

Health Homes Administrative Component

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Name of Health Homes Program:

Monitoring

Provide an estimate of the number of individuals to be served by the Health Homes program during the first year of operation:

Provide an estimate of the cost-savings that will be achieved from implementation of the Health Homes program during the first year of operation:

\$

Describe how this cost-saving estimate was calculated, whether it accounted for savings associated with dual eligibles, and if Medicare data was available to the State to utilize in arriving at its cost-savings estimates:

Quality Measurement

CMS Recommended Core Measures

For each Health Homes core measure, indicate the data source, the measure specification, and how HIT will be utilized in reporting on the measure.

Health Homes Core Measure		

Health Homes Administrative Component: Core Measure Detail
<p>Measure</p> <input style="width: 95%; height: 70px;" type="text"/>
<p>Measure Specification, including a description of the numerator and denominator.</p> <input style="width: 95%; height: 70px;" type="text"/>

Data Sources:

Frequency of Data Collection:

Monthly

Quarterly

Annually

Continuously

Other

How Health IT will be utilized

State Goals and Quality Measures

In addition to the CMS recommended core measures, identify the goals and define the measures the State will use to assess its Health Homes model of service delivery:

Health Home Goal		

Health Homes Administrative Component: Goal Detail

Health Home Goal:

Measure		

Health Homes Administrative Component: Measure Detail

Measure

- The measure is an Evaluation Measure from the Health Homes State Plan for purposes of determining the effect of the program on reducing one of the following:**
 - Hospital Admissions**
 - Emergency Room Visits**
 - Skilled Nursing Facility Admissions**
- The measure is not included in the Health Homes State Plan**

Measure Specification, including a description of the numerator and denominator.

Data Sources:

Frequency of Data Collection:

- Monthly**
- Quarterly**
- Annually**
- Continuously**
- Other**

How Health IT will be utilized

Measure is related to:

- Clinical Outcomes**
- Experience of Care**
- Quality of Care**
- Other**

Describe:

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 80 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.