



Chronic Care Health Home Quality Measures Thresholds

Note: The Health Home Quality Measures are organized into four categories.

Category 1: The Preventive Care Measures

(Report on all measures – the best two out of three measures will be applied)

NQF #	Standard	Threshold
0038	Childhood Immunization Status	60%
0041	Preventive Care and Screening: Influenza Immunizations	50%
0024 0421	Combined - Weight Assessment and Counseling for Children and Adolescents Adult Weight Screening and Follow-Up	50%

Category 2: Option of Chronic Disease – Diabetes Suite or Asthma Suite

Diabetes Suite			Asthma Suite		
0055	Eye Exam Retinal Performed	50%	0036	Use of Appropriate Medication for Asthma	90%
0062	Urine Screening microalbumin	75%	0001	Asthma Assessment	20%
0056	Foot Exam	75%			
0575	HbA1c Control	50%			
0064	LDL Management and Control	40%			

Category 3: Option of Chronic Disease - Adult or Pediatric

Hypertension			Otitis Media		
0018	Controlling High Blood Pressure	60%	0657 CHIPRA 16	Otitis Medica with Effusion	60%

Category 4: Mental Health

0418	Screening for Clinical Depression and Follow-Up Plan	40%
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Performance payment is tied to achievement of quality/performance benchmarks:

- Measures are reported using the IHIN via Direct Messaging or the Clinical Portal
- Twelve month annual reporting period correlating with state fiscal year (July 1 to Dec. 31)
- Payment tied to achievement of quality/outcome measures for the health home for patients enrolled and seen during the reporting period
- Denominator – the number of unique patients enrolled and seen by the provider during the reporting period
- Measures align with meaningful use, national quality programs and other payer initiatives

Quality/Outcome Measurement Incentive Calculation

Beginning July 1, 2013, performance payments will be paid lump sum annually based on achieving quality/performance benchmarks. The quality/outcome measures are separated into four weighted categories based on importance and attainability of the measures. Payment will be made by September 30, following the end of the performance year.

The quality/outcome measurement incentive payment is equal to a percentage of the per member per month (PMPM) payments that are made to the health home up to a maximum of 20% of the total PMPM. The total PMPM payments includes the sum of all Patient Management Payments made to the participating Health Home for patients attributed to the provider during the performance year.

The quality/outcome measurement incentive payment is contingent on a participating Health Home provider's performance on the quality/outcome measures specified for the categories below. Each category is worth a percentage of the maximum incentive payment amount. Within each category, the specified minimum performance must be achieved for each measure in order to receive the category's percent value; if performance is not achieved, on any of the required measures, the category's value is zero. The weight for each category achieved is then applied as a percentage of the maximum incentive payment amount.

The State will inform Health Home providers prior to the start of each performance year the target performance (also known as the minimum performance or benchmark) for each measure. The Health Home Provider must achieve the target performance for each measure in the category to achieve the bonus for that category.

Categories and Formula:

20% of Patient Management Payments for Measurement Year = Maximum Incentive Payment (MIP)

Category 1: Preventive Care	Assigned Value = 35% of MIP
Category 2: Option of Chronic Disease Diabetes or Asthma	Assigned Value = 30% of MIP
Category 3: Option of Chronic Disease Hypertension or Otitis Media	Assigned Value = 20% of MIP
Category 4: Mental Health	Assigned Value = 15% of MIP

Sources:

<http://dhs.iowa.gov/ime/providers/healthhome>

<http://www.qualityforum.org>

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/CHIPRA-Initial-Core-Set-of-Childrens-Health-Care-Quality-Measures.html>