



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

Medicaid and CHIP Program (MACPro)

1945A Health Home Monitoring, Quality Measurement and Evaluation Reviewable Unit PRA Document

Version 1.0

6/24/2022

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1. 1945A Health Home Monitoring, Quality Measurement and Evaluation Reviewable Unit Screenshots

1.1 Banner

1945A Health Home Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Health Homes | TN2022MS0391O | TN-22-0072

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CMS-10434 OMB 0938-1188

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Package ID

TN2022MS0391O

Submission Type

Official

Approval Date

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Superseded SPA ID

new
User-Entered

SPA ID

TN-22-0072

Initial Submission Date

N/A

Effective Date

[11/1/2022](#)

Figure 1: Banner

1.2 Monitoring, Screenshot 1

MonitoringCollapse

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 Home 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: *

Character count: 0/4000

Describe the state's methodology for tracking reductions in inpatient days and reductions in the total cost of care resulting from improved care coordination and management. *

Character count: 0/4000

Figure 2: Monitoring, Screenshot 1

1.3 Monitoring, Screenshot 2

Describe how the state will use health information technology in providing Health Home 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). *

Describe the state's methodology for tracking prompt and timely access to medically necessary care for children with medically complex conditions from out-of-state providers. *

Character count: 0/4000

Figure 3: Monitoring, Screenshot 2

1.4 Quality Measurement and Evaluation

Quality Measurement and Evaluation

[Collapse](#)

- ☒ The state provides assurance that all Health Home 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 Home 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 Home 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.
- ☒ The state provides assurance that health home providers will report the name, National Provider Identification number, address, and specific health care services provided to children with medically complex conditions who have selected such a provider as a condition of payment.
- ☒ The state provides assurance that providers will report information on all applicable measures for determining the quality of health home services, including, to the extent applicable, child health quality measures and measures for centers of excellence for children with complex needs developed under this title, title XXI, and section 1139A as a condition of payment.
- ☒ The state provides assurance that it will provide a comprehensive report to include the information as per subsection 1945A(g)(2)(A) to the Secretary (and upon request to the Medicaid and CHIP Payment Access Commission) in a manner determined by the Secretary to be reasonable and minimally burdensome.
- ☒ The state provides assurance that it will submit to the Secretary, and make publicly available on the appropriate state website, a report on how the state is implementing guidance issued under subsection (e)(1), including any best practices adopted by the State no later than 90 days after the state plan amendment is approved.

Figure 4: Quality Measurement and Evaluation

1.5 Additional Information and Validation & Navigation

Additional Information (optional)

Character count: 0/4000

[Go to HHQM Reports](#)

Validation & Navigation

Would you like to validate the reviewable unit data?

☐ Yes ☒ No

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Navigate to Reviewable Unit

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PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

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Figure 5: Additional Information and Validation & Navigation

1.6 1945A Health Home Monitoring, Quality Measurement and Evaluation (entire Reviewable Unit)

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TN - Submission Package - TN2022MS0391O - (TN-22-0072) - Health Homes

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1945A Health Home Monitoring, Quality Measurement and Evaluation

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CMS-10434 OMB 0938-1188

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Approval Date	N/A	Effective Date	11/1/2022
Superseded SPA ID	new		
	User-Entered		

Monitoring

[Collapse](#)

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Quality Measurement and Evaluation

[Collapse](#)

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Additional Information (optional)

Character count: 0/4000

[Go to HHQM Reports](#)

Validation & Navigation

Would you like to validate the reviewable unit data?

☐ Yes ☒ No

Navigate to Reviewable Unit

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EXIT

SAVE REVIEWABLE UNIT

GO TO SELECTED REVIEWABLE UNIT

**Figure 6: 1945A Health Home Monitoring, Quality Measurement and Evaluation
(entire Reviewable Unit)**

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
PRA	Paperwork Reduction Act of 1995