Meeting Agenda/Minutes	
Division:	QIO - Health Home Program
Meeting Title:	MCO Health Home Learning Collaborative
Facilitator:	QIO Health Home Resource
Location:	Teams
Date:	xx/xx/xx	Time: 1-2pm

Meeting Objectives

The purpose of the Health Home Learning Collaborative is for Lead Entities to educate and support Health Homes to meet the Provider Standards and to participate in quality improvement activities designed to improve outcomes for Health Home members.

Meeting Participants

IME	AGP	ITC
• Pam Lester	• Sara Hackbart	• Bill Ocker
• Heidi Weaver	• Dave Klinkenborg	• Tori Reicherts
• LeAnn Moskowitz	• Katie Sargent	
	• Martha Boese	*Attendees are in Bold

Agenda Topic	Items
Monthly Webinar Tracking	
Spring/Fall Learning Collaborative	
Health Home Learning Activities and Topics	
Monthly Collaborative Report Outs (Survey & Questions Review)	
Open Discussion	

Action Items			
Description	Responsible Party	Due Date	Status

Parking Lot Items			
Description	Responsible Party	Due Date	Status