

# Portal User Guide

Minnesota Department of Health (MDH) Health Care Homes (HCH) Certification and Recertification

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## Steps for a New User

### Request an account

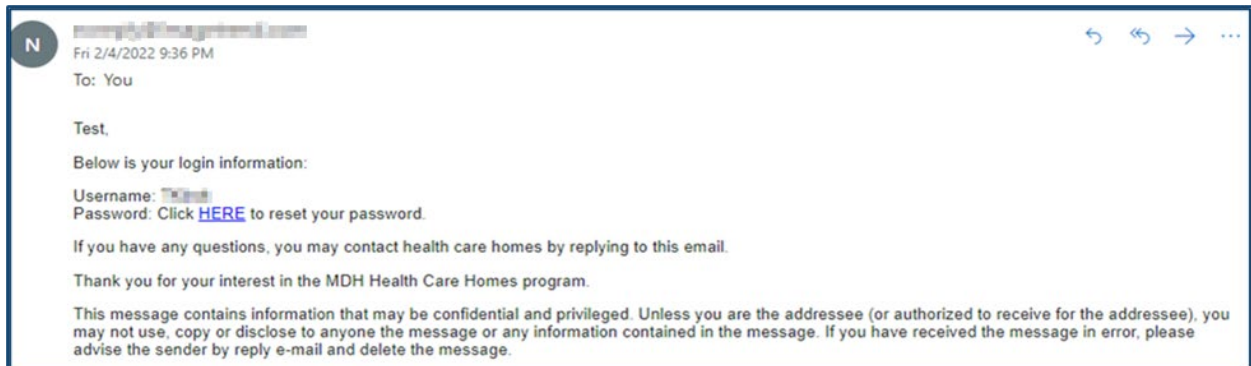
Email [health.healthcarehomes@state.mn.us](mailto:health.healthcarehomes@state.mn.us).

Please include in the email request your:

- Name
- Title
- Organization
- work email address
- work phone number

### Establishing your account

Once your role within the organization is verified, you will receive an email from [noreply@mdhhch.imagetrendlicense.com](mailto:noreply@mdhhch.imagetrendlicense.com) with your username and a link to reset your password. Click that link and follow the instructions to set up a password.



## Reset Password

**Account Login**      **Reset Password**

**Password Requirements:**

- Password must be at least 8 characters long.
- Password must contain at least 1 numeric character.
- Password must contain at least 1 uppercase character.
- Password must contain at least 1 of these special characters: (!@#\$%^&\*()?)
- Password cannot match username.
- Password cannot match any of your last 24 passwords.

**Username:**

**\*New Password:**

**\*Re-Enter Password:**

**Submit**

## Logging into the system

In the future, you can log in by going to: <https://hchcert.mn.gov/lms/public/portal#/login> and entering your username and password. Keep both in a secure location for future use.

**Account Login**

Welcome to the Minnesota Department of Health - Health Care Homes online certification system.

Please read each of the options carefully before continuing:

**RETURNING USERS:** Please enter your name and password below. If you forgot your User Name and/or Password select the appropriate button below and follow the instructions.

Do not create a new account if you already have one. If you forgot your username and/or password click the link for reset instructions.

An online Portal User Guide is available for step-by-step instructions while completing this online application.

If you have any questions, we are here to help. Please contact Health Care Homes at [health.healthcarehomes@state.mn.us](mailto:health.healthcarehomes@state.mn.us)

**Login**

Username

Forgot Username?

Password   Show

Forgot Password?

**Login**

## Logging out of the system

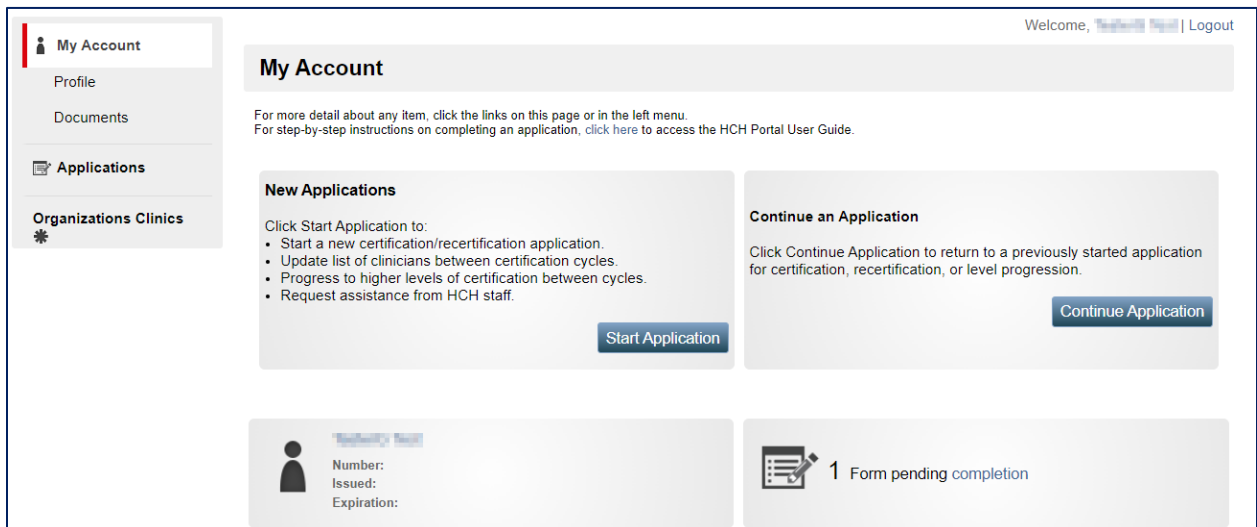
Click on “Logout” in the upper right of the screen.



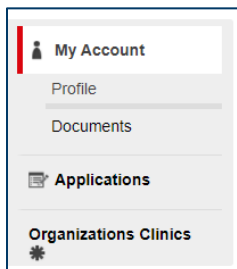
## Navigating in the HCH Portal

### My Account

The first screen you will see when you successfully log in for the first time is **My Account**- or the main landing page.



Let's start by looking at the **navigation buttons** under **My Account** on the left side of your screen. These are tools to take you everywhere you need to go within the portal! A screen shot will follow each description, here are the navigation options.



## Profile

**Profile** contains your account **demographics**; you may change your email address or add your phone number in this area. You may recognize this as the first page you saw when you set up your account after entering a password.

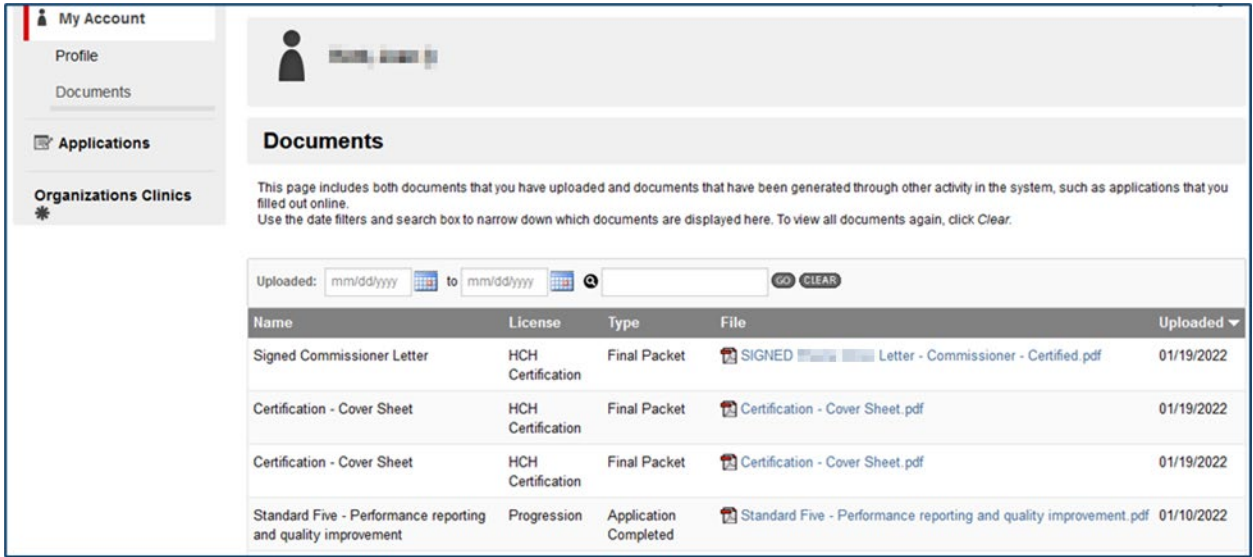
The screenshot shows the 'My Profile' page. On the left is a navigation menu with 'My Account' (selected), 'Applications', and 'Organizations Clinics'. The main content area has a header 'My Profile' and a sub-header 'Demographics'. Below this are two sections: 'Account Demographics' and 'Contact Information'. The 'Account Demographics' section includes fields for First Name, Middle Name, Last Name, Preferred Name, PIN, and a 'Disregard this field' section with a 'Show SSN' checkbox. The 'Contact Information' section includes an 'Email' field and a 'Work Phone' field with a 'Preferred' checkbox. At the bottom, there are buttons for 'Save', 'Reset Password', and 'Back'.

## Documents

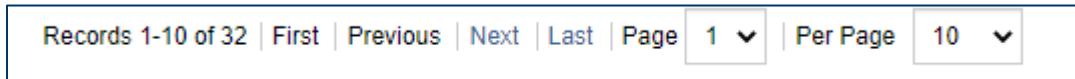
**Documents** allows you to see all forms and documents that you have submitted for your organization.

The screenshot shows the 'Documents' page. On the left is a navigation menu with 'My Account', 'Documents' (selected), 'Applications', and 'Organizations Clinics'. The main content area has a header 'Documents' and a sub-header. Below this is a search box with date filters and a 'GO CLEAR' button. Below the search box is a table with columns for Name, License, Type, File, and Uploaded. The table currently shows 'No Records'. At the bottom, there is a pagination control showing 'Records 0-0 of 0' and a 'Per Page' dropdown set to 10.

While this will indicate 'No Records' until you begin completing an application, once you begin the certification process you will see all the documents available for viewing in this section. Note you can sort them by the date they were uploaded (far right column) for ease of access.

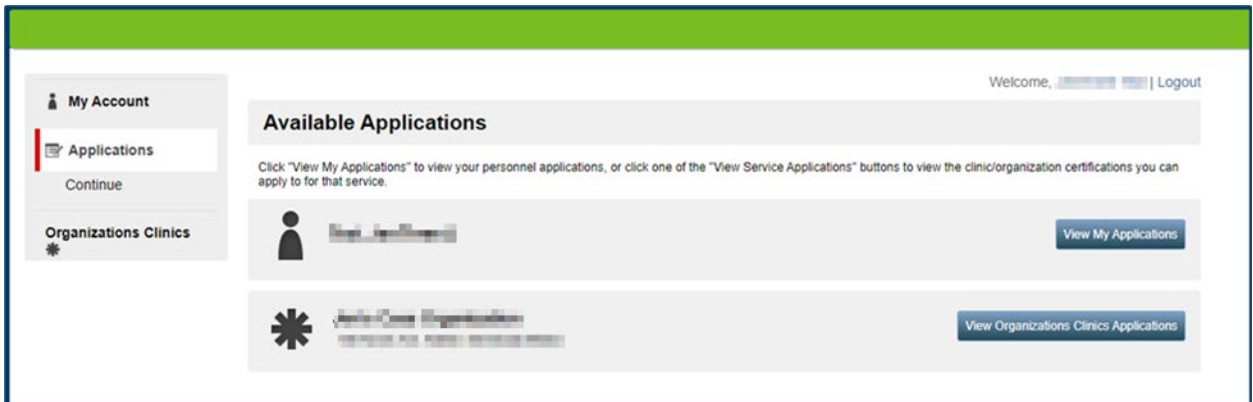


Be sure to utilize the **Records** manager at the bottom of the page when there are more than 10 documents.

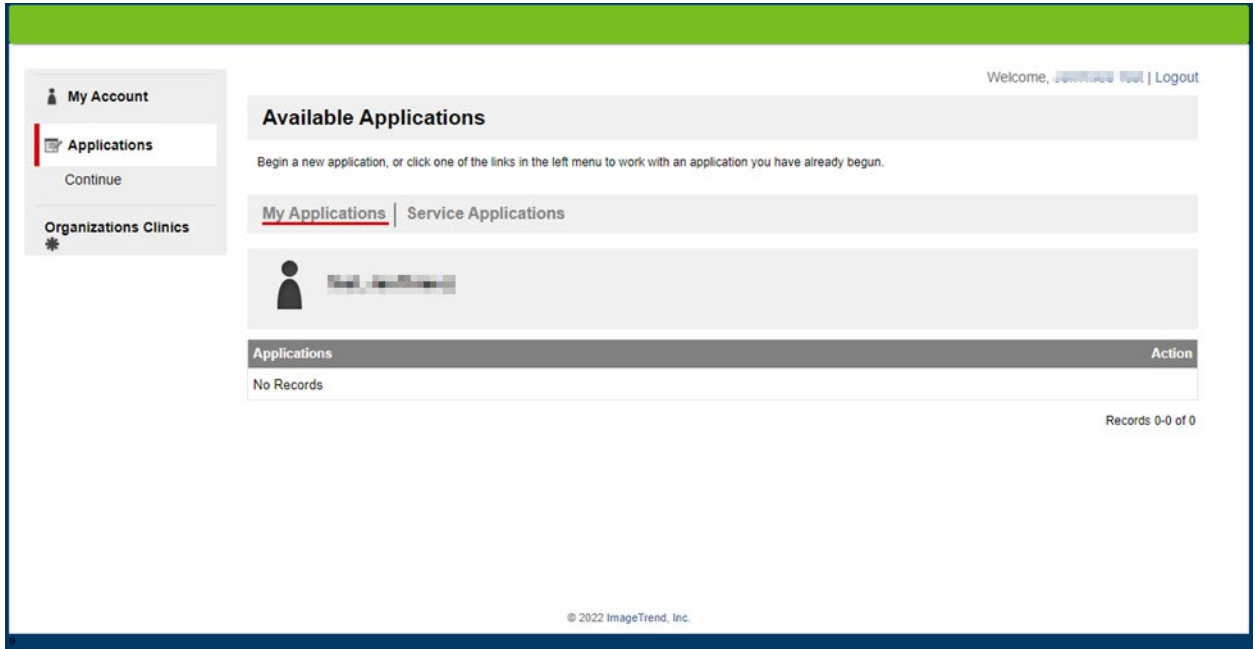


## Applications

**Applications** is for viewing applications in progress or starting new ones. Notice the red line next to **Applications** in the navigational tools is telling you where you are in the portal.

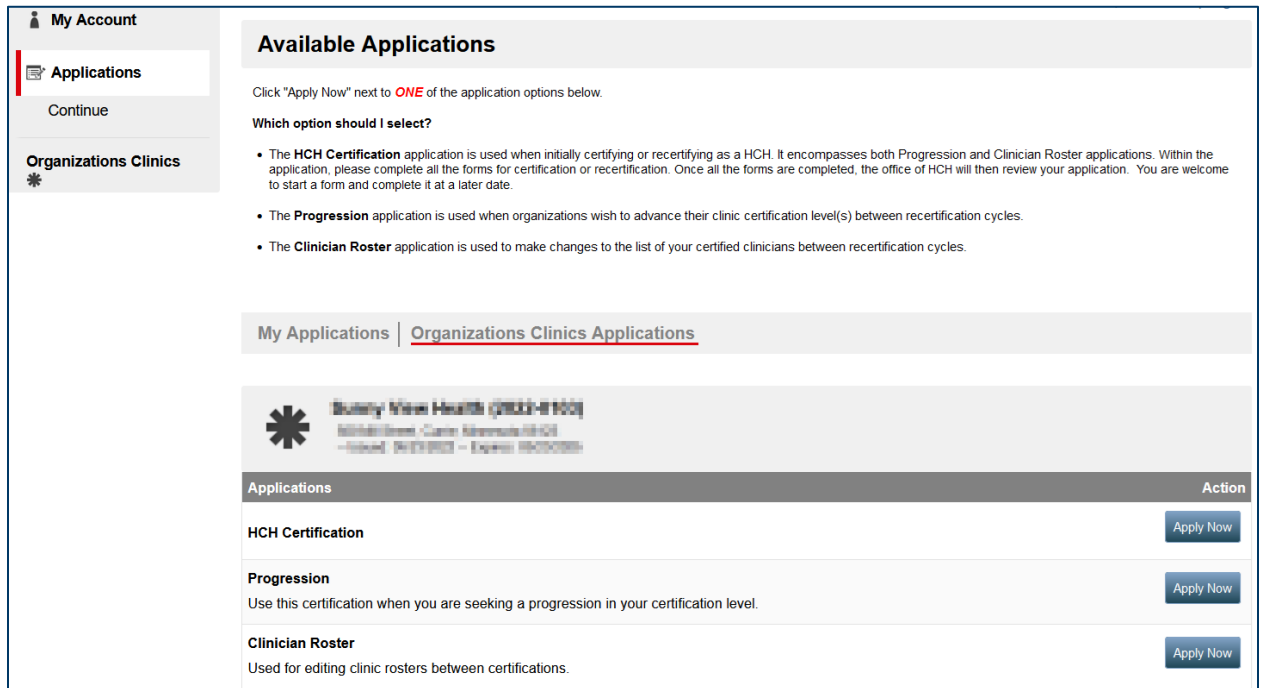


On this page, there are two blue buttons on the right side of the screen. **View My Applications** is where *your* applications will be accessible to you in the future. If you have not yet completed an application, this will simply state **No Records** under the **Applications** heading, like this:



Notice the red lines continue to indicate where you are, in this case in **Applications** (red line on the left) and in **My Applications** (red line center left).

If you click **Applications** on the left navigational bar next to the red line, it will take you back to the **Applications** main page with the two blue buttons. This time, click on the second blue button, **View Organizations Clinics Applications** to see your organizations applications for HCH Certification:

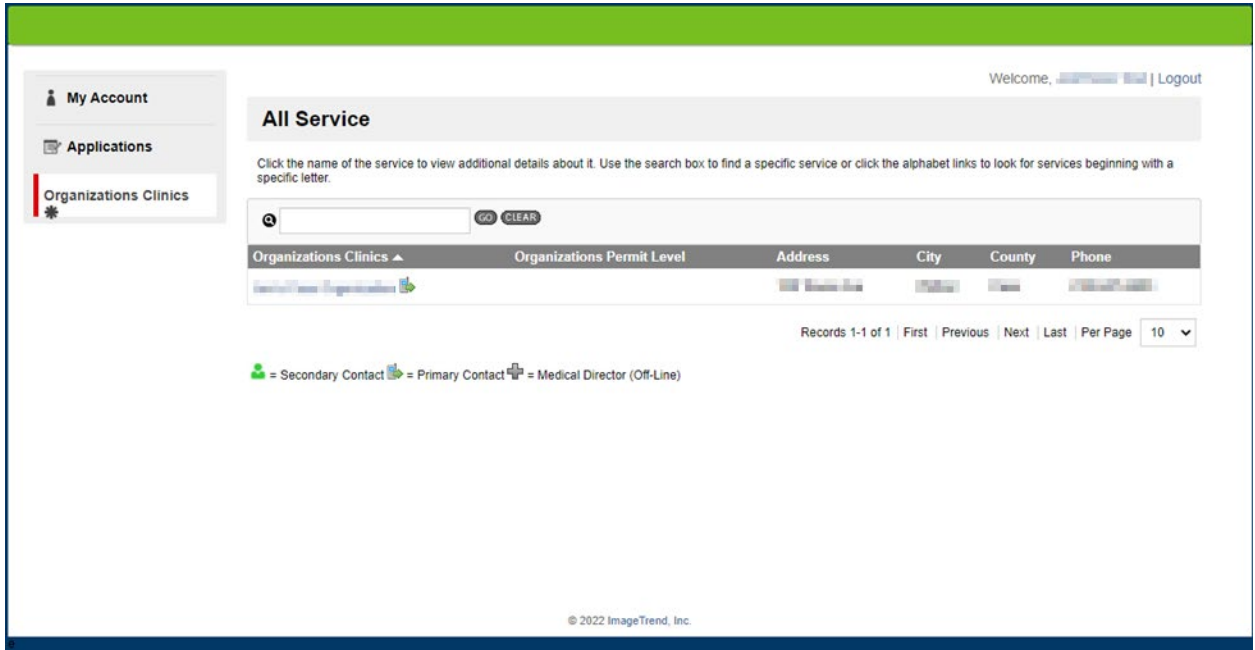




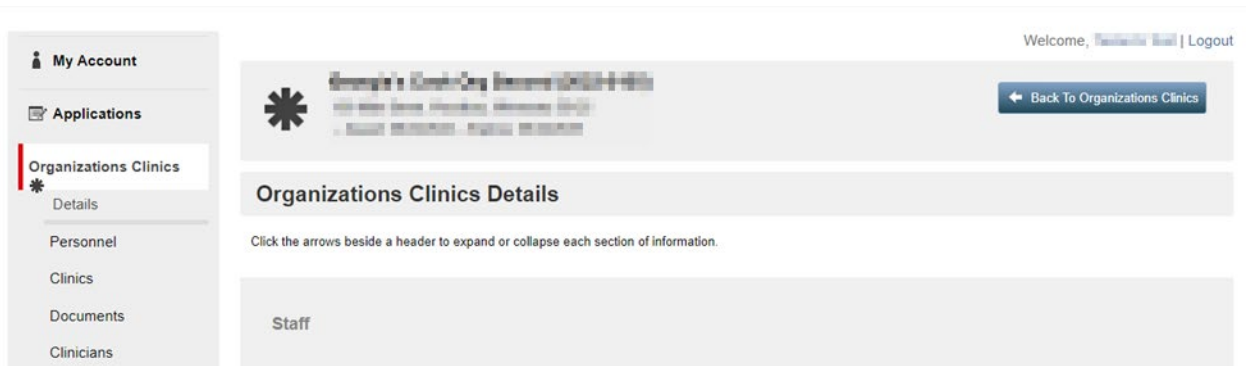
While this screen shot shows there are no applications to view, you do have the opportunity to **Apply Now** (see blue buttons on the bottom right). If you were to select this button, you could start the application process. Before we do, let's look at the last navigational tool on the left.

## Organizations Clinics

**Organization Clinics** is where your specific organization is listed, noted in blue below.



When you click on your organization name, you will see the following pertinent information:



- **Details** - Details regarding your clinic and HCH certification status, issued and expiration dates.
- **Personnel** - - Contains a listing of your HCH contacts. For changes to this content, please contact the HCH staff at [Health.HealthCareHomes@state.mn.us](mailto:Health.HealthCareHomes@state.mn.us) and they will make the needed edits to this information.
- **Clinics** - Lists clinics. For changes to this content, please contact HCH staff at [Health.HealthCareHomes@state.mn.us](mailto:Health.HealthCareHomes@state.mn.us).

- **Documents** - Allows you to see all submitted forms and documents for your organization, including those submitted by personnel other than yourself.
- **Clinicians** - Lists HCH clinicians for this organization For changes to this content, please use the Clinician Roster application. See pp 42-43 for further instructions.

## Starting an Application or Continuing an Application

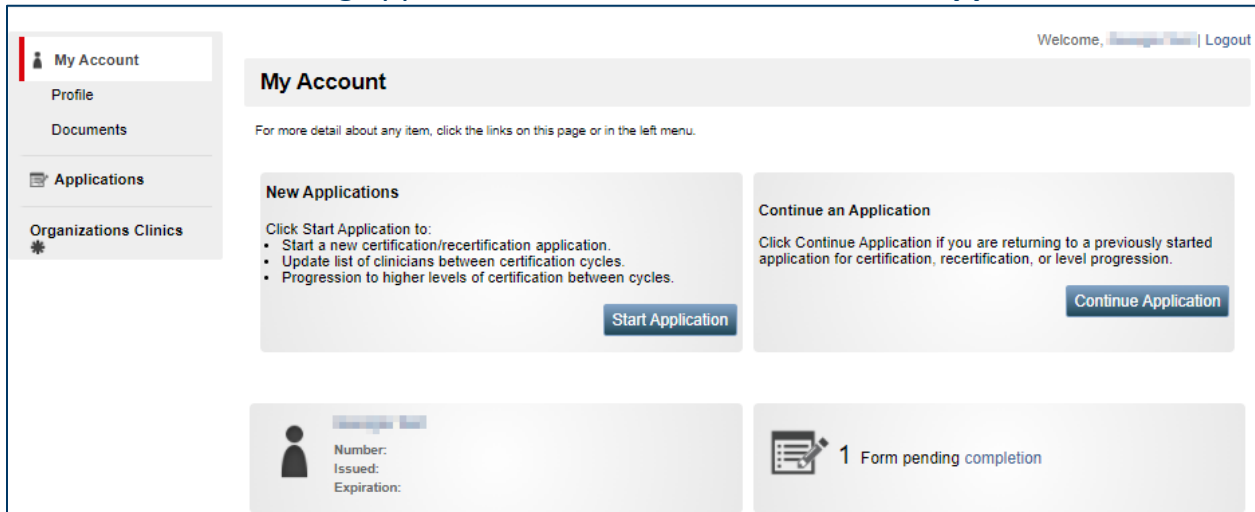
You can click on **My Account** or **Applications** to start or continue an application for Health Care Homes certification or recertification. Recertification may begin up to 6 months prior to the certification end date.

An organization can request access to the portal for as many individuals as they deem appropriate. However, it is important to note that the individual from an organization who starts the application is the only person who can continue, edit and submit that application. Other individuals can view submitted forms and uploaded documents, but the person who starts the application process is responsible for completing and submitting all required forms. Once the application is submitted and the certification or recertification process is complete, any individual from the organization can begin the next application.

### Under My Account

Here is the screen shot of **My Account**, or landing page, which we looked at earlier. Rather than focusing on the navigational buttons on the left, check out the top two of four boxes in the center of your screen: **New Applications** and **Continue an Application**.

To continue an existing application, select the blue **Continue Application** button.



To start a new application, select the blue **Start Application** button.

When **Start Application** is clicked, you will see the following screen. Click "Apply Now" next to **ONE** of the application options. In this example, click the blue **Apply Now** button for **HCH Certification**.



## General information about completing an application

The following sections contain important, general information regarding the functions and features of the portal. Great intention has been made to reduce any duplicity while keeping the process streamlined and efficient.

Throughout the application, any item with a **red \*** asterisk is required in all instances.

### Application Sections or Standards

The HCH certification and recertification application has seven forms to be completed and submitted:

- Organization Demographics
- Standard One
- Standard Two
- Standard Three
- Standard Four
- Standard Five
- Attestation and Submission

PLEASE NOTE: the other forms will not be visible to you until you have completed and submitted **Organization Demographics**.

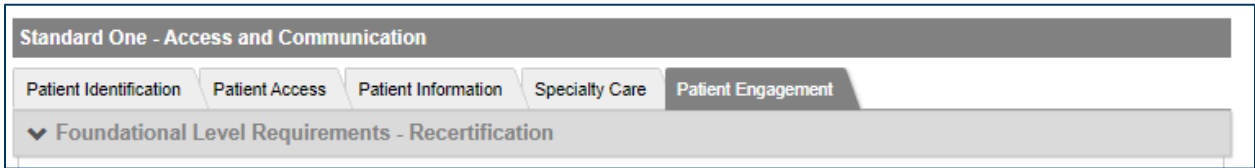
### Section or Standard Tabs

Each form within the application will have tabs across the top, under the form's title. The portal process will automatically start you at the first tab. In the example below it is **Organization Information** under the form title, **Organization Demographics**. Each tab will contain a varied number of questions. Those with a red \* require an answer.

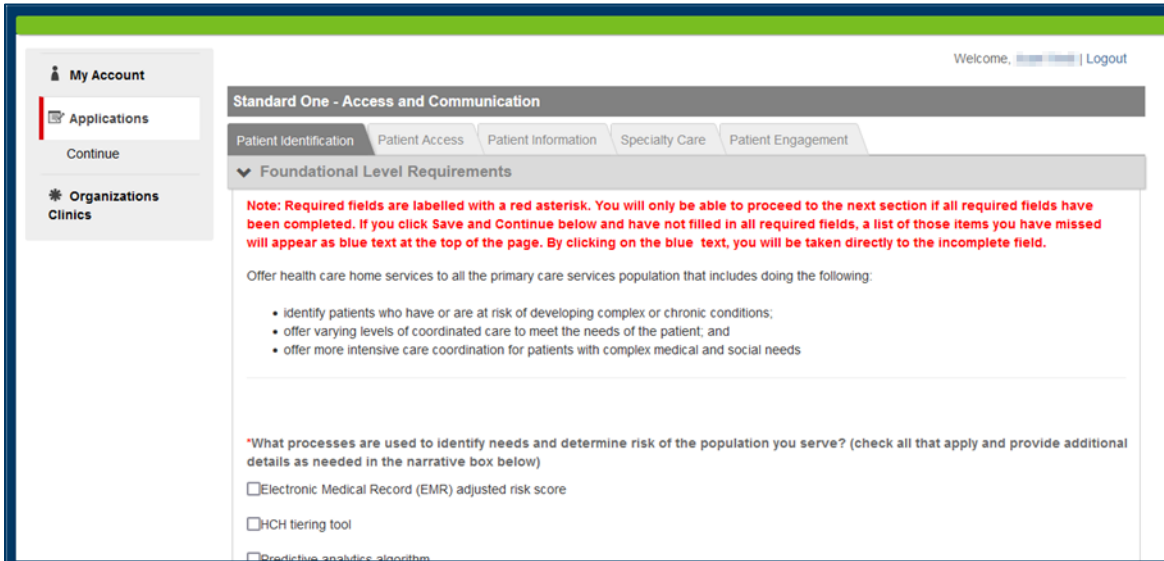


Specific to the Standards 1 through 5 forms, the title on each tab reflects one or more requirements.

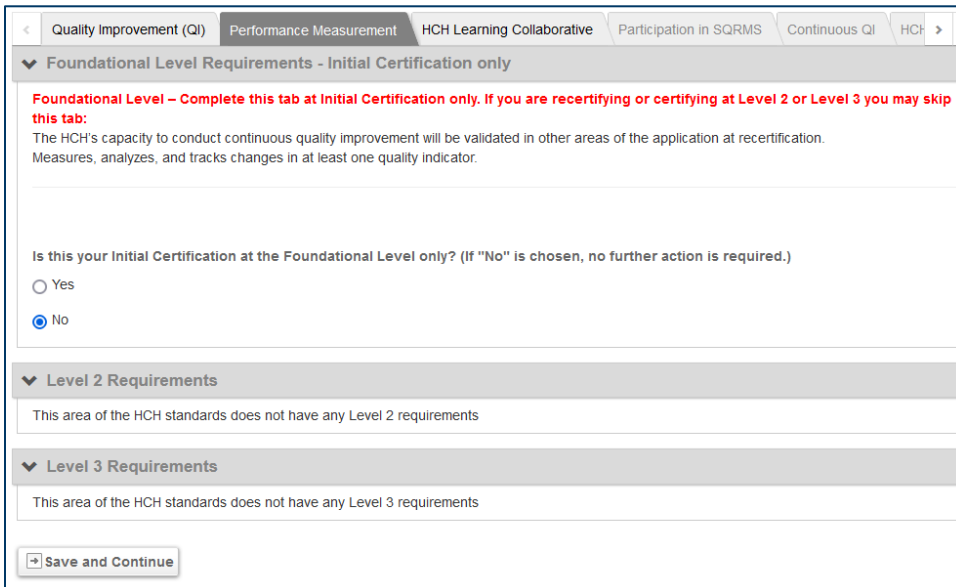
For example, Standard One is **Access and Communication**. The tabs within this form are **Patient Identification, Patient Access, Patient Information, Specialty Care** and- for recertification and those certifying at an advanced level- **Patient Engagement**:



While you are answering the questions in each tab, note that important information will be in **red** throughout the application. Please read it carefully as it will provide direction and clarification.



The portal will guide you throughout. Here is another example in the Performance Measurement tab where instructions in **red** alert users to a unique instance in this requirement:



## “Save” and “Save and Continue”

When you have answered all the questions within a tab, you will see two options at the bottom, “Save” and “Save and Continue”:

Name	Street 1	Street 2	Postal Code	City	County	State	Phone	Clinic NPI	Federal Tax ID	Certification Level
✓ Jerry Walker (New)	1811 Walnut Blvd		76004	Wesley	Texas	Northwest	817-821-1100	14-0000000000	0000000000	
✓ Jerry Walker (New)	1811 Walnut Blvd		76004	Wesley	Texas	Northwest	817-821-1100	14-0000000000	0000000000	

**EMR**

\*Do you use an electronic medical record (EMR)?

Yes

No

\*if yes, what is the name of your EMR?

EPIC

If you select “Save and Continue” when you finish a tab, it will take you to the next tab of the form.

My Account

Applications

Continue

Organizations

Clinics

Welcome, [User Name] | Logout

**Organization Demographics**

Organization Information | **Organization Demographics** | Primary Care Team | Other PCMH Accreditation | Additional Forms

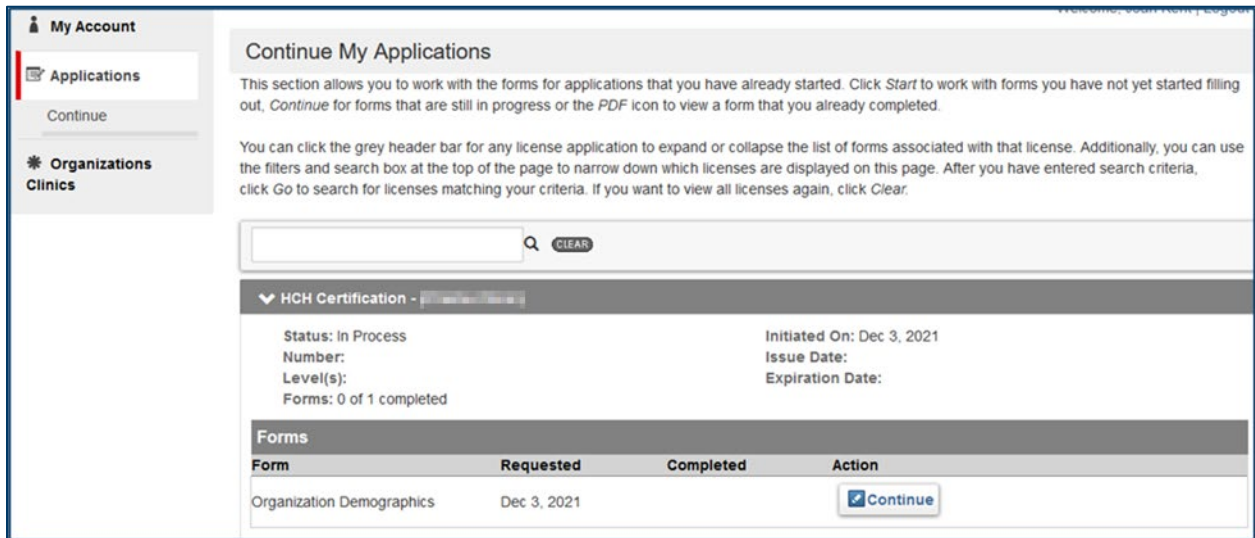
Demographics

Demographics of the patient population receiving primary care services (reported at the organizational level, does not need to be broken down by each clinic): age, race, ethnicity, language, and payer

You can also select **Save**, which will save all the information you have entered, keep you on that page, and allow you to review your answers. This also gives you the option to leave and return to the form later. You can return to a form by using your navigation buttons on the left.

Option 1: Click **My Account** and then **Continue Application**.

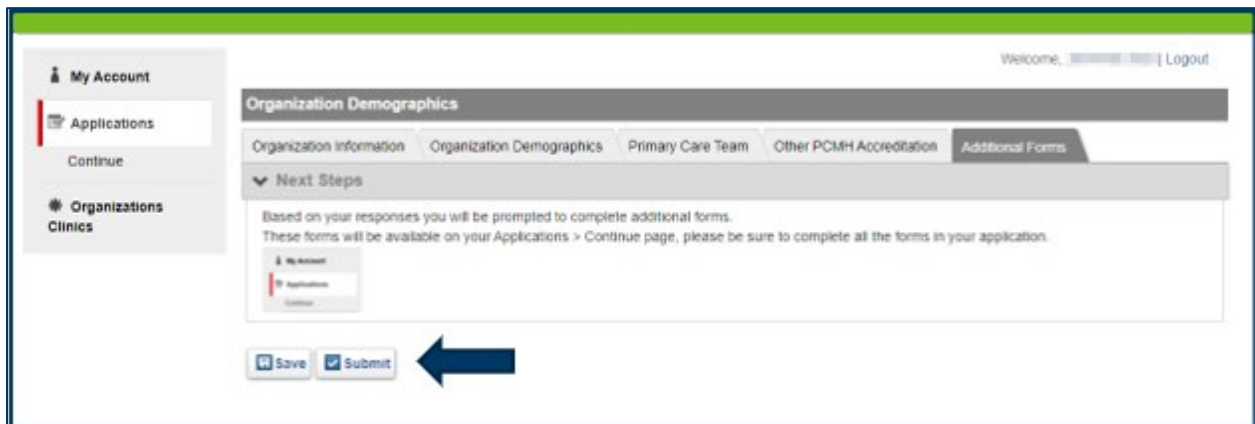
Option 2: Select **Applications** on the left and then click **Continue** immediately below it:



Once this screen appears, you can click **Continue** in the bottom right and be back where you left off!

### Submitting a Form

If any questions were left unanswered, you will still be allowed to progress to the other tabs within the form, but you cannot submit the form until every required question has been answered. Note, the submit button is always located at the bottom of the final tab:



You can also go click on any tab to review, change or answer the questions on that page prior to submitting the form.

If you click **Submit**, but have not answered all required questions within each tab, you will receive a message that indicates the **Validation Failed**, and where answers are missing:

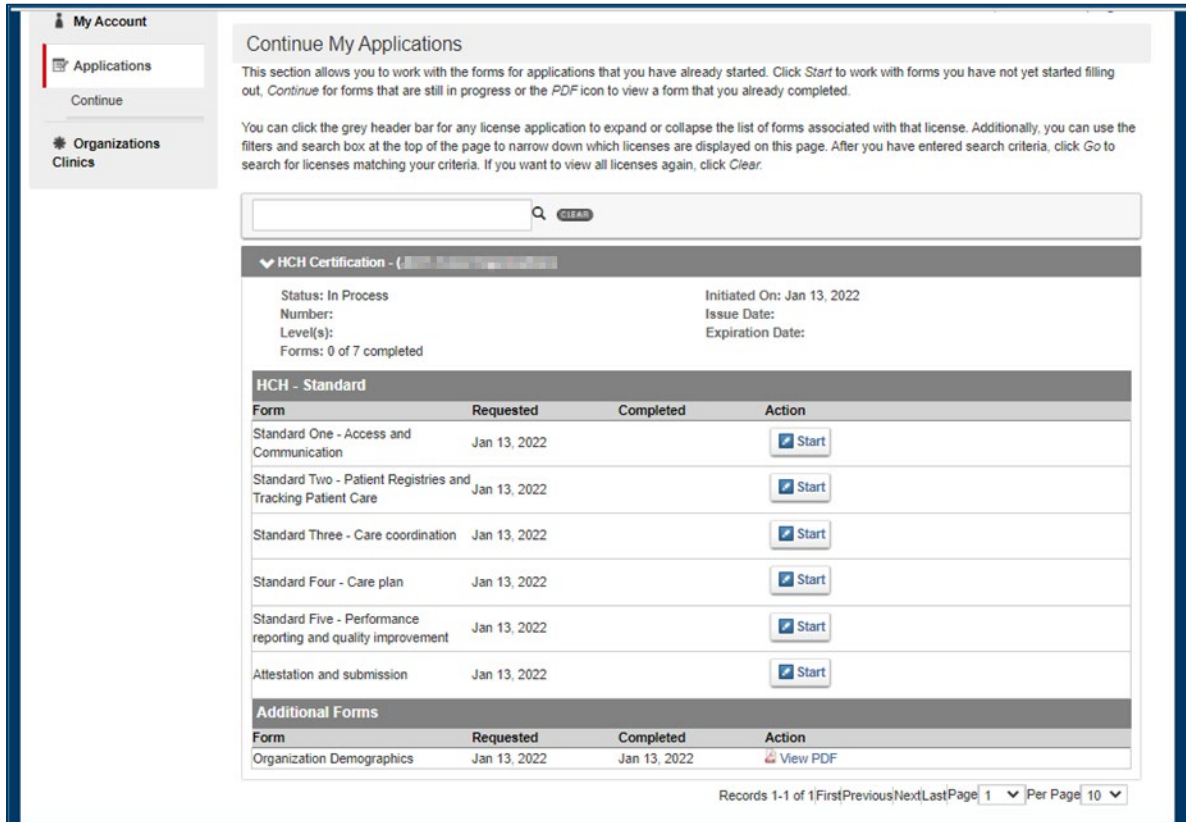
The above example indicates the question, ‘The primary care team includes (check all that apply)’ was not answered. Simply click on the blue words, and it will take you to the tab needing more information.

Once a form is submitted, it is locked. If you need to make a change on a submitted form, please contact the HCH support staff [Health.HealthCareHomes@state.mn.us](mailto:Health.HealthCareHomes@state.mn.us) as they can reopen the needed form for you to edit. You will need to click **Submit** again once you have completed the necessary edits if the document has been reopened for you.

### Starting the Next Form

Once all information requested has been provided, and the **Submit** button is clicked successfully, the portal will bring you back to **Continue My Application**. The red line on the left indicates you are still in **Applications**. Under **HCH Certification** in the center of the screen, it indicates the application is **In Process**. Under **HCH-Standard** is a list of the forms, that need to be completed. Under **Additional Forms** is a list of those that have been completed, including the Organizational Demographics we just finished!

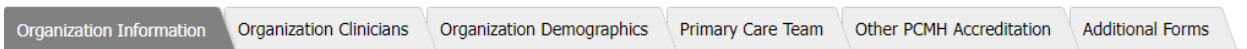




Once a section or Standard is complete, it is available as a PDF for you to open, review and or print. To open a form and begin documentation for each standard, click on the associated **Start** button. Standards may be completed in any order. The **Attestation and submission** document should be the *last* form to be completed as that will alert the HCH staff that you are finished with your application.

## Application in Action

To demonstrate the streamlined and efficient application process, the following contains a step-by-step process of the application in action. Here is how the first form is completed. The first form of the application is **Organization Demographics** where you may add additional clinics, indicate who is on your primary care team and if you have another national patient centered medical home accreditation.



## Organization Information

Verify your organization’s information and add individual clinics if they are not already listed.

This screenshot shows the 'Organization Demographics' section of the HCH Portal. The page includes a navigation sidebar on the left with 'My Account', 'Applications', and 'Organizations Clinics'. The main content area has a header 'Organization Demographics' and a sub-header 'Organization Demographic'. Below this, there are several input fields: 'Organization Name', '\*Organization NPI', '\*Primary Street Address', 'Primary Street Line 2 (I.e. Apt#)', and '\*Primary Zip Code'. A 'Lookup' button is located next to the zip code field. The top right corner of the page shows a 'Welcome' message and a 'Logout' link.

This screenshot shows a form titled '\*Do you need to add additional clinics?'. It features two radio button options: 'Yes' (which is selected) and 'No'. Below the radio buttons are three text input fields labeled 'Name', 'Street 1', and 'Street 2'.

This screenshot shows two sections of the form. The first section is titled 'Federal Tax ID' and contains a text input field, a red 'Remove' button, and a green '+ Add Another' button. The second section is titled 'EMR' and contains a question '\*Do you use an electronic medical record (EMR)?' with two radio button options: 'Yes' and 'No'.

## Adding Clinics

Eligible clinics may be already entered by HCH staff based on the information we have on record for your organization.

- You may add clinics as appropriate.
- To edit or delete clinic information, please contact HCH staff.

**\*Primary Phone**

123 456 7890

**\*Do you need to add additional clinics?**

Yes

No

---

**▼ EMR**

**\*Do you use an electronic medical record (EMR)?**

Yes

No

**\*if yes, what is the name of your EMR?**

Epic

If you indicate you need to add additional clinics, a screen will open below, and you will be asked to enter the clinic’s demographic information including **Clinic NPI** and **Federal Tax ID**. You may add as many clinics as you wish from this screen.

**\*Do you need to add additional clinics?**

Yes

No

**Name**

Second clinic name

**Street 1**

Street address

**Street 2**

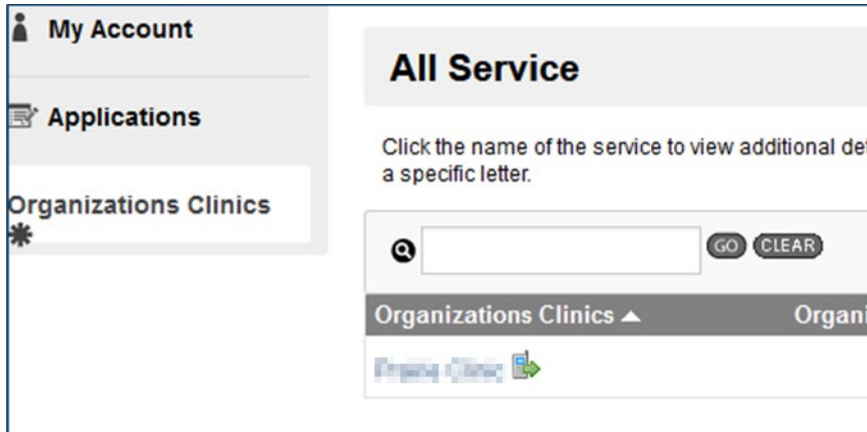
**Postal Code**

99999

**City**

City name

Reminder: An organization applying for HCH certification will have details and clinics listed under the **Organization Clinics** navigational tab in the left-hand margin. Simply click on the organization's name highlighted in **blue** to see:



## Organization Clinicians

Update your organization clinicians by uploading an excel file.

- Click the "Download Clinicians Roster" button to obtain an excel file of previously uploaded clinicians.
- Click the "Import Clinicians Roster" button to upload an excel file of HCH eligible clinicians.

Edit the list so that it reflects the current clinicians practicing as part of the certified Health Care Home clinics.

- **Remove clinicians no longer practicing in certified HCH Clinics by deleting their clinician information (delete the entire row).**
- **Add new clinicians, including the following clinician information. Please highlight new clinicians in yellow.**

When importing an excel file, please include the following clinician information:

- column A: First Name
- column B: Last Name

- column C: Clinician Credential [MD, DO, PA, NP, CNM]
- column D: Clinician Specialty [Family Medicine, Internal Medicine, Pediatrics, Med Peds, Geriatric Medicine, Other (specify)]
- column E: Other Clinician Specialty – may be left blank
- column F: Clinician NPI
- column G: Certification Begin Date - for any new clinicians, please add their official start date at your organization
- column H: Certification End Date – this date will be the certification end date.

## Organization Demographics

The next tab goes by the same name as the form. It asks an estimate of the organization’s patient population. Complete with your best estimate if exact data is not available.

The screenshot shows a web form titled "Organization Demographics" with several tabs: "Organization Information", "Organization Demographics" (selected), "Primary Care Team", "Other PCMH Accreditation", and "Additional Forms". Under the "Demographics" section, there is a description: "Demographics of the patient population receiving primary care services (reported at the organizational level, does not need to be broken down by each clinic): age, race, ethnicity, language, and payer". Below this, there is a section for "Estimate Age Distribution" with the instruction "Please put a percentage for each age distribution. This should total to 100%". The form contains four input fields for age groups: "Age: 0-17" (20%), "Age: 18-64" (48%), "Age: 65 +" (30%), and "Unknown" (2%). At the bottom, there is a section for "Estimate Race Distribution" with the instruction "Please put a percentage for each race distribution. This should total to 100%".

## Primary Care Team

Primary care team members of any certifying clinic’s care team are identified in the third tab.

The screenshot shows the 'Organization Demographics' section with the 'Primary Care Team' tab selected. The left sidebar contains 'My Account', 'Applications', and 'Organizations Clinics'. The main content area has tabs for 'Organization Information', 'Organization Demographics', 'Primary Care Team', 'Other PCMH Accreditation', and 'Additional Forms'. Under the 'Primary Care Team' tab, there is a description: 'A clinic or clinician that provides primary care services and is supported by a care team and systems to meet standard'. Below this is a list of roles with checkboxes: Physician, Nurse Practitioner/Advanced Practice Nurse, Physician Assistant, Registered Nurse, Social Worker, Licensed Practical Nurse, Community Health Worker, Medical Assistant, Care Coordinator, Registration Staff, Scheduling Staff, Referral Staff, Pharmacist, Behavioral Health Professionals, and Other (briefly describe).

The tabs that are completed and saved appear darker in print. You may go back and review from the first tab or click on the last completed tab (darker print) and press save and continue at the bottom to begin the unfinished tabs.

The screenshot shows the 'Organization Demographics' section with the 'Other PCMH Accreditation' tab selected. The left sidebar is the same as in the previous screenshot. The main content area has tabs for 'Organization Information', 'Organization Demographics', 'Primary Care Team', 'Other PCMH Accreditation', and 'Additional Forms'. Under the 'Other PCMH Accreditation' tab, there is a question: 'Other PCMH accreditation or certification the organization currently has'. Below this is a question: '\*Do you have another form of Patient Centered Medical Home (PCMH) certification, recognition, or accreditation?'. There are two radio button options: 'Yes' and 'No'. The 'No' option is selected. At the bottom, there are two buttons: 'Save' and 'Save and Continue'.

### Other Patient Centered Medical Home Accreditation

If your organization has other national Patient Centered Medical Home (PCMH) certification, recognition, or accreditation, indicate this and you may be directed to a unique pathway designed to give credit for that. See NCQA Deeming Pathway below.

The screenshot shows the 'Organization Demographics' form with the 'Other PCMH Accreditation' tab selected. The form contains the following elements:

- Left Sidebar:** 'My Account' (with a user icon), 'Applications' (with a document icon and a 'Continue' button), and 'Organizations Clinics' (with a star icon).
- Form Header:** 'Organization Demographics' with sub-tabs: 'Organization Information', 'Organization Demographics', 'Primary Care Team', 'Other PCMH Accreditation', and 'Additional Forms'.
- Section:** 'Other PCMH Accreditation' (with a dropdown arrow).
- Text:** 'Other PCMH accreditation or certification the organization currently has'.
- Question:** '\*Do you have another form of Patient Centered Medical Home (PCMH) certification, recognition, or accreditation?' with radio buttons for 'Yes' (selected) and 'No'.
- Text:** '\*If so, what type?' with radio buttons for 'National Committee for Quality Assurance (NCQA)' (selected) and 'Other (briefly describe)'.
- Buttons:** 'Save' and 'Save and Continue' at the bottom.

If you check “no” then you will be brought to the last tab **Additional Forms**.

This close-up shows the question: '\*Do you have another form of Patient Centered Medical Home (PCMH) certification, recognition, or accreditation?' with the 'No' radio button selected. Below the question are 'Save' and 'Save and Continue' buttons.

## Additional Forms

The **Additional Forms** tab is where you will submit the entire **Organization Demographics** form.

The screenshot shows the 'Additional Forms' tab selected in the 'Organization Demographics' form. The form contains the following elements:

- Form Header:** 'Organization Demographics' with sub-tabs: 'Organization Information', 'Organization Demographics', 'Primary Care Team', 'Other PCMH Accreditation', and 'Additional Forms' (selected).
- Section:** 'Next Steps' (with a dropdown arrow).
- Text:** 'Based on your responses you will be prompted to complete additional forms. These forms will be available on your Applications > Continue page, please be sure to complete all the forms in your application.'
- Thumbnail:** A small version of the 'My Account' sidebar with 'Applications' and 'Continue' button.
- Buttons:** 'Save' and 'Submit' at the bottom.

Once the Organization Demographics form is submitted, you will notice the HCH standards are available for completion. You may save your work and return to a form at any time. If you leave the form or portal, you may access your assigned forms by clicking on **My Account** and click **Continue Application**. Standards 1-5 Forms may be completed in any order. The application is complete once the

Organizational Demographics and all five standard forms are completed and submitted, and the **Attestation and submission** form is completed, signed, and submitted. Here is what you will see:

HCH Certification - (11/17/2021)			
Status: Submitted	Initiated On: Nov 17, 2021		
Number:	Issue Date:		
Level(s):	Expiration Date:		
Forms: 0 of 8 completed			
HCH - Standard			
Form	Requested	Completed	Action
Standard One - Access and Communication	Nov 19, 2021	Nov 19, 2021	View PDF
Standard Two - Patient Registries and Tracking Patient Care	Nov 19, 2021	Nov 19, 2021	View PDF
Standard Three - Care coordination	Nov 19, 2021	Nov 19, 2021	View PDF
Standard Four - Care plan	Nov 19, 2021	Nov 19, 2021	View PDF
Standard Five - Performance reporting and quality improvement	Nov 19, 2021	Nov 19, 2021	View PDF
Attestation and submission	Nov 19, 2021	Nov 19, 2021	View PDF
Additional Forms			
Form	Requested	Completed	Action
Organization Demographics	Nov 19, 2021	Nov 19, 2021	View PDF

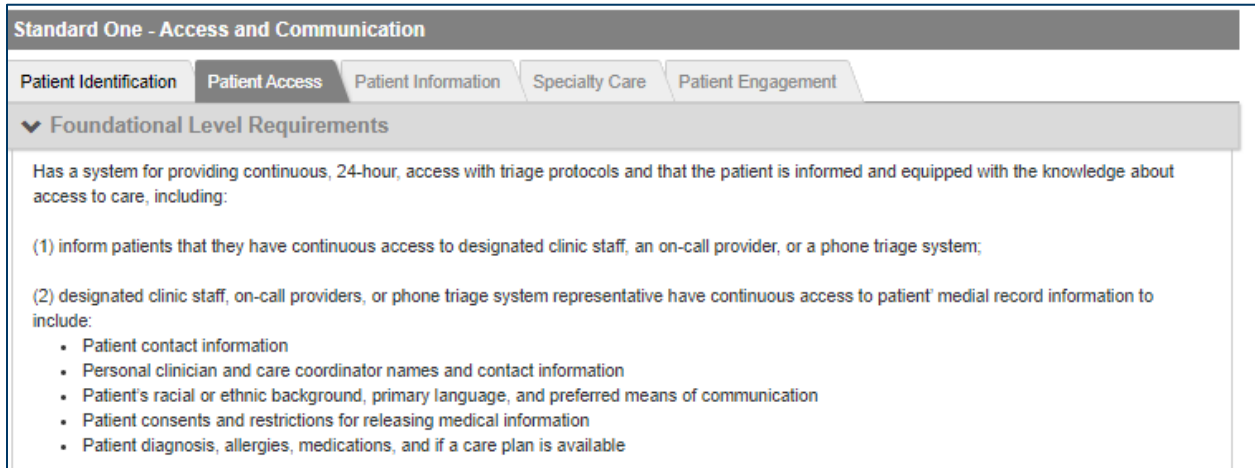
## Level Progression

The HCH program allows organizations to certify at one or more of the following levels: Foundational Level, Level 2, and Level 3. The following clarifies what documentation is required for each level. At the end of the application process, organizations will be asked to identify which clinics are certifying at each level. (See Attestation and Submission form)

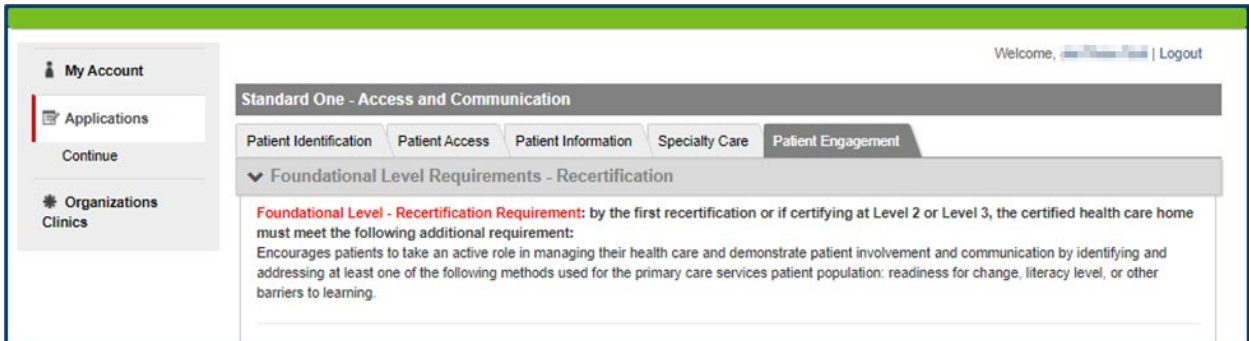
## Foundational Level

All applicants are required to complete **Foundational Level Requirement** questions within each tab of the Standards 1-5 forms. The questions related to Foundational Level certification will be the first questions within each tab:





Those who are certifying one or more clinic(s) at Level 2 or Level 3, or recertifying at any level, also need to complete the **Foundational Recertification Requirements**. These requirements will be found in the final tabs, within each form:



## Level 2

Organizations who would like to certify one or more clinic(s) at **Level 2** need to complete all the Foundational Level questions, Foundational Recertification questions, and those related to Level 2 requirements. These questions, if there are additional requirements for Level 2, will follow the Foundational and Foundational Recertification Level questions in each tab:

▼ Level 2 Requirements

**Progression to Level 2 also requires:**  
Include processes that identify information about social determinants of health and other factors affecting a patient's health and wellbeing to determine risk and manage patient care.

What criteria and/or screening processes have been implemented to include social determinants of health and other whole person health factors in determining risk and managing patient care (check all that apply and provide additional details as needed in the narrative box below)

- Mental health
- Substance/alcohol use
- Tobacco use
- Food insecurity
- Housing instability
- Transportation barriers
- Socioeconomic factors (e.g. employment, income, education, health insurance)
- Safety/security
- Lifestyle factors/behaviors effecting health

If you are *not* planning to certify one or more clinics at an advanced level, you can leave those questions blank.

### Level 3

Organizations who would like to certify one or more clinic(s) at **Level 3** will need to complete all Foundational, Foundational recertification, Level 2 and Level 3 questions. If there are questions within a tab on any of the forms, they will be the final questions listed:

▼ Level 3 Requirements

**Progression to Level 3 also requires:**  
Communicate and share about work on population health improvement and elicit feedback from team members, other staff, and community members.

Do the communication mechanisms used to share about and elicit feedback from staff about quality improvement and advancing health equity work intentionally include work on population health improvement?

Yes  
 No

Do the communication mechanisms used to share about quality improvement work with patients/families/community members intentionally include work on population health improvement?

Yes  
 No

If another mechanism(s) is used to share about population health improvement, or to provide opportunities for feedback/input, briefly describe or list the other communication processes Stan5D8

Tabs may not have additional requirements for Level 2 or Level 3. If not, this is what you will see:

If you begin the application process anticipating certifying all clinics at the Foundational Level, and then realize one or more clinic(s) meet the requirements for an advanced level, you can update your application. If you have not yet submitted each form, you can go back in and add the required information. If you have submitted your forms, reach out to your HCH support staff to get those unlocked.

Throughout the application, any item with a **red \*** asterisk is required in all instances:

If you have forgotten items required for Level 2 or Level 3 certification or recertification, your assigned HCH staff will reach out to you to obtain the required information.

## Uploading Stories and Other Documents

Documents may be uploaded into the Portal in the following formats:

.BMP, .doc, .docx, .htm, .jpeg, .jpg, .pdf, .jpeg, .png, .rft, .rtx, .tif, .txt, .xlsx, .xls

PowerPoint files need to be converted to PDFs prior to upload.

Upload patient stories (optional) - We welcome success stories from your staff and patients regarding patient feedback.

Name

Document Type

Supporting Documents

If you upload a document, you will be required to provide a name of that document. The name may be anything of your choosing that would describe what you uploaded.

\*2) Briefly describe the process OR upload a policy/procedure document that describes how your clinic offers documentation of any collaboratively developed patient-centered goals and action steps, including resources and supports needed to achieve these goals, to any patients who want to receive this information or for whom it may be a beneficial strategy to engaging them in their care

Describe the process

Upload

\*upload a policy/procedure document

HCH\_Care\_Plan\_Policy\_V22.doc

\*Name

Care Plan policy/procedure

Document Type

Supporting Documents

We encourage the sharing of staff and patient stories throughout the application process.

## Viewing Your Application

You can view your application progress by clicking **Applications** in the navigation area, and then selecting **Continue** immediately below takes you to this screen:

**Continue My Applications**

This section allows you to work with the forms for applications that you have already started. Click *Start* to work with forms you have not started, *Continue* for forms that are still in progress or the *PDF* icon to view a form that you already completed.

You can click the grey header bar for any license application to expand or collapse the list of forms associated with that license. Additionally, you can use the filters and search box at the top of the page to narrow down which licenses are displayed on this page. After you have entered search criteria, click *Go* to search for licenses matching your criteria. If you want to view all licenses again, click *Clear*.

Q CLEAR

▼ **HCH Certification - [Application Name]**

<b>Status:</b> In Process <b>Number:</b> <b>Level(s):</b> <b>Forms:</b> 0 of 7 completed	<b>Initiated On:</b> Nov 17, 2021 <b>Issue Date:</b> <b>Expiration Date:</b>
---	--

**HCH - Standard**

Form	Requested	Completed	Action
Standard One - Access and Communication	Nov 19, 2021	Nov 19, 2021	View PDF
Standard Two - Patient Registries and Tracking Patient Care	Nov 19, 2021	Nov 19, 2021	View PDF
Standard Three - Care coordination	Nov 19, 2021	Nov 19, 2021	View PDF
Standard Four - Care plan	Nov 19, 2021	Nov 19, 2021	View PDF
Standard Five - Performance reporting and quality improvement	Nov 19, 2021		<input checked="" type="checkbox"/> Continue
Attestation and submission	Nov 19, 2021		<input checked="" type="checkbox"/> Start

**Additional Forms**

Form	Requested	Completed	Action
Organization Demographics	Nov 19, 2021	Nov 19, 2021	View PDF

Note the above shows those forms which have been completed, ready to continue, and yet to be started.

## Attestation and submission

The final step to completion of the application is the completion of the **Attestation and submission** form. Information you would like to share with the HCH program that was not previously asked may be added at this time. It is signed with the same password that is used to sign into the HCH portal.

Page 1

▼ Attestation

Is there anything else that you would like to share with the HCH program that was not previously asked?

\_\_\_\_\_

\_\_\_\_\_

The eligible provider seeking health care homes certification or recertification has read and agrees to voluntarily:

- Meet all health care homes standards and criteria, and processes for certification and recertification.
- Accept the responsibility to orient new clinicians and staff to the health care home's care delivery approach
- Maintain policies and procedures that establish privacy and security protections of health information and comply with applicable privacy and confidentiality laws.
- Notify the Commissioner of the Minnesota Department of Health and the Health Care Homes program by written notice if he or she wishes to voluntarily surrender health care home certification.

All information provided in this application is complete, true, and accurate to the best of my knowledge.

Under the eligible provider's articles of incorporation, bylaws, or resolution of the board of directors, I am authorized to submit this application on behalf of the organization and bind it.

**\*Authorize**

Agree

Disagree

**\*Name**

\_\_\_\_\_

**\*Title**

\_\_\_\_\_

**\*eSignature (Enter password used to log into HCH portal)**

## Clinic level of certification

At the end of the Attestation and Submission form, you will be asked, "Which of the following best describes your organization?" You will then have the option to list or upload a document indicating which clinics are certifying at which level. Submit when completed.

\*Which of the following best describes your organization?

All of our clinics are certifying/recertifying at the Foundational level

At least one of our clinics is certifying/recertifying at Level 2

At least one of our clinics is certifying/recertifying at Level 3

Would you prefer to list which clinics are remaining Foundational, which will be progressing to Level 2, and which to Level 3? Or would you rather upload a document containing this information?

List

Upload

## The End!

## Completed Application

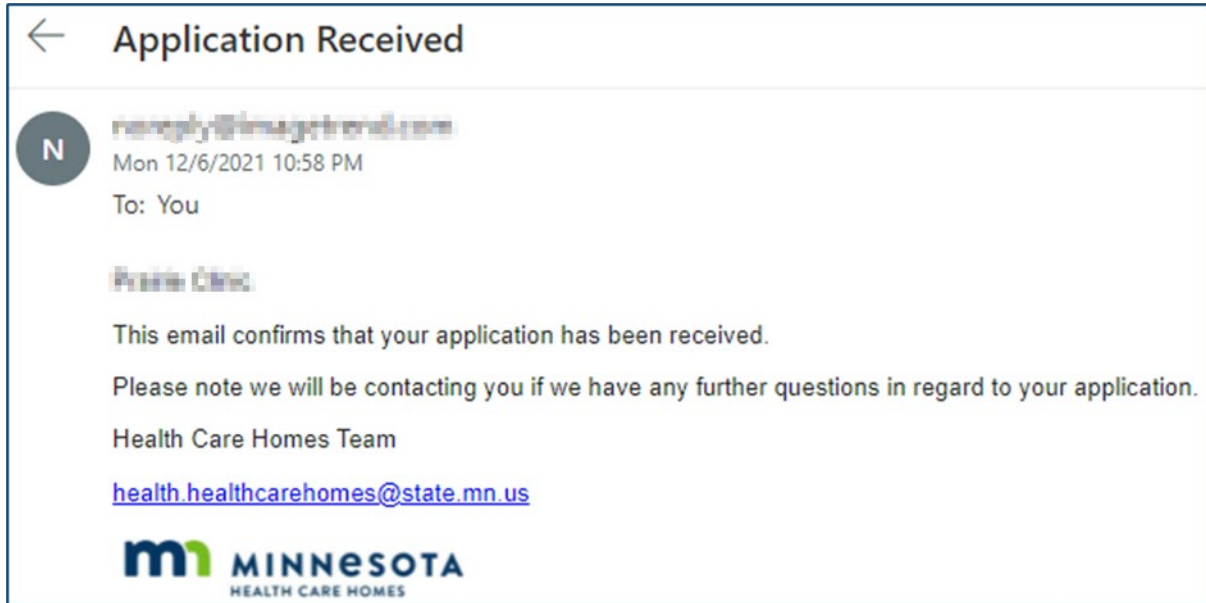
You will know all have been completed when you see the full list of forms completed, with the date noted, and available as a PDF:

HCH Certification - [Southern Bay]			
Status: Submitted	Initiated On: Nov 17, 2021		
Number:	Issue Date:		
Level(s):	Expiration Date:		
Forms: 0 of 8 completed			
HCH - Standard			
Form	Requested	Completed	Action
Standard One - Access and Communication	Nov 19, 2021	Nov 19, 2021	View PDF
Standard Two - Patient Registries and Tracking Patient Care	Nov 19, 2021	Nov 19, 2021	View PDF
Standard Three - Care coordination	Nov 19, 2021	Nov 19, 2021	View PDF
Standard Four - Care plan	Nov 19, 2021	Nov 19, 2021	View PDF
Standard Five - Performance reporting and quality improvement	Nov 19, 2021	Nov 19, 2021	View PDF
Attestation and submission	Nov 19, 2021	Nov 19, 2021	View PDF
Additional Forms			
Form	Requested	Completed	Action
Organization Demographics	Nov 19, 2021	Nov 19, 2021	View PDF

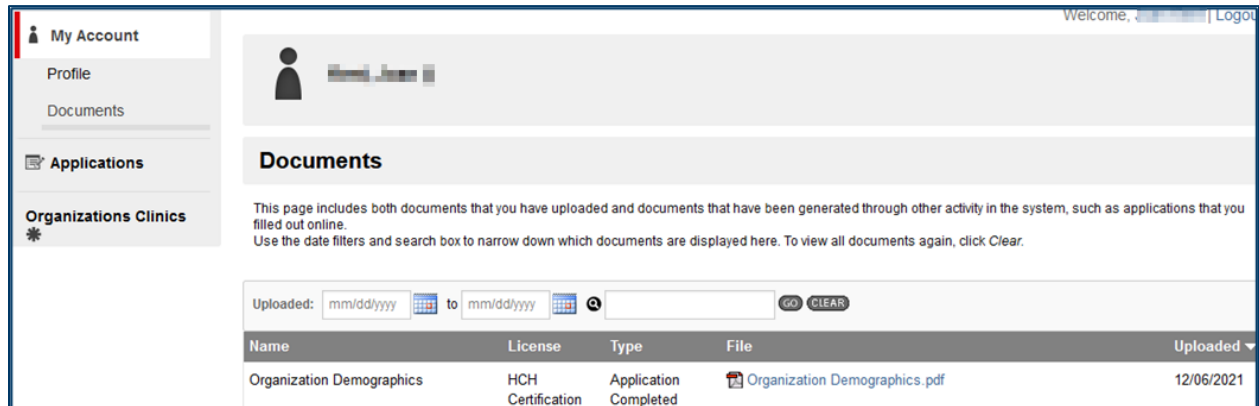
## Confirmation Email

The primary contact will receive an email stating that their HCH Application has been received.





Previous applications, official documents, and uploaded documents can be seen from the My Account > Documents area of the home page.



## Site Visit or Team Meeting

The assigned MDH HCH staff, Practice Improvement Specialist (PIS), will contact your designated primary contact to schedule a site visit (initial certification) or team meeting (recertification) at a mutually agreed upon time. After the site visit or team meeting, the PIS will keep in contact and notify you of next steps.

## Variance Process

A variance may be initiated with a HCH certification or recertification. A hardship variance may be requested in between certification cycles. An email will be sent to the primary contact when a variance has been initiated, providing information about the action needed. To complete these steps, you will need to log into the HCH portal (may use link in the email).



← Health Care Homes (HCH) variance has been initiated

**N** [Redacted] <[Redacted]>  
 Wed 12/15/2021 10:35 PM  
 To: You

Greetings,

A new variance has been initiated with the following details:

Organization Name: [Redacted]

Variance Type	Standard Name	Standard Requirement
Minor	Care planning, Care Plan Strategies Foundational	Complex Care Plans must include Preventative cares and Advanced Directives when applicable.
Low Performance Variance	Performance reporting and quality improvement. Recertification Achieve HCH Benchmarks	MDH requires clinics to demonstrate ongoing quality improvement for the required measures at each of their certified HCH clinics as identified by the current statewide quality benchmark report. MDH requires that <u>[Redacted]</u> submit a plan to address the individual measures for the <u>[Redacted]</u> reflecting both low performance and declining rate of internal improvement.

- [Redacted]
- [Redacted]

**Action needed:** Please login to the [HCH software application](#) and acknowledge the variance and/or write a brief plan for addressing the variance. Once logged in, on the left hand columns, click Applications > Continue. Click "Start" in the "Variance Acknowledgment" form towards the bottom of the screen.

We are here to assist you as you work through this variance. Our goal is to support your efforts to deliver advanced primary care in a certified HCH. At any time, if you have questions about the Health Care Homes program you may contact your assigned staff.

Name: [Redacted], Practice Improvement Specialist  
 Phone: [Redacted]  
 Email: [Redacted]@state.mn.us

Thank you for your participation in the MDH Health Care Homes program.

Variance Process (see screen shots below):

- Go to Applications, click on Continue.
- The Continue My Applications screen will appear.
- Scroll to the bottom and click on the Start button in the Variance Acknowledgement area.
- Complete the Variance type and standard using the information provided to you in the email

**My Account**

**Applications**

Continue

**Organizations**

**Clinics**

### Continue My Applications

This section allows you to work with the forms for applications that you have already started. Click *Start* to work out, *Continue* for forms that are still in progress or the *PDF* icon to view a form that you already completed.

You can click the grey header bar for any license application to expand or collapse the list of forms associated with that application. You can also use the filters and search box at the top of the page to narrow down which licenses are displayed on this page. After your search for licenses matching your criteria. If you want to view all licenses again, click *Clear*.

🔍 CLEAR

▼ HCH Certification - [Application Name]

Status: In Process

Number: [Number]

Level(s): [Level(s)]

Forms: 0 of 13 completed

Initiated On: Dec 3, 2021

Issue Date: [Date]

Expiration Date: [Date]

HCH - Standard			
Form	Requested	Completed	Action
Standard One - Access and Communication	Dec 6, 2021	Dec 6, 2021	View PDF
Standard Two - Patient Registries and Tracking Patient Care	Dec 6, 2021	Dec 6, 2021	View PDF
Standard Three - Care coordination	Dec 6, 2021	Dec 6, 2021	View PDF
Standard Four - Care plan	Dec 6, 2021	Dec 6, 2021	View PDF
Standard Five - Performance reporting and quality improvement	Dec 6, 2021	Dec 7, 2021	View PDF
Attestation and submission	Dec 6, 2021	Dec 7, 2021	View PDF

Additional Forms

Form	Requested	Completed	Action
Organization Demographics	Dec 3, 2021	Dec 6, 2021	View PDF
Variance Acknowledgement	Dec 15, 2021		<input checked="" type="checkbox"/> Start

➔

**Applications**

Continue

**Organizations**

**Clinics**

Variance 1

Variance 2

Variance 3

▼ Variance

Please Read!

Based on the details in the email informing you that you were granted a variance, add the requested information for Variance 1. After completing all necessary fields on this form, click *Save and Continue*. You will then advance to the next tab, Variance 2, which you can complete if you have a second variance. You will then click *Save and Continue* again. Please note: even if you do not have more than one variance, you will still need to select *Save and Continue* at the end of Variance 2. If you do not do so, you will be unable to submit the Variance Acknowledgement form. Next you advance to Variance 3, where you will complete the same process as you did for Variances 1 and 2. Finally, click the *Submit* button located at the bottom of Variance 3.

Variance Type

Select Variance Type ▼

Standard

Care Plan ▼

Requirement

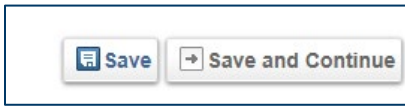
Care Plan Strategies Foundational ▼

Please describe your plan to address this variance:

We will revise template for care plan to include preventative cares and advanced directives to be pulled from after visit summary.

## Variance Acknowledgment submission

Click **“Save and Continue”** on the bottom of each tab until you reach Variance 3 (last tab).



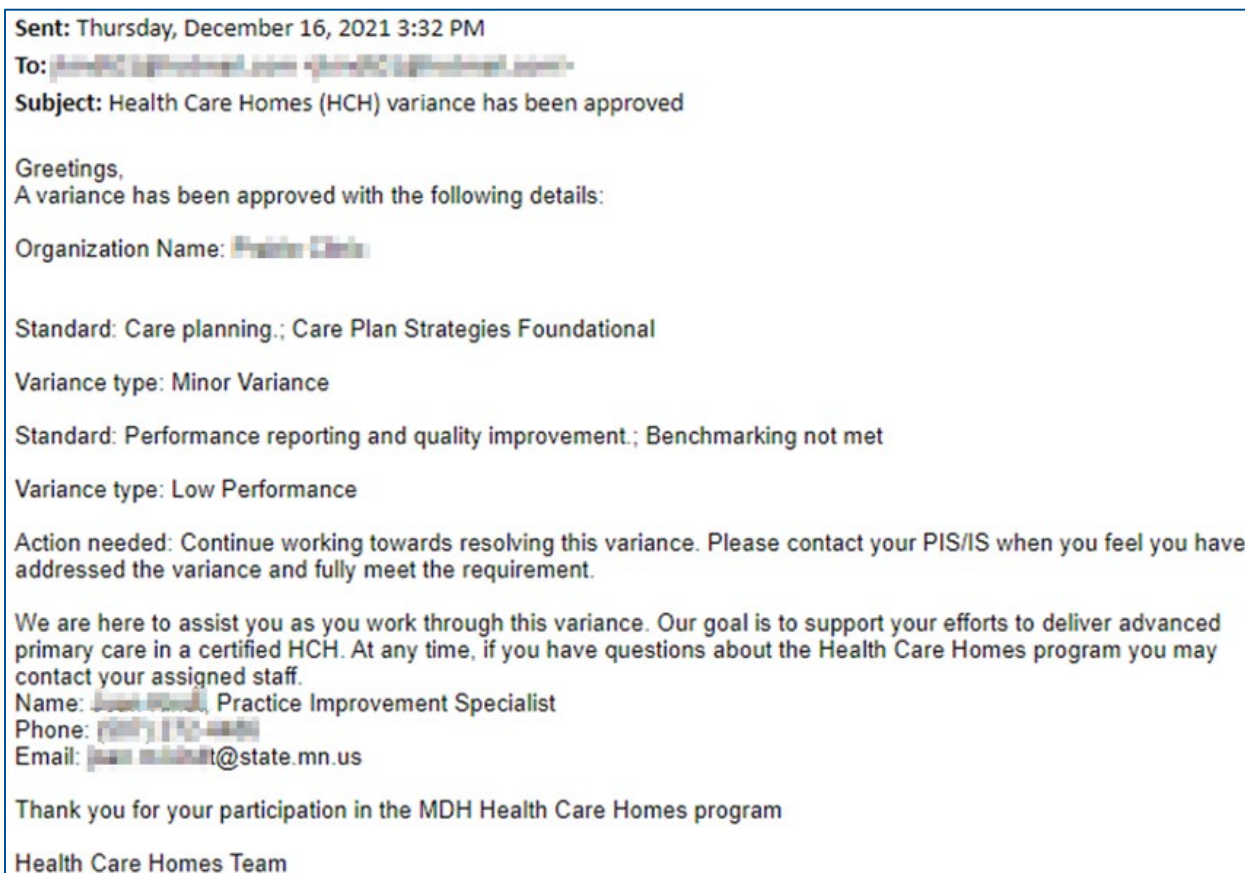
If you only have one variance to acknowledge, leave the Variance 2 and Variance 3 tabs blank.

You must click on the **Submit** button at the bottom of Variance 3 tab to submit any number of variances.

A screenshot of a web form for variance acknowledgment. At the top, there are three tabs: "Variance 1", "Variance 2", and "Variance 3", with "Variance 3" being the active tab. Below the tabs is a section titled "Variance" with a dropdown arrow. It contains two dropdown menus: "Variance Type" with the text "Select Variance Type" and "Standard" with the text "Select Standard". Below these is a text area with the prompt "Please describe your plan to address this variance:". The next section is titled "Acknowledgement and Submission" with a dropdown arrow. It contains a heading "I acknowledge the information provided to me" followed by two radio buttons labeled "Yes" and "No". Below that is a "Today's Date" section with a date input field showing "mm/dd/yyyy", a calendar icon, and the text "Today". The final section is "Electronic signature - Use the username/password combination used to log into the system AES3", which includes a "Username:" label with a masked input field and a "Password:" label with an empty input field. At the bottom left of the form is a "Submit" button with a checkmark icon.

You may log out of the HCH portal after that.

You will receive an email when HCH has approved the Variance.



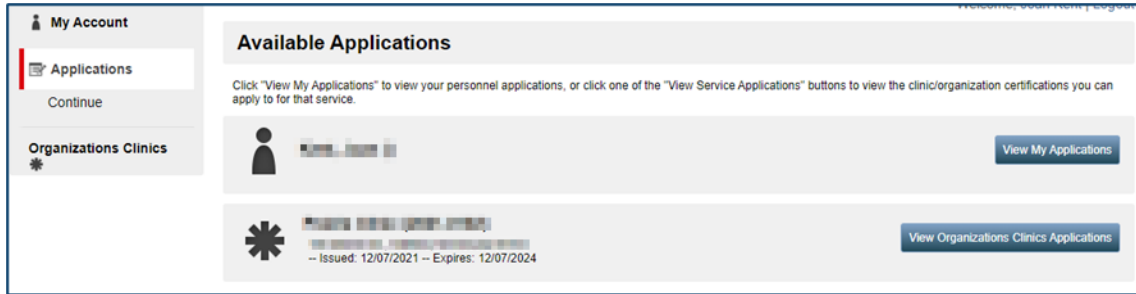
Please contact your assigned PIS when your variance is addressed to request it be formally resolved.

If a variance is not resolved within the expected timeframe, the PIS will contact you when your variance is expiring to review next steps.

A variance may be extended with justifiable cause. Your PIS will work with you to extend your variance if needed.

## Progression to Level 2 and/or Level 3 between certifications

Organizations may have clinics at multiple levels of HCH certification. If an organization is wanting to “progress” some or all clinics beyond the Foundational level of HCH certification, this can easily be done with recertification or in between recertification by using the progression process. In “Applications” click on “View Organizations Clinics Applications”.



You will be given a choice, either to complete the entire recertification process (may be done at any time), or the expedited “Progression” only process for those clinics that have been HCH recertified at least once and want to progress clinics in-between HCH recertification cycles. Click on your choice and proceed. HCH Certification “Apply Now” will lead you down the path to recertification and present you with the entire recertification process. In Progression, “Apply Now” will present you with standard questions for Level 2 and Level 3. That process continues as follows.

Applications	Action
HCH Certification	<a href="#">Apply Now</a>
<b>Progression</b> Use this certification when you are seeking a progression in your certification level.	<a href="#">Apply Now</a>

You will be asked “To what level are at least one of your clinics progressing?” And if all clinics are progressing to that level. Indicate by either listing or uploading a file specifying which clinics are certifying at each level where applicable. Submit when completed.

Clinic Progression

▼ Clinic Progression

**\*To what level are at least one of your clinics progressing?**

Level 2

Levels 2 and 3

**Are all clinics in your organization progressing to Level 2?**

Yes

No

**Would you prefer to list which clinics are progressing to Level 2, or upload a document containing this information?**

List

Upload

**Are all clinics in your organization progressing to Level 3?**

Yes

No

**Would you prefer to list which clinics are progressing to Level 3, or upload a document containing this information?**

List

Upload

Complete Standards 1, 2, 3, and 5 of the progression forms by clicking “Start”. Note that there is no Standard Four progression form because this standard has no requirements for Level 2 or Level 3.

If at least one clinic is progressing to Level 2, please complete all Level 2 fields, leaving those pertaining to Level 3 blank. If at least one clinic is progressing to Level 3, please complete all fields for both Level 2 and 3.

Click “Save and Continue” at the bottom of each page to proceed. You must clinic “Submit” at the end of each Standard for the form to be completed.

Progression			
Form	Requested	Completed	Action
Clinic Progression	Dec 21, 2021	Dec 21, 2021	View PDF
Standard One: Levels 2 & 3 - Access and Communication	Dec 21, 2021		Start
Standard Two: Levels 2 & 3 - Patient Registries and Tracking Patient Care	Dec 21, 2021		Start
Standard Three: Levels 2 & 3 - Care coordination	Dec 21, 2021		Start
Standard Five: Levels 2 & 3 - Performance reporting and quality improvement	Dec 21, 2021		Start

The final step to completion of the HCH level progression application is the completion of the “Attestation and submission” form. It is signed with the same password that is used to sign into the HCH portal. Once this is submitted, your application will be reviewed by HCH. You will be contacted to set up a meeting regarding the progression process, if applicable.

You will receive formal notification of your progression application approval.

## NCQA Deeming Process

For organizations that are National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home (PCMH) recognized, a streamlined HCH application is available that gives credit for HCH standard requirements already met through NCQA recognition. Clinics will indicate that they have NCQA PCMH recognition when completing the Organization Information > Other PCMH Accreditation part of the application.

**Organization Demographics**

Organization Information | Organization Demographics | Primary Care Team | **Other PCMH Accreditation** | Additional Forms

▼ Other PCMH Accreditation

Other PCMH accreditation or certification the organization currently has

**\*Do you have another form of Patient Centered Medical Home (PCMH) certification, recognition, or accreditation?**

Yes

No

**\*If so, what type?**

National Committee for Quality Assurance (NCQA)

Other (briefly describe)

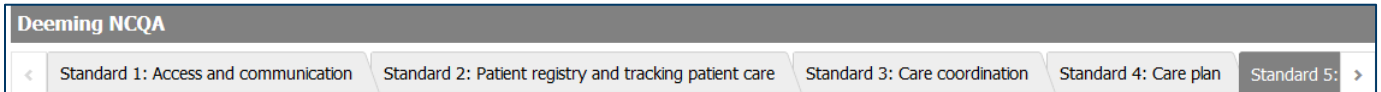
Answering yes to having NCQA recognition will trigger a HCH application that incorporates NCQA requirements into the standards. Please complete the Foundational Level areas along with Foundational Recertification, Level 2, and/or Level 3 as applicable. Note that clinics within an organization may certify at different levels, please answer the questions to the highest level of certification you are seeking.

A HCH requirement that is duplicative of a NCQA requirement is indicated as ‘MET’ in the deeming pathway. The NCQA criteria that correlates with MDH HCH requirements is listed in parentheses at the end for reference.

▼ Foundational Level Requirement - Identify patient for care coordination and other services

**MET - MDH Health Care Home standard met through NCQA PCMH core criteria. (KM02, TC09, CM01, CM02, CM03)**

Proceed through the Standards 1-5 tabs, answering the level questions as applicable. Refer to page 16 in these instructions to view the application in action and understand how questions apply to Foundational, Foundational Recertification, Level 2, and Level 3 requirements.



When you have completed the application, please submit it by clicking the submit button at the bottom of the last tab, Standard 5.



### Attestation and submission

The final step to completion of the application is the completion of the “Attestation and submission” form. Any additional information you would like to share with the HCH program may be added here. It is signed with the same password that is used to sign into the HCH portal.

Page 1

▼ Attestation

Is there anything else that you would like to share with the HCH program that was not previously asked?

\_\_\_\_\_

\_\_\_\_\_

The eligible provider seeking health care homes certification or recertification has read and agrees to voluntarily:

- Meet all health care homes standards and criteria, and processes for certification and recertification.
- Accept the responsibility to orient new clinicians and staff to the health care home’s care delivery approach
- Maintain policies and procedures that establish privacy and security protections of health information and comply with applicable privacy and confidentiality laws.
- Notify the Commissioner of the Minnesota Department of Health and the Health Care Homes program by written notice if he or she wishes to voluntarily surrender health care home certification.

All information provided in this application is complete, true, and accurate to the best of my knowledge.

Under the eligible provider’s articles of incorporation, bylaws, or resolution of the board of directors, I am authorized to submit this application on behalf of the organization and bind it.

**\*Authorize**

Agree

Disagree

**\*Name**

\_\_\_\_\_

**\*Title**

\_\_\_\_\_

**\*eSignature (Enter password used to log into HCH portal)**



## Clinic level of certification

At the end of the Attestation and Submission form, you will be asked, “Which of the following best describes your organization?” You will then have the option to list or upload a document indicating which clinics are certifying at which level. Submit when completed.

**\*Which of the following best describes your organization?**

All of our clinics are certifying/recertifying at the Foundational level

At least one of our clinics is certifying/recertifying at Level 2

At least one of our clinics is certifying/recertifying at Level 3

Would you prefer to list which clinics are remaining Foundational, which will be progressing to Level 2, and which to Level 3? Or would you rather upload a document containing this information?

List

Upload

## To view previously submitted forms and documentation

Documents may be viewed in different paths, depending on whether or not you or someone else from your organization submitted them.

### [Only I] submitted the application

Forms and documents previously submitted by yourself along with HCH generated documents are viewed in the **Documents** area under **My Account**. They may be saved or printed from the PDF form.

**My Account**

Profile

Documents

**Applications**

**Organizations Clinics**

**Documents**

This page includes both documents that you have uploaded and documents that have been generated through other activity in the system, such as applications that you filled out online. Use the date filters and search box to narrow down which documents are displayed here. To view all documents again, click Clear.

Uploaded:  to

Name	License	Type	File	Uploaded
Clinic Progression	Progression		Clinic Progression.pdf	12/21/2021

### [I or Another Person] submitted the application

Forms and documents previously submitted from anyone within the organization, including yourself, with HCH generated documents are viewed in the **Organizations Clinics** area.

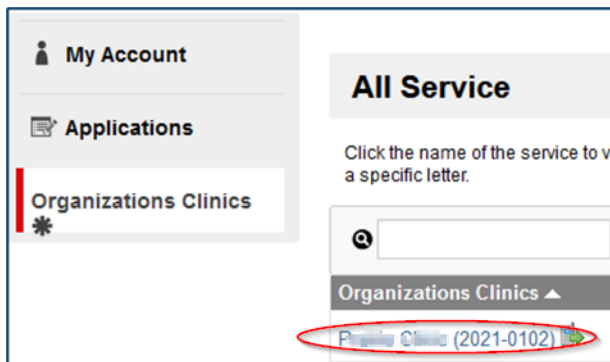
4 1



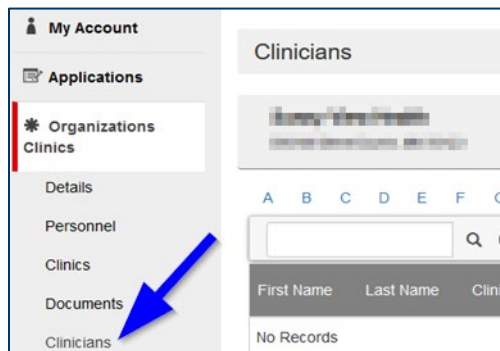
Click on the **Organization Name** to bring up the **Documents** list.

## Organization Clinician list

You may view your organization's clinician list by clicking on your organization listed in blue.



Then click on Clinicians at the bottom of the Organizations Clinics list.

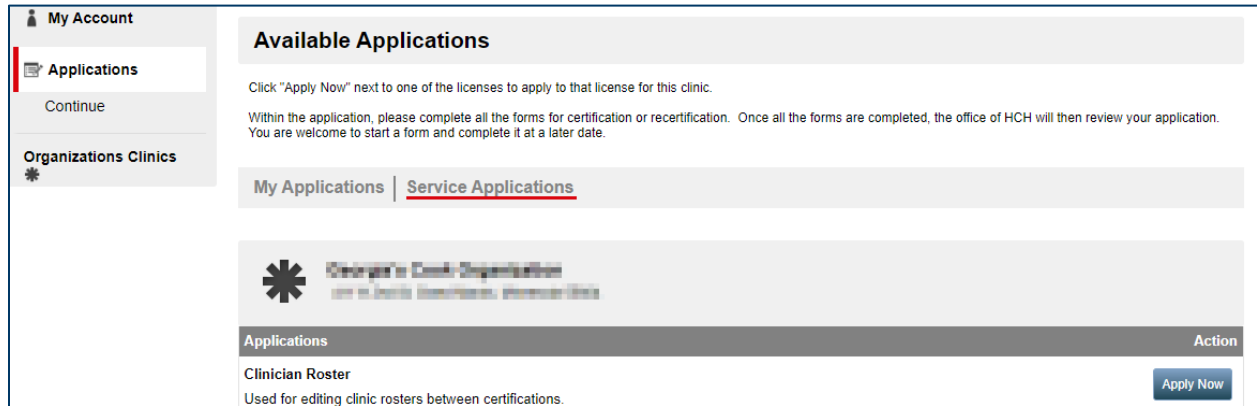


## Update Clinician List

An organization may update their Clinicians Roster at any time. In My Account click Start an Application and select the Apply Now button for the Clinician Roster.

**Please note:** the individual who starts the Clinician Roster application is the only person who can continue, edit and submit that application. Until the Clinician Roster application is **submitted**, no other individual from the organization can begin another Clinician Roster application. To avoid this, please submit the application in a timely manner.

Make sure to **click the “Submit” button** at the bottom of the screen to finalize the process!



Make the needed updates. The certification begin date is the date your organization’s HCH certification began or when the clinician started at the organization, whichever is the most recent. The end date is when your HCH certification cycle ends. Please reach out to HCH staff if you have any questions regarding certification dates or to request assistance with this.

I. Click the "Download Clinicians Roster" button (below) to obtain an excel file of previously uploaded clinicians.

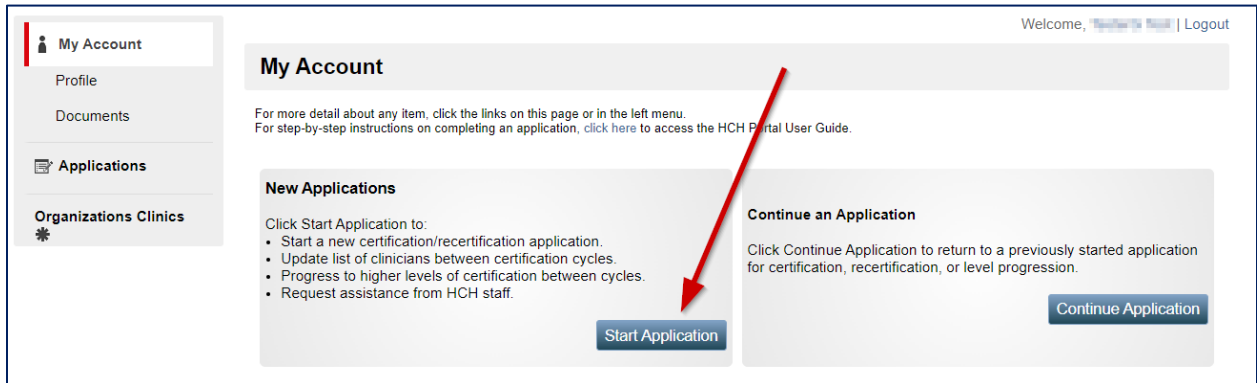
II. Edit the list so that it reflects the current clinicians practicing as part of the certified Health Care Home clinics.

- **Remove clinicians no longer practicing in certified HCH Clinics by deleting their clinician information (delete the entire row).**
- **Add new clinicians, including the following clinician information. Please highlight new clinicians in yellow.**
  1. column A: first name
  2. column B: last name
  3. column C: credential [MD, DO, PA, NP, CNM]
  4. column D: specialty [Family Medicine, Internal Medicine, Pediatrics, Med Peds, Geriatrics, Other (specify)]
  5. column E: other clinician specialty - may be left blank
  6. column F: NPI
  7. column G: certification begin date – for any new clinicians, please add their official start date at your organization
  8. column H: certification end date - this date will be the certification end date

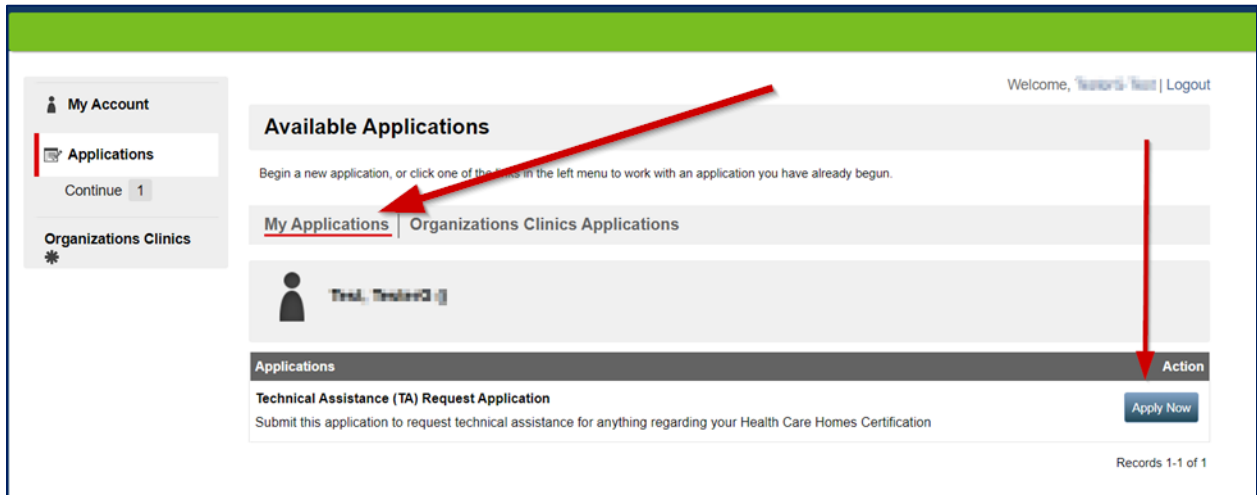
III. Click the "Import Clinicians Roster" button to upload the updated excel file of HCH certified clinicians.

## Request Technical Assistance (TA)

In “My Account”, under “New Applications” – click on the “Start Application” button.



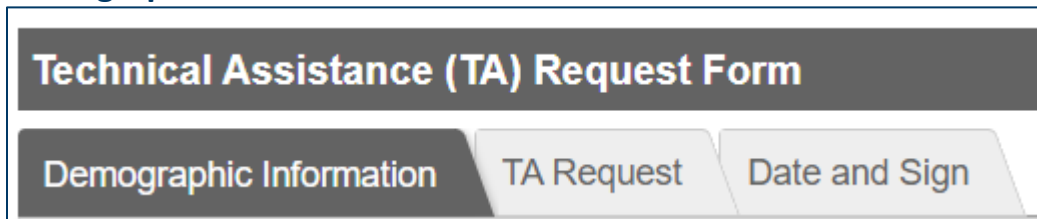
Under “My Applications”, click “Apply Now” to start a Technical Assistance (TA) Request



## Complete the request

Required fields have a **red \***asterisk.

### Demographic Information

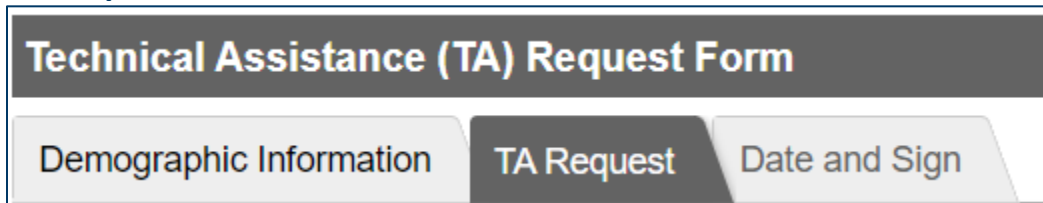


Enter data:

- \*Contact Email
- Contact Phone Number
- Organization - verify your organization

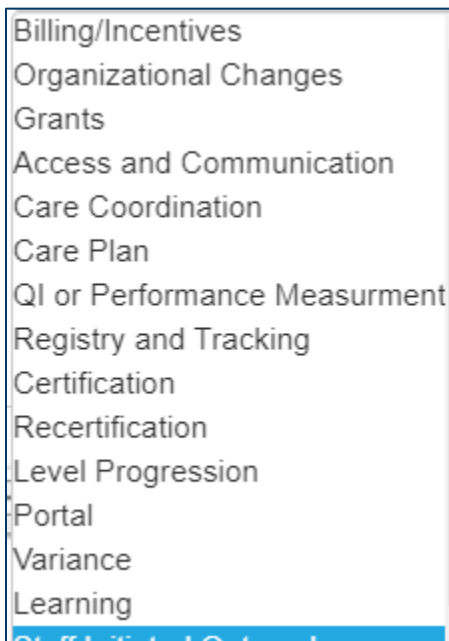
Click **“Save and Continue”** at the bottom of the page

## TA Request

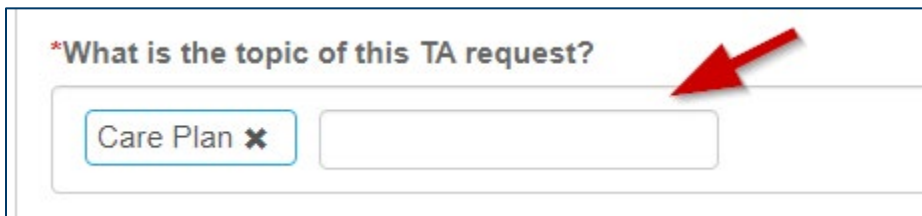


Enter data:

- \*What is the topic of this TA request? – click into the blank field to see the available choices. If unsure of topic, please choose “Other” at the bottom of the list.



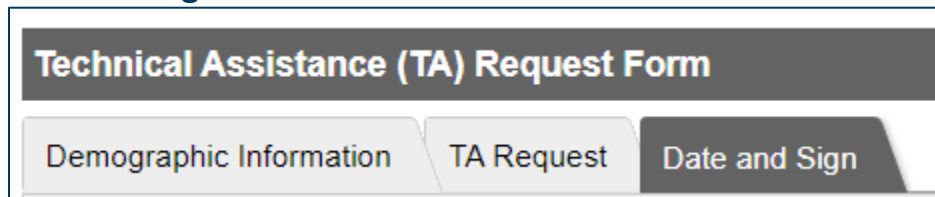
- You may enter more than one topic.



- State your request

Click “**Save and Continue**” at the bottom of the page

## Date and Sign



The image shows a screenshot of the 'Technical Assistance (TA) Request Form' interface. At the top, there is a dark grey header with the text 'Technical Assistance (TA) Request Form' in white. Below the header, there are three navigation tabs: 'Demographic Information', 'TA Request', and 'Date and Sign'. The 'Date and Sign' tab is highlighted with a dark grey background, while the other two are light grey.

Enter data:

- \*Date
- \*Sign

Click “**Submit**” at the bottom of the page.

HCH staff will contact you once they have reviewed your request.

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10/03/2024

*To obtain this information in a different format, call: 651-201-5421.*