



CERTIFICATION GUIDE

Detailed Instructions for
Health Care Homes
Certification & Recertification:

Letter of Intent

Application

Assessment

Version 5: reviewed March 2018

For more information, please go to
<http://www.health.state.mn.us/healthreform/homes/certification/index.html>

Contents

OVERVIEW	3
Health Care Homes (HCH) Certification & Recertification process.....	3
Printable forms for planning purposes	3
All Applicant online options in the HCH portal	3
Basic System requirements	4
Tips for using the Online Certification Application System	4
Regularly scheduled System maintenance.....	4
Adding new users to access the Portal.....	4
Contact HCH.....	4
CERTIFICATION	5
Step 1 Eligibility	5
Step 2 Guides and Tools	5
Step 3 Request Access	6
Initial New User Access and Signing into Portal.....	6
Step 4 Letter of Intent	8
Returning User Sign In	8
Begin LOI Process	9
To save entries and submit later.....	10
To submit entries to MDH	11
Planning for next steps.....	12
Step 5 Application.....	13
Submitting an Application by clinic	13
Step 6 Assessment.....	17
Submitting the Assessment Tool	17
The “Add Application Rule Response” screen will appear.	20
RECERTIFICATION	23
Recertification Notification	23
Begin Recertification	24
Step 1. Answer Letter of Intent Questions and Update Contact Information.....	26
Step 2. Verify Clinic and clinicians	28
Step 3. Update Last year’s assessments – (odd number standards).....	30
Step 4. Enter Recertification Assessment – (even number standards).....	33
PDF option to print your submitted assessment	35

OVERVIEW

Health Care Homes (HCH) Certification & Recertification process

This guide is designed to assist applicants with the HCH Certification and Recertification process.

CERTIFICATION PROCESS STEPS

STEP 1: Letter of Intent
STEP 2: Application and Certification Assessment
STEP 3: Site Visit
STEP 4: MDH Review and Notification
STEP 5: Recertification
Optional Requests as Needed: Variances and Appeals

Printable forms for planning purposes

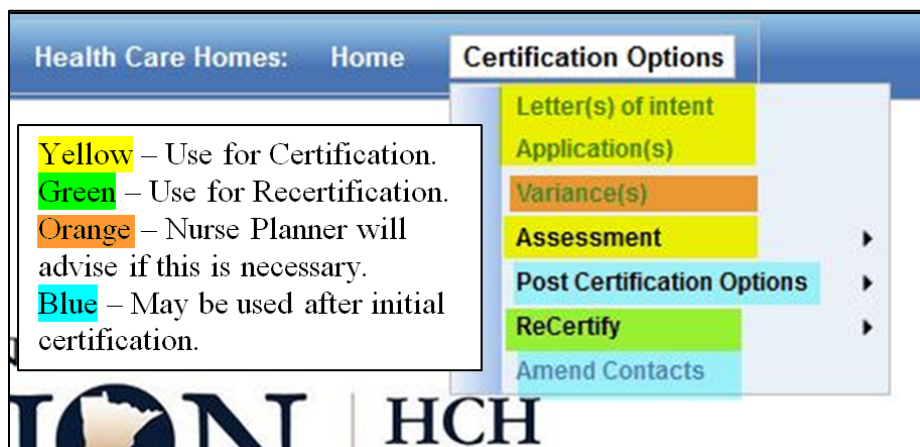
Previewing the required information will enable you to have all information for the online process readily available.

For planning purposes it is advised that the applicant print out the following documents:

1. [Letter of Intent](#)
2. [Application](#)
3. [Assessment Tool](#)

Please do not submit the printable versions to MDH.

All Applicant online options in the HCH portal



Basic System requirements

The HCH application runs best with **Mozilla Firefox**.

Please use the latest version with updated plugins.

To function properly, enable JavaScript.

Tips for using the Online Certification Application System

Important: Please review the “HCH Certification Portal Tip Sheet” which is found at

<http://www.health.state.mn.us/healthreform/homes/certification/portaltips.pdf>

Regularly scheduled System maintenance

Regularly scheduled Portal downtime occurs every Sunday from 3:00am to 5:00am for maintenance and/or backup.

Adding new users to access the Portal

The first person/user to access the HCH Portal must carefully follow the instructions starting on page five of this Guide.

To add any additional users please email HCH at the address listed below.

Include in the email the new user's:

first and last name, email address, phone number, and preferred username (if any).

Contact HCH

If at any time during the process you have questions or problems with the online letter of intent, the online certification application system, or anything related to HCH, please contact Minnesota Department of Health (MDH) HCH staff through the following means:

Mail: Health Care Homes
Minnesota Department of Health
P.O. Box 64882
St. Paul, MN 55164-0882

Telephone: 651-201-5421

E-mail: health.healthcarehomes@state.mn.us

CERTIFICATION

Step 1 Eligibility

HCH Certification is a free and voluntary program provided to primary care clinics and organizations by the Minnesota Department of Health.

The licensed provider (physician, nurse practitioner, or physician assistant) is the certifying entity. A clinic is certified when the eligible providers are certified.

If you have any questions about your eligibility to apply for certification as a Health Care Home, please [email MDH HCH](#).

Step 2 Guides and Tools

[HCH Initial Certification Training \(PDF\)](#) – this PDF has 3 main learning objectives:

- 1) Describes the Health Care Home legislative rule subpart criteria required for initial certification.
- 2) Identifies strategies to implement the HCH model into the clinic culture.
- 3) Discusses process improvement in the clinic practice.

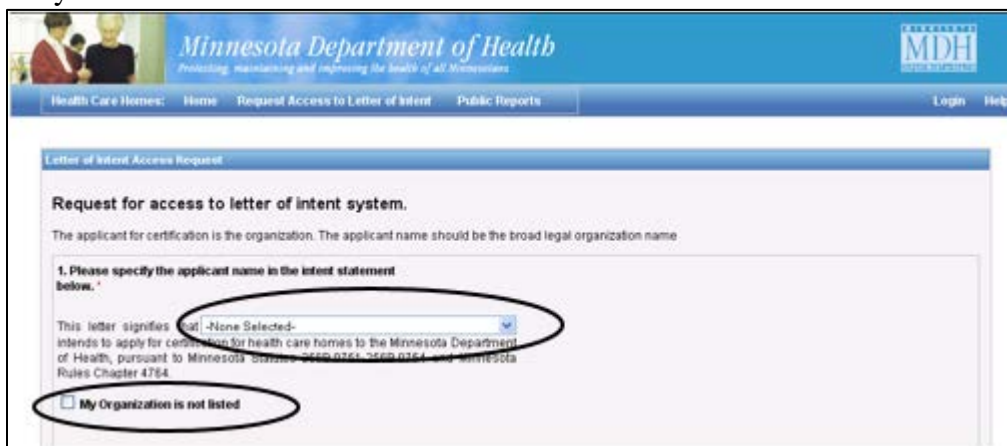
Step 3 Request Access

Initial New User Access and Signing into Portal

The online certification documentation process is initiated by [requesting access to the MDH HCH Portal](#).

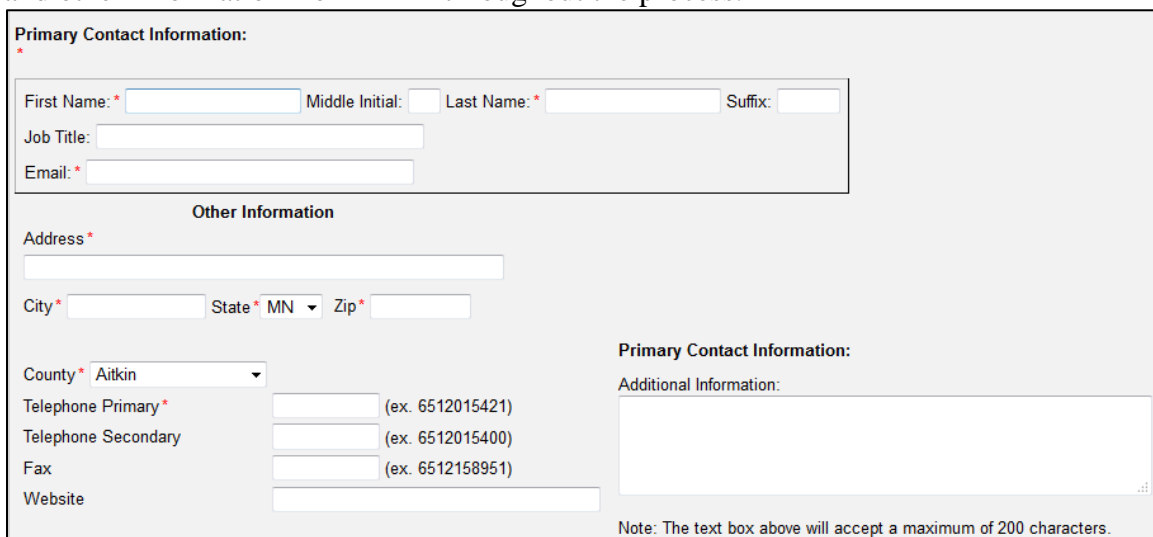
After clicking on the “requesting access to the MDH HCH Portal” link, the “Letter of Intent Access Request” screen will come up. Follow the online instructions as you fill out the form. Note that all red-starred sections are required.

The first question requires you to select your applicant organization from a drop-down list. If the applicant organization is not listed, you should check the box in front of “My organization is not listed” and enter the legal applicant organization name in the text entry box.



The screenshot shows the 'Letter of Intent Access Request' form from the Minnesota Department of Health. The form title is 'Request for access to letter of intent system.' Below the title, it states: 'The applicant for certification is the organization. The applicant name should be the broad legal organization name below.' The first question is '1. Please specify the applicant name in the intent statement below.' There is a dropdown menu with 'None Selected' and a checkbox labeled 'My Organization is not listed'. Both the dropdown menu and the checkbox are circled in red.

Next, complete the primary contact information with the name of the person who will serve as the main contact for the HCH application and who will receive official e-mail and other information from MDH throughout the process.



The screenshot shows the 'Primary Contact Information' form. It includes fields for First Name, Middle Initial, Last Name, Suffix, Job Title, and Email. Below these is the 'Other Information' section, which includes Address, City, State (MN), Zip, County (Aitkin), Telephone Primary, Telephone Secondary, Fax, and Website. There is also a 'Primary Contact Information' section with an 'Additional Information' text box. A note at the bottom states: 'Note: The text box above will accept a maximum of 200 characters.'

The online application system requires a username and password. If you have a desired username, enter it in the next field. If left blank, MDH will assign a username. MDH will assign a temporary password that you will be prompted to change when you first log in.

Desired Username:
(if you leave blank, a username will be assigned by the Department of Health.)

After completing all required information, click “Request Access To System”.

A confirmation screen will appear. MDH will review the request for access and send an e-mail with a username and password within two business days.



The screenshot shows the Minnesota Department of Health website. The header includes the MDH logo and navigation links: Health Care Homes, Home, Request Access to Letter of Intent, Login, and Help. The main content area displays a confirmation message: "Your request for access to Letter of Intent was successfully submitted to MDH." It includes a thank you message, a link to the Certification Guide, and contact information for the Health Care Homes Team.

Successfully created

Your request for access to Letter of Intent was successfully submitted to MDH.

Thank you for submitting your request for access to a letter of intent. We will review your request and respond to you within two business days. Please begin to review the requirements for the letter of intent, application, certification assessment in the Certification Guide, found at [Certification Guide](#), or on the health care home certification website, at <http://www.health.state.mn.us/healthreform/homes/certification>

If you have any questions, you may contact health care homes by email: health.healthcarehomes@state.mn.us or by phone: 651-201-5421.

Thank you for your interest in health care homes.
MDH and DHS
Health Care Homes Team
health.healthcarehomes@state.mn.us

Once HCH has processed your request and emailed the primary contact a username and password, you change from an initial user to a returning user.



The screenshot shows an email message from MDH. The subject line is "Dear Applicant:". The body of the email states that the request for access to a letter of intent has been granted and provides a link to the main certification system login page. It also includes a table with the assigned username and password, which are circled in red. The email concludes with a note about the password change prompt and contact information for the Health Care Homes Team.

Dear Applicant:

Your request for access to a letter of intent to begin the process for certification as a health care home per Minnesota Statute 256B.0751-256B.0753 and Rule Chapter 4764 has been granted. Please go to the main certification system login page <https://apps.health.state.mn.us/hchcertification/login.seam> and enter the login information below.

UserName:	XXX
Password:	WWW

You will be prompted to change your password on your first login. Also, please note that the username and password are case sensitive.

If you have any questions, you may contact health care homes by email: health.healthcarehomes@state.mn.us, or by phone: 651-201-5421

Thank you for your interest in health care homes.
MDH and DHS
Health Care Homes Team
health.healthcarehomes@state.mn.us

Step 4 Letter of Intent

The letter of intent is the first official notice to MDH that the applicant intends and is ready to apply for certification as a HCH.

MDH prefers that all applicants submit materials electronically through the online process as described below. If you are unable to use the online system, please contact MDH HCH staff.

For a printable Letter of Intent, please go to

<http://www.health.state.mn.us/healthreform/homes/certification/certification/docs/loi.pdf>.

Returning User Sign In

Access the online certification application system found at

<https://hchcertification.web.health.state.mn.us/login.seam>.

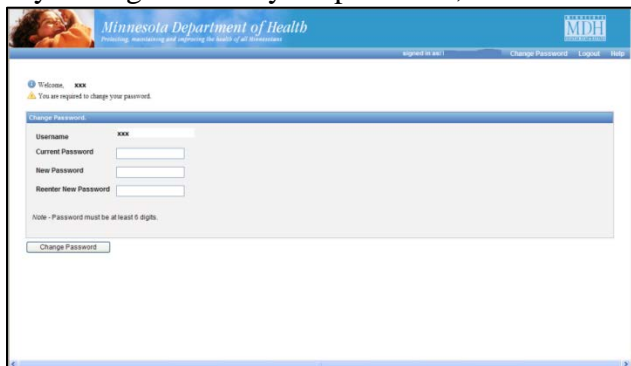
The application system login page will appear.

The screenshot shows the login page for the Minnesota Department of Health's Health Care Homes system. The header includes the MDH logo and navigation links like 'Home', 'Request Access to Letter of Intent', and 'Public Reports'. A 'Please log in first' message is displayed. The main content area features a 'Login' section with fields for 'Username' and 'Password', and a 'Login' button. To the right of the login fields is the 'HealthCareHomes HEALTH REFORM' logo.

Use the username and password that was assigned in the confirmation e-mail if this is the first time you are logging into the application. Otherwise, use the username with the password you created.

Please note: usernames and passwords ARE case sensitive.

If you forget or lose your password, contact HCH to have the password reset.

The screenshot shows the password reset page for the Minnesota Department of Health's Health Care Homes system. The header includes the MDH logo and navigation links. A message states 'You are required to change your password.' The main content area features a 'Change Password' section with fields for 'Username', 'Current Password', 'New Password', and 'Reenter New Password'. A 'Change Password' button is at the bottom. A note indicates 'Password must be at least 5 digits.'

Begin LOI Process

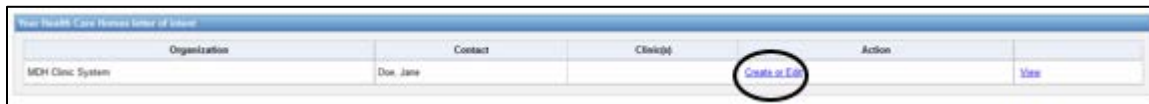
Once sign in is completed, the online certification application system homepage will appear.

Click on “Certification Options” in the blue menu bar and select “Letter(s) of intent”.

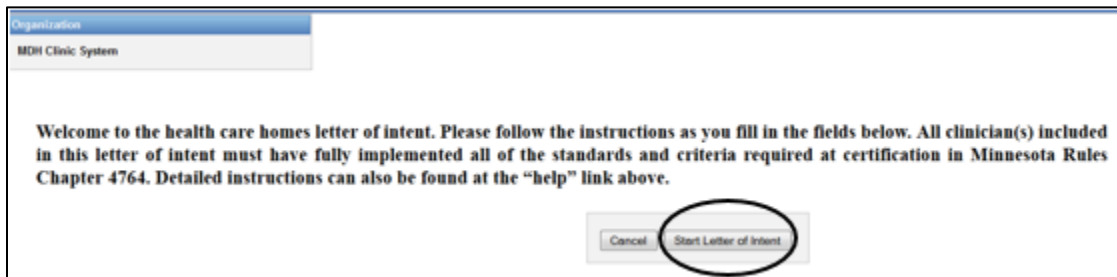


A screen with your organization’s name will appear.

Click “Create or Edit” to create a letter of intent.



On the next screen, click “Start Letter of Intent”.



Complete all fields of the letter of intent as requested. The questions on the letter of intent are divided into five sections, which will be presented on five screens. At the end of each screen, you should click “Next” to get to the next set of questions. Clicking “Next” saves the responses. If at any time you log out of the system, those responses will be saved.

Note: All fields marked with a red star are required. The system will not allow you to move to the next screen until all required fields are filled.

Letter of Intent: Section 1 of 5

* Required fields

i. Applicant Intent

The applicant for certification is the organization. The applicant name should be the broad legal organization name.

1. This letter signifies that **MDH Clinic System** intends to apply for certification for health care homes to the Minnesota Department of Health, pursuant to Minnesota Statutes 256B.0751-256B.0754 and Minnesota Rules Chapter 4764.

2. Please specify who the applicant(s) for certification as a health care home will be as part of this letter of intent: *

☐ Individual Clinician(s) (1 or more Clinicians or a department, not an entire primary care practice)

☒ Clinic(s)

☐ Practice System

☐ Other

*Note: If you select **Clinic(s)** or **Practice System**, every clinician (MD, DO, PA, NP, CNM, WHNP) that provides the full range of primary care services in the clinic must be fully implementing all of the standards and criteria required at certification.

3. Primary practice type(s) *

☒ Family Medicine

☐ Internal Medicine

☐ Pediatrics

☐ Med-Peds

☐ Geriatric Medicine

☐ Other

* Required fields

Cancel Next

To save entries and submit later

You can save entries and come back to submit the letter of intent later by clicking on “Save”.

* Required fields

Back Cancel Save Submit to MDH

A confirmation screen follows stating that the letter of intent has been SAVED. Please note: This letter of intent has NOT been submitted to MDH.

Your Letter of Intent was successfully saved but has not been submitted to MDH.

Thank you. Your letter of intent has been saved but has not been submitted. Your letter of intent will be available for updates up until you submit it. Please go to the main certification system login page <https://apps.health.state.mn.us/hchcertification/login.seam> to access your saved letter of intent, finish it, and submit when you are ready.

To print or save a version of your Letter of Intent, click [Letter of Intent](#)

If you have any questions, you may contact health care homes by email: health.healthcarehomes@state.mn.us or by phone: 651-201-5421.

Thank you for your interest in health care homes.
MDH and DHS
Health Care Homes Team
health.healthcarehomes@state.mn.us

To return to a saved letter of intent, go to the online certification application system homepage at: <https://hchcertification.web.health.state.mn.us/login.seam>, and repeat the above steps until the final screen is reached.

Please note: You can review and edit the letter of intent until you “Submit to MDH”.

To submit entries to MDH

On the final screen, click “Submit to MDH.”



A screenshot of a web form interface. At the top, there is a header bar with the text "Required fields". Below this, there are four buttons: "Back", "Cancel", "Save", and "Submit to MDH". The "Submit to MDH" button is circled in red, indicating it is the action to be taken.

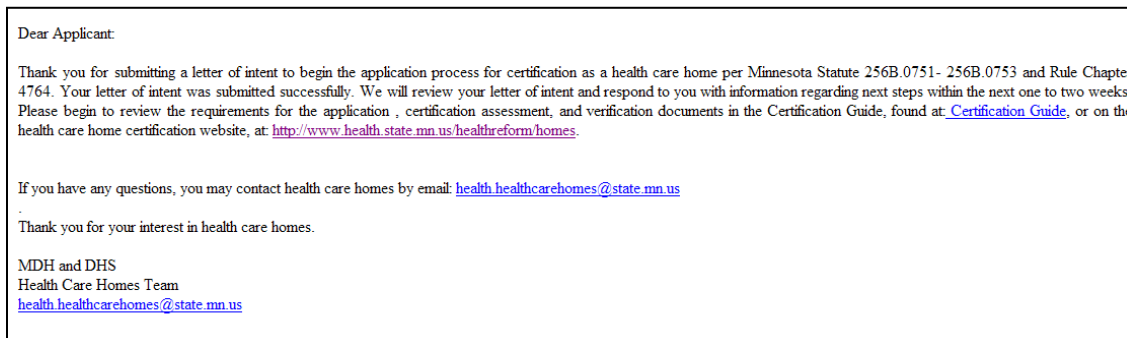
A confirmation screen follows.

You can print or save the submitted letter of intent as a PDF file.



A screenshot of the Minnesota Department of Health (MDH) website. The header includes the MDH logo and the text "Minnesota Department of Health Protecting, maintaining and improving the health of all Minnesotans". Below the header, there is a navigation bar with links for "Health Care Homes", "Home", and "Certification Options". The main content area displays a confirmation message: "Your Letter of Intent was successfully submitted and a confirmation email was successfully sent." It then provides details about the submission, including the Minnesota Statute and Rule Chapter, and offers a link to the Certification Guide. At the bottom, there is contact information for the Health Care Homes Team, including an email address and a phone number.

The applicant’s primary contact listed in the Portal will receive an e-mail confirmation of successful submission.



A screenshot of an email confirmation message. The message is addressed to "Dear Applicant:" and begins with a thank you for submitting a letter of intent. It provides details about the submission, including the Minnesota Statute and Rule Chapter, and offers a link to the Certification Guide. At the bottom, there is contact information for the Health Care Homes Team, including an email address and a phone number.

The HCH team will review the letter of intent and contact the applicant within one to two weeks to discuss next steps. The applicant's primary contact listed in the Portal will receive an email indicating HCH has finished processing the letter of intent.

Dear Health Care Home Certification Applicant:

Your Letter of Intent was processed on . x/x/xxxx

You may now fill in and submit your online application(s) and certification assessment tools(s) at the following link:
<https://apps.health.state.mn.us/hchcertification/login.seam>

with your existing user name xxx

Once the above email is received, the applicant may submit an online application and certification assessment.

Planning for next steps

To help you plan, please complete a printable version of both the application and the assessment tool. Previewing the information required in the submission will enable you to have all information for the online process readily available.

The printable versions:

- **[Application](#)**
- **[Certification Assessment Tool](#)**

Please do not submit the printable versions to MDH.

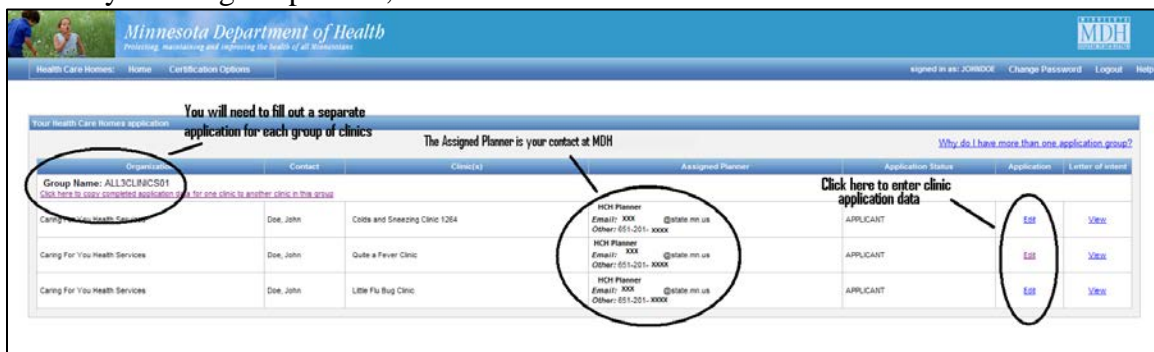
Step 5 Application

Submitting an Application by clinic

1. [Log into the online application system](#), select “Certification Options” in the upper left corner of the screen, then select “Application(s)”.



2. A list of the clinics that are listed on your letter of intent will follow. It is possible that these clinics have been separated into different application groups. If you have questions about the number of application groups that appear, contact your assigned planner, who is listed in the fourth column from the left.



3. Begin filling in the application by clicking “Edit” for the selected clinic.
4. In section “I. Applicant Demographic Information” verify and/or edit the: Primary Contact, Clinic Manager, Clinic Champion/Medical Director, and Finance Contact.

Edit Application

I. Applicant Demographic Information

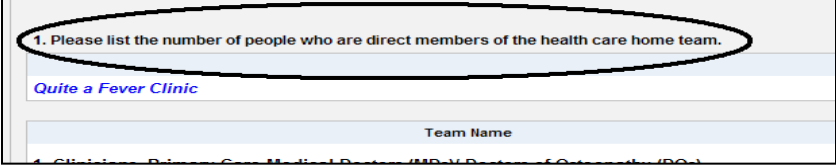
The information in this section of the online application will pre-populate from the demographic information submitted as part of the letter of intent.

Letter of Intent Information		
Organization	Contact Person	Letter of Intent PDF Report
MDH Clinic System	Doe, Jane	Printable Version

Primary Contact:

First Name: * Middle Initial: Last Name: * Suffix: Job Title: Email: *

5. Section “II Additional Clinic Information” should be completed in reference to the *entire clinic*, not just the individuals/departments that are applying for certification unless otherwise specified.
 - a. Note that the first section refers to only those people who will work directly on the HCH team.



1. Please list the number of people who are direct members of the health care home team.

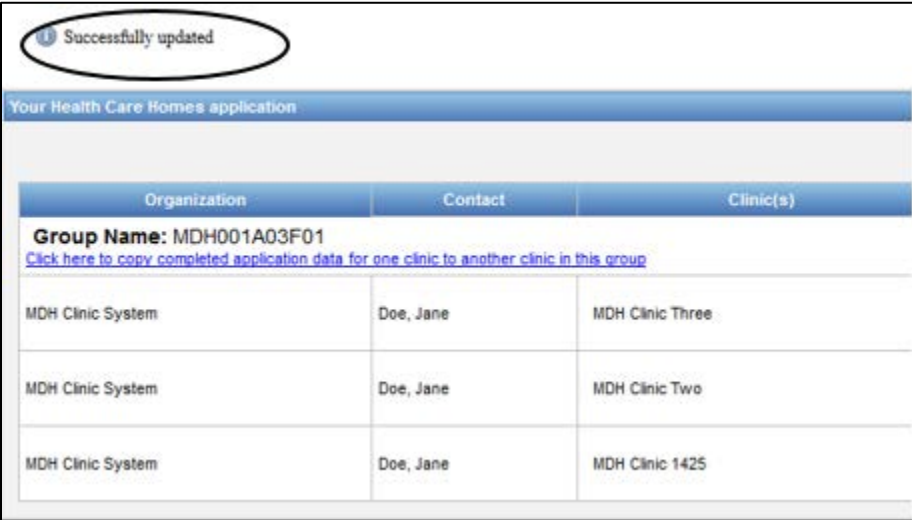
[Quite a Fever Clinic](#)

Team Name
4. Clinic(s) Primary Care Medical Director (MD/MD Doctor of Osteopathy (DO))

6. Complete all required fields on this screen.
All fields on this page are required except for those that say ‘*other*,’ ‘*unknown*’ or ‘*Specify non-English*’ for patient primary language.

Click “Save” or “Save and Complete” once the required data is entered.

If saved correctly, you will see the “Successfully updated” message on the “Your Health Care Homes application” screen.



Successfully updated

Your Health Care Homes application

Organization	Contact	Clinic(s)
Group Name: MDH001A03F01 Click here to copy completed application data for one clinic to another clinic in this group		
MDH Clinic System	Doe, Jane	MDH Clinic Three
MDH Clinic System	Doe, Jane	MDH Clinic Two
MDH Clinic System	Doe, Jane	MDH Clinic 1425

However, if not saved correctly, you will see error messages at the top or bottom of the screen. You may need to scroll up or down in able to see these error messages.

You must correct all errors before it will be possible to successfully “Save” or “Save and Complete”.

7. You have the option to copy information from one clinic to another if two or more clinics' information is the same, or similar, within the same application group. To copy clinic data from one clinic to another, click on the link.

Organization	Contact
Group Name: ALL3CLINICS01	
Click here to copy completed application data for one clinic to another clinic in this group	
Caring For You Health Services	Doc. John
Little Flu Bug C	

Once you have selected the clinic from which information will be copied, and also the clinic that is receiving the information, click “Perform Copy” to complete the move.

Seed Applications

Copy data from this clinic's application *

Copy data to this clinic's application

ALL3CLINICS01

Colds and Sneezing Clinic 12

Little Flu Bug Clinic

HH Select All Clinics

Select this Clinic

Remove

HH Remove All

Perform Copy Close

Quite a Fever Clinic

The clinics you select to move to this box will receive copied information from the clinic above

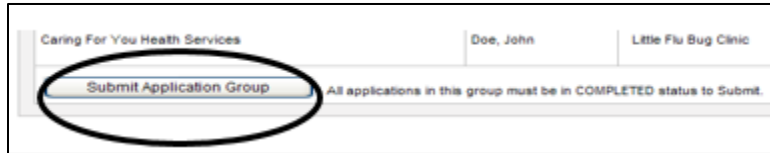
You can make edits to the copied clinic data. Check that all fields contain correct information and are completed.

8. Each clinic will have an application status of “Completed” once all of the information for each clinic in the application group is entered.

her	Application Status	Application	Letter of intent
	COMPLETED	Edit	View
	COMPLETED	Edit	View
	COMPLETED	Edit	View

9. **NOTE: Once submitted, edits cannot be made to information on the application.**

Click “Submit Application Group” at the bottom left side of the screen to submit your application once all clinics in that application group have an application status of “COMPLETED”.



10. A confirmation page confirming that your application was successfully submitted will appear. The confirmation page provides instructions on how to begin the online certification assessment tool.

You may begin working on the assessment tool at any time.

An email confirmation is also sent to the applicant’s primary contact.

Your Health Care Homes Certification Application was successfully submitted and a confirmation email was successfully sent.

Thank you for submitting an application for certification as a health care home per Minnesota Statute 256B.0751- 256B.0753 and Rule Chapter 4764. Your application was submitted successfully.

Please continue to use the downloadable/ printable version of the certification assessment tool found on the main certification web page: <http://health.state.mn.us/healthreform/homes/certification/index.html> to prepare for submission of the online assessment and verification documents as part of the next step. Please **DO NOT** submit the paper version to MDH.

At any time you may begin to fill-in the online certification assessment tool through the online certification system:

1. Visit the certification webpage at: <http://www.health.state.mn.us/healthreform/homes/certification>
2. Click on “Returning Users – Sign In” and enter your username and password.
3. In the blue menu bar at the top of the screen, click on “certification options” and then click on “assessment(s).”
4. Follow the onscreen instructions.

For detailed instructions, please see the Certification Guide on the main certification webpage.

If you have any questions, you may contact your MDH health care home contact person, or health care homes by email: health.healthcarehomes@state.mn.us or phone: 651-201-5421

Thank you for your interest in health care homes.
MDH and DHS
Health Care Homes Team
health.healthcarehomes@state.mn.us

Step 6 Assessment

Submitting the Assessment Tool

The assessment tool can be filled out concurrently with the application or after the application is completed. However, the nurse planner will not schedule the site visit until MDH has both the completed application and the completed assessment tool along with the required documents.

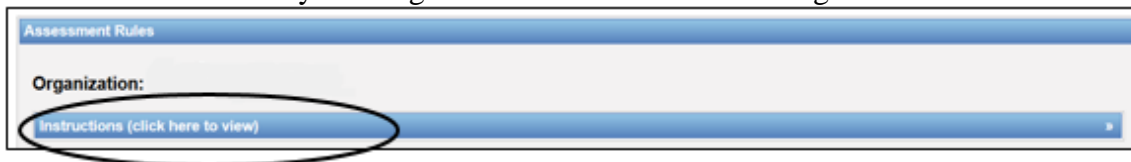
To complete an assessment, [log into the online application system](#), click on “Certification Options” in the blue menu bar and select “Work with Assessment(s)”.



This will bring you to the assessment screen.
Click “Edit” to enter your assessment details.

Assessments you have access to:						
Organization	Application Group Name	Clinic(s)	Assigned Planner	Assessment Status	Action	Last Update
MDH Clinic System	MDH011402P01	MDH Clinic 1425 MDH Clinic Three MDH Clinic Two	MDH Planner		Edit	9/5/2015

Read the instructions by clicking on the blue instruction heading.



The Certification instructions read as follows:

A response must be entered for all rule numbers. To begin, click on "Add". In the text field marked "Response" write a brief summary of activities that meet the requirements.

Documentation sources are listed as examples to meet the standards and criteria; sources are generally not prescriptive except in the circumstance where meeting the standard requires a policy / protocol in the HCH rule. Click the "Select and Upload" button to attach document(s).

Documentation data sources:

Each standard's criteria requires a form of documentation for verification. Enclosed are types of documentation that clinics need to have in place to demonstrate performance of a standard and criteria. Data sources include: written policies; procedures; workflows; protocols; guidelines; forms; flow sheets; EMR screen shots; patient education materials; prepared resources; and pamphlets or reports, such as meeting minutes, registry documents, patient medical records, and records or files of HCH activities.

Any submitted documentation should have patient identifying information blinded.

Supporting forms should not be blank but include blinded information so the evaluator can clearly see how the form is used.

Documents at Certification:

The subparts requiring a document verification are listed below. Note that the same document may verify more than one subpart.

- 4764.0030 Subp. 1A
- 4764.0030 Subp. 1B
- 4764.0040 Subp. 1A 1, 2
- 4764.0040 Subp. 1B 1, 2 a, b, c, d & 3 a, b
- 4764.0040 Subp. 3A
- 4764.0040 Subp. 5B
- 4764.0040 Subp. 5D
- 4764.0040 Subp. 7A 1, 2, 3, 4, 5, 6
- 4764.0040 Subp. 9A 1, 2, 3, 4
- 4764.0040 Subp. 9B
- 4764.0040 Subp. 9D 1, 2, 3, 4 (if applicable, may use the same written procedure as used in 9A 1, 2, 3, 4)
- 4764.0040 Subp. 9E (may use the same written procedure as used in 9B document)

Other documents or data sources will be reviewed either electronically or on paper at the site visit during the interview process.


Administrative Burden:

It is MDH's intent to decrease the administrative burden of the applicant. At initial certification there are 10 documents required in advance of the site visit for the identified standards/criteria. The submitted documentation provides verification while the site visit and interviews validate implementation.

Submit Assessment:

When all rule parts are in "COMPLETED" status, the assessment tool can be submitted. For detailed instructions, please see the "Certification Guide" on the Health Care Homes certification webpage by clicking "Help" above.

The “Assessment Rules” screen is organized into four columns.

1. *Rule Number*: contains the location of the rule in the published expedited permanent rule relating to health care homes for your reference.
2. *Short Description* provides a brief description of the rule part (a more detailed description can be found when you click on “Add” in the Action column).
3. *Action*: You will use this column to show MDH how you are meeting that particular rule part. At first it will say “Add” because you have not yet worked on that rule part. Once you save a response for that rule part, this column will change to “Edit,” and will allow you to re-enter that rule part to make updates to it.
4. *Status*: This column shows your progress with the assessment tool.
 - a. A Red circle with a minus symbol means you have not yet started working on that rule part. 
 - b. The status changes to indicate “INPROGRESS” when you have begun to enter a response for the rule part, have saved your work, but have not yet completed the rule part.
 - c. The status indicates “COMPLETED” when you have completed the rule part and have marked it complete.

To begin entering information into the assessment tool click on the “Add” link next to the individual rule part you wish to fill out.

Rule Number	Short Description	Action	Status
4764.0030 Subp. 1A	Certification: Provider Eligibility; Clinic Organizational Structure		

The “Add Application Rule Response” screen will appear.

Organization: MDH Clinic System

Add Application Rule Response

Organization: MDH Clinic System

Clinic(s): MDH Clinic 1425, MDH Clinic Three, MDH Clinic Two

Rule #: 4764.0030 Subp. 1A

Related NCQA Requirement: Certification: Provider Eligibility; Clinic Organizational Structure

Rule Description: Certification: Provider Eligibility; Clinic Organizational Structure

Verification Requirements, Data Sources/Documentation: Applicant demonstrates that clinicians are supported by a team care delivery system. There is evidence of team culture in which both team members and patients and families observe and understand how the team functions. 1. There is documentation of the clinic's organizational structure that shows the clinic's health care home team structure, such as an organizational chart that shows how the health care home team and participants are involved in the HCH. 2. There is description of services provided by the clinic and supported by the organization. At site visit: Team interview and participant interview

View Links: [Rule Intent](#), [Rule Language](#)

Response: This is a test of rule # 4764.0030 Subp. 1A.

Characters: 44/32000

Note: The text box above will accept a maximum of 32,000 characters.

Attach Document(s) (pdf, doc, docx, xls, csv, ppt, pptx or rtf)

Current Document(s): Uploaded Date: 2015-03-05 [Test Document.docx](#) (Click to download document)

* required fields

Save Complete Cancel

This screen is intended to provide all resources you may need when writing a response to the rule part. In addition to the information shown on the main assessment tool summary page, you will find links to pop-up windows that list the actual *Rule Intent* and *Rule Language* for that rule part.

At the bottom of this screen is a text “Response” field. This field is used to provide a brief summary of how the clinic is meeting the standard. A response is **required** for every rule part.

Click the “Select and Upload” button to attach document(s). Please see the “Instructions” listed above for the rule parts that must have attached documentation.

Once you have finished entering your response for the rule part you can choose to either “Save” or “Complete” that rule part.

If you choose “Save” your work in that field will stay as you entered it and you will see “INPROGRESS” on the main assessment page under status.

Rule Number	Short Description	Action	Status
4764.0030 Subp. 1A	Certification: Provider Eligibility; Clinic Organizational Structure	Edit	INPROGRESS

After choosing “Complete” you will see “COMPLETED” in the status column on the main page.

Rule Number	Short Description	Action	Status
4764.0030 Subp. 1A	Certification: Provider Eligibility; Clinic Organizational Structure	Edit	COMPLETED

Note that even after you complete a rule part you are still able to edit until you submit the completed assessment tool. You need to click “Update” to save any edits.

Application Rule Response

Organization

MDH Clinic System

Clinic(s)

MDH Clinic 1425
MDH Clinic Three
MDH Clinic Two

Rule #

4764.0030 Subp. 1A

Related NCQA Requirement

Rule Description:

Certification: Provider Eligibility; Clinic Organizational Structure

Verification Requirements, Data Sources/Documentation

Applicant demonstrates that clinicians are supported by a team care delivery system. There is evidence of team culture in which both team members and patients and families observe and understand how the team functions. 1. There is documentation of the clinic's organizational structure that shows the clinic's health care home team structure, such as an organizational chart that shows how the health care home team and participants are involved in the HCH. 2. There is description of services provided by the clinic and supported by the organization. At site visit: Team interview and participant interview

View Links

[Rule Intent](#)
[Rule Language](#)

Response*

This is a test of rule # 4764.0030 Subp. 1A. I have added this sentence. I have added this sentence even after clicking "Complete"

Characters: 130/32000

Note: The text box above will accept a maximum of 32,000 characters.

Attach Document(s) (pdf, doc, docx, xls, csv, ppt, pptx or rtf)

+ Select and Upload

Current Document(s)

Uploaded Date: 2015-03-06

[Test Document.docx](#)

(Click to download document)

Remove Document

* required fields

Update

Complete

Cancel

Once submitted, edits cannot be made to information on the assessments.

When **all** required rule parts are in “COMPLETED” status, you may submit your assessment tool by clicking the “Submit Rules” button at the bottom of the “Assessment Rules” screen.

4764.0040 Subp. 9C	Performance reporting and quality improvement standard; certification requirements: HCH quality team demonstrates ability to do quality measurement	Edit	COMPLETED
4764.0040 Subp. 9D 1, 2, 3, 4	Performance reporting and quality improvement standard; certification requirements: participation in the learning collaborative	Edit	COMPLETED
4764.0040 Subp. 9E	Performance reporting and quality improvement standard; certification requirements: HCH team has mechanism for communication and feedback for information from the learning collaborative	Edit	COMPLETED
Submit Rules All rules in this group must be in COMPLETED status to Submit.			

Once the assessment is submitted, please print the confirmation screen for your records.

Your HCH Certification Assessment was successfully submitted and a confirmation email was successfully sent.

Thank you for submitting the certification assessment tool as part of your application for certification as a health care home per Minnesota Statute 256B.0751- 256B.0753 and Rule Chapter 4764. Your certification assessment was submitted successfully. We will review your assessment and be in contact with you within the next two weeks if we need additional information or to schedule a certification site visit.

If you have any questions, you may contact your MDH health care home contact person, or health care homes by email: health.healthcarehomes@state.mn.us or by phone: 651-201-5421.

Thank you for your interest in health care homes.
MDH and DHS
Health Care Homes Team
health.healthcarehomes@state.mn.us

The applicant's primary contact listed in the Portal will receive a confirmation email.

Dear Applicant:

Thank you for submitting the certification assessment tool as part of your application for certification as a health care home per Minnesota Statute 256B.0751- 256B.0753 and Rule Chapter 4764. Your certification assessment was submitted successfully. We will review your assessment and be in contact with you within the next two weeks if we need additional information or to schedule a certification site visit.

If you have any questions, you may contact your MDH health care home contact person, or health care homes by email: health.healthcarehomes@state.mn.us or phone: 651-201-5421.

Thank you for your interest in health care homes.
MDH and DHS
Health Care Homes Team
health.healthcarehomes@state.mn.us

MDH will review the assessment and make contact regarding next steps and to schedule a site visit.

RECERTIFICATION

Recertification Notification

On your recertification date MDH will email the applicant's primary contact listed in the Portal a notification to begin the recertification process.

Congratulations on your continued success as a Health Care Home. Your Health Care Home recertification date is **xxxxxx**.

The following instructions will help to guide you through this process. Additional instructions for completion of each section can be found on the blue bar towards the top of the certification and recertification pages within the portal.

- 1. Log into the Health Care Home Portal**
 - Click on the certification tab towards the top of the page
 - Select recertify
 - Click on "apply for recertification" to enter the recertification pathway
- 2. Recertification Path – please complete all four steps of the recertification process**
 - Within thirty days after your assigned recertification date, complete and submit the online Letter of Intent (LOI)
 - Within forty-five days after your assigned recertification date, submit your list of clinicians, an updated application, and the recertification assessment.
- 3. Once all of the above steps are completed –submit information to MDH**
 - The submit button will be enabled to send information to MDH once the steps are completed and in recertification status

Additional Information

- You will have the option to attach documents to each subpart of the certification and recertification standard. Please label each attachment with your clinic's name and the corresponding rule and subpart (i.e. Rule Part 0040, subpart 2A)
- All variances from your certification or previous recertification expire within one year of the certification/recertification date. Documentation is required to resolve the variance. If the variance has not been resolved, please submit a request for a new variance with your corrective plan.

Please do not hesitate to contact the Health Care Home email: health.healthcarehomes@state.mn.us or your assigned planner with questions.

MDH prefers all applicants submit materials electronically through the online process as described below. If you are unable to use the online system, please contact MDH HCH staff.

Previewing the required information will enable you to have all information for the online process readily available. For planning purposes it is advised that the applicant print out the following documents.

- **Letter of Intent**
- **Application**
- **Assessment Tool**

Please do not submit the printable versions to MDH.

Begin Recertification

[Log into the online application system.](#) The application system sign in page will appear.

Please note: usernames and passwords ARE case sensitive.

Use the username and password that was assigned in the confirmation e-mail if this is the first time you are logging into the application. Otherwise, use the username with the password you created.

If you forget or lose your password, contact MDH to have the password reset.

After signing in, click on “Certification Options” in the blue menu bar and select “Apply for Re-certification”.



Click “Apply for re-certification”.

Your Health Care Homes list of needs				
Organization	Contact	Clinic(s)		Action
MDH Clinic System	Doe, Jane	MDH Clinic 1425 MDH Clinic Two MDH Clinic Three	Ready for re-certification Ready for Site Visit	View

This screen is the main recertification screen. It is divided into 4 steps:

- Step 1. Answer Letter of Intent Questions and Update Contact Information
- Step 2. Verify Clinic and clinicians
- Step 3. Update Last year's assessments
- Step 4. Enter Recertification Assessment

Please start with Step 1 first and complete it before moving on to the next step.

On each step, click on the corresponding "Recertify" link.

Recertification of Letter of Intent

Organization: MDH Clinic System

	Action	Status												
Step 1. Answer Letter Of Intent Questions and Update Contact Information	Recertify	Open												
<div>Step 2 Verify Clinic and clinicians</div> <table> <thead> <tr> <th>Clinic Name</th> <th>Action</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>MDH Clinic 1425</td> <td>Recertify</td> <td>NOT DONE</td> </tr> <tr> <td>MDH Clinic Two</td> <td>Recertify</td> <td>NOT DONE</td> </tr> <tr> <td>MDH Clinic Three</td> <td>Recertify</td> <td>NOT DONE</td> </tr> </tbody> </table>			Clinic Name	Action	Status	MDH Clinic 1425	Recertify	NOT DONE	MDH Clinic Two	Recertify	NOT DONE	MDH Clinic Three	Recertify	NOT DONE
Clinic Name	Action	Status												
MDH Clinic 1425	Recertify	NOT DONE												
MDH Clinic Two	Recertify	NOT DONE												
MDH Clinic Three	Recertify	NOT DONE												
Step 3. Update Last Year's assessments "Step 4"	<div> <div>** Please complete "Step 3" ("Status" should say "Recertifying") BEFORE starting</div> <div>Recertify</div> </div>													
Step 4. Enter Recertification Assessment	Recertify													

Close

All Steps - Finalize

The "All Steps - Finalize" button will be enabled when all steps are completed and in the "Recertifying" status

Step 1. Answer Letter of Intent Questions and Update Contact Information

After entering the required information for “I. Applicant Intent”, click “Save and Continue” to proceed.

Please follow the instructions as you fill in the fields on the following screens. Detailed instructions can also be found at the "help" link here.

Recertification

* Required fields

I. Applicant Intent

The applicant for certification is the organization. The applicant name should be the broad legal organization name.

This letter signifies that **MDH Clinic System** intends to apply for recertification for health care homes to the Minnesota Department of Health, pursuant to Minnesota Statutes 256B.0751-256B.0754 and Minnesota Rules Chapter 4764.

1. Please specify who the applicant(s) for certification as a health care home will be as part of this letter of intent:

☐ Individual Clinician(s) (1 or more Clinicians or a department, not an entire primary care practice)
☒ Clinic(s)
☐ Practice System
☐ Other

*Note: If you select Clinic(s), every clinician (MD, DO, PA, NP, CNM, WHNP) that provides the full range of primary care services in the clinic must be fully implementing all of the standards and criteria required at certification.
*Note: If you select Practice System, every clinician (MD, DO, PA, NP, CNM, WHNP) that provides the full range of primary care services in the practice system must be fully implementing all of the standards and criteria required at certification.

2. Primary practice type(s):

☒ Family Medicine
☐ Internal Medicine
☐ Pediatrics
☐ Med-Peds
☐ Geriatric Medicine
☐ Other

* Required fields

Cancel Save and Continue

After entering the required information for “II. Health Care Home Information”, click “Save and Continue” to proceed.

II. Health Care Home Information

Organization: MDH Clinic System

Please update the following questions as applicable.

1. Which of the following best describes your clinic? (check all that apply)

☐ Academic practice
☐ Community Health Center or similar practice
☐ Federally Qualified Health Center
☐ Hospital-based clinic
☒ Independent Medical Group (Example: physician-owned)
☐ Medical group component of integrated delivery system
☐ Rural Health Clinic
☐ Critical Access Hospital
☐ Other

2a. Which of the following accreditations/certifications does your organization currently have? (check all that apply)

☐ Health Care Home Certification, State of Minnesota
☐ Minnesota Department of Human Services (DHS) Primary Care Coordination (PCC) Registration
☐ National Committee for Quality Assurance (NCQA) Physician Practice Connections Patient-Centered Medical Home (PPC-PCMH) Recognition
☐ The Joint Commission Accreditation on Hospitals
☐ The Joint Commission Accreditation on Ambulatory Care
☐ Joint Commission Recognition for Patient-Centered Medical Home
☐ Utilization Review Accreditation Commission (URAC) / American HealthCare Commission, Inc.
☐ Bureau of Primary Care/ Health Resources and Service Administration Office of Performance Review OPR
☐ Other

2b. Does your organization plan to seek NCQA Physician Practice Connections Patient-Centered Medical Home (PPC-PCMH) Recognition? ☐ Yes ☒ No

3. Will all clinicians for whom you are submitting an application for recertification operate under the same Health Care Homes policies and procedures? ☒ Yes ☐ No

4. Will all clinicians for whom you are submitting an application for recertification operate under the same Health Care Homes leadership structure? ☒ Yes ☐ No

5. Will all clinicians for whom you are submitting an application for recertification implement Health Care Homes roles and responsibilities for members of the care team the same? ☒ Yes ☐ No

* Required fields

Back Cancel Save and Continue

After entering the required information for “III. Contact Information”, click “Step 1 – Finalize”. This will submit the LOI to HCH.

City St. Paul State MN Zip 55164

County * Ramsey

Telephone Primary * 651201 5421 (ex. 6512015421)

Telephone Secondary (ex. 6512015400)

Fax (ex. 6512158951)

Website

* Required fields

Back Cancel Update Step 1 - Finalize

A pop-up window appears letting you know that the letter of intent was submitted. Click “OK”.

Recertification Letter of Intent Submitted

Updated: 3/11/15 12:32:13 PM

By: MDHUSER01

Your recertification letter of intent has been submitted.

By pressing the "OK" button below, an e-mail will be sent to you with an attached PDF file of your Letter of Intent. If you also wish to immediately see your Letter of Intent, click this link: [Recertification Letter of Intent](#)

OK

This takes you back to the main menu where Step 1 status now shows as “Recertifying”.

	Action	Status
Step 1. Answer Letter Of Intent Questions and Update Contact Information	Recertify	Recertifying

Step 2. Verify Clinic and clinicians

Click the “Recertify” link for each clinic in “Step 2 Verify Clinic and clinicians”.

Step 2 Verify Clinic and clinicians				
Clinic Name	Action	Status		
MDH Clinic 1425	Recertify	NOT DONE		
MDH Clinic Two	Recertify	NOT DONE		
MDH Clinic Three	Recertify	NOT DONE		

Enter the required clinic information and then click “Save and Continue”.

Recertification

* Required fields

Organization: MDH Clinic System

Clinic: MDH Clinic 1425

Update of Verify clinic information

CLINIC INFORMATION for MDH Clinic 1425

Clinic Tax ID	Clinic NPI for payment	Clinic Address	Mailing Address
XXX <small>** If clinic is being paid by ssn or EIN you must notify your Health Care Homes planner</small>	XXX	625 Robert St N St Paul MN 55164 Phone 6512015421 (ex. 6512015421) Fax (ex. 6512015421) Website	625 Robert St N St Paul MN 55164 Phone 6512015421 (ex. 6512015421) Fax (ex. 6512015421) Website

Additional Clinic Information for MDH Clinic 1425

Annual Visit Volume	Volume measured as	Explanation of other
5000	<input type="radio"/> Total # of unique visits <input checked="" type="radio"/> Total # of billable visits <input type="radio"/> Other(explain below)	<div></div> <div>Note: The text box above will accept a maximum of 200 characters.</div>

* Required fields

Cancel Save and Continue

You may “Amend Clinician” here or click “Save and Continue”.

Clinicians for Clinic MDH Clinic 1425

Cancel Save and Continue Back Amend Clinician

If “Amend Clinician” is clicked, you will be given the option to Add, Edit, or Remove Clinician(s). Click “Back to Recertification” to continue with the recertification process.

Amend Clinicians

Organization		
MDH Clinic System	MDH Clinic 1425	Add Clinician(s) Edit Clinician(s) Remove Clinician(s)

Back to Recertification

There are four sections on the “Recertification Edit Application” screen:

“I. Applicant Demographic Information”

“II. Additional Clinic Information”

“III. Clinic’s Patient Panel”

“IV. Representations and Signature”

Click “Save and Continue” once all the required information has been entered.

Cancel	Back	Save and Continue
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On the main screen it says “Successfully updated” and the status is “Recertifying”.

Step 2 Verify Clinic and clinicians		
Clinic Name	Action	Status
MDH Clinic 1425	Recertify	Recertifying
MDH Clinic Two	Recertify	NOT DONE
MDH Clinic Three	Recertify	NOT DONE


All clinics are now Saved and in “Recertifying” status.

Step 2 Verify Clinic and clinicians		
Clinic Name	Action	Status
MDH Clinic 1425	Recertify	Recertifying
MDH Clinic Two	Recertify	Recertifying
MDH Clinic Three	Recertify	Recertifying



Step 3. Update Last year's assessments – (odd number standards)

Click “Recertify”.

Step 3. Update Last Year's assessments	** Please complete "Step 3" ("Status" should say "Recertifying") BEFORE starting "Step 4" **	Recertify	
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When starting, please note that the Status is “  For Review ”.

Click “Verify”.

MDH Clinic 1425 MDH Clinic Three MDH Clinic Two			
Rule Number	Short Description	Action	Status
4764.0030 Subp. 1A	Certification: Provider Eligibility; Clinic Organizational Structure	Verify	 For Review
4764.0030 Subp. 1B	Certification: Board Certification /Licensure; Health Care Homes Structure	Verify	 For Review
4764.0040, Subp. 1A 1, 2	Access and Communication standard; certification requirements: services to all patients with chronic and complex conditions and interested in participation	Verify	 For Review

Click on the blue “click to show and hide” button to see previous year responses.

Click the “Select a Certification Year” drop down button to see documents from previous years.

Application Rule Response	
Has anything changed? (Click on Yes to modify the response, add or remove documents)* <input type="radio"/> Yes <input type="radio"/> No Change	
Organization	MDH Clinic System
Clinic(s)	MDH Clinic 1425 MDH Clinic Three MDH Clinic Two
Rule #	4764.0030 Subp. 1A
Related NCQA Requirement	
Rule Description:	Certification: Provider Eligibility; Clinic Organizational Structure
Verification Requirements, Data Sources/Documentation Applicant demonstrates that clinicians are supported by a team care delivery system. There is evidence of team culture in which both team members and patients and families observe and understand how the team functions. 1. There is documentation of the clinic's organizational structure that shows the clinic's health care home team structure, such as an organizational chart that shows how the health care home team and participants are involved in the HCH. 2. There is description of services provided by the clinic and supported by the organization. At site visit: Team interview and participant interview	
View Links	Rule Intent Rule Language
Last Year's Response This is a test of rule # 4764.0030 Subp. 1A. I have added this sentence. I have added this sentence even after clicking "Complete". Here is another sentence. Here is the last sentence.	
Previous Year Responses	click to show and hide »
Document(s) from Previous Years	--Select a Certification Year--
* required fields	
<input type="button" value="Save and Continue"/> <input type="button" value="Mark Complete"/> <input type="button" value="Cancel"/>	

If “No” is clicked, you will be unable to modify the response or documents.
 If “Yes” is clicked, enter the new response and upload any supporting documentation.

Has anything changed? (Click on Yes to modify the response, add or remove documents) * ☒ Yes ☐ No Change

Organization MDH Clinic System

Clinic(s) MDH Clinic 1425
MDH Clinic Three
MDH Clinic Two

Rule # 4764.0030 Subp. 1A

Related NCQA Requirement

Rule Description: Certification: Provider Eligibility; Clinic Organizational Structure

Verification Requirements, Data Sources/Documentation

Applicant demonstrates that clinicians are supported by a team care delivery system. There is evidence of team culture in which both team members and patients and families observe and understand how the team functions. 1. There is documentation of the clinic's organizational structure that shows the clinic's health care home team structure, such as an organizational chart that shows how the health care home team and participants are involved in the HCH. 2. There is description of services provided by the clinic and supported by the organization. At site visit: Team interview and participant interview

View Links [Rule Intent](#)
[Rule Language](#)

Last Year's Response

This is a test of rule # 4764.0030 Subp. 1A. I have added this sentence. I have added this sentence even after clicking "Complete". Here is another sentence. Here is the last sentence.

Previous Year Responses [click to show and hide »](#)

New Response *

Note: The text box above will accept a maximum of 32,000 characters.

Attach Document(s) : (pdf, doc, docx, xls, csv, ppt, pptx or rtf) [+ Select and Upload](#)

Current Document(s)

Document(s) from Previous Years

Certification

Uploaded Date: 2015-03-06 [Test Document.docx](#) (Click to download document)

* required fields

[Save and Continue](#) [Mark Complete](#) [Cancel](#)



If you click “Save and Continue” the Status is “**Progress**”.

Rule Number	Short Description	Action	Status
4764.0030 Subp. 1A	Certification: Provider Eligibility; Clinic Organizational Structure	Verify	In Progress



If you click “Mark Complete” the Status is “**Recertifying**”.

Rule Number	Short Description	Action	Status
4764.0030 Subp. 1A	Certification: Provider Eligibility; Clinic Organizational Structure	Verify	Recertifying

Do this for all Rule Numbers until all are in the green “Recertifying” status.

4764 0030 Subp. 1A	Certification: Provider Eligibility; Clinic Organizational Structure	Verify	Recertifying
4764 0030 Subp. 1B	Certification: Board Certification /Licensure; Health Care Homes Structure	Verify	Recertifying
4764 0040 Subp. 1A 1, 2	Access and Communication standard; certification requirements: services to all patients with chronic and complex conditions and interested in participation	Verify	Recertifying
4764 0040 Subp. 1B 1, 2 a, b, c, d & 3 a, b	Access and Communication standards; certification requirements: access to participant information	Verify	Recertifying
4764 0040 Subp. 1C	Access and Communication standard; certification requirements: collect and apply cultural and language information	Verify	Recertifying
4764 0040 Subp. 1D	Access and Communication standard; certification requirements: document patient's preferred method of communication	Verify	Recertifying
4764 0040 Subp. 1E	Access and Communication standard; certification requirements: inform patients of access to specialty resources	Verify	Recertifying
4764 0040 Subp. 1F	Access and Communication standard; certification requirements ensure compliance with privacy security	Verify	Recertifying
4764 0040 Subp. 3A	Participant registry and tracking participant care activity standard; certification requirements: searchable registry for systematic population review	Verify	Recertifying
4764 0040 Subp. 3B 1, 2	Participant registry and tracking participant care activity standard; certification requirements: electronic registry required data elements to report and identify gaps in care	Verify	Recertifying
4764 0040 Subp. 5A 1,2,3	Care coordination standard; certification requirements: requirements for care coordination team	Verify	Recertifying
4764 0040 Subp. 5B	Care coordination standard; certification requirements: use of health care team, designation of personal clinician, and patient is informed	Verify	Recertifying
4764 0040 Subp. 5C	Care coordination standard; certification requirements: routine face-to-face discussion between personal clinician and care coordinator	Verify	Recertifying
4764 0040 Subp. 5D	Care coordination standard; certification requirements: dedicated time for care coordinator	Verify	Recertifying
4764 0040 Subp. 5E 1, 2, 3, 4, 5, 6	Care coordination standard; certification requirements: care coordination processes and documentation	Verify	Recertifying
4764 0040 Subp. 7A 1, 2, 3, 4, 5, 6	Care plan standard; certification requirements care plan policies and procedures	Verify	Recertifying
4764 0040 Subp. 7B 1, 2, 3, 4 & C	Care plan standard; certification requirements: care plan goals and action plans	Verify	Recertifying
4764 0040 Subp. 9A 1, 2, 3, 4	Performance reporting and quality improvement standard; certification requirements: establishes HCH quality team that reflects clinic structure	Verify	Recertifying
4764 0040 Subp. 9B	Performance reporting and quality improvement standard; certification requirements: HCH quality team has a mechanism for communication and feedback	Verify	Recertifying
4764 0040 Subp. 9C	Performance reporting and quality improvement standard; certification requirements: HCH quality team demonstrates ability to do quality measurement	Verify	Recertifying
4764 0040 Subp. 9D 1, 2, 3, 4	Performance reporting and quality improvement standard; certification requirements: participation in the learning collaborative	Verify	Recertifying
4764 0040 Subp. 9E	Performance reporting and quality improvement standard; certification requirements: HCH team has mechanism for communication and feedback for information from the learning collaborative	Verify	Recertifying
<div> Close Submit Rules All rules in this group must be in RECERTIFY status (displaying as Recertifying) to Submit. </div>			

Click the “Submit Rules” button once you have completed all the subparts.

On the Main screen please note the Status is “Recertifying”.

Step 3. Update Last Year's assessments	** Please complete "Step 3" ("Status" should say "Recertifying") BEFORE starting "Step 4" **	Recertify	Recertifying
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Step 4. Enter Recertification Assessment – (even number standards)

Click “Recertify”.

Step 4. Enter Recertification Assessment	Recertify	
--	---------------------------	--

Enter this path as in Step 3.

Rule Number	Short Description	Action	Status
4764.0040 Subp. 2	Access and communication standard; recertification at the end of year one: patient activation	Verify	
4764.0040 Subp. 4	Participant registry and tracking participant care activity standard; recertification at the end of year one: remedies to prevent gaps in care	Verify	
4764.0040 Subp. 6A	Care coordination standard; recertification at the end of year one: patient engagement in shared decision making	Verify	
4764.0040 Subp. 6B	Care coordination standard; recertification at the end of year one: clinic engagement with community-based resources	Verify	
4764.0040 Subp. 6C	Care coordination standard; recertification at the end of year one: Team members work at the top of their license	Verify	
4764.0040 Subp. 6D	Care coordination standard; recertification at the end of year one: planning for care transitions	Verify	
4764.0040 Subp. 8	Care plan standard; recertification at the end of year one: incorporate external care plans	Verify	
4764.0040 Subp. 10A, C	Performance reporting and quality improvement standard; recertification at the end of year one: participates in the statewide quality reporting system and submits data in the manner prescribed by the commissioner	Verify	
4764.0040 Subp. 10B 1, 2, 3	Performance reporting and quality improvement standard; recertification at the end of year one: active quality team that measures improvement in patient's health, quality of patient experiences and cost-effectiveness of services	Verify	
Close Submit Rules All rules in this group must be in RECERTIFY status (displaying as Recertifying) to Submit.			

A question asking “Has anything changed” will appear for Recertification Year 2 and beyond, but not appear for Recertification Year 1.

Once all subparts are in the “Recertifying” Status, the “Submit Rules” button is enabled.

Rule Number	Short Description	Action	Status
4764.0040 Subp. 2	Access and communication standard; recertification at the end of year one: patient activation	Verify	Recertifying
4764.0040 Subp. 4	Participant registry and tracking participant care activity standard; recertification at the end of year one: remedies to prevent gaps in care	Verify	Recertifying
4764.0040 Subp. 6A	Care coordination standard; recertification at the end of year one: patient engagement in shared decision making	Verify	Recertifying
4764.0040 Subp. 6B	Care coordination standard; recertification at the end of year one: clinic engagement with community-based resources	Verify	Recertifying
4764.0040 Subp. 6C	Care coordination standard; recertification at the end of year one: Team members work at the top of their license	Verify	Recertifying
4764.0040 Subp. 6D	Care coordination standard; recertification at the end of year one: planning for care transitions	Verify	Recertifying
4764.0040 Subp. 8	Care plan standard; recertification at the end of year one: incorporate external care plans	Verify	Recertifying
4764.0040 Subp. 10A, C	Performance reporting and quality improvement standard; recertification at the end of year one: participates in the statewide quality reporting system and submits data in the manner prescribed by the commissioner	Verify	Recertifying
4764.0040 Subp. 10B 1, 2, 3	Performance reporting and quality improvement standard; recertification at the end of year one: active quality team that measures improvement in patient's health, quality of patient experiences and cost-effectiveness of services	Verify	Recertifying
Close Submit Rules All rules in this group must be in RECERTIFY status (displaying as Recertifying) to Submit.			

This brings you back to the main screen where you will see all four steps with a “Recertifying” status.

Step 1. Answer Letter Of Intent Questions and Update Contact Information			Recertify	Recertifying
Step 2. Verify Clinic and clinicians				
Clinic Name	Action	Status		
MDH Clinic 1425	Recertify	Recertifying		
MDH Clinic Two	Recertify	Recertifying		
MDH Clinic Three	Recertify	Recertifying		
Step 3. Update Last Year's assessments ** Please complete "Step 3" ("Status" should say "Recertifying") BEFORE starting "Step 4" **			Recertify	Recertifying
Step 4. Enter Recertification Assessment			Recertify	Recertifying
<div> Close All Steps - Finalize </div> <p>The "All Steps - Finalize" button will be enabled when all steps are completed and in the "Recertifying" status</p>				

In addition you will see the “All Steps – Finalize” button.

PLEASE NOTE: you are not able to make any further changes after clicking the “All Steps – Finalize” button which submits the information to MDH.

Click the “All Steps – Finalize” button.

The Action is now “View Certifications”. You may view, but not edit, your entries.

MDH Health Care Homes letter of intent				
Organization	Contact	Clinic(s)	Action	
MDH Clinic System	Dia, Jane	MDH Clinic 1425 MDH Clinic Two MDH Clinic Three	View Certifications The Assessment is being recertified	
			View	



PDF option to print your submitted assessment

The process for the Applicant to create a PDF report with the most recent responses is as follows.

Click on “Certification Options” in the blue menu bar and select “Work with Assessment(s)”



This will bring you to the assessment screen.

MDH Clinic System	MDH001A02F01	MDH Clinic One 1427 MDH Clinic Two 1427	HCH Planner		 Edit	 View	3/24/2015
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To see/print the most recent applicant responses in the report “Health Care Homes Certification – My Assessments”:

Click “View” under the “Report” column.

You will see a current pdf copy of the submitted self-assessments.

Please note that you are not able to view any attached documents in this path.

However, you will see the phrase “Documentation was submitted” under the specific rule that has an attachment.

To view, by rule number, the most recent applicant responses and documents:

Click “Edit” under the “Action” column.

You will be able to view recently submitted documents and responses by rule number.