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OMB Control Number: 0938-1148 Expiration date: 10/31/2014

Health Homes Administrative Component

Health Homes Administrative Component

Name of Health Homes Program:
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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
Measure
Measure Specification, including a description of the numerator and denominator.

Encourage of Data Collection		
Frequency of Data Collection	и;	
Monthly		
Quarterly		
Annually		
Continuously		
Other		
How Health IT will be utilized	1	

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 H	omes Administrative Component: Goal Detail		
	omes Auministrative Component. Goar Detail		
]	Health Home Goal:		
		1	
	Measure		
	•	,	

Meas	ıre
]	The measure is an Evaluation Measure from the Health Homes State Plan fourposes 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 denomin
	Data Sources:
	Frequency of Data Collection:
	Monthly
	O Quarterly
	Annually
	Continuously
	Other
	How Health IT will be utilized

	Clinical Outcomes	
	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.