

Generic Supporting Statement
Health Home Core Sets
(CMS-10434 #47, OMB 0938-1188)

Notes: This 2025 iteration is being submitted to OMB for approval as a revised generic collection of information request.

The contents of this Supporting Statement and the associated attachments have been reviewed to ensure that they are consistent with the Trump administration's policies, goals, and objectives to include but not limited to Executive Order 14168 and SDP 15 standards.

A. Background

The Medicaid and CHIP Program (MACPro) data system is a web-based portal that automates the input and retrieval of data from the States related to the State Medicaid and CHIP Plans. This system supports an efficient workflow for the review and approval of the State Medicaid and CHIP adjudication process. States will access this system and submit program information into structured data templates. CMS staff will review the submission templates for compliance with Federal statute, regulation and policy, provide feedback to the States and track/monitor the review and approval process.

The Health Home Core Sets template was initially processed through one of our electronic web-based reporting systems known as the Medicaid Model Data Lab (MMDL). Electronic reporting in MMDL has since transitioned to MACPro to comport with regulatory requirements of a standardized template, which is periodically updated and formatted as specified by the Secretary. In addition, to reduce the burden for states, previously approved Health Home Core sets in MMDL were migrated into the MACPro system for states to use when they amend their Health Home Core sets. The transition was necessary since the MACPro system was intended to become the sole system of record and supports CMS' initiative to improve processes by providing states with: reviewable units with built-in logic to ensure consistency across states and provide clear policy guidance; simplify templates that eliminate the need for many same page reviews; automate workflows to reduce unnecessary delay; clear, centralized communication processes; and improve transparency that allows states to check the status of their submissions.

The changes in this 2025 collection of information request are associated with our Mandatory Medicaid and Children's Health Insurance Program (CHIP) Core Set Reporting final rule (CMS-2440-F; RIN 0938-AU52) (August 31, 2023; 88 FR 60278). The rule establishes requirements for the mandatory annual State reporting of the Core Set of Children's Health Care Quality Measures for Medicaid and Children's Health Insurance Program (CHIP), the behavioral health measures on the Core Set of Adult Health Care Quality Measures for Medicaid, and the Core Sets of Health Home Quality Measures for Medicaid.

The data fields included in Core Set reporting templates are determined by the measure stewards who own the measures. CMS is not the measure steward for most measures and therefore does not control the data fields for most of the measures on the Core Sets. As a result, the templates used for Core Sets reporting will not be published for public comment. Measure stewards

implement a separate process for public comment during measure development and measurement updates. CMS also has recommendations in the CMS Measures Management System Blueprint for a similar process for public comment during measure development.¹

B. Description of Information Collection

Information submitted via the Health Home Core Sets web-based application will be used by CMS to analyze the Health Home programs. The Medicaid Services Investment and Accountability Act of 2019, authorized states to cover an optional health home state plan benefit for Medicaid-eligible children with medically complex conditions, (Public Law 116-16) which will also use the Health Home Core Sets web-based application. Through the establishment of sections 1945 and 1945A of the Social Security Act (the Act), this provision allows states to elect a new Health Homes service option under the Medicaid state plan.² This provision is an important opportunity for states to address and receive additional federal support for enhanced integration and care coordination for Medicaid eligible individuals with chronic conditions, such as mental health conditions, including substance use disorders, asthma, diabetes, heart disease, and being overweight (body mass index over 25) and medically complex children.

To support ongoing assessment of the effectiveness of the Health Home model, CMS has established core sets of Health Care Quality Measures (Health Homes Core Sets). These recommended Health Home Core Sets of measures are an integral part of a larger payment and care delivery reform effort that focuses on quality outcomes for beneficiaries. The Core Sets will also be used to assess quality outcomes and performance, as well as to inform ongoing quality monitoring of the Health Home program. As authorized in 1945 and 1945A of the Act, Health Home providers shall report on Health Home Quality measures as a condition for receiving payment for health home services. Health Home providers will be expected to report to the state Medicaid program, which will report the data in aggregate to CMS at the State Plan Amendment (SPA) level.

The August 31, 2023, final rule does not add, remove, or revise any of the existing measures on the Core Sets, the annual Workgroup process updates the Health Home Core Set(s). In the rule, the annual process for updating the Child and Adult Core Sets as required by sections 1139A and 1139B of the Act are applied to the health home quality measures to be included in the Health Home Core Sets. The requirements for mandatory reporting of the Health Home Core Sets applies to all 50 States, D.C., and any United States territory with an approved Medicaid Health Home SPA.

Consequently, we anticipate that the mandatory reporting burden for States would increase in comparison to the current Core Set reporting burden including anticipated burden to States for system changes due to the mandatory nature of the data collection which may: increase the number of measures reported by States, adherence to the reporting guidance provided by CMS, and stratification of data by delivery system and demographic characteristics. States are required to report using the standardized methodologies and specifications and report on the populations

¹ <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/MMS-Blueprint>

² https://www.ssa.gov/OP_Home/ssact/title19/1945.htm.

to which the measures are applied. Please reference the Health Home Core Set of Quality Measures Technical Specifications and Resource Manual.³

It is probable that the Health Home Core Sets measures will change annually thus necessitating changes to the reporting structure and data elements of this collection. Approval for subsequent years' collections will be requested when the templates are finalized for that period.

C. Deviations from Generic Request

No deviations are requested.

D. Burden Hour Deduction

Wage Estimates

To derive average costs, we used data from the U.S. Bureau of Labor Statistics' (BLS')). In this regard, the following table presents BLS' mean hourly wage, our estimated cost of fringe benefits and other indirect costs (calculated at 100 percent of salary), and our adjusted hourly wage.

BLS's wage estimates are updated annually. Current wage figures can be found at http://www.bls.gov/oes/current/oes_nat.htm and can be used to calculate current cost estimates. May 2024 (see above) is current as of the date of this collection of information request.

| Occupation Title | Occupation Code | Mean Hourly Wage (\$/hr.) | Fringe Benefits and Other Indirect Costs (\$/hr.) | Adjusted Hourly Wage (\$/hr.) |
|--|-----------------|---------------------------|---|-------------------------------|
| Business Operations Specialists | 13-1000 | 43.76 | 43.76 | 87.52 |
| Chief Executives | 11-1011 | 126.41 | 126.41 | 252.82 |
| Computer Programmers | 15-1251 | 49.83 | 49.83 | 99.66 |
| Data Entry/ Information Processing Workers | 43-9020 | 21.00 | 21.00 | 42.00 |
| General Operations Manager | 11-1021 | 64.00 | 64.00 | 128.00 |

As indicated, we are adjusting our employee hourly wage estimates by a factor of 100 percent. This is necessarily a rough adjustment, both because fringe benefits and other indirect costs vary significantly from employer to employer, and because methods of estimating these costs vary widely from study to study. Nonetheless, we believe that doubling the hourly wage to estimate total cost is a reasonably accurate estimation method.

Burden Estimates

Annually, states with an approved Health Home SPA will submit performance measure data. We expect approximately 40 States to operate Health Home programs under section 1945 authority and 10 States to operate Health Home programs under section 1945A authority. The

³ <https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/health-home-quality-reporting>

Health Home Core Set for section 1945 programs consists of approximately 11 measures while the Health Home Core Set for section 1945A programs consists of approximately 7 measures. Data is collected at the Health Home provider level and aggregated up to a health home program level rate for the state depending on how many Health Home programs a state has.

1. Core Set of Health Home Quality Measures for Medicaid (Health Home Core Set) (Part 437, Subpart A)

Sections 1945(g) and 1945A(g)(1)(B) of the Act require provider reporting of measures for determining the quality of health home services provided as a condition for payment of such services. Mandatory reporting of the Health Home Core Sets would be required only if the State, D.C., or territory has an approved health home SPA. The data collection would be required to include: reporting on all mandatory measures following the reporting guidance provided by CMS; populations which States must report on for each measure such as specified delivery systems, health care settings, and beneficiaries dually eligible for Medicare and Medicaid; and the stratification of certain measures.

The burden for each respondent is dependent on the State's adoption of Health Home programs. We expect approximately 20 States (with approximately 40 health home programs) to operate Health Home programs under section 1945 authority and 10 States to operate Health Home programs under section 1945A authority.

Section 1945 Authority: The Health Home Core Set for section 1945 programs consists of approximately 11 measures. For each respondent with this program, we estimate it would take: 45 hours at \$99.66/hr. for a computer programmer to collect and synthesize the data, 45 hours at \$128.00/hr. for a general operations manager to analyze the data, 6 hours at \$42.00/hr. for a data entry worker to input the data, and 6 hours at \$252.82/hr. for a chief executive to verify, certify, and approve a State data submission to CMS. We estimate an annual burden of 4,080 hours (102 hr. x 40 responses) at a cost of \$480,544.80 (40 responses x ([45 hr x \$99.66/hr.] + [45 hr. x \$128.00/hr.] + [6 hr x \$42.00/hr.] + [6x \$252.82/hr.])).

Note that the section 1945 Health Home Core Set does not include a survey-based measure; thus, there are no burden and cost estimates associated with a survey, such as the costs of a statistician to conduct sampling and weighting for the survey.

Section 1945A Authority: The Health Home Core Set for section 1945A programs consists of approximately 6 measures. For each respondent with this program, we estimate it would take: 24 hours at \$99.66/hr. for a computer programmer to collect and synthesize the data, 24 hours at \$128.00/hr. for a general operations manager to analyze the data, 3 hours at \$42.00/hr. for a data entry worker to input the data, and 3 hours at \$252.82/hr. for a chief executive to verify, certify, and approve a State data submission to CMS. We estimate an annual state burden of 540 hours (54 hr./response x 10 responses) at a cost of \$63,483.00 (10 responses x ([24 hr. x \$99.66/hr.] + [24 hr. x \$128.00/hr.] + [3 hr. x \$42.00/hr.] + [3 x \$252.82/hr.])).

Note that the section 1945A Health Home Core Set does not include a survey-based measure; thus, there are no burden and cost estimates associated with a survey, such as the costs of a statistician to conduct sampling and weighting for the survey.

Burden Summary

| Section 437 under Title 42 of the CFR | # of Respondents | Total Responses | Time per Response (hours) | Total Time (hours) | Labor Cost (\$/hr.) | Total Cost (\$) | Adjusted Cost (\$) (50% FMAP or FFP) |
|---------------------------------------|------------------|-----------------|---------------------------|--------------------|---------------------|-------------------|---|
| 1945 Health Home Core Set | 40 | 40 | 102 | 4080 | varies | 480,554.80 | 240,277.40 |
| 1945A Health Home Core Set | 10 | 10 | 54 | 540 | varies | 63,483.00 | 31,921.50 |
| TOTAL | 50 | 50 | Varies | 4,620 | Varies | 544,037.80 | 272,198.90 |

Information Collection Instruments and Instruction/Guidance Document

*****Not for Public Comment*****

Health Home Measures 2024

HHQM-01 Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (No changes)
 HHQM-02 Controlling High Blood Pressure (No changes)
 HHQM-03 Colorectal Cancer Screening (No changes)
 HHQM-04 Screening for Depression and Follow-Up Plan (No changes)
 HHQM-05 Follow-Up after Hospitalization for Mental Illness (No changes)
 HHQM-06 Plan All-Cause Readmissions (No changes)
 HHQM-07 Use of Pharmacotherapy for Opioid Use Disorder (No changes)
 HHQM-08 Follow-Up after Emergency Department for Alcohol and Other Drug Abuse or Dependence (No changes)
 HHQM-09 Follow-Up After Emergency Department Visit for Mental Illness: Age 6 and Older (No changes)
 HHQM-10 Prevention Quality Indicator (PHI) 92: Chronic Conditions Composite (Removal)
 HHQM-11 Admission to an Institution from the Community (No changes)
 HHQM-12 Ambulatory Care: Emergency Department (ED) Visits (Removal)
 HHQM-13 Inpatient Utilization (No changes)

Common Questions

HHQM-14 Common Questions (No changes)

E. Timeline

The 14-day notice published in the Federal Register on August 25, 2025, 2025 (90 FR 41395). Comments must be received by September 8.