



**Department  
of Health**

**Medicaid  
Redesign Team**

# **Health Home Quality Management Program**

**Promoting a culture of learning and continuous quality improvement, monitoring, and oversight.**

**Effective Date: June 1, 2017**

This policy was developed by the NYS Department of Health (the Department) in collaboration with Health Homes and State Agency partners, with support from the Health Home and Care Management agency coalitions, to guide Health Homes on the practice of quality management within its network.

The New York State Department of Health (the Department) is responsible for assuring that Health Home members receive appropriate and effective care management services to:

- prevent avoidable inpatient stays and emergency room visits;
- improve disease-related care and outcomes for individuals with Serious Mental Illness (SMI), HIV/AIDS, or chronic conditions including Substance Use Disorders (SUD); \*
- improve preventive care; and,
- lower Medicaid costs.

\* For Health Homes serving children (HHSC), the provision of care management services also includes individuals with Serious Emotional Disturbance (SED) and/or Complex Trauma.

# Regulations

## **Federal Legislation: Affordable Care Act Section 2703:**

*Sec. 1945. [42 U.S.C. 1396w-4]*

(g) Report on Quality Measures.—As a condition for receiving payment for health home services provided to an eligible individual with chronic conditions, a designated provider shall report to the State, in accordance with such requirements as the Secretary shall specify, on all applicable measures for determining the quality of such services. When appropriate and feasible, a designated provider shall use health information technology in providing the State with such information.

## **NYS Health Home SPA for Individuals with Chronic Behavioral and Medical Health Conditions- SPA # 11-56:**

*Health Home functional component:*

11. Establish a continuous quality improvement program, and collect and report on data that permits an evaluation of increased coordination of care and chronic disease management on individual-level clinical outcomes, experience of care outcomes, and quality of care outcomes at the population level.

### *VII. Quality Measures Reporting to State*

7a. The health home provider has the capability of sharing information with other providers and collecting and reporting specific quality measures as required by NYS and CMS.

7b. The health home provider is accountable for reducing avoidable health care costs specifically preventable hospital admissions/readmissions and avoidable emergency room visits; providing timely post discharge follow-up, and improving patient outcomes as measured by NYS and CMS required quality measures.

# Requirements

- Health Homes must use a ‘person-centered’ approach to care in providing timely, comprehensive, high quality health home services to its members.
- Health Homes must track performance that measures the effectiveness of care coordination and chronic disease management on individual-level clinical outcomes, member satisfaction, and quality of care outcomes at the population level.

# Purpose

To meet requirements, Health Homes must maintain an environment that fosters continuous quality improvement strategies.

- Health Home must have policies and procedures in place that clearly define their approach to quality management.
- Health Homes must develop and maintain a **Quality Management Program** in alignment with Health Home Standards and Requirements that objectively, systematically, and continuously assess, assure, monitor, evaluate, and improve the quality of processes, activities, and services provided to Health Home members.



# Quality Management Program

A Quality Management Program (QMP) is a formalized system that documents the structure, responsibilities, and procedures required to achieve quality in the provision of services. It provides the means to improve compliance and prevent negative outcomes.





# Quality Assurance/Performance Improvement (QAPI)

The key components of a Quality Management Program

## **QUALITY ASSURANCE (QA) is:**

- a process that assures care is maintained at acceptable levels in relation to specified standards of service quality and outcomes.
- a continuous process that assesses organizational performance, prospectively and retrospectively.
- looks at where and why performance is at risk or has failed to meet standards.

## **PERFORMANCE IMPROVEMENT (PI):**

- aims to improve processes involved in care management service delivery and member quality of life.
- is a continuous study and improvement of processes looking at ways to provide better services or outcomes.
- prevent or decrease the likelihood of problems through identifying areas of opportunity and testing new approaches to fix underlying causes of persistent/systemic problems or barriers to improvement.

# Health Home Quality Management Program

- provides care management agencies with tools and information needed to maintain the highest standard of care possible for members;
- supports partnerships with network providers;
- monitors and evaluates the provision of care coordination provided to members;
- identifies areas of improvement; and,
- evaluates member satisfaction

# Scope

Health Home QMP supports a quality culture in which responsibility for quality and engagement in quality management activities is assumed at all levels, including:

- clinical and administrative areas of Health Home operations and other entities involved in Health Home activities;
- care management agencies and staff;
- the Department and State Partners; and,
- and other stakeholders (e.g., members and family).



# Procedures

Health Homes must develop and maintain a **Quality Management Program** in alignment with Health Home Standards and Requirements that objectively, systematically, and continuously assess, assure, monitor, evaluate, and improve the quality of processes, activities, and services provided to Health Home members.

# Health Home QMP policies and procedures must include:

- **Compliance with State and Federal Regulations, such as:**
  - **Federal Legislation: Affordable Care Act Section 2703: Sec. 1945. [42 U.S.C. 1396w-4]**
  - **NYS Health Home SPA for Individuals with Chronic Behavioral and Medical Health Conditions- SPA: #11 and VII. Quality Measures Reporting to State: 7a and 7b**
  - **Maintain confidentiality to protect information obtained and utilized in QMP activities**
- **Integration of QMP into the Health Home organization**
  - Define the organizations' mission and how QMP will be incorporated
- **Involvement of leadership and/or management - *Critical to success of QMP!***
  - **Health Homes that are part of a larger system such as a hospital or PPS:** use of existing Quality Management System with involvement of senior leadership and management (CEO, BOD, MD, QC) include QMP for Health Homes
  - **Health Homes that are not part of a larger system:** include organizational leadership (e.g., Board of Directors, etc.) to support a culture of quality and secure resources necessary to conduct quality improvement efforts
  - Reporting on QMP activities to leadership/management must occur no less than **quarterly**
- **Person responsible for daily QMP operations**
- **QMP Committee membership and responsibilities**
  - When building a QMP Committee it's important to consider other entities beyond the committee chair and coordinator, e.g., medical, clinical, technical, financial, HH operations, CMA, PPS, housing, criminal justice, etc.
  - Clearly defined responsibility of activities of QMP committee

# Health Home QMP policies and procedures must include:

- **Frequency of QMP committee meetings**
  - At least quarterly or more frequently as defined by network or governance.
  
- **Approve, revise, and evaluate QMP activities**
  - Process should include frequency
  - Identify availability of resources needed to support improvement activities
  
- **Addressing critical issues**
  - Notification to QMP Committee of significant trends or patterns in member incidents and complaints to identify root cause, corrective actions, and PI strategies to prevent reoccurrence,
  
- **Addressing Negative Outcomes**
  - Using a Performance Improvement Plan (PIP) that identifies:**
    - Performance and standards not met including patterns or severity of performance
    - Root cause analysis
    - Expectations for improvement using measurable goals
    - Timeline for improvement to be reached
    - Assignment of tasks to staff
    - Need for staff training or support
    - Reviewing process including identifying barriers
    - Possible sanctions if improvements not met

# Health Home QMP policies and procedures must include:

## ▪ Record Keeping

- Recording QMP committee activities including: QA strategies, administrative reporting, audit findings and outcomes, PIP with outcomes, policy change requests, use of quality reporting tools determined by Health Home

## ▪ Integration of 'quality' into Health Home policy

- Include a clear quality statement with specific expectations into each appropriate Health Home policies to assure continuous quality improvement within that domain

## ▪ Annual QMP review

- Evaluate QMP progress
- Identify improvements/revisions needed in QMP process
- Identify topics for coming year
- Provide summary to leadership for review

## ▪ Staff Training

- Training new Health Home staff, and ongoing as needed to support successful quality outcomes through staff inclusion
- Training to care management agencies to support a culture of quality e.g., core curriculum and inclusion in QMP activities
- Review key principles at the onset of each quality improvement initiative

# Please contact us with any questions

*Thank you!*



Adobe Acrobat  
Document

Please submit any questions regarding this policy to the Health Home BML at:  
[https://apps.health.ny.gov/pubdoh/health\\_care/medicaid/program/medicaid\\_health\\_homes/emailHealthHome.action](https://apps.health.ny.gov/pubdoh/health_care/medicaid/program/medicaid_health_homes/emailHealthHome.action)

Subject: Health Home Policy