



NEW YORK
STATE OF
OPPORTUNITY.

**Department
of Health**

Health Home Redesignation

Scoring Tool Quick Tips

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New York Medicaid

Health Home Program

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1. Introduction

The Scoring Tool captures every piece of a Health Home redesignation, including Domain 1, Domain 2, Domain 3, Care Management Agency (CMA) Survey Responses, Requests for Reconsideration (RFR), and Enhanced Oversight Plan (EOP). Depending on the population the Health Home serves, the Scoring Tool is tailored to automatically display and collect data for either Health Home Serving Adults (HHSA), Health Home Serving Children (HHSC), or both populations based on user selection. Domain 3 contains chart review data from each Chart Review Tool completed in the redesignation review. This data is automatically transferred and scored within the Scoring Tool.

This document will assist the Health Homes by providing critical information pertaining to the Scoring Tool such as Frequently Asked Questions, descriptions of the features and functionalities of Domain 3, and General Tips in helping to better understand the Scoring Tool.

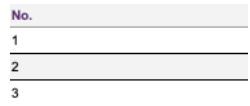


2. Scoring Tool: Quick Tips

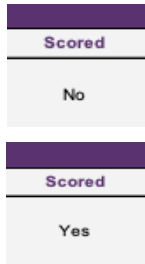
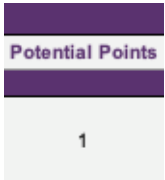
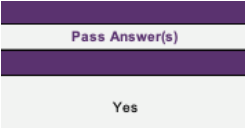
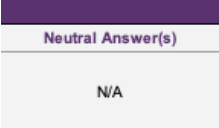
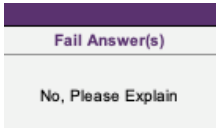
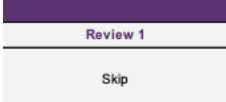
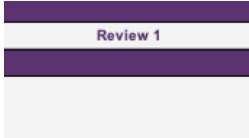
A. General Tips

- Domain 3 contains chart review data from **each** Chart Review Tool.
- The Scoring Tool is tailored to automatically display and collect data for either HHSA, HHSC, or both populations based on user selection.
- The Summary tab consolidates the scores that the Health Home earned across all the domains and calculates an overall redesignation score.
- The redesignation score is used to determine length of designation, provisional designation, or de-designation.
- The Scoring Tool is shared with the Health Home at the conclusion of the review.

3. Scoring Tool: Domain 3 Features and Functionalities

Table 1: Scoring Tool Domain 3 Features and Functionalities

Feature	Description
	<p>Number: Displays the number for each question that is being referenced within each area throughout the tool. (Ex. Initial Information, Plan of Care, etc.).</p>
	<p>Compliance %: Displays a cumulative percentage of reviews that are in compliance for each specific question. There is a separate percentage given for all HHSC reviews and all HHSA reviews. Skips and neutral answers are not included in the calculation.</p>
	<p>Area: Displays the area that is being referenced for each of the questions.</p>

	<p>Scored: Displays a “Yes” or “No” for each question to show whether each question is being scored or not. This means each question may or may not impact the overall Domain 3 score.</p> <p>Yes = Will have a positive or negative impact on the overall score. No = Will have no impact on the overall score.</p>
	<p>Potential Points: Will display the total number of potential points that each question is worth. These potential points can range from 0-3.</p> <p>0 = No points awarded for that question. 1 = 1 point awarded for that question. 2 = 2 points awarded for that question. 3 = 3 points awarded for that question.</p>
	<p>Pass Answer(s): The potential answer(s) for each question that have a pass result. A pass result means the response will have a positive impact on the overall Domain 3 score.</p>
	<p>Neutral Answer(s): The potential answer(s) for each question that have a neutral result. A neutral result is not considered in either the numerator or denominator of the scoring calculation.</p>
	<p>Fail Answer(s): The potential answer(s) for each question that have a fail result. A fail result means the response will have a negative impact on the overall Domain 3 score.</p>
	<p>Skip: The potential answer(s) for each question that have a neutral result. A neutral result is not considered in either the numerator or denominator of the scoring calculation.</p>
	<p>Review: The answer chosen to each question from each review will be displayed here. The answers can vary from, “Yes”, “No”, “N/A”, or “Skip”.</p>

4. Scoring Tool: Frequently Asked Questions

B. Frequently Asked Questions

Domain 3, Service Chart:

Question: Some answers are “No”, and some are “Skipped” but then require an explanation. Which questions directly affect the score?

- For example, the question: “Were any Primary needs documented?” One may ask, “If the answer shows “No” does that mean we didn’t meet that area or that there were no primary care needs to be addressed?”

Answer: This goes back to the skip logic built into the Chart Review Tool and the scoring of the questions.

- Column G (“Potential Points”) in the Domain 3 tab in the Scoring Tool indicates whether a question is allocated points. Questions with zero points allocated are informational only and not considered in either the numerator or denominator of the scoring calculation. When a question response is “Skip” or “N/A,” the question is not scored and not applicable to the review. A “Skip” or “N/A” response will not be considered in either the numerator or denominator of the scoring calculation.

Additionally, the skip logic built into the Chart Review Tool will prompt the chart reviewers to skip, or not answer, certain questions that are not applicable to the review. In the Service Chart area of the Chart Review Tool, when a chart reviewer answers “No” to the second question, the follow-up questions will be skipped because they are no longer applicable to the review. The follow-up questions will be skipped because no member needs were identified based on the review of the member’s comprehensive assessment; therefore, any member needs would not need to be added to the plan of care or addressed with the member by the care manager. The Service Chart questions are handled as follows:

- **Question 1:** Scored.
- **Question 2:** Not Scored. Informational only and used to activate skip logic.
- **Question 3-Question 5:** If no needs were identified, then questions 3-5 are skipped and not scored.
 - If needs are identified, then questions 3-5 are answered and scored.
- **Question 6:** Scored. This is to provide credit for care managers completing point in time interventions that are identified after the completion of the comprehensive assessment.

Domain 3, Care Coordination:

Question: What does N1D1 or N0D0 mean under Care Coordination?

Answer: N1D1 or N0D0 are used to calculate the number of Emergency Room (ER)/Inpatient/and Incarceration visits that the member experienced within the last 12 months. The N represents the number of visits which contain items requested per the question. The D represents the total number of visits the member experienced within the last 12 months.

Example: Member had 3 ER visits in the last 12 months. Based on this example, questions 3a-3c would be answered as follows:

- **Question 3a:** How many of the ER visits contain progress notes or documentation to show that the member was admitted to the ER?

Answer: N2D3

N2D3 indicates that the record contained progress notes or documentation to support that the member was admitted to the ER for 2 of the 3 ER visits. This question would receive 2 out of 3 possible points.

- **Question 3B:** How many of the ER visits contained progress notes showing that the CMA was alerted to the member’s ER admission via the RHIO?

Answer: N1D3

N1D3 indicates that the record contained documentation to support that the CMA was alerted to the member’s admission via RHIO for 1 of the 3 visits. This question would receive 1 out of 3 possible points.

- **Question 3c:** How many of the ER visits contain progress notes or documentation to indicate the care manager was involved in care coordination post discharge?

Answer: N3D3

N3D3 indicates that the record contained documentation to support that the care manager was involved in care coordination post discharge for all 3 of the visits. This question would receive 3 out of 3 possible points.

5. Scoring Tool: Domain 3 Results & Score Tables

Figures 1 and 2 display the Domain 3 Results for both HHSA and HHSC in the Health Home Redesignation Scoring Tool. The Domain 3 Results tables are used to calculate the scores for each Domain 3 section as well as the overall weighted score for the domain.

Adult Domain 3 Results			
Section	Potential Score	Total Score	Percentage Earned
Eligibility & Appropriateness	137	122	89%
Required Forms	348	325	93%
Assessments	94	88	94%
Service Chart	2345	2001	85%
Plan of Care	249	203	82%
Care Coordination	405	306	76%
Disenrollment	54	37	69%
Totals/Average	3632	3082	85%
Final Adult Weighted Score		85%	

Child Domain 3 Results			
Section	Potential Score	Total Score	Percentage Earned
Eligibility & Appropriateness	188	144	77%
Required Forms	661	592	90%
Assessments	210	200	95%
Service Chart	2332	1968	84%
Plan of Care	360	287	80%
Care Coordination	200	172	86%
Disenrollment	35	25	71%
Totals/Average	3986	3388	85%
Final Child Weighted Score		85%	

Table 2: Scoring Tool, Domain 3 Results & Score Tables

Feature	Description
Section	Displays the specific area of the chart that is being scored. (Ex. Eligibility & Appropriateness, Required Forms, Assessments, etc.).
Potential Score	Displays the total number of potential points that can be awarded for that specific section of the chart.
Total Score	Displays the actual number of points that have been awarded to the Health Home for that specific section.
Percentage Earned	Displays the total percentage of each section once the “potential score” is compared against the “total score.”
Totals/Average	Displays the total score after each of the sections have been added together.
Final Adult Weighted Score	Displays the overall final score of the HHSA Health Home that is under review after all the scoring has been totaled together for each of the sections.
Final Child Weighted Score	Displays the overall final score of the HHSC Health Home that is under review after all the scoring has been totaled together for each of the sections.

6. Chart Review Summary PDF: Features & Functionalities

The Chart Review Tool is used by chart reviewers to capture all required questions, answers, and comments needed to complete a chart review analysis. At the conclusion of the chart review, chart reviewers import all questions, answers, and comments into the Findings Summary tab, referenced as the Chart Review Summary. At the conclusion of the redesignation, the Chart Review Summaries are shared with the Health Home as PDFs. The Health Home can reference to the Chart Review Summaries to review specific feedback and findings from the chart reviews. Please reference the screenshots below for more clarification.

Findings Summary

[Clear Page](#)
[Import](#)
[Export](#)
[PDF](#)
[Check ✓](#)
[Save](#)


Summary Section

[+/-](#)

Initial Information

[+/-](#)

Question ID	Question	Response	Result	Reviewer Comments
QID01	Chart Review ID:	ABC_A_01_XX	Complete	
QID02	Member Enrollment Date:	9/1/2000	Complete	
QID03	Has this Member been Disenrolled?	No	Complete	
QID04	Member Disenrollment Date:	Skip	Complete	
QID05	Review Type:	Adult	Complete	
QID06	Chart Reviewer:	Mikey Mouse Mikey	Complete	
QID07	Chart Review Begin Date:	1/2/2024	Complete	
QID08	Chart Review End Date:	1/3/2024	Complete	
QID09	Health Home:	ABC	Complete	
QID10	Care Mgmt Agency (CMA):	HOUSING Mikey Mouse Inc	Complete	
QID11	Is this a Secondary Review?	Yes	Complete	
QID12	Secondary Reviewer:	Mini Mouse	Complete	
QID13	Secondary Review Begin Date:	1/10/2001	Complete	
QID14	Secondary Review End Date:	1/10/2001	Complete	

Assessments

Question ID	Question	Response	Result	Reviewer Comments
QID01	1. Does the member's record include documentation to indicate that the care manager documented any barriers to accessing care in the member's comprehensive assessment or the plan of care?	Yes	Complete	Summary section of member's most recent comprehensive assessment on file from October indicates that client would like assistance with appointment reminders and may need assistance in the future recertifying for medicaid benefits. The most recent POC on file also indicates these barriers.
QID02	2. You indicated in the previous question that the care manager documented barriers the member was experiencing in accessing care. Is there documentation in the record to indicate that the barriers that were identified, were addressed and acted upon by the care manager?	Yes	Complete	Barriers were identified on most recent plan of care in member file. Encounter notes dated and then monthly also indicate the CM outreached member to ensure appointments were adhered to and if member needed any other assistance.
QID03	3. Does the member's record contain a CANS-NY assessment that was finalized within the recommended timeframe of 30 days from the date of enrollment?	Skip	Complete	Skip
QID04	4. Is there documentation such as case notes, diagnosis and input from other providers within the case record to support the ratings within the CANS-NY, specifically ratings of 2 or 3?	Skip	Complete	Skip
QID05	5. Does the member's record contain documentation to indicate that the member received in-person contacts for each month based on his/her acuity level?	Skip	Complete	Skip

Table 3: PDF Example, Chart Review Summary

Feature	Description
Question ID	Displays a specific number that is assigned to each question within each section in the Chart Review Tool.
Question	Displays each question within each section in the Chart Review Tool.
Response	Displays the answer selection that was made by the reviewer.
Result	Displays the completion status of each question. Complete = Question has been answered. Incomplete = Question is missing an answer selection or a comment.
Reviewer Comments	Displays the comments that were placed in the comment box for each question by the reviewer.