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**South Dakota Health Homes**  
**Reporting Period 6 Outcome Measures**  
**(01.01.2016 - 06.30.2016)**

Thursday, July 7<sup>th</sup>

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# Agenda

1. Update on Period 5 data analysis & reporting
2. Review Period 6 measure definitions
  - Review measures with errors in previous reporting periods
  - Discuss 23a and the CMHC Survey changes
3. Guidance on Period 6 data reporting
  - Revised reporting template
  - Reporting time frame, uploading process
4. Time for questions



# Period 5 Status Update

- Data analysis being completed
- Dashboard templates created, revised, being prepared for dissemination
- Dissemination plan
  - Each health home will receive their individual results on each measure/group of measures along with the average performance across all health homes

# Revisiting Measure Definitions

- Another review of common errors in previous reporting periods
- Highlight additional revisions to PCP and CMHC Health Outcomes Indicator descriptions in the DSS guidance documents
  - To provide better guidance on allowable values for data submission
- Updated and available on DSS website  
<http://dss.sd.gov/healthhome/outcomemeasures.aspx>

# Review of Previous Errors

- Remember:
  - A blank response is only allowable on Items 20, and 24 for both PCPs and CMHCs
- Note:
  - Item 41 (Face to Face Visits Scheduled) and Item 42 (Face to Face Visits Missed) have been updated to allow for up to 4 characters in the field length.
  - This addresses an issue raised by CMHCs

# Review of Errors, Cont'd

- Verify:
  - You have entered a **valid** value for each measure.
    - An “Invalid Value” is an entry of a letter that is not one of the options specified in the guidance.
    - For example, entering “0” for Blood Pressure or leaving it blank are not valid responses.
  - You do not have **implausible** values (i.e. a birthdate in the future, or a BP greater than 350)
  - You do not have **duplicate recipient IDs**.
  - You do not have **process errors** (i.e., more missed visits than scheduled visits)

# Changes in Period 6 Measures

- Revised Asthma measures
  - Not required previously due to limits of ICD-9 coding, now being required since ICD-10 is in full use

## Item 17 Asthma

<b>Description</b>	Percentage of recipients with an active asthma problem with the most recent condition of "Persistent" documented in medical chart through the Measurement Period with one or more face to face visits for asthma within the last year.
<b>Measurement Period</b>	Defined reporting period
<b>Numerator</b>	Choose one of the input options for each recipient in the denominator to answer the following question. Did the recipient have an active asthma problem with the most recent condition of "Persistent" documented in medical chart?
<b>Denominator</b>	Recipients between the ages of 5 and 50 who have a diagnosis of one of asthma found in the Appendix A for item 17 who have had a face to face visit for asthma within the last year.
<b>Input options</b>	Character: Y=Yes, N=No, U=Unknown, A= Not applicable
<b>Allowable Exclusions</b>	Individuals outside the age range.
<b>Field Length</b>	1

## Item 18 Asthma Controller

<b>Description</b>	Percentage of recipients between the ages of 5 and 50 with a diagnosis of "Persistent" asthma through the reporting period that were on a prescription drug to control Asthma during the measurement period?
<b>Measurement Period</b>	Defined reporting period
<b>Numerator</b>	Choose one of the input options for each recipient in the denominator to answer the following question. Was the HH recipient on a prescription drug to control Asthma during the measurement period?
<b>Denominator</b>	Recipients between the ages of 5 and 50 who have an asthma diagnosis and are on one an oral or inhaled Medication on a daily basis.
<b>Format/Input options</b>	Character/Y=Yes, N=No, U=Unknown, A= Not applicable
<b>Allowable Exclusions</b>	None
<b>Field Length</b>	1

# Changes in Period 6 Measures

- Addition of 23a
  - 23b calls for BMP (body mass percentage) to be reported for Recipients 6-17, and BMI (body mass index) for Recipients 18-74
  - 23a is being added to indicate whether BMI or BMP is being reported in 23b

## Item 23a Obesity Measurement Tool used

Description	Should be used for all recipients where a Y was indicated in Item 23, and should indicate which measurement is being used in Item 24 below
Measurement Period	Defined reporting period and six months prior
Format/ Input options	Alphanumeric/ I = BMI and P = BMP
Allowable Exclusions	None
Field Length	1

# Changes in Period 6 Measures

## For CMHCs only

- Revisions to Item 46
  - Title and content of measure have been changed to reflect the fact that CMHCs often only refer to PCPs, so PCPs have been added to the possible provider referral list

### Item 46 Referral to a Specialist or Primary Care Provider

Description	Percentage of recipients referred to a specialist or other provider: this measure is regarding referrals to health care professionals/specialties? This would include referrals to specialist such as a primary care provider, neuro, nephro, ortho, rheumatology, oncology, psych, ophthalmology etc.
Measurement Period	Defined reporting period
Numerator	Select an input option for all recipients in the denominator to answer the following question. Was the recipient referred to a specialist or other provider during the same reporting period?
Denominator	All recipients.
Format/ Input options	Alpha Numeric/ Y = Yes N = No , A=Not applicable
Allowable Exclusions	None
Field Length	1

- “A” an additional option in Patient Experience questions 51-60
  - CMHC questions are Yes, No, Refused, and now A for Non Applicable (versus PCP questions which are numeric)

# Reporting Template

- Certain measures have data fields with a drop down menu
  - You should only choose one of the drop down options
  - This will prevent an error and only allow use of an allowed value
  - Example: see the yellow row for allowable values for each field
- Remember that allowable values for each field are described in the two DSS source documents
  - “SD PCP Health Home Outcomes Indicators – Revised June 2016”
  - “SD CMHC Health Home Outcomes Indicators – Revised June 2016”

# Reporting Template Example

1	SD CMHC Health Home Outcome Measures – Revised June 2015												
2													
3	1	2	3	4	5	6	7	8	9	10	11	12a	12b
4	Health_Home_ID	Designated_Provider_No	NPI_Billing	NPI_Servicing	Provider_Taxonomy	Recipient_ID	Recipient_DOB	Recipient_Gender	Status	C_start_date	C_end_date	Depression_Screening_Completed	Depression_Positive_Screen
5	xxxx	xxxxxxx	xxxxxxxxxxx	xxxxxxxxxxx	xxxxxxxxxxx	xxxxxxxxxx	01122013	M	A	01012015	1	Y	Y
6													
7												Y	
8												N	
9												A	
10													
11													

# Period 6 Submission Process and Timeline

Action	Timeline
Proofpoint Shares sent out to Health Homes	July 15 <sup>th</sup> , 2016
HMA available to respond to questions	Anytime
Health Homes submit data	By August 31, 2016
HMA receives, checks, analyzes data and generates individual Health Home outcomes results via dashboard reports	August/September
Health Homes receive results via dashboard reports, review and identify any questions	September/October

Contacts for questions regarding data submission

- Bethany Pace-Danley [bpacedanley@healthmanagement.com](mailto:bpacedanley@healthmanagement.com) or Alana Ketchel [aketchel@healthmanagement.com](mailto:aketchel@healthmanagement.com)

(Bethany will be out on medical leave August 11<sup>th</sup> through September 5<sup>th</sup> )

# Questions?

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- Note between August 11-September 5<sup>th</sup>
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