Slide 3:
• HHs should share the report with the CMAs as their work directly relates to rate improvement

Slide 4:
• Dual stats:
  • In 2016, dual eligible made up 23%-46% of a Health Home’s population but the number of dual eligible within each measure varies
  • Median in 2016: 32% (this percentage was consistent since 2013)
  • The range between the HH with the highest percentage of duals and the HH with the lowest percentage of duals has decreased every year since 2013

Slide 5:
• SPARCS: Statewide Planning and Research Cooperative System
• Change to rates: If SPARCS data is used then the current PPR and PPV rates that were distributed will have to be updated. A determination will have to be made regarding which rates to include in the dashboards, if at all, as they may be very different (due to the inclusion of duals)

Slide 6:
• SPARCS: Statewide Planning and Research Cooperative System
• Change to rates: If SPARCS data is used then the current PPR and PPV rates that were distributed will have to be updated. A determination will have to be made regarding which rates to include in the dashboards, if at all, as they may be very different (inclusion of duals)

Slide 7:
• Used 2015 data which more accurately reflected HH performance
• If data for the measure was not available for 2015, the performance goal was set using the next year’s Health Home results. The performance goals were established with the same methodology using Health Home results from 2016, and then determining the 90th or 10th percentiles. This includes FUA (Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence) and FUM (Follow-up After Emergency Department Visit for Mental Illness)
• Measures that are added in the future will be set to a default of 100%/0% for the first measurement year and then reset using the most recent measurement year’s results

Slide 10:
• If each HH achieves their AIT then the statewide AIT will be met
• Four utilization measures – do not have PGs because utilization does not indicate a positive or negative performance by the HH/CMAs. Utilization could be appropriate

Slide 13:
• Timely Billing: 90-day billing compliance
• HHDF Usage: 1-5 rating for percent remaining

Slide 14:
• For the first year – Cost will have a zero-weighting factor
Slide 16:
- The layout and what will be included in the performance dashboards has not been determined yet. Requirements Gathering (RG) will begin in the next month – this is the first step in developing the dashboards
- PPR and PPV – will be making a decision about the addition of these two measures – this will be decided during RG sessions

Slide 17:
Final data validation is occurring:
- payment dashboards: will show data by Health Home rate codes, as well as by Health Home providers. This dashboard can be used to compare payment data to billing support files and view payments trended over time
- payment data including Health Home rate services, the number of unique members with these claims, and the average service dollars per claim
- users can use this Payment Dashboard to help understand which Health Home services are contributing towards revenue, and be able to filter and subtotal these payments by services types relevant within the timeframe; such as, Outreach versus Enrolled services, High/Medium/Low billing, etc.
- payment Dashboard will provide additional analytical insight for statewide view, as well as specific to Health Home, Care Management Agency, and Managed Care Plan. Requirements gathering will begin mid 2018 on the HHSC dashboards – in the interim the A/C indicator can be used

Slide 18:
- Goal: also distribute Dec-August HHSC rates available in March

Slide 20:
- Chart id’s Performance Goal and statewide measure rate and percent improvement
- Outlier identified in box in LL quadrant – if included it would skew the graph

Slide 23:
- 2014-2016 measure year identified by lighter to darker circle – in this instance you would see improvement from right to left (lighter to darker)
- Performance Goal (benchmark) identified by the red line

Slide 25:
- In preparation of the performance calls – please review the performance data that will be posted in Atrium, the HCS Secure Collaboration application, we will begin using

Slide 32:
- Report will be cumulative by quarter, goal is to have Jan-Sept 2017 posted in March, and then begin quarterly reporting in June (with 6-month lag)
- Tableau – goal is to transition all data to Tableau and provide access to HHs – following up on options for Tableau access
- HHSC – in the next few weeks we will begin the process of compiling the HHSC measure rates for Measurement Period Dec-June 2017 and working on domains for the HHSC Perf Report Card. The HHSC team is also discussing other reports that would be available to HHs and SAPs – more to come