



Centers for Medicare & Medicaid Services
CMS eXpedited Life Cycle (XLC)

Medicaid and CHIP Program (MACPro)

HH8-Health Homes Monitoring, Quality Measurement and Evaluation PRA document

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1. HH8-Health Homes Monitoring, Quality Measurement and Evaluation – Screenshots

1.1 “Monitoring” Section

Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Health Homes | CA2017MS0007D | Health Homes Program

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CMS-10434 OMB 0938-1188

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Package Header

Package ID CA2017MS0007D	SPA ID N/A
Submission Type Draft	Initial Submission Date N/A
Approval Date N/A	Effective Date N/A
Superseded SPA ID N/A	

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Monitoring

Describe the state's methodology for calculating cost saving (and report cost savings annually in Quality Measure Report). Include savings that result from improved coordination of care and chronic disease management achieved through the Health Homes Program, including data sources and measurement specifications, as well as any savings associated with dual eligibles, and if Medicare data was available to the state to utilize in arriving at its cost-savings estimates*

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Figure 1: Monitoring – 1

Describe how the state will use health information technology in providing Health Homes services and to improve service delivery and coordination across the care continuum (including the use of wireless patient technology to improve coordination and management of care and patient adherence to recommendations made by their provider)*

Figure 2: Monitoring - 2

1.2 “Quality Measurement and Evaluation” Section

Quality Measurement and Evaluation

+/-

- The state provides assurance that all Health Homes providers report to the state on all applicable quality measures as a condition of receiving payment from the state
- The state provides assurance that it will identify measurable goals for its Health Homes model and intervention and also identify quality measures related to each goal to measure its success in achieving the goals
- The state provides assurance that it will report to CMS information submitted by Health Homes providers to inform evaluations, as well as Reports to Congress as described in Section 2703(b) of the Affordable Care Act and as described by CMS
- The state provides assurance that it will track avoidable hospital readmissions and report annually in the Quality Measures report

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Figure 3: Quality Measurement and Evaluation