Supporting Statement – Part A

Acute Hospital Care at Home (AHCAH) Quantity, Intensity, and Mix of Services (QIMS) Data Collection Tool

CMS-10971

A. Background:

This is a new information collection request. The Consolidated Appropriations Act (CAA) of 2026 Section 6210(c) requires CMS to evaluate care provided to patients served through the Acute Hospital Care at Home (AHCAH) initiative, including the quantity, intensity, and mix of services (QIMS) furnished. This includes, but not limited to, the number of clinician visits, food services, and pharmacy services provided to patients while on the hospital-at-home service.

To participate in the AHCAH initiative hospitals are granted individual waivers at the CMS Certification Number (CCN) level. The AHCAH initiative waives specific Hospital Conditions of Participation (CoPs), 42 CFR 483, which require nursing services to be provided on premises 24 hours a day, 7 days a week and the immediate availability of a registered nurse for care of any patient.

In-patient healthcare services are provided to patients served under the AHCAH initiative. CMS has developed a tool to quantify the mix and intensity of the services for the purposes of analysis as required by CAA 2026.

CMS is seeking OMB approval for information collection via this tool.

B. Justification:

1. Need and Legal Basis
   Section 6210 of CAA 2026 requires CMS to submit a study of the AHCAH initiative. This study is required to analyze care provided by hospitals participating in the AHCAH initiative, including but not limited, to the QIMS furnished to patients served in AHCAH.

2. Information Users
   CMS will use this information to describe the quantity, mix, and intensity of services (QIMS) provided to patients in the AHCAH initiative. This includes patients admitted from an emergency department (ED) and patients transferred from an inpatient hospital unit. CMS will use this data to report to Congress.

3. Use of Information Technology
   This is an electronic data collection tool. The electronic data collection tool (see attached screenshots) has been built. Data collection will begin by 12/31/2026. The tool does not require a signature from the respondent.

4. Duplication of Efforts
This information collection does not duplicate any other effort and the information cannot be obtained from any other source.

5. Small Businesses
These requirements do not affect small businesses.

6. Less Frequent Collection
Each hospital participating in AHCAH will be asked to submit QIMS data for 2 separate 6-month reporting periods. CMS will use this data to monitor the program and include findings in the 2029 AHCAH Study.

7. Special Circumstances
There are no special circumstances.

8. Federal Register/Outside Consultation
The 60-day Federal Register notice published on August 27, 2026 (91 FR 55348). There were public comments received.

The 30-day Federal Register notice published on November 27, 2026 (91 FR 76776).

9. Payments/Gifts to Respondents
There are no payments or gifts to respondents.

10. Confidentiality
Medicare Beneficiary Identified (MBI) and/or Medicaid ID Number will be collected on this data collection tool. This data will be submitted via a CMS secure site.

11. Sensitive Questions
There are no questions of a sensitive nature.

12. Burden Estimates (Hours & Wages)
Time Burden for AHCAH participating hospitals: As of June 2026, there are 365 hospitals that are actively participating in AHCAH. The average number of patients discharged or expired between October 1 – March 31 is 6500. Therefore, we estimate the total number of patients discharged or expired in two 6-month time periods will be 13,000. We estimate time burden per tool completion will be 1 hour. We estimate the total annual hours to be 13,000 (13,000 patients X 1 hour) and cost of data submissions to be $1,126,970 (13,000 hours X $86.69), which averages to $3,088 ($1,126,970 / 365 hospitals) per participating AHCAH hospital. We anticipate the number of participating hospitals will increase over time but not

substantially impact participating hospital burden for each collection time period.

Description	Average Number of Patients Discharged/ Expired between Oct 1, 2026 – Mar 31, 2027	Average Number of Patients Discharged/ Expired between Oct 1, 2027 – Mar 31, 2028	Total	Total
Number of data collections for two 6-month periods (Oct 1, 2026 – Mar 31, 2027, and Oct 1, 2027 – Mar 31, 2028)	6500 surveys	6500 surveys	**13,000 surveys**	
Time Burden Estimates (hours) (Data collection tool) x (Time 1 hour/Response)	6500 hours	6500 hours	**13,000 hours**	
Cost Burden Estimates Total Cost = (Data collection time 1 hour per response) x (Average $86.69 salary/hour)	$563,485	$563,485	**$1,126,970**	**$**

Assumptions: This model assumes that there is an average rate of 6500 patient discharges per each identified 6-month period. The time the hospital staff will take to complete the QIMS data collection tool is estimated to be 60 minutes/1 hour per patient discharge. The hourly rate average is $86.69 per hour. This is the estimate of the burden for the data submission requirements for all hospitals that participated in the AHCAH. Hospitals are expected to submit data to CMS two times based on two separate 6-month periods for each patient serviced during the 6-month period. This data is a voluntary submission but is expected as part of the hospital's request and agreement to participate in the AHCAH initiative.

Cost Burden for Acute Hospital Care at Home QIMS Data Collection Responses. Source: Bureau of Labor Statistics

Respondent	BLS Occupation Labor Code	Total Response Time by Hour	Median Hourly Wage	Doubled Hourly Wage + Fringe

				Benefits and Overhead
Medical and Health Services Managers	11-9111	0.10	$64.64	$129.28
Registered Nurses	29-1141	0.40	$42.80	$85.60
Miscellaneous Healthcare Support Occupations	31-9090	0.50	$22.60	$45.20
Average		1.0	$43.34	$86.69

Assumptions: This model assumes that each hospital with an approved waiver (365) that participated in AHCAH would provide the data twice, that is for the two 6-month reporting periods identified above. The salary factor is $86.69/ hr. The total annual burden hours are 6500 for a total of two annual reporting periods = 13,000 total hours.

13. Capital Costs
    There is no capital costs associated with this collection,

14. Cost to Federal Government
    An existing CMS contract is being modified to include this data collection task. We anticipate award by September 30, 2026. The data collection is limited to two 6-month time periods. An Independent Government Cost Estimate (IGCE) was created for this task that will be performed by a contractor. The costs to the government for administering, analyzing, and reporting the information collected is estimated to be $303,809.

15. Changes to Burden
    This is a new information collection.

16. Publication/Tabulation Dates
    Section 6210 of CAA 2026 requires CMS to submit a study of the AHCAH initiative due September 30, 2029. CMS will use the information collected in this tool to describe the quantity, mix, and intensity of services (QIMS) provided to patients in the AHCAH initiative. CMS will use this data to report to Congress with contractor analytic support.

17. Expiration Date
    CMS will display the expiration date on the collection instrument.

18. Certification Statement
    There are no exceptions.