HEALTH MANAGEMENT ASSOCIATES

South Dakota: Health Home Data Reporting Training

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AGENDA

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

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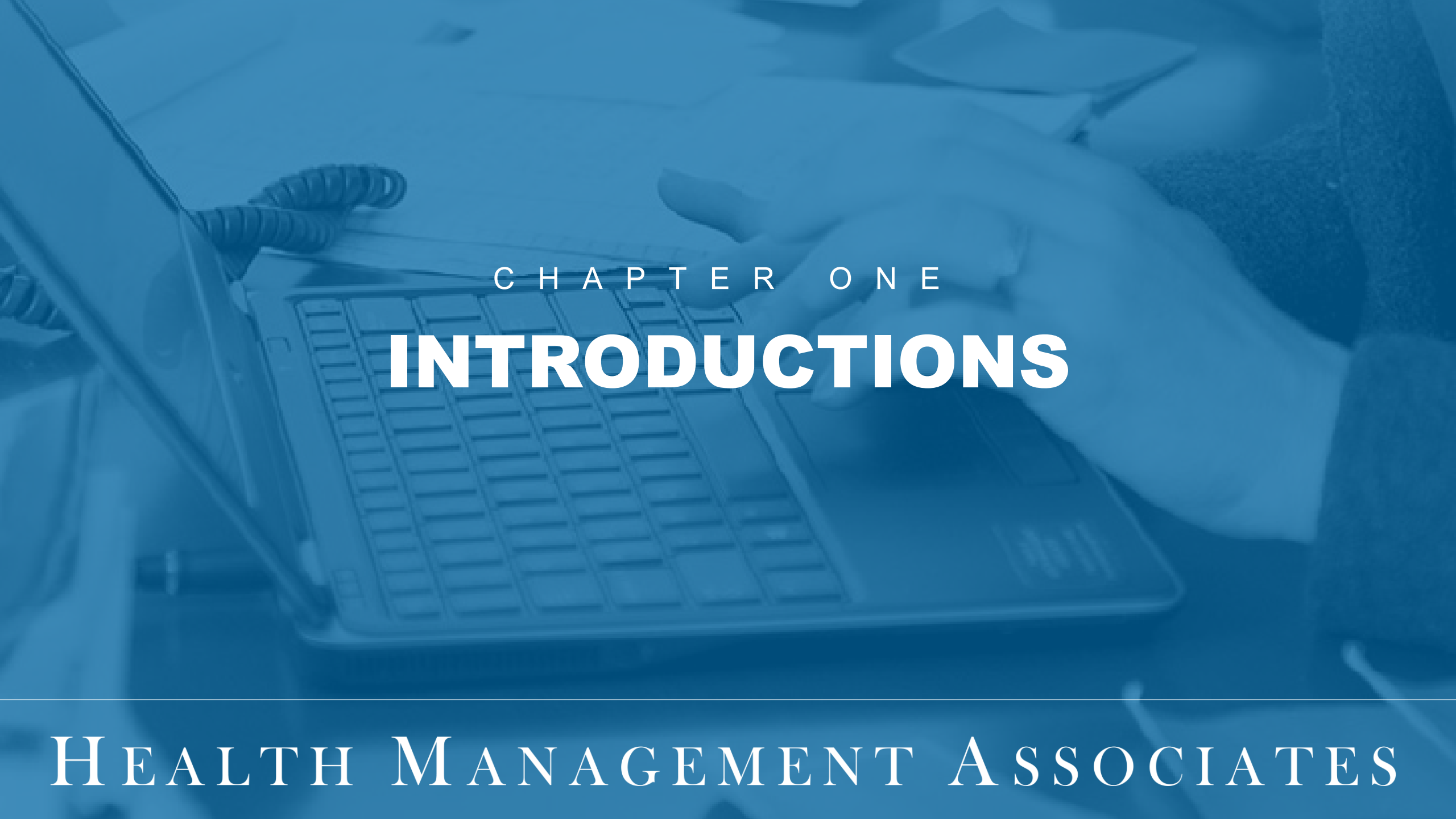
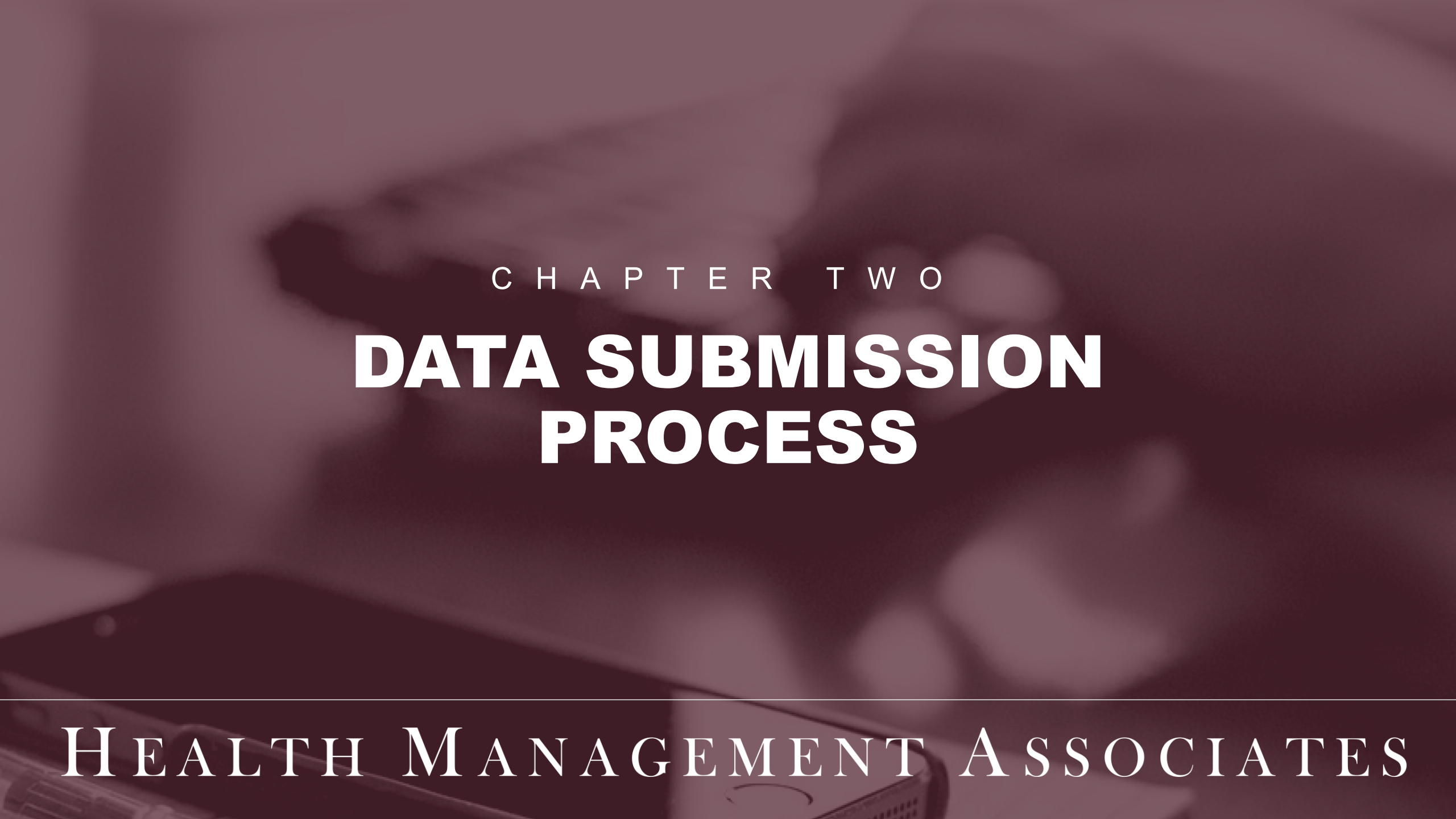


CHAPTER ONE

INTRODUCTIONS

HEALTH MANAGEMENT ASSOCIATES



CHAPTER TWO

DATA SUBMISSION PROCESS

HEALTH MANAGEMENT ASSOCIATES

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://secureshare.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

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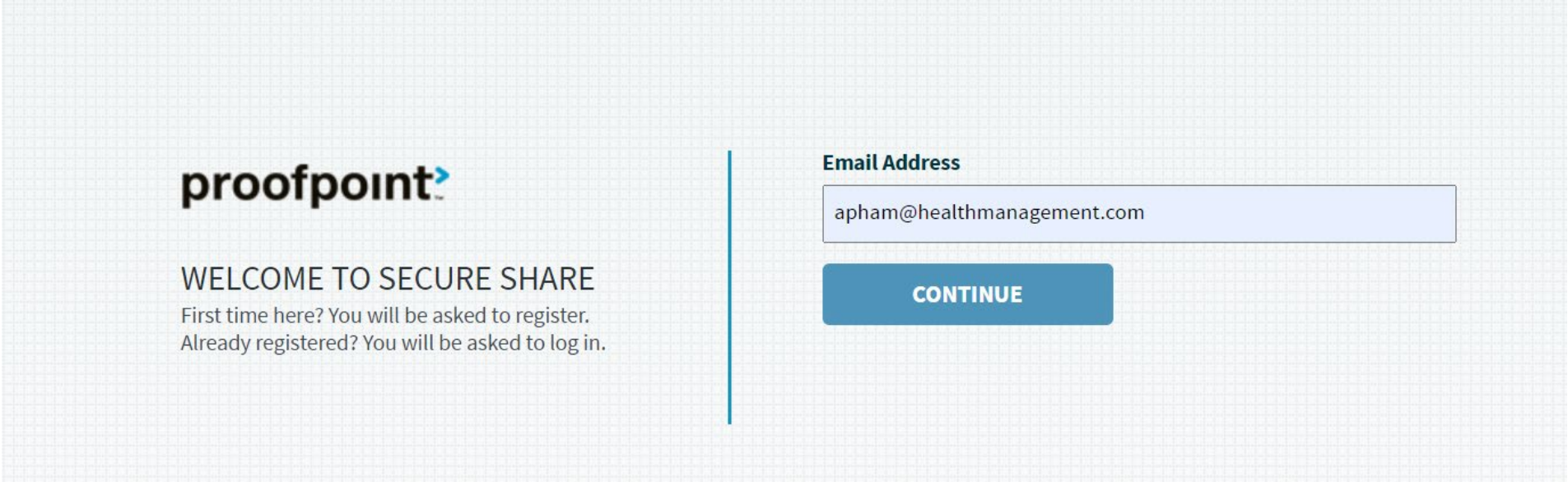
LOG INTO SECURE SHARE

1. Go to https://secureshare.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"



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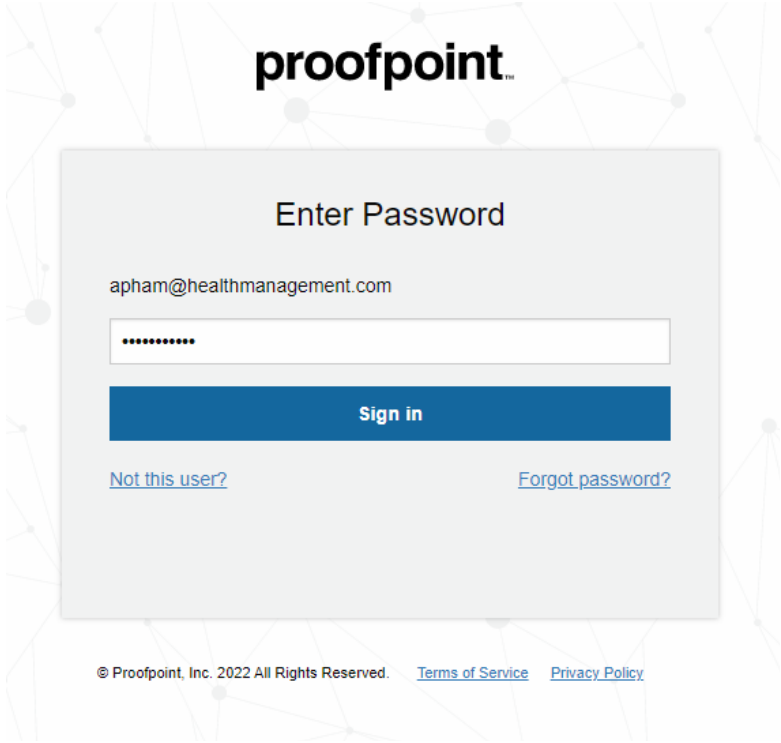
3. Type in your password and click “SIGN IN”



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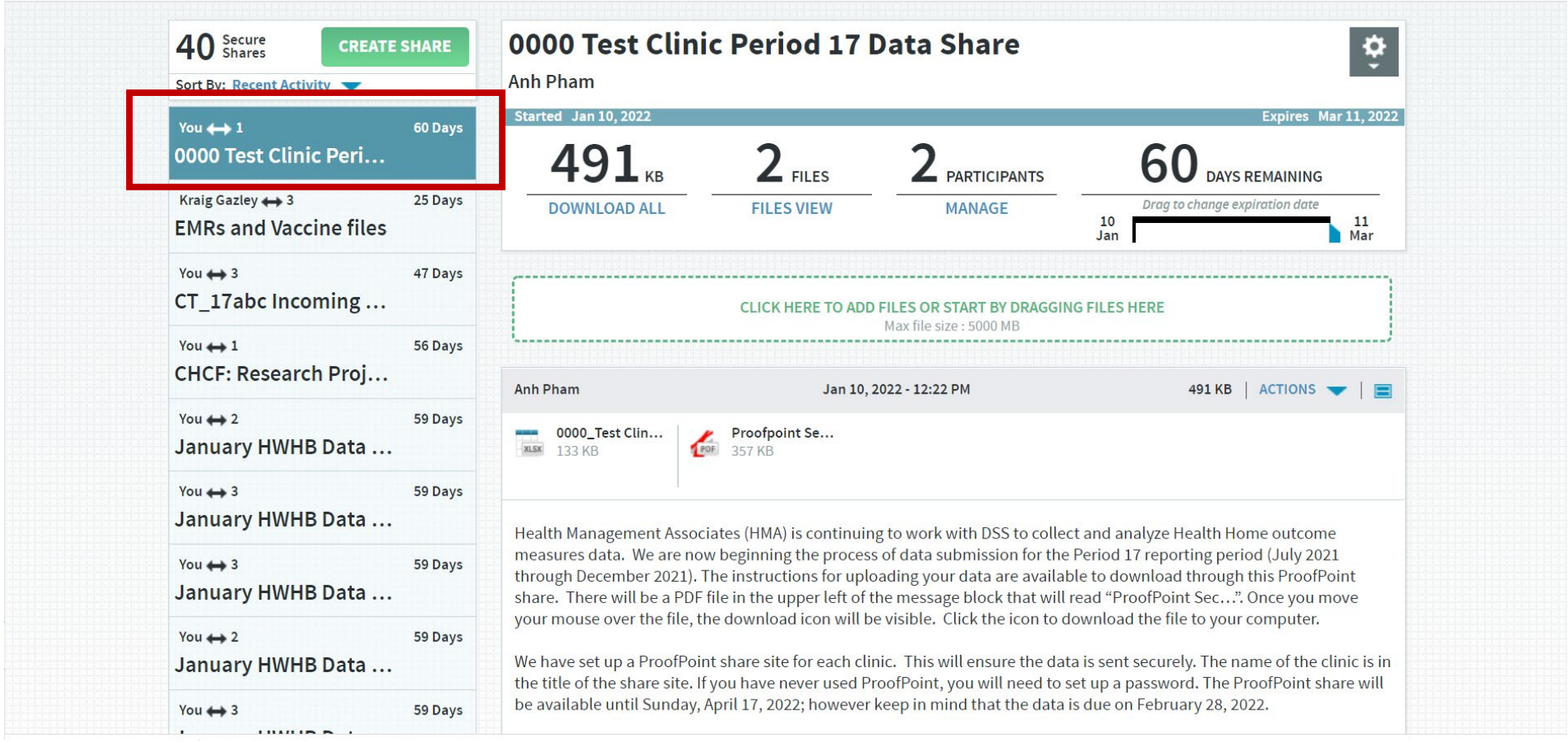
4. Click on the Secure Share.



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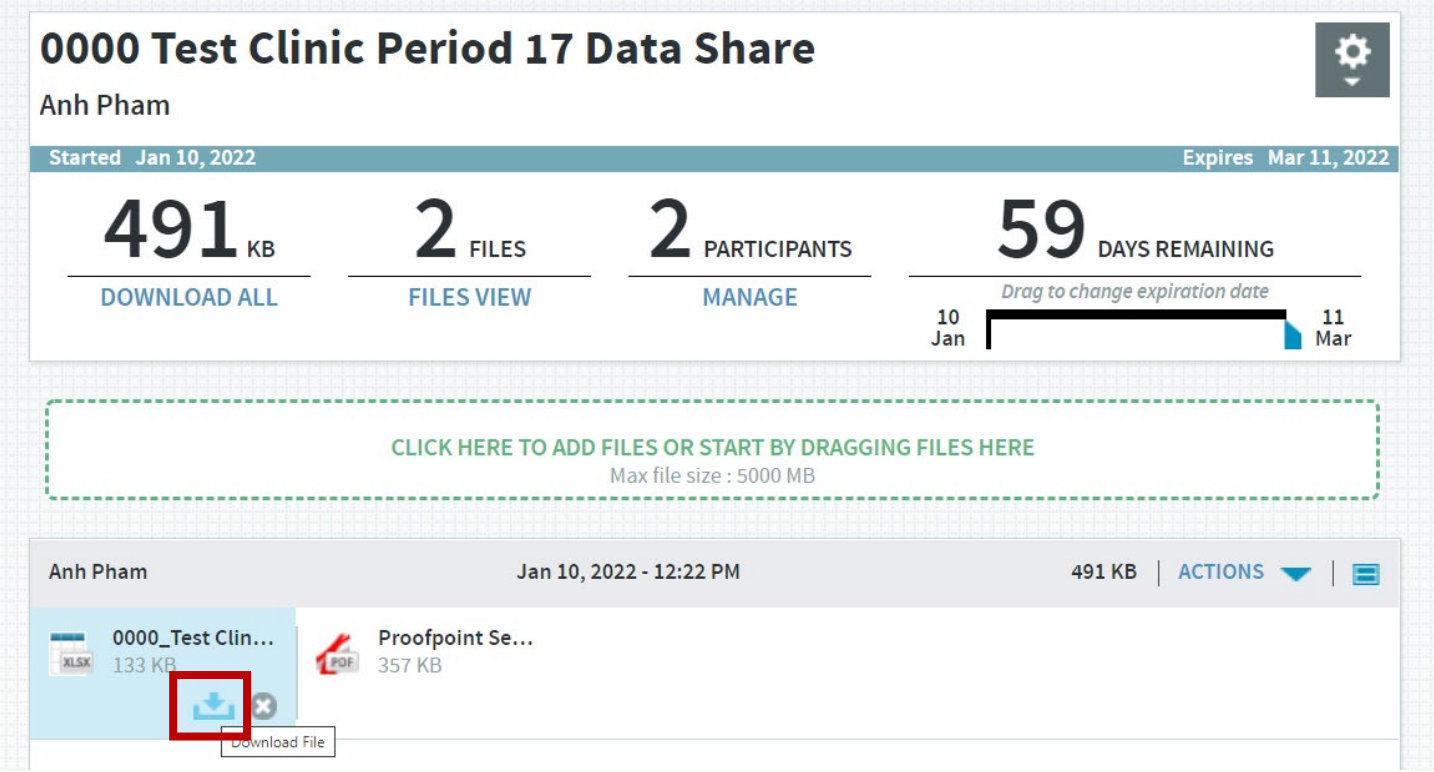
5. Download the Reporting Template



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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.

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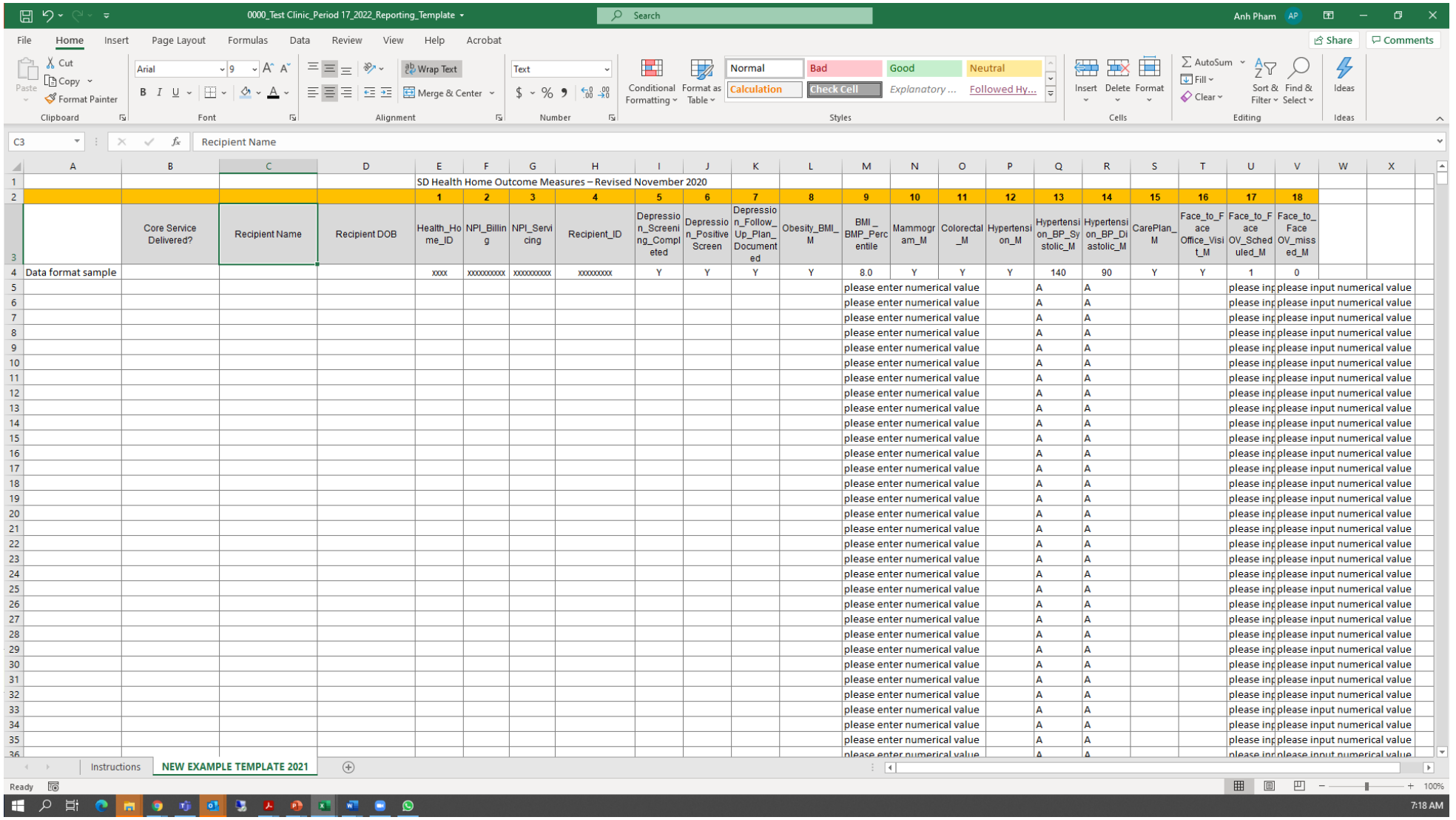
DATA REPORTING TEMPLATE



0000_Test Clinic_Period 17_2022_Reporting_Template

SD Health Home Outcome Measures – Revised November 2020

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	NPI_Billing	NPI_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_Visit_M	Face_to_Face OV_Scheduled_M	Face_to_Face OV_missed_M		
4	Data format sample				xxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxx	Y	Y	Y	Y	8.0	Y	Y	Y	140	90	Y	Y	1	0		
5													please enter numerical value				A	A			please inp	please input numerical value	
6													please enter numerical value				A	A			please inp	please input numerical value	
7													please enter numerical value				A	A			please inp	please input numerical value	
8													please enter numerical value				A	A			please inp	please input numerical value	
9													please enter numerical value				A	A			please inp	please input numerical value	
10													please enter numerical value				A	A			please inp	please input numerical value	
11													please enter numerical value				A	A			please inp	please input numerical value	
12													please enter numerical value				A	A			please inp	please input numerical value	
13													please enter numerical value				A	A			please inp	please input numerical value	
14													please enter numerical value				A	A			please inp	please input numerical value	
15													please enter numerical value				A	A			please inp	please input numerical value	
16													please enter numerical value				A	A			please inp	please input numerical value	
17													please enter numerical value				A	A			please inp	please input numerical value	
18													please enter numerical value				A	A			please inp	please input numerical value	
19													please enter numerical value				A	A			please inp	please input numerical value	
20													please enter numerical value				A	A			please inp	please input numerical value	
21													please enter numerical value				A	A			please inp	please input numerical value	
22													please enter numerical value				A	A			please inp	please input numerical value	
23													please enter numerical value				A	A			please inp	please input numerical value	
24													please enter numerical value				A	A			please inp	please input numerical value	
25													please enter numerical value				A	A			please inp	please input numerical value	
26													please enter numerical value				A	A			please inp	please input numerical value	
27													please enter numerical value				A	A			please inp	please input numerical value	
28													please enter numerical value				A	A			please inp	please input numerical value	
29													please enter numerical value				A	A			please inp	please input numerical value	
30													please enter numerical value				A	A			please inp	please input numerical value	
31													please enter numerical value				A	A			please inp	please input numerical value	
32													please enter numerical value				A	A			please inp	please input numerical value	
33													please enter numerical value				A	A			please inp	please input numerical value	
34													please enter numerical value				A	A			please inp	please input numerical value	
35													please enter numerical value				A	A			please inp	please input numerical value	
36													please enter numerical value				A	A			please inp	please input numerical value	

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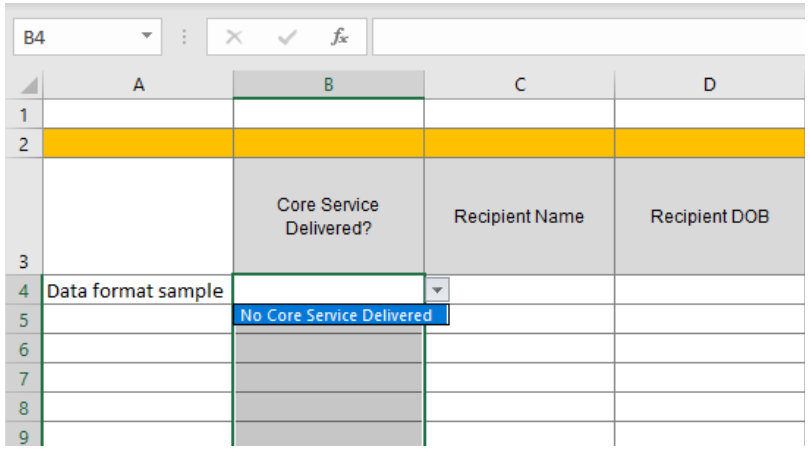
7. If you did not deliver a core service for a Recipient that is listed, use the dropdown in Column B to indicate that you did not deliver a Core Service for that individual.



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

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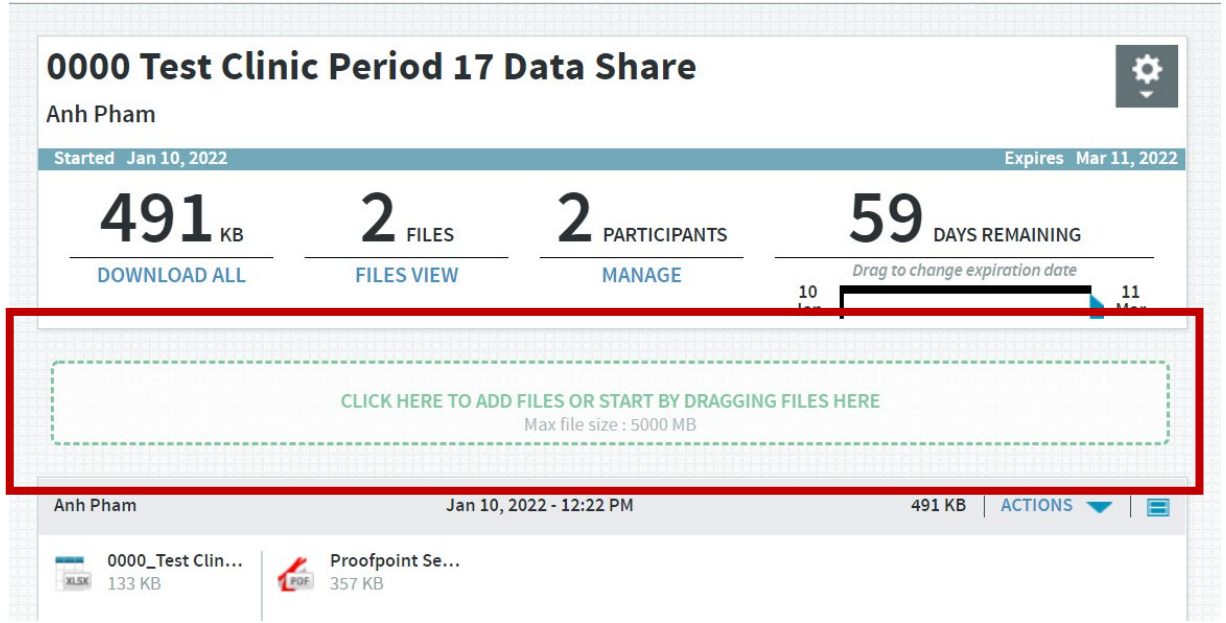
9. Upload the complete Data Reporting Template by going back to Secure Share.
10. Click on “CLICK HERE TO ADD FILES OR START BY DRAGGING FILES HERE”



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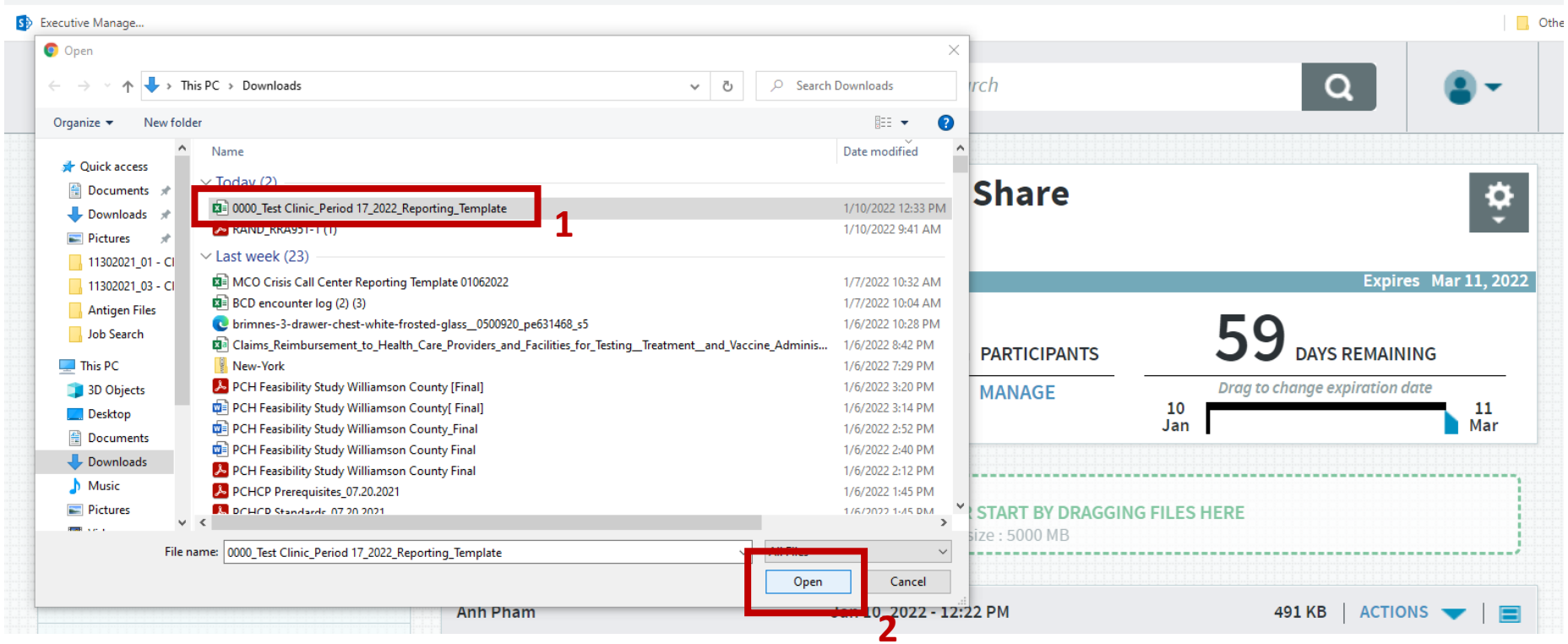
11. Select the saved Data Reporting Template on your computer to upload your Data Reporting Template.
12. Click “OPEN”



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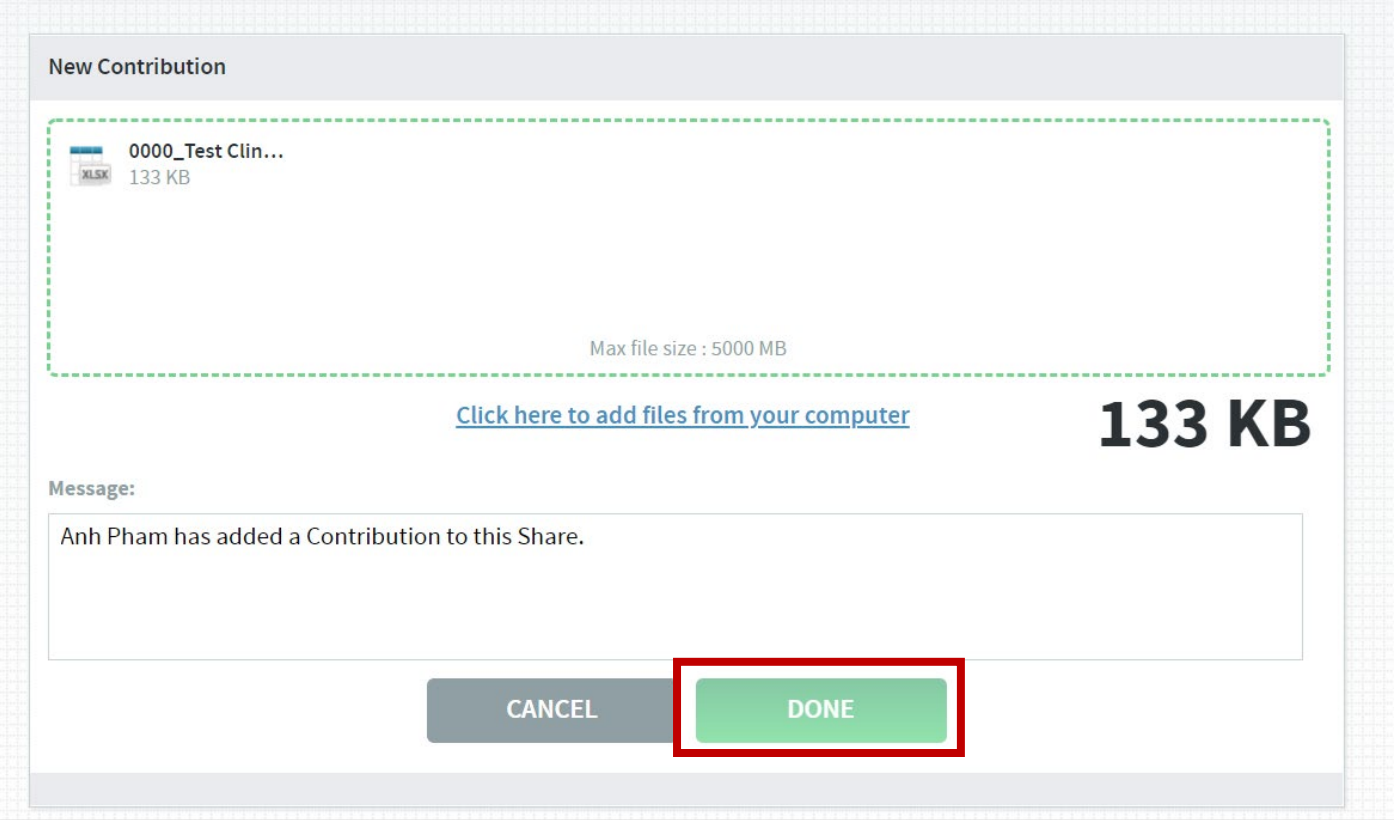
13. The file will need a minute to upload.
14. To finish, click “DONE”



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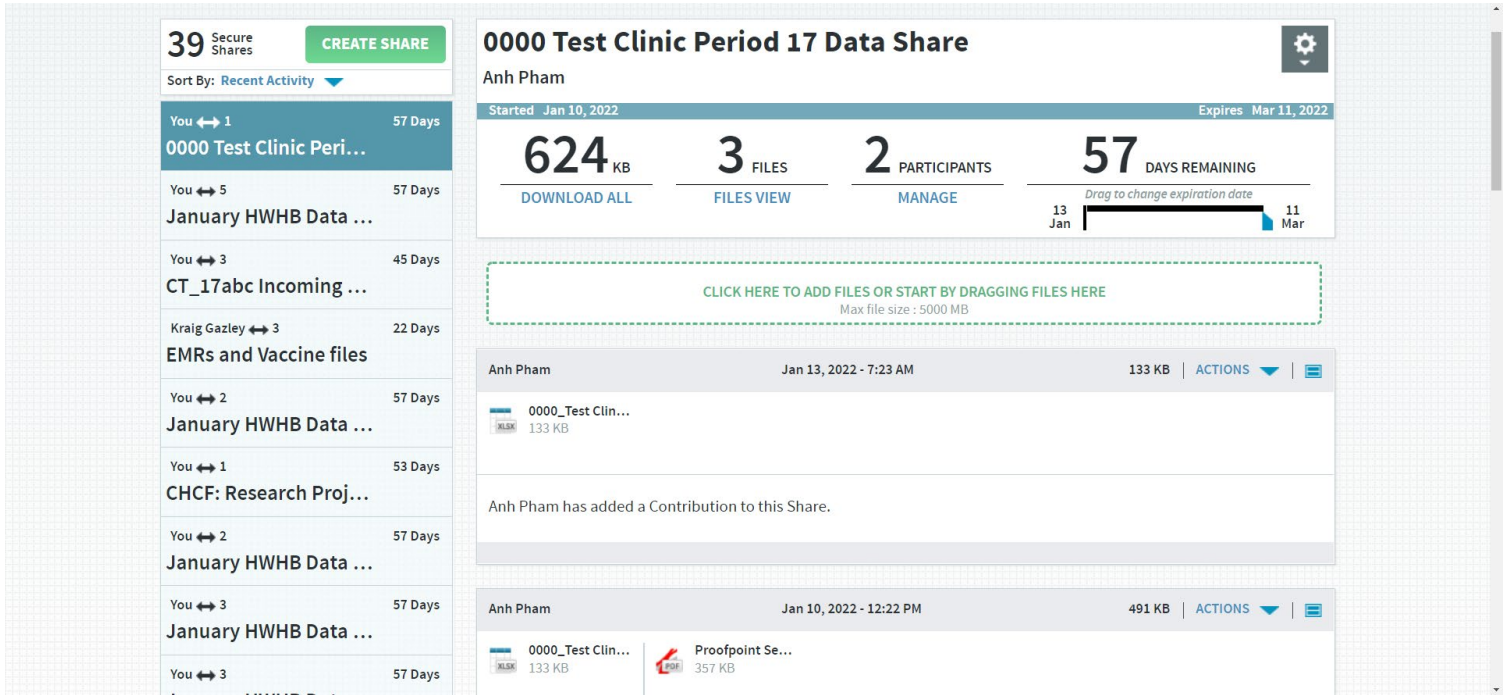
CONFIRMING YOUR DATA SUBMISSION

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



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CHAPTER THREE

HEALTH HOME OUTCOME MEASURES

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.

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ABBREVIATIONS

Abbreviation	Description
A	Not Applicable
N	No
R	Refused
Y	Yes

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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	

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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.)	

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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.

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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”)	

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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.

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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

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CHAPTER FIVE

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.**

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CHAPTER FOUR

QUESTION & ANSWER SESSION

CONTACT ME

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Consultant

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SDHealthHomeEval@healthmanagement.com
www.healthmanagement.com

HEALTH MANAGEMENT ASSOCIATES

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