



HEALTH
MANAGEMENT
ASSOCIATES

South Dakota: Health Home Data Reporting Training

A black and white photograph of a desk with papers, pens, and a hand in a suit sleeve. The image is positioned on the left side of the slide, showing a close-up of a person's hand in a suit sleeve resting on a desk. There are several pens and papers scattered on the desk, with some papers having text on them. The background is blurred, showing what appears to be a chair and other office furniture.

AGENDA

- + Introductions
- + Overview of the Data Submission Process
- + Health Home Measures



CHAPTER ONE

INTRODUCTIONS

HEALTH MANAGEMENT ASSOCIATES

CHAPTER TWO

DATA SUBMISSION PROCESS

HEALTH MANAGEMENT ASSOCIATES

OVERVIEW

1. HMA will provide each Health Home with the Data Reporting Template via Secure Share. In order to help you complete your report, certain Items will be pre-populated, such as the Recipient ID.
2. Health Homes will download the Data Reporting Template from Secure Share, which can be access via this link:
<https://seureshare.proofpoint.com/>
3. Health Homes must submit data for each of the Recipients for which they delivered a core service.
 1. First half of the year data is January 1 through June 30. The deadline for submitting the data is **TBD**.
 2. Second half of the year data is from July 1 – December 31. The deadline for submitting the data is **March 14th**.
 3. Provide data on all recipients and all measures

LOG INTO SECURE SHARE

1. Go to <https://seureshare.proofpoint.com/>
 - + We strongly recommend that you bookmark this site or saving the original email we send you with the link to Secure Share.
2. Log into Secure Share using your email address and click “CONTINUE”

proofpoint

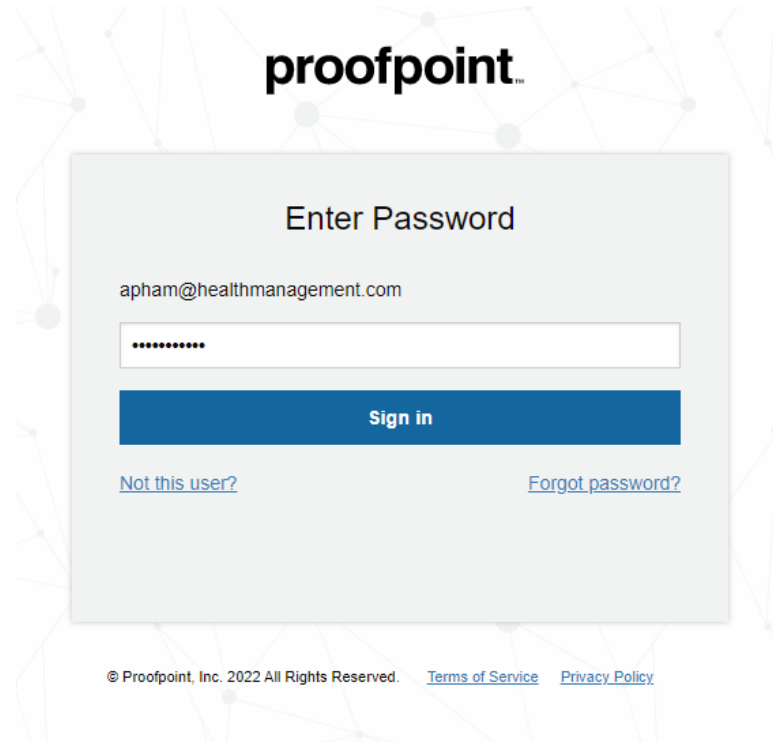
WELCOME TO SECURE SHARE
First time here? You will be asked to register.
Already registered? You will be asked to log in.

Email Address

apham@healthmanagement.com

CONTINUE

3. Type in your password and click “SIGN IN”



4. Click on the Secure Share.

The screenshot displays a web interface for secure shares. On the left, a list of shares is shown, with the top item, '0000 Test Clinic Peri...', highlighted by a red box. The main area on the right shows the details for this share, including the name '0000 Test Clinic Period 17 Data Share', the owner 'Anh Pham', and the start date 'Jan 10, 2022'. It also indicates '491 KB' of data, '2 FILES', '2 PARTICIPANTS', and '60 DAYS REMAINING'. A progress bar shows the expiration date as 'Mar 11, 2022'. Below this, there is a dashed green box with the text 'CLICK HERE TO ADD FILES OR START BY DRAGGING FILES HERE' and 'Max file size : 5000 MB'. At the bottom, a file list shows two files: '0000_Test Clin...' (133 KB, XLSX) and 'Proofpoint Se...' (357 KB, PDF). A message block contains text from Health Management Associates (HMA) regarding data submission for the Period 17 reporting period (July 2021 through December 2021).

40 Secure Shares **CREATE SHARE**

Sort By: **Recent Activity**

You ↔ 1 **0000 Test Clinic Peri...** 60 Days

Kraig Gazley ↔ 3 25 Days
EMRs and Vaccine files

You ↔ 3 47 Days
CT_17abc Incoming ...

You ↔ 1 56 Days
CHCF: Research Proj...

You ↔ 2 59 Days
January HWHB Data ...

You ↔ 3 59 Days
January HWHB Data ...

You ↔ 3 59 Days
January HWHB Data ...

You ↔ 2 59 Days
January HWHB Data ...

You ↔ 3 59 Days
January HWHB Data ...

0000 Test Clinic Period 17 Data Share

Anh Pham

Started Jan 10, 2022 Expires Mar 11, 2022

491 KB **2** FILES **2** PARTICIPANTS **60** DAYS REMAINING

[DOWNLOAD ALL](#) [FILES VIEW](#) [MANAGE](#)

10 Jan 11 Mar
Drag to change expiration date

[CLICK HERE TO ADD FILES OR START BY DRAGGING FILES HERE](#)
Max file size : 5000 MB

Anh Pham Jan 10, 2022 - 12:22 PM 491 KB | [ACTIONS](#) |

0000_Test Clin... 133 KB Proofpoint Se... 357 KB

Health Management Associates (HMA) is continuing to work with DSS to collect and analyze Health Home outcome measures data. We are now beginning the process of data submission for the Period 17 reporting period (July 2021 through December 2021). The instructions for uploading your data are available to download through this ProofPoint share. There will be a PDF file in the upper left of the message block that will read "ProofPoint Sec...". Once you move your mouse over the file, the download icon will be visible. Click the icon to download the file to your computer.

We have set up a ProofPoint share site for each clinic. This will ensure the data is sent securely. The name of the clinic is in the title of the share site. If you have never used ProofPoint, you will need to set up a password. The ProofPoint share will be available until Sunday, April 17, 2022; however keep in mind that the data is due on February 28, 2022.

5. Download the Reporting Template

The screenshot shows a data submission dashboard for a project titled "0000 Test Clinic Period 17 Data Share" by user "Anh Pham". The dashboard includes a settings gear icon in the top right, a status bar with "Started Jan 10, 2022" and "Expires Mar 11, 2022", and four main metrics: "491 KB" with a "DOWNLOAD ALL" link, "2 FILES" with a "FILES VIEW" link, "2 PARTICIPANTS" with a "MANAGE" link, and "59 DAYS REMAINING" with a date range slider from "10 Jan" to "11 Mar" and the text "Drag to change expiration date". Below these metrics is a dashed green box with the text "CLICK HERE TO ADD FILES OR START BY DRAGGING FILES HERE" and "Max file size : 5000 MB". At the bottom, a file list shows two files: "0000_Test Clin..." (133 KB, XLSX) and "Proofpoint Se..." (357 KB, PDF). The XLSX file has a blue download icon highlighted with a red square, and a tooltip "Download File" is visible below it.

6. Provide data for each of the Recipients for which your Health Home delivered a core service.
 - A. The Data Reporting Template will include the following:
 - a. Recipient Name
 - b. Recipient DOB
 - c. Age
 - d. Item 1: Health Home ID
 - e. Item 2: Provider Billing NPI
 - f. Item 3: Provider Serving NPI
 - g. Item 4: Recipient ID
 - B. Do not delete these items from the data reporting template.
 - C. All Health Homes are responsible for submitting data on Items 5-18.

DATA REPORTING TEMPLATE

0000_Test_Clinic_Period_17_2022_Reporting_Template

File Home Insert Page Layout Formulas Data Review View Help Acrobat

Clipboard Font Alignment Number Styles Cells Editing Ideas

Recipient Name

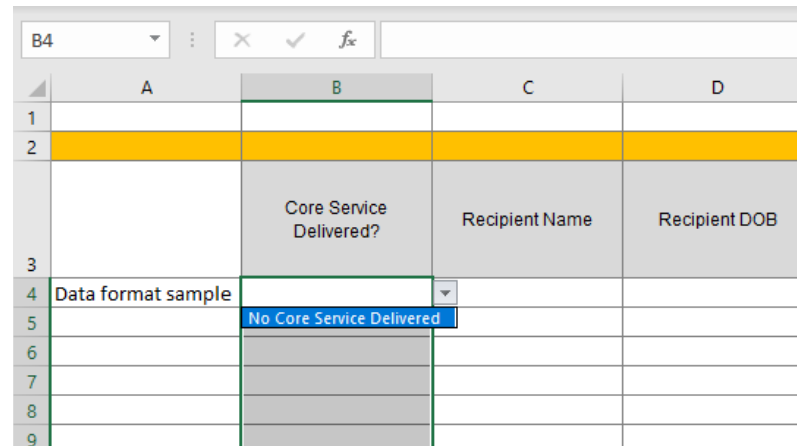
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X
1	SD Health Home Outcome Measures - Revised November 2020																							
2					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18		
3		Core Service Delivered?	Recipient Name	Recipient DOB	Health_Home_ID	NPL_Billing	NPL_Servicing	Recipient_ID	Depression_Screening_Completed	Depression_Positive_Screen	Depression_Follow-Up_Plan_Documented	Obesity_BMI_M	BMI_BMP_Percentile	Mammogram_M	Colorectal_M	Hypertension_M	Hypertension_BP_Systolic_M	Hypertension_BP_Diastolic_M	CarePlan_M	Face_to_Face_Office_Visits_M	Face_to_Face_OV_Scheduled_M	Face_to_Face_OV_Missed_M		
4	Data format sample				xxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	Y	Y	Y	Y	8.0	Y	Y	Y	140	90	Y	Y	1	0		
5													please enter numerical value			A	A				please enter numerical value	please enter numerical value		
6													please enter numerical value			A	A				please enter numerical value	please enter numerical value		
7													please enter numerical value			A	A				please enter numerical value	please enter numerical value		
8													please enter numerical value			A	A				please enter numerical value	please enter numerical value		
9													please enter numerical value			A	A				please enter numerical value	please enter numerical value		
10													please enter numerical value			A	A				please enter numerical value	please enter numerical value		
11													please enter numerical value			A	A				please enter numerical value	please enter numerical value		
12													please enter numerical value			A	A				please enter numerical value	please enter numerical value		
13													please enter numerical value			A	A				please enter numerical value	please enter numerical value		
14													please enter numerical value			A	A				please enter numerical value	please enter numerical value		
15													please enter numerical value			A	A				please enter numerical value	please enter numerical value		
16													please enter numerical value			A	A				please enter numerical value	please enter numerical value		
17													please enter numerical value			A	A				please enter numerical value	please enter numerical value		
18													please enter numerical value			A	A				please enter numerical value	please enter numerical value		
19													please enter numerical value			A	A				please enter numerical value	please enter numerical value		
20													please enter numerical value			A	A				please enter numerical value	please enter numerical value		
21													please enter numerical value			A	A				please enter numerical value	please enter numerical value		
22													please enter numerical value			A	A				please enter numerical value	please enter numerical value		
23													please enter numerical value			A	A				please enter numerical value	please enter numerical value		
24													please enter numerical value			A	A				please enter numerical value	please enter numerical value		
25													please enter numerical value			A	A				please enter numerical value	please enter numerical value		
26													please enter numerical value			A	A				please enter numerical value	please enter numerical value		
27													please enter numerical value			A	A				please enter numerical value	please enter numerical value		
28													please enter numerical value			A	A				please enter numerical value	please enter numerical value		
29													please enter numerical value			A	A				please enter numerical value	please enter numerical value		
30													please enter numerical value			A	A				please enter numerical value	please enter numerical value		
31													please enter numerical value			A	A				please enter numerical value	please enter numerical value		
32													please enter numerical value			A	A				please enter numerical value	please enter numerical value		
33													please enter numerical value			A	A				please enter numerical value	please enter numerical value		
34													please enter numerical value			A	A				please enter numerical value	please enter numerical value		
35													please enter numerical value			A	A				please enter numerical value	please enter numerical value		
36													please enter numerical value			A	A				please enter numerical value	please enter numerical value		

Instructions NEW EXAMPLE TEMPLATE 2021

Ready 7:18 AM

DATA SUBMISSION PROCESS

7. If you did not deliver a core service for a Recipient that is listed, use the dropdown in Column B to indicate that you did not deliver a Core Service for that individual.



The screenshot shows an Excel spreadsheet with columns A, B, C, and D. Row 1 is empty. Row 2 is highlighted in yellow. Row 3 has headers: 'Core Service Delivered?' in column B, 'Recipient Name' in column C, and 'Recipient DOB' in column D. Row 4 has 'Data format sample' in column A. A dropdown menu is open in cell B4, showing 'No Core Service Delivered' as the selected option.

	A	B	C	D
1				
2				
3		Core Service Delivered?	Recipient Name	Recipient DOB
4	Data format sample	No Core Service Delivered		
5				
6				
7				
8				
9				

8. Once you have completed the Data Reporting Template, save the file somewhere on your computer.

DATA SUBMISSION PROCESS

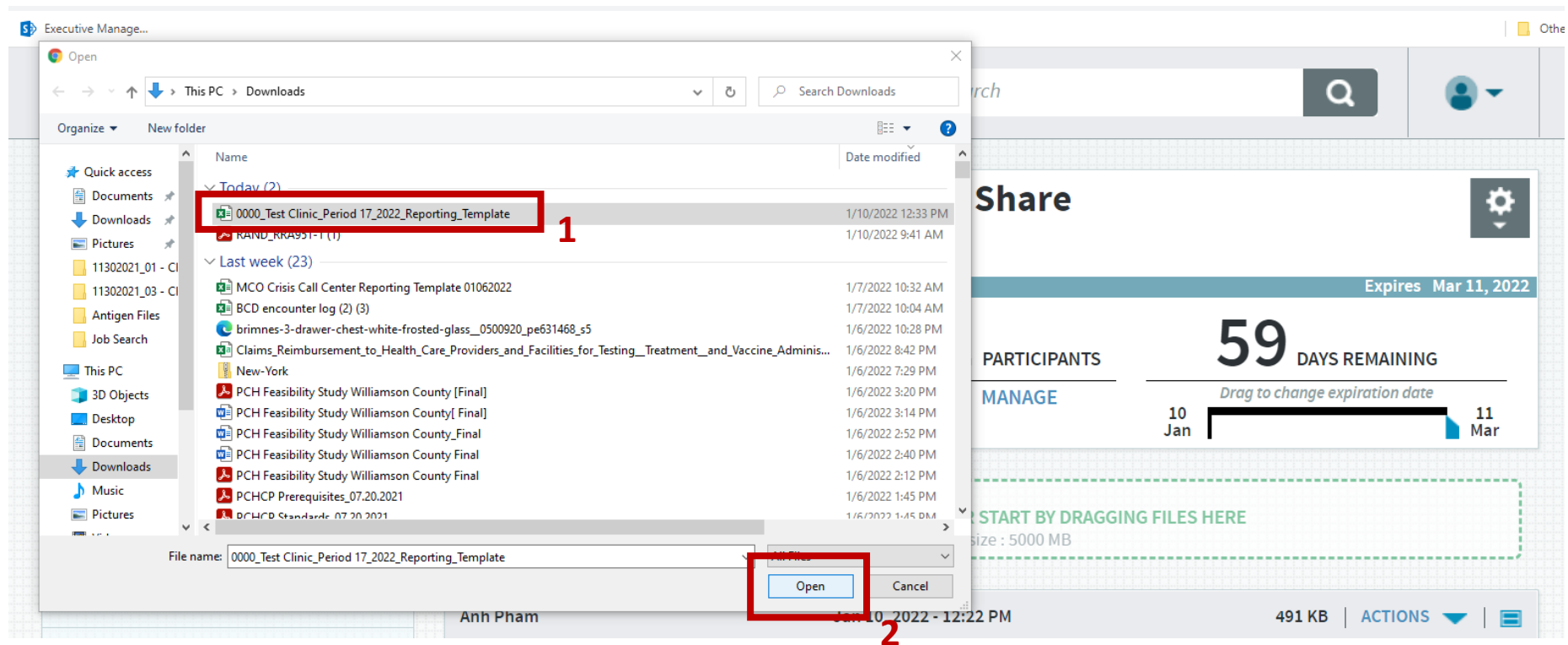
9. Upload the complete Data Reporting Template by going back to Secure Share.
10. Click on “CLICK HERE TO ADD FILES OR START BY DRAGGING FILES HERE”

The screenshot shows a web interface for a data share. At the top, it says "0000 Test Clinic Period 17 Data Share" with a gear icon. Below that is the name "Anh Pham". A status bar indicates "Started Jan 10, 2022" and "Expires Mar 11, 2022". The main area displays four statistics: "491 KB" with a "DOWNLOAD ALL" link, "2 FILES" with a "FILES VIEW" link, "2 PARTICIPANTS" with a "MANAGE" link, and "59 DAYS REMAINING" with a "Drag to change expiration date" slider. Below these statistics is a large dashed green box containing the text "CLICK HERE TO ADD FILES OR START BY DRAGGING FILES HERE" and "Max file size : 5000 MB". This box is highlighted with a red border. At the bottom, there is a file list showing "0000_Test Clin..." (133 KB, XLSX) and "Proofpoint Se..." (357 KB, PDF). The interface also shows the user name "Anh Pham", the date "Jan 10, 2022 - 12:22 PM", and the total size "491 KB" with an "ACTIONS" dropdown menu.

DATA SUBMISSION PROCESS

11. Select the saved Data Reporting Template on your computer to upload your Data Reporting Template.

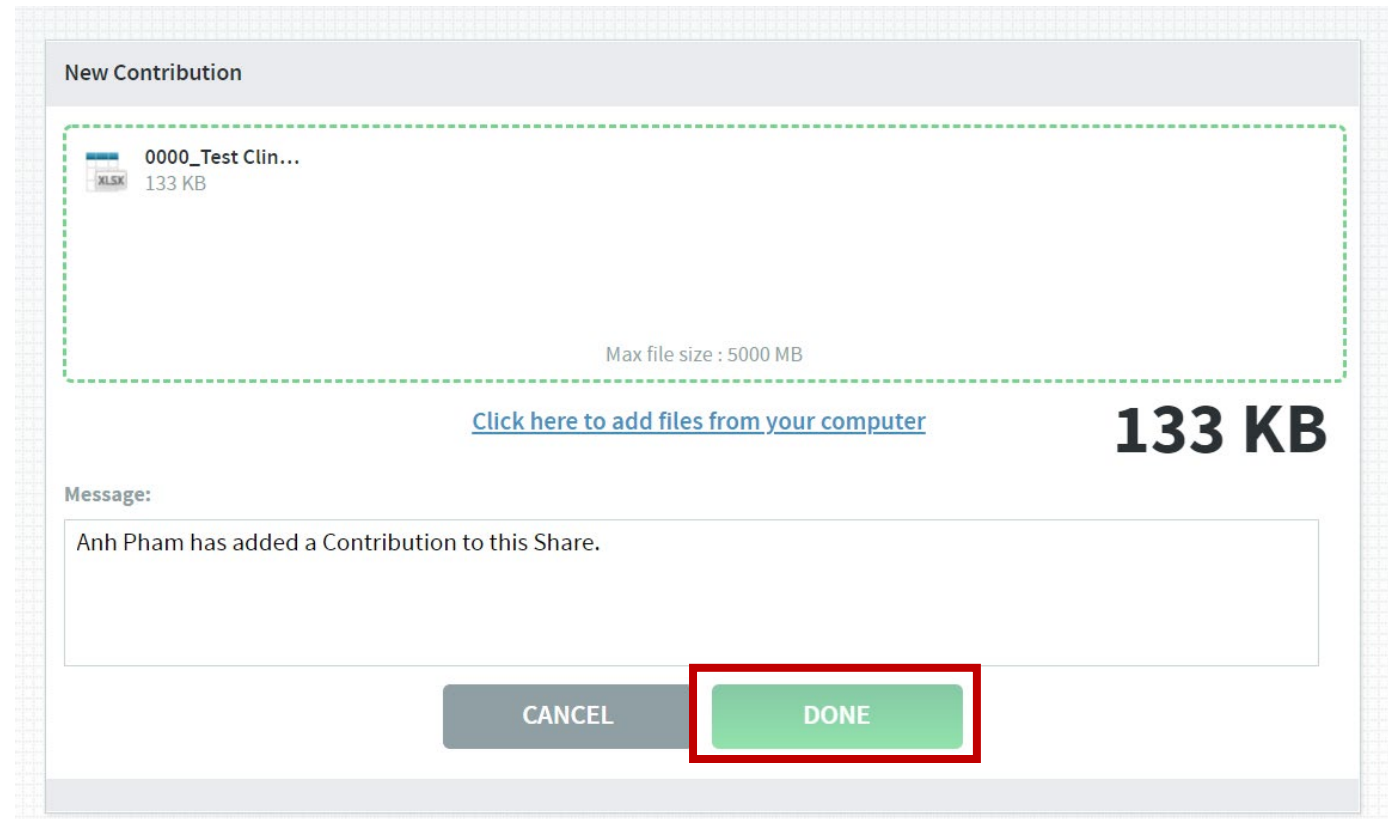
12. Click “OPEN”



DATA SUBMISSION PROCESS

13. The file will need a minute to upload.

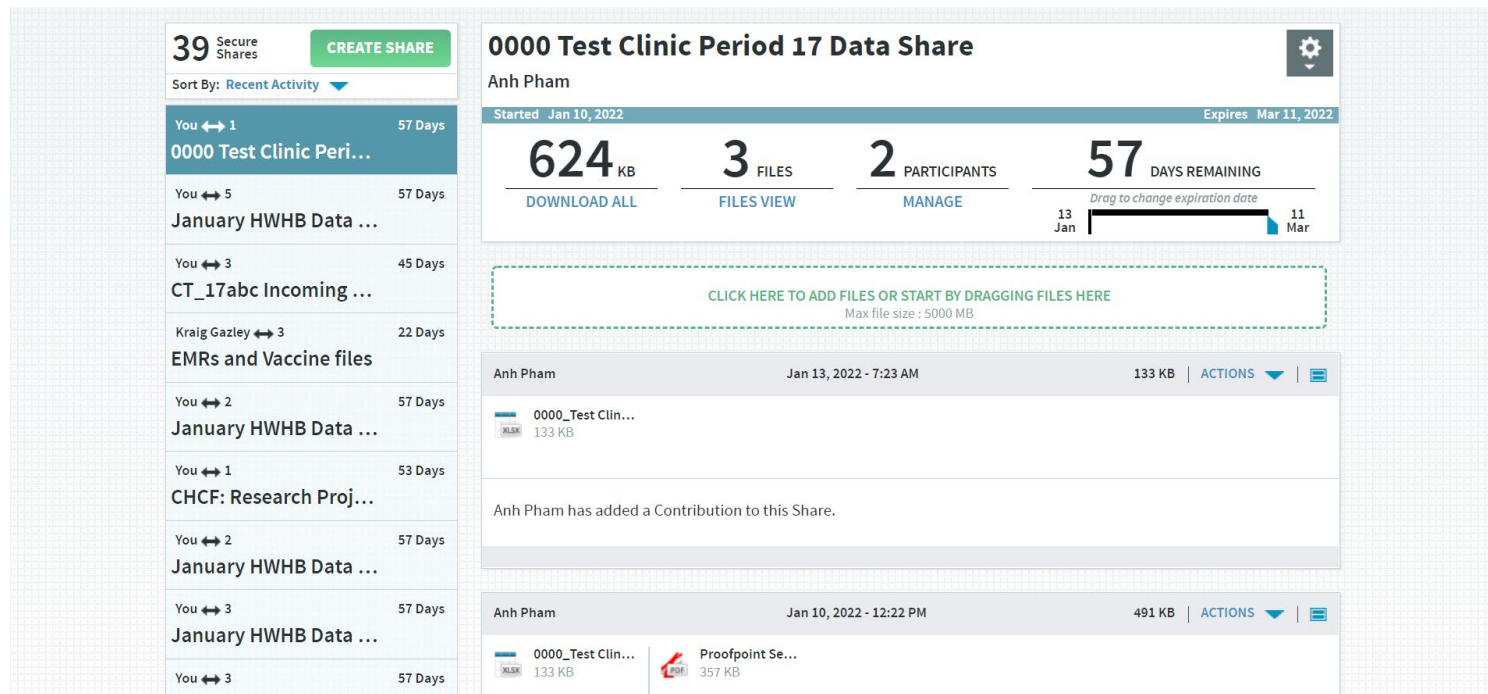
14. To finish, click “DONE”



The screenshot shows a 'New Contribution' dialog box. At the top, it says 'New Contribution'. Below that, there is a dashed green box containing a file icon and the text '0000_Test Clin...' and '133 KB'. Below the dashed box, it says 'Max file size : 5000 MB'. To the right of the dashed box, the text '133 KB' is displayed in a large, bold font. Below the dashed box, there is a blue link that says 'Click here to add files from your computer'. Below the link, there is a 'Message:' section with a text box containing the text 'Anh Pham has added a Contribution to this Share.'. At the bottom of the dialog box, there are two buttons: 'CANCEL' and 'DONE'. The 'DONE' button is highlighted with a red border.

CONFIRMING YOUR DATA SUBMISSION

- 15. Please confirm that submission is uploaded.
- 16. Reload the Secure Share site.
- 17. You will see your file on the Secure Share.



CHAPTER THREE

HEALTH HOME OUTCOME MEASURES

HEALTH MANAGEMENT ASSOCIATES

■ HEALTH HOME OUTCOME MEASURES

- + All Health Homes are responsible for submitting data on Health Home Outcomes Measures, specifically Items 5 - 18
- + A description of the measures can be found on Secure Share.

ABBREVIATIONS

Abbreviation	Description
A	Not Applicable
N	No
R	Refused
Y	Yes

ITEM 5 – 7: DEPRESSION SCREENING MEASURES

Item #	Item Name	Possible Values
Item 5	Depression Screening Measure – Screen Completed	A, N or Y
Item 6	Depression Screening Measure – Positive	A, N, or Y
Item 7	Depression Screening Measure – Follow-up Plan Document	A, N, or Y

Possible Combinations

Item 5	Item 6	Item 7	
Depression Screening Measure – Screen Completed	Depression Screening Measure – Positive	Depression Screening Measure – Follow-up Plan Document	Notes
A	A	A	Please refer to the allowable exclusions.
N	A	A	
Y	N	A	
Y	Y	N	
Y	Y	Y	

ITEM 8 – 9: BMI MEASURES

Item #	Item Name	Possible Values
Item 8	Body Mass Index Documented	A, N, or Y
Item 9	Body Mass Index	Numeric Value

Possible Combinations

Item 8	Item 9	
Body Mass Index Documented	Body Mass Index	Notes
A	A	Please refer to the allowable exclusions.
N	A	
Y	Enter BMI (It should be a numeric value.)	

ITEM 10 – 11: BREAST SCREENING AND COLORECTAL SCREENING MEASURES

Item #	Item Name	Possible Values	Notes
Item 10	Breast Cancer Screen	A, N, R, or Y	Please refer to allowable exclusions.
Item 11	Colorectal Screen	A, N, R, or Y	Please refer to allowable exclusions.

These measures are standalone measures.

ITEM 12 – 14: HYPERTENSION MEASURES

Item #	Item Name	Possible Values
Item 12	Hypertension Diagnosis	A, N, or Y
Item 13	Hypertension BP Systolic Value	Enter Systolic Value
Item 14	Hypertension BP Diastolic Value	Enter Diastolic Value

Possible Combinations

Item 12	Item 13	Item 14	
Hypertension	Hypertension BP Systolic Value	Hypertension BP Diastolic Value	Notes
A	000	000	Please refer to allowable exclusions.
N	000	000	
Y	Enter Numeric Value (If a BP was not recorded, enter "A")	Enter Numeric Value (If a BP was not recorded, enter "A")	

ITEM 15: CARE PLAN MEASURE

Item #	Item Name	Possible Values	Notes
Item 15	Care Plan	N or Y	There are no allowable exclusions.

This measure is a standalone measure.

ITEM 16-18: FACE TO FACE MEASURES

Item #	Item Name	Possible Values	Notes
Item 16	Face to Face Visit	N or Y	There are no allowable exclusions.
Item 17	Face to Face Visit Scheduled	Enter Numeric Value	There are no allowable exclusions.
Item 18	Face to Face Visits Missed	Enter Numeric Value	There are no allowable exclusions.

Possible Combinations

Item 16	Item 17	Item 18
Face to Face Visit	Face to Face Visit Scheduled	Face to Face Visit Missed
N	0	0
N	Item 17 = Item 18	Item 17 = Item 18
Y	Enter Numeric Value	Enter Numeric Value

C H A P T E R F I V E

NEXT STEPS

HEALTH MANAGEMENT ASSOCIATES

REMINDERS

- + Each Health Home will receive its Data Reporting Template with the list of Recipients that received a core service dependent on when ALL core services reports are submitted.
- + Please remember to update your point of contact(s) for your Health Home by emailing SDHealthHomeEval@healthmanagement.com. This is how you will receive access to Secure Share.
- + Reporting Period Deadlines: Each Health Home must submit its completed Data Reporting Template by no later than **3/14/2023**.

CHAPTER FOUR

**QUESTION & ANSWER
SESSION**

HEALTH MANAGEMENT ASSOCIATES

CONTACT ME



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HEALTH MANAGEMENT ASSOCIATES