

To enter data manually for a PACE site, on the **PACE Quality Monitoring Start Page** (Figure III-1), click **Data Entry** in the right menu.



SELECTION CRITERIA

On the **Data Entry** – **Selection Criteria** page (Figure III-2), a Contract picklist contains the contracts associated with the user's PACE organization.

After the user selects the contract for which to enter data, the Site picklist will populate. After the user selects a site, the Collection Period picklist will populate. After selecting a data-collection quarter, click **Next**.

Note: Generally only the current data-collection quarter will display, but in some cases previous periods may display.

Figure III-2



PACE Quality Indicator: Abuse

The PACE Quality Reporting module enables users to report Abuse data. Refer to *PACE Guidance* for operational guidance on reporting Abuse data.

Frequency: PACE organizations are asked to submit Abuse data on a quarterly basis.

On the **Data Entry – Quality Indicator Selection** page (Figure III-10), select the Abuse quality indicator. Click **Edit Quality Indicator**.

On the **Data Entry** – **Abuse** page (Figure III-45), click **Add** to add an incident record. The **Edit** and **Delete** buttons will be disabled if there are no records to edit or delete. (See the **PACE Quality Indicator: No Data to Report** section above to report no data for the collection period.)

Contract Management	Plan Bids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Cost Reports	Data Extract Facility	Testing Comments
Home = PACE Quality M	Aonitoring = Data 8	Entry = Abuse				_		
Data Entry						PACE		<
Abuse								
Contract Number	Z0001	TRACT 1						
Site Name: EXAM	PLE NAME	TRACTT						
Data Collection P	eriod: 2nd Qua	arter, 2016 (Apr Ju	n.)					
There are currently	y no Abuse Inci	idents for this Contra	act/Site/Period.					
Jse the Back Butto	on to return to t	he Quality Indicator	Selection page.					
Back Add	Edit Delete	No Data To Rep	ort					

On the **Data Entry – Abuse – Add** page (Figure III-46), enter data, and click **Next**.

C) HPMS				TEST USER User Res	ources Log Out A A A
Health Plan Management System				Last logged in at 9	:29 AM on June 14, 2016
Contract ACO Plan Bids Form Management Nanagement Plan Bids Form	Plan Monitorin Jularies Monitorin	Quality and Performance	Risk Adjustment	Cost Reports Data Ext Facilit	ract Testing y Comments
Data Entry			P	ACE	+
Abuse - Add					
Contract Number: 20001 Contract Name: 20001 - EXAMPLE CONTRACT 1 Site Name: EXAMPLE SITE Data Collection Period: 2nd Quarter, 2016 (Apr Ju	n.)				
Account Manager:	Unassigned				
Age Range:	то				
Gender:	OMale OFemale				
Enrollment Date:	≤ June 201	6 ≥			
	Sun Mon Tue Wed	Thu Fri Sat			
	29 <u>30</u> <u>31</u> 1 5 6 7 8	2 3 4 9 10 11			
	12 13 14 15	<u>16 17 18</u>			
	<u>19</u> <u>20</u> <u>21</u> <u>22</u> 26 <u>27</u> 29 <u>20</u>	23 24 25			
	3 4 5 6	<u>Z</u> <u>8</u> <u>9</u>			
Incident Date:	≤ June 201	6 ≥			
	Sun Mon Tue Wed	Thu Fri Sat			
	29 30 31 1	2 3 4			
	12 13 14 15	16 17 18			
	19 20 21 22	23 24 25			
	26 27 28 29	30 1 2			
	2 2 2 2				
Location of incident:			Ľ		
Was the Participant Hospitalized?		Y			
Participant's Current Status:			~		
Center Attendance:	(Days per	Week)			
Type of Abuse:		~			
Person Accused of Abuse:			~		
Was Compliance Maintained with Plan of Care?	~				
Was Compliance Maintained with Participant's					
Medications?					
Was the Participant Receiving Mental Health or Substance Abuse Services Prior to the Incident?					
Was Adult Protective Services Notified?					
Significant Diagnosis:		A11 0		Assigned Diagnos	is
(Enter an ICD-10 Code then select 'Add a Diagnosis ') (Enter up to 5)		Add a Diagno	515 >>		
		<< Remove a D	iagnosis		
		<< Remove	All		
		-			
Back Next					
ICD-10 Guidance: ICD Code is 3-8 digits in length Position 1 is alpha Position 2 is numeric Position 3 is alpha or numeric (not case sensitive) Position 4 is a period Position 5-8 are alpha or numeric (not case sensitive)					
Home About HPMS Website Accessibility Web Policies File Fo This is a U.S. Government computer system subject to Federal law.	mats and Plug-Ins Rules	Of Behavior System Req	uirements FAQ		(CMS

On the **Data Entry – Abuse – Root Cause Analysis** page (Figure III-47), enter data and upload attachments as needed. Click **Browse** to locate the file(s) to upload, and click **Next**.



On the **Data Entry – Abuse – Verify** page (Figure III-48), verify the data. Click **Back** to edit data, or click **Submit**.



A **Control Number** will generate for each Abuse record. The **Data Entry** – **Abuse** page (Figure III-49) displays records that have been entered for the quarter. If the user wishes to:

- Edit a record click the radio button next to the control number, and click **Edit**.
- Delete a record click the radio button next to the control number, and click **Delete**.
- Add a new record click **Add**.
- Return to the **Data Entry Quality Indicator Selection** page click **Back**.

	ct Manager	ment F	'lan Bids		Plan Formularie	5	Monitoring	Qua	ormance	Risk Adjust	ment Data Ex	tract Facility
)ata	Entry	ty Monitoring » (Data Entry =	Abuse					PAC	E		+
buse	9											
te Na ata Co elect	Control	MPLE NAME Period: 2nd (Account Manager	Quarter, 2 Age Range	016 (Apr Gender	Jun.) Enrollment Date	Incident Date	Incident Location	Type of Abuse	Person Accused of Abuse	Taken to Hospital?	Participant's Current Status	RCA Complete
>	615	Unassigned	55 to 60	Male	1/1/2016	5/15/2016	Caregiver/ Family/ Friend	Neglect	Caregiver - Unrelated	No	Assisted Living Facility - Stable	Yes

PACE QUALITY INDICATOR: ADVERSE DRUG REACTION

The PACE Quality Reporting module enables users to report Adverse Drug Reaction data. Refer to *PACE Guidance* for operational guidance on reporting Adverse Drug Reaction data.

Frequency: PACE organizations are asked to submit Adverse Drug Reaction data on a quarterly basis.

On the **Data Entry – Quality Indicator Selection** page (Figure III-10), select the Adverse Drug Reaction quality indicator. Click **Edit Quality Indicator**.

On the **Data Entry** – **Adverse Drug Reaction** page (Figure III-50), click **Add** to add an incident record. The **Edit** and **Delete** buttons will be disabled if there are no records to edit or delete. (See the **PACE Quality Indicator: No Data to Report** section above to report no data for the collection period.)

HPN Health Pla	15 n Management S	ystem				TEST L Last	ISER User Resourc logged in at 3:38 AI	es Log Out A A A M on August 5, 2016
Contract Management	Plan Bids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Cost Reports	Data Extract Facility	Testing Comments
Home » PACE Quality	Monitoring » Data E	ntry = Adverse Drug Rea	ction					
Data Entry						PACE		+
Adverse Drug	Reaction							
Contract Number Contract Name: E Site Name: EXAN Data Collection F	:: Z0001 EXAMPLE CON IPLE NAME Period: 2nd Qua	TRACT 1 rter, 2016 (Apr Jur	1.)					
There are current	ly no Adverse Di	rug Reactions for thi	s Contract/Site/	Period.				
Use the Back Butt Back Add	on to return to th EditDelete	ne Quality Indicator S No Data To Repo	Selection page. ort					
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On the **Data Entry – Adverse Drug Reaction – Add** page (Figure III-51), enter data, and click **Next**.

Figure III-51

0										
HPMS Health Plan Management System								TEST USE	R User Resource gged in at 9:29 Al	s Log Out A A A M on June 14, 201
Contract ACO Pian Bids Form	Plan nularies	M	lonitoring		Quality a Performat	nd nce A	Risk djustment	Cost Reports	Data Extract Facility	Testing Comments
me + PACE Quality Monitoring > Data Entry > Adverse Drug R	naction						-			
ata Entry							P	ACE		+
dverse Drug Reaction - Add										
ontract Number: 20001 ontract Name: 20001 - EXAMPLE CONTRACT 1 ite Name: EXAMPLE SITE ata Collection Period: 2nd Quarter, 2016 (Apr Ju	n.)									
Account Manager:	Unassio	ned								
Age Range:		то	0							
Gender:	Male	OF	emale							
Enrollment Date:	e la		une 2016							
	- Sun Mo	n Tue	Wed Ti	nu Fri	Sat					
	29 3	31	1	2 3	4					
	5 5	I	8	2 10	11					
	12 13	1 14	15 1	6 17 3 24	18					
	26 2	28	29 3	0 1	2					
	3 4	5	6	2 8	9					
Incident Date:	≤	್ರ	une 2016		2					
	Sun Mo	n Tue	Wed T	nu Fri	Sat					
	29 3	31	1	2 3	4					
	12 13	14	15 1	5 17	11					
	19 20	21	22 2	3 24	25					
	26 23	28	29 3	0 1	2					
	3 4	5	6	2 8	8		antes 1			
Location of Incident:							~			
Was the Participant Hospitalized?						~				
Participant's Current Status:						~				
Center Attendance		(Da	up per V	(ank)						
Center Attendance.		(Da	lys per v	reek/				Acciana	Outcomor	
Adverse Outcome: (Enter an ICD-10 Code then select 'Add an Outcome '1					Add an	Outcome >	>	Assigne	a Outcomes	
(Enter all that apply)				-	THUS UIT	Crate Grine >				
					< Remov	e an Outco	ime			
					<< R	emove All				
Significant Disgnosis								Assigne	d Diagnosis	
(Enter an ICD-10 Code then select 'Add a Diagnosis.')					Add a D)iagnosis >:	*			
(Enter up to 5)					Berne	a Filmente	ale I			
					< runio	no la chagnu	A205			
					≪ R	amove All				
Back Next										
D-10 Guidance:										
ICD Code is 3-8 digits in length										
Position 2 is numeric										
Position 3 is alpha or numeric (not case sensitive) Position 4 is a neriod										
Position 5-8 are alpha or numeric (not case sensitive)										
Anna I Annu MRAR I Markella Annu and an I Markella Com		Burn Inc.	Towns	Detroit	er l en er	n Dan	inte i state			
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On the **Data Entry – Adverse Drug Reaction – Root Cause Analysis** page (Figure III-52), enter data, and upload attachments as needed. Click **Browse** to locate the file(s) to upload, and click **Next.**

Figure III-52

HPMS Health Plan Management S	TEST USER User Resources Log Out A A A ystem Last logged in at 7:01 AM on July 29, 2016
Contract Management Plan	Bids Plan Formularies Monitoring Quality and Risk Adjustment Data Extract Facility
Home = PACE Quality Monitoring = Data I	Entry × Adverse Drug Reaction
Data Entry	PACE +
Adverse Drug Reaction -	Add
Contract Number: Z0001 Contract Name: EXAMPLE CONT Site Name: EXAMPLE NAME Data Collection Period: 2nd Qua	RACT 1 rter, 2016 (Apr Jun.)
Root Cause Analysis	
Contributing Factors:	Did Not Make PACE Organization Aware of Known Allergy Drug Allergy - Documented in Medical Record Drug Allergy - Not Documented in Medical Record Drug Interaction Failure to Communicate Allergy to Contracted Provider Lack of Education - Cartegiver Lack of Education - Contractor Lack of Education - Staff Non-Compliance with Medication(s)
Other:	
Actions Taken:	Assessment - Activities Assessment - Dietary Assessment - Home Care Coordinator Assessment - OT Assessment - PCP Assessment - PT Assessment - RN Assessment - SW Changes to Medical Record System Changes to Medication Prescribing Procedure
Other:	
Ongoing Improvements:	Changes to Medical Record System Changes to Medication Prescribing Procedure ^ Education - Contracted Provider/Facility Education - Participant Education - Participant Education - Staff Increased Center Attendance Increased Staff at Contracted Provider/Facility Increased Staff at PACE Center
Other:	
Attachments Upload Attachment:	Browse NOTE: Valid attachment file types are: bit, xlsx, vism, docx, ppt, pdf, xls, doc, ppt, jpg, gf, zp, xml
Back Next	
Root Cause Analysis Guidance: Users have until the end of the collec Users can initially enter and save oth The Quality Indicator data submission	tion period to enter Root Cause Analysis data as required. er data for the Quality Indicator, and enter Root Cause Analysis data at a later date. n will not be considered complete until the Root Cause Analysis data has been entered.
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On the **Data Entry – Adverse Drug Reaction – Verify** page (Figure III-53), verify the data. Click **Back** to edit data, or click **Submit**.

Figure III-53

HPMS Health Plan Management System					TEST USE	R User Resources ogged in at 9:29 AN	Log Out A A A
Contract ACO Management Management Plan Bids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Cost Reports	Data Extract Facility	Testing Comments
Home » PACE Quality Monitoring » Data Entry » Adverse	Drug Reaction		and the south of the south				
Data Entry				P	ACE		+
Adverse Drug Reaction - Verify							
Contract Number: 20001 Contract Name: 20001 - EXAMPLE CONTRAC Site Name: EXAMPLE SITE Data Collection Period: 2nd Quarter, 2016 (Ap	T 1 or Jun.)						
Account Manager:	Unassigned						
Age Range:	65 to 70						
Gender:	Female						
Enrollment Date:	1/5/2016						
Incident Date:	5/19/2016						
Incident Location:	Assisted Living	g Facility					
Was the Participant Hospitalized?	Yes - Emerger	ncy Department	Only				
Participant's Current Status:	Assisted Living	g Facility - Stabl	e				
Center Attendance.	J Day(s) per Week						
Adverse Outcome:	• R55						
Significant Diagnosis:	 T88.7 						
Root Cause Analysis							
Contributing Factors:	 Drug Interac 	tion					
Actions Taken:	 Assessment 	- Home Care C	Coordinator				
	 Changes to Education 	Medical Record	l System vidor/Encility				
	 Education - Education - 	Staff	videntraciiity				
Ongoing Improvements:	 Changes to 	Medical Record	System				
	 Changes to 	Medication Pres	scribing Procedu	ire			
	 Education - 	Staff					
New Attachment:	TESTFILE1 wi	th Docx.zip					
Back Submit							
Home About HPMS Website Accessibility Web Policies This is a U.S. Government computer system subject to Feder	File Formats and Pi at law.	lug-Ins Rules Of Be	ehavior System Req	uirements FAQ		C	CMS

A **Control Number** will generate for each Adverse Drug Reaction record. The **Data Entry** – **Adverse Drug Reaction** page (Figure III-54) displays records that have been entered for the quarter. If the user wishes to:

- Edit a record click the radio button next to the control number, and click **Edit**.
- Delete a record click the radio button next to the control number, and click **Delete**.
- Add a new record click **Add**.
- Return to the **Data Entry Quality Indicator Selection** page click **Back**.

	anagem	ent Plar	1 Bids	Plan	Formularies	Monitor	ing Q Pe	rformance Ris	k Adjustment	ata Extract Facility
me » PACI	E Quality	Monitoring » Data	Entry = Adv	erse Drug R	eaction					
ata Er	ntry							PACE		+
dverse	Drug	Reaction								
		Dis Alter Weillow								
ntract N	lumber	T ZOOO1	TRACT 1							
e Name:	: EXAM	IPLE NAME	TRACT							
ta Colle	ction P	Period: 2nd Qu	arter, 2016	(Apr Ju	ın.)					
elect Co	ontrol	Account	Age	Gender	Enrollment	Incident	Incident	Taken to Hospital?	Participant's	RCA
	#	Manager	Range		Date	Date	Location		Current Status	Complete
616	6	Unassigned	65 to 70	Female	1/5/2016	5/19/2016	Assisted Living Facility	Yes - Emergency Room Only	Assisted Living Facility - Stable	Yes
				Indiantan	Selection nage					
e the Ba	ck Butt	on to return to t	the Quality	Indicator	Selection page					

PACE QUALITY INDICATOR: ADVERSE OUTCOME

The PACE Quality Reporting module enables users to report Adverse Outcome data. Refer to *PACE Guidance* for operational guidance on reporting Adverse Outcome data.

Frequency: PACE organizations are asked to submit Adverse Outcome data on a quarterly basis.

On the **Data Entry – Quality Indicator Selection** page (Figure III-10), select the Adverse Outcome quality indicator. Click **Edit Quality Indicator**.

On the **Data Entry** – **Adverse Outcome** page (Figure III-55), click **Add** to add an incident record. The **Edit** and **Delete** buttons will be disabled if there are no records to edit or delete. (See the **PACE Quality Indicator: No Data to Report** section above to report no data for the collection period.)

	Health Pla	n Management S	iystem				Т	EST USER User Resource Last logged in at 1:07 PN	s Log Out A A / I on August 5, 201
Contrac	ct Managen	nent Plan	Bids	Plan Formularies	Monitoring	Qu	ality and formance	Risk Adjustment Dat	a Extract Facility
ome » F	PACE Qualit	y Monitoring » Data	Entry = Adverse	e Outcome					
ata	Entry						PACE		+
dver	se Outo	come							
ata Co	lection	Period: 2nd Qua	rter 2016 (A	pr Jun.)					
ata Co ielect	Control	Period: 2nd Qua Account Manager	nter, 2016 (A Age Range	pr Jun.) Gender Enrollment Date	Incident Date	Incident Location	Taken to Hospital?	Participant's Current Status	RCA Complete?
ata Co ielect	Control # 617	Period: 2nd Qua Account Manager Unassigned	Age Range 65 to 70	pr Jun.) Gender Enrollment Date Male 3/1/2016	Incident Date 5/10/2016	Incident Location Hospital	Taken to Hospital? Yes - Admitted	Participant's Current Status Hospitalized - Stable	RCA Complete? Yes

On the **Data Entry – Adverse Outcome – Add** page (Figure III-56), enter data, and click **Next**.

HPMS Health Plan Management System											TE	ST USER	User Resol	rces[Log Or 9 AM on Jun	irt A.A., e 14, 20
Contract ACO Flan Bids Form	Plan nularii		м	enitori	ng	P	ouality erform	and ince	R Adju	isk stment	Cost R	eports	Data Extra Facility	ct Te Con	sting ments
ne + PACE Quality Monitoring + Data Entry + Advarae Outcom	æ														
ata Entry										Ľ	ACE				+
dverse Outcome - Add															
ontract Number: 20001 ontract Name: 20001 - EXAMPLE CONTRACT 1 te Name: EXAMPLE SITE tta Collection Period: 2nd Quarter, 2016 (Apr Ju	n.)														
Account Manager:	Unav	sian	nd												
Age Range:	Unas		TO												
Gender:	0.	lale	OF	emal											
Enrollment Date:	VI.		J	ene 20	16		2								
	Sun	Mon	Tue	Wed	Thu	Fill	Sat								
	28	10	Z	1	8	10	11								
	12	13	14	15	<u>16</u>	17	18								
	19 26	20 22	21 28	22	23	1	2								
	3	4	5	5	2	8	2								
Incident Date:	4		,h	ene 20	16		2								
	Sun	Mon	Tue	Wed	Thu	Fri	Sit								
	5	6	Z	8	8	10	11								
	12	12	14	<u>15</u>	<u>16</u>	17	10								
	19	20 27	21	22	23	24	2								
	3	4	5	6	2	8	2								
Location of Incident:										Y					
Was the Participant Hospitalized?								¥							
Participant's Current Status:															
Center Attendance:			Da	vs ne	Wei	ak1									
			10.0	,-		-					A	ssigned	Outcome		
Adverse Outcome: (Enter an ICO-15 Dode their aelect 'Add an Outcome')					T	_	Add ar	Outco	ese >>			o origine o			
- (Enter all that apply)					1		Dame	un an	Chillenne						
					1		44 I	lamov	R All						
Significant Diagnosis:											A	ssigned	Diagnosis	i	
(Enter an ICO-18 Code then select Add a Diagnoss) (Enter up to II)							Add a	Diagno	8B >>						
					1	. 4	< Remo	we a D	liagnosis						
					1		<< }	lemovi	EA.g	1					
Sack Next															
D-10 Guildance: ICD Code is 3-8 digits in length Position 1 is alpha Position 2 is numeric Position 4 is a period Position 4 is a period Position 5-8 are alpha or numeric (not case sensitive)															
Position 5-8 are alpha or numeric (not case sensitive) Horse About H1MS Webaile Accessibling Web Pokkes He Por The to a U.S. Government computer system subject to Pokkes law.	muta (od Ph	y Ita	Huter	ora	et a trainig	r Sysk	in Rog	uniterib	(140				(CR	AS

On the **Data Entry – Adverse Outcome – Root Cause Analysis** page (Figure III-57), enter data, and upload attachments as applicable. Click **Browse** to locate the file(s) to upload, and click **Next**.

Figure III-57

HPMS Health Plan Management S	ystem			TEST USER User Re Last logged in at	sources Log Out A A A t7:01 AM on July 29, 2016
Contract Management Plan	Bids Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Data Extract Facility
Home = PACE Quality Monitoring = Data I	Entry × Adverse Outcome	: :			
Data Entry			PAC	E	+
Adverse Outcome - Add					
Contract Number: Z0001 Contract Name: EXAMPLE CONT Site Name: EXAMPLE NAME Data Collection Period: 2nd Qua	RACT 1 rter, 2016 (Apr Jun.)				
Root Cause Analysis					
Contributing Factors:	Non-Compliance with Plan of Car Non-Compliance with Plan of Car Non-Compliance with Plan of Car PC Does Not Have Applicable PC Participant - Cognitive Impairmen Participant - Illness Participant - Mental Health Issues Participant Error Staff Error	re - Caregiver re - Contractor re - Participant re - Staff blicies or Procedures it s			
Other:					
Actions Taken:	Assessment - Activities Assessment - Dietary Assessment - Home Care Coordii Assessment - OT Assessment - PCP Assessment - PT Assessment - RN Assessment - SW Education - Contracted Provider/F Education - Family/Caregiver	nator			
Other:					
Ongoing Improvements:	Changes to Medical Record Syste Changes to Medication Prescribin Education - Contracted Provider/R Education - Participant Education - Participant Education - Staff Increased Center Attendance Increased Home Care Increased Staff at Contracted Pro Increased Staff at PACE Center	em ng Procedure ^ Facility svider/Facility ~			
Other:					
Attachments					
Upload Attachment:	NOTE Valid attachment file tones are list of	dors not of the day and	Browse		
Back Next	NUTE: Vaid adachment he types are: .bd, .kibk, .bdm,	. oocx, ppo, po, xm, ooc, ppt, pg,	gn, 20, .xm		
Root Cause Analysis Guidance: Users have until the end of the collec Users can initially enter and save oth The Quality indicator data submission	tion period to enter Root Cause Analysis er data for the Quality Indicator, and enter a will not be considered complete until the	data as required. r Root Cause Analysis data a Root Cause Analysis data h	t a later date. as been entered.		
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On the **Data Entry – Adverse Outcome – Verify** page (Figure III-58), verify the data. Click **Back** to edit data, or click **Submit**.

Figure III-58



A **Control Number** will generate for each Adverse Outcome record. The **Data Entry** – **Adverse Outcome** page (Figure III-59) displays records that have been entered for the quarter. If the user wishes to:

- Edit a record click the radio button next to the control number, and click **Edit**.
- Delete a record click the radio button next to the control number, and click **Delete**.
- Add a new record click **Add**.
- Return to the **Data Entry Quality Indicator Selection** page click **Back**.

	ct Managen	nent Plan	Bids	Plan Form	nularies	Monitoring	Qu Per	formance	Risk Adjustment Da	ita Extract Facili
me » P	PACE Qualit	ty Monitoring = Data	Entry = Adver	se Outcome						
ata	Entry							PACE		
dver	se Outo	come								
ntrac	t Numbe	er: Z0001								
ontrac ontrac	t Numbe Name:	EXAMPLE CON	TRACT 1							
ontrac ontrac te Nar ata Co	ct Numbe ct Name: me: EXAN pllection l	r: Z0001 EXAMPLE CON MPLE NAME Period: 2nd Qua	TRACT 1 arter, 2016 (Apr Jun.)						
ontrac ontrac te Nar ata Co elect	ct Numbe ct Name: me: EXAM ollection I	er: Z0001 EXAMPLE CON MPLE NAME Period: 2nd Qua	TRACT 1 arter, 2016 (Apr Jun.) Gender E	Enrollment	Incident	Incident	Taken to	Participant's Currer	It RCA
ontrac ontrac te Nar ita Co	ct Numbe ct Name: me: EXAM bliection I Control #	er: 20001 EXAMPLE CON MPLE NAME Period: 2nd Qua Account Manager	TRACT 1 arter, 2016 (Age Range	Apr Jun.) Gender E	Enroliment Date	Incident Date	Incident Location	Taken to Hospital?	Participant's Curren Status	it RCA Complete
ntrac ntrac e Nar ta Co elect	ct Numbe ct Name: me: EXAM bilection I Control # 617	r: Z0001 EXAMPLE CON' MPLE NAME Period: 2nd Qua Account Manager Unassigned	TRACT 1 arter, 2016 (Age Range 65 to 70	Apr Jun.) Gender E Male 3/1	Enroliment Date 1/2016	Incident Date 5/10/2016	Incident Location Hospital	Taken to Hospital? Yes - Admitted	Participant's Curren Status Hospitalized - Stable	it RCA Comple Yes
ntrac ntrac e Nar ta Co elect	ct Numbe ct Name: me: EXAM billection I Control # 617	er: Z0001 EXAMPLE CON MPLE NAME Period: 2nd Qua Account Manager Unassigned	TRACT 1 arter, 2016 (Age Range 65 to 70	Apr Jun.) Gender E Male 3/1	Enroliment Date 1/2016	Incident Date 5/10/2016	Incident Location Hospital	Taken to Hospital? Yes - Admitted	Participant's Curren Status Hospitalized - Stable	t RCA Complete Yes
ntrac ntrac e Nar ta Co elect	t Numbe t Name: me: EXAM billection I Control # 617 Back But	er: Z0001 EXAMPLE CON MPLE NAME Period: 2nd Qua Account Manager Unassigned	TRACT 1 arter, 2016 (Age Range 65 to 70 the Quality In	Apr Jun.) Gender E Male 3/1	Enrollment Date 1/2016 ection page.	Incident Date 5/10/2016	Incident Location Hospital	Taken to Hospital? Yes - Admitted	Participant's Curren Status Hospitalized - Stable	t RCA Complete Yes

PACE QUALITY INDICATOR: BURNS 2ND DEGREE OR HIGHER

The PACE Quality Reporting module enables users to report Burns 2nd Degree or Higher data. Refer to *PACE Guidance* for operational guidance on reporting Burns 2nd Degree or Higher.

Frequency: PACE organizations are asked to submit Burns 2nd Degree or Higher data on a quarterly basis.

On the **Data Entry – Quality Indicator Selection** page (Figure III-10), select the Burns 2nd Degree or Higher quality indicator. Click **Edit Quality Indicator**.

On the **Data Entry** – **Burns** 2nd Degree or Higher page (Figure III-60), click **Add** to add an incident record. The **Edit** and **Delete** buttons will be disabled if there are no records to edit or delete. (See the **PACE Quality Indicator: No Data to Report** section above to report no data for the collection period.)

Health Plan Man	agement System				Last logged in at	1:07 PM on August 5, 201
Contract Management	Plan Bids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Data Extract Facility
Home > PACE Quality Monito	ring = Data Entry = Bu	rns 2nd Degree or Higher				
Data Entry				PA	ICE	+
Burns 2nd Degree	or Higher					
Contract Number: Z000 Contract Name: EXAMP Site Name: EXAMPLE N Data Collection Period	PLE CONTRACT 1 AME : 3rd Quarter, 2016	δ (Jul Sep.)				
There are currently no E	lurn 2nd Degree o	r Higher Incidents for this	Contract/Site/Period.			
Use the Back Button to r Back Add Edit	eturn to the Qualit	y Indicator Selection page o Data To Report				
Home About HPMS Websil This is a U.S. Government con	e Accessibility Web Po puter system subject to	licies File Formats and Plug-Ins Federal law	Rules Of Behavior System	Requirements FAQ		(CMS

On the **Data Entry – Burns** 2nd Degree or Higher – **Add** page (Figure III-61), enter data, and click **Next**.

Figure III-61

HPMS									1	EST USER User Resources Log Out A A
- Healm Plan Management System										Last logged in at 2:59 PM on July 26, 20
ontract Management Plan Bids Plan Formularies Monito	ring	Qual	ity an	d Perf	ormai	nce	Risk A	ljustment Data	Extract Facility	
me = PACE Quality Monitoring = Data Entry = Burns 2nd Degre	e or H	igher								
ata Entry									PACE	+
urns 2nd Degree or Higher - Add										
ontract Number: 20001 ontract Name: EXAMPLE CONTRACT 1 te Name: EXAMPLE NAME ta Collection Period: 3rd Quarter, 2016 (Jul Sep	.)									
Account Manager:	Unas	sign	ed							
Age Range:			то	i .						
Gender:	OM	ale	OF	emale	0					
Enrollment Date:	<		J	uly 201	6		2			
	Sun	Mon	Tue	Wed	Thu	Fri	Sat			
	26	27	28	<u>29</u> A	30	1	2			
	10	11	12	13	14	15	16			
	17	18	19	20	21	22	23			
	31	25	26	27	28	29	<u>30</u> 6			
Incident Date:	21	1	-	2	2	2	2			
incluent Date.	≤ Sun	Mon	Tue	Wed	o. Thu	Fri	Sat			
	26	27	28	29	<u>30</u>	1	2			
	3	4	5	6	I	8	9			
	10	11 18	12	1 <u>3</u> 20	14 21	15 22	10 23			
	24	25	26	27	28	29	30			
	31	1	2	3	4	5	ĝ			
Location of Incident:									~	
Was the Participant Hospitalized?							~			
Participant's Current Status:								~		
Center Attendance:			(Day	/s per	Wee	ek)				
										Assigned Burn Type
Type of Burn: (Enter an ICD-10 Code then select 'Add a Burn Type.')					Γ		Add a	Burn Type >>		Assigned built type
(Select all that apply)										
						~	< Remo	ve a Burn Type		
					1		<< F	emove All		
Significant Diagnosis:							Add a	Naganasia		Assigned Diagnosis
(Enter up to 5)					1	_	Aut a	nagnosis >>		
						<	< Remo	ve a Diagnosis		
					1		<< F	emove All		
					1					
Back Next										
D-10 Guidance: ICD Code is 3-8 digits in length Position 1 is alpha Position 2 is numeric Position 3 is alpha or numeric (not case sensitive) Position 4 is a period Position 5-8 are alpha or numeric (not case sensitive)										
rome About HPMS Website Accessibility Web Policies File For hie is a U.S. Government computer system subject to Federal law.	mats a	nd Plu	ig-Ins	Rules	Of Be	havio	r Syste	m Requirements	FAQ	(CMS

On the **Data Entry – Burns** 2nd Degree or Higher – **Root Cause Analysis** page (Figure III-62), enter data, and upload attachments as applicable. Click **Browse** to locate the file(s) to upload, and click **Next**.

Figure III-62

HPMS Health Plan Management S	ystem	TEST USER User Resources Log Out A A A Last logged in at 7:01 AM on July 29, 2016
Contract Management Plan	Bids Plan Formularies Monitoring	Quality and Performance Risk Adjustment Data Extract Facility
Home > PACE Quality Monitoring > Data	Entry » Burns 2nd Degree or Higher	
Data Entry		PACE +
Burns 2nd Degree or High	ner - Add	
Contract Number: Z0001 Contract Name: EXAMPLE CONT Site Name: EXAMPLE NAME Data Collection Period: 2nd Qua	RACT 1 rter, 2016 (Apr Jun.)	
Root Cause Analysis		
Contributing Factors:	Adaptive Equipment Not Used Decrease in Center Attendance Decrease in Home Care Delay or Cancelation of Scheduled Home Care Diagnosis of Dementa Equipment Malfunction Fire Extinguisher Malfunction Hot Food Hot Water Improper Food Handling	
Other:		
Actions Taken:	Assessment - Activities Assessment - Dietary Assessment - Home Care Coordinator Assessment - OT Assessment - PCP Assessment - PT Assessment - RN Assessment - SW Education - Contracted Provider/Facility Education - Family/Caregiver	~
Other:		
Ongoing Improvements:	Education - Contracted Provider/Facility Education - Family/Caregiver Education - Participant Education - Staff Increased Center Attendance Increased Staff at Contracted Provider/Facility Increased Staff at PACE Center Medication Change Ongoing Contractor Oversight	
Other:		
Attachments		
Upload Attachment:	NOTE Valid attachment file types are: .bdsisk: .xismdocxpotrprifxisdocr.	Browse
Back Next		
Root Cause Analysis Guidance: Users have until the end of the collec Users can initially enter and save oth The Quality Indicator data submission	tion period to enter Root Cause Analysis data as required. er data for the Quality Indicator, and enter Root Cause Analysis n will not be considered complete until the Root Cause Analysis of	data at a later date. Jata has been entered.
Home About HPMS Website Accessibility This is a U.S. Government computer system	y Web Policies File Formats and Plug-Ins Rules Of Behavior Sys subject to Federal law.	tem Requirements FAQ

On the **Data Entry – Burns** 2nd Degree or Higher – **Verify** page (Figure III-63), verify the data. Click **Back** to edit data, or click **Submit**.

Figure III-63

HPMS	T	EST USER User Resources Log Out A A A
Health Plan Management System		Last logged in at 2:59 PM on July 26, 2016
Contract Management Plan Bids Plan Formularies	Monitoring Quality and Performance Risk Adjustment Data Extract Facility	
Home » PACE Quality Monitoring » Data Entry » Burns 2/	nd Degree or Higher	
Data Entry	PACE	+
Dua Entry		
Burns 2nd Degree or Higher - Verity		
Contract Number: Z0001		
Contract Name: EXAMPLE CONTRACT 1		
Data Collection Period: 3rd Quarter 2016 (Jul	- Sen)	
Data Concellon Period. Sid Quarter, 2010 (Su	Jep.)	
Account Manager:	Unassigned	
Age Range:	70 to 75	
Gender:	Male	
Enrollment Date:	7/6/2016	
Incident Date:	7/25/2016	
Incident Location:	Alternative Care Setting - Activity Area	
Was the Participant Hospitalized?	Yes - Emergency Room Only	
Participant's Current Status:	Assisted Living Facility - Stable	
Center Attendance:	3 Days per Week	
Type of Burn:	• T22.2	
Significant Diagnosis:	• T22.21	
Root Cause Analysis		
Contributing Factors:	Decrease in Center Attendance	
Actions Taken:	 Assessment - PT 	
	 Assessment - RN 	
	Education - Contracted Provider/Facility	
	Education - Family/Caregiver Education - Staff	
	 Implemented Fire/Burn Prevention Programs in Center 	
	 Increased Center Attendance 	
Ongoing Improvements:	 Education - Contracted Provider/Facility 	
	Education - Participant	
Mary Adda at an and	Increased Genter Attendance TESTEIL E deex	
New Attachment:	IESIFILE.00CX	
Back Submit		
Home About HPMS Website Accessibility Web Policies	File Formats and Plug-Ins Rules Of Behavior System Requirements FAQ	
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A **Control Number** will generate for each Burn record. The **Data Entry** – **Burns** 2nd Degree or Higher page (Figure III-64) displays records that have been entered for the quarter. If the user wishes to:

- Edit a record click the radio button next to the control number, and click **Edit**.
- Delete a record click the radio button next to the control number, and click **Delete**.
- Add a new record click **Add**.
- Return to the **Data Entry Quality Indicator Selection** page click **Back**.

• - PACE Qua	ality Monitoring = Da	ta Entry = Bu	rns 2nd Deg	gree or Higher			_		
rns 2nd I	У								
rns 2nd I							PACE		+
THO ALL A	Degree or Hig	gher							
a Collection	n Period: 3rd Qu	Age	6 (Jul Se Gender	ep.) Enroliment	Incident	Incident Location	Taken to	Participant's	RCA
629	Unassigned	70 to 75	Male	7/6/2016	7/25/2016	Alternative Care Setting - Activity Area	Yes - Emergency Room Only	Assisted Living Facility - Stable	Yes

PACE QUALITY INDICATOR: DEATHS

The PACE Quality Reporting module enables users to report Deaths data. Refer to *PACE Guidance* for operational guidance on reporting Deaths.

Frequency: PACE organizations are asked to submit Deaths data on a quarterly basis.

On the **Data Entry – Quality Indicator Selection** page (Figure III-10), select the Deaths quality indicator. Click **Edit Quality Indicator**.

On the **Data Entry – Deaths** page (Figure III-65), click **Add** to add an incident record. The **Edit** and **Delete** buttons will be disabled if there are no records to edit or delete. (See the **PACE Quality Indicator: No Data to Report** section above to report no data for the collection period.)

HPM Health Plan	IS Management Sy	ystem				TEST L Last	ISER User Resourc t logged in at 3:38 Al	es Log Out A A A M on August 5, 2016
Contract Management	Plan Bids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Cost Reports	Data Extract Facility	Testing Comments
Home = PACE Quality N	fonitoring = Data Er	ntry = Deaths						
Data Entry						PACE		+
Deaths								
Contract Number: Contract Name: EX Site Name: EXAMI Data Collection Pe	Z0001 XAMPLE CONT PLE NAME eriod: 2nd Quar	'RACT 1 ter, 2016 (Apr Ju	n.)					
There are currently	y no Deaths for t	this Contract/Site/P	eriod.					
Use the Back Butto	on to return to th	e Quality Indicator	Selection page.					
Dack Add t	Eait Delete	No Data 10 Rept	DIL					
Home About HPMS V This is a U.S. Governme	Website Accessibility Int computer system :	Web Policies File Form subject to Federal law	nats and Plug-Ins Ru	iles Of Behavior Syste	em Requirements FAQ		(CMS

On the **Data Entry – Deaths – Add** page (Figure III-66), enter data, and click **Next**.

-									-			
HPMS Health Plan Management System										TEST U	SER User Resound It logged in at 9:2	rces Log Out A A A
Contract ACO Plan Bids Form	Plan nularie	5	Mc	onitoring		Quality Perform	and	Ris Adjust	k ment	Cost Report	Bata Extra Facility	t Testing Comments
me = PACE Quality Monitoring = Data Entry = Deaths												
ata Entry									P	ACE		+
eaths - Add												
ontract Number: 20001 ontract Name: 20001 - EXAMPLE CONTRACT 1 te Name: EXAMPLE SITE ata Collection Period: 2nd Quarter, 2016 (Apr Ju	n.)											
Account Manager:	Unas	sian	ed									
Age Range:	Chias	orgin	то									
Gender:	OM	ale	OF	emale								
Enrollment Date:	5		Ju	une 2016	1	2						
	Sun	Mon	Tue	Wed 1	'hu Fr	Sat						
	29	30	31	1	2 3	4						
	12	© 13	Z 14	8 15	16 17	111						
	19	20	21	22	23 24	25						
	26	27	28	29	30 1	2						
	3	4	5	6	Z 8	9						
Incident Date:	≤		Ju	une 2016	1	2						
	Sun 29	Mon	Tue 31	Wed T	nu Fn	i Sat						
	5	<u>6</u>	Z	8	9 10	11						
	12	<u>13</u>	14	15	<u>16 17</u>	<u>18</u>						
	19	20	21	22	23 24	25						
	3	4	5	6	ZQ	2						
Location of Incident:	-								~			
Was the Participant Hospitalized?							~					
Participant's Current Status:							_	~				
Center Attendance:			(Day	vs per 1	Neek)			_				
				ie Feel						Assio	ned Outcomes	
Adverse Outcome: (Enter an ICD-18 Code then select 'Add an Outcome.')						Add a	Outcon	10 >>	1			
(Enter all that apply)												
						<< Rem	we an O	utcome				
						<<	Remove	All				
Significant Diagnosis:										Assig	ned Diagnosis	
(Enter an ICD-10 Code then select 'Add a Diagnosis.')						Add a	Diagnos	is >>				
(Enter of to b)						<< Rem	ove a Di	agnosis				
							-					
					_		Remove	All	1			
Back Next												
ICD Code is 3-8 dialts in length												
Position 1 is alpha												
Position 2 is numeric Position 3 is alpha or numeric (not case sensitive)												
Position 4 is a period												
Prosecution provide aligned or numeric (not case sensitive)												
		_										
Iome About HPMS Website Accessibility Web Policies File For This is a U.S. Government committer system surfact to Federal law	mats a	nd Più	g-Ins	Rules (of Behav	ior Sys	em Requ	irements (FAQ			CME
												CUND

On the **Data Entry – Deaths – Root Cause Analysis** page (Figure III-67), enter data, and upload attachments as applicable. Click **Browse** to locate the file(s) to upload, and click **Next**.

HPMS Health Plan Management S	yslem		TEST USER User Re Last logged in at	sources Log Out A A A 7:01 AM on July 29, 2016
Contract Management Plan	Bids Plan Formularies Monitoring	Quality and Performance	Risk Adjustment	Data Extract Facility
Home * PACE Quality Monitoring * Data	Entry » Deaths			
Data Entry		PAC	E	+
Deaths - Add				
Contract Number: Z0001 Contract Name: EXAMPLE CONT Site Name: EXAMPLE NAME Data Collection Period: 2nd Qua	RACT 1 rter, 2016 (Apr Jun.)			
Root Cause Analysis				
Contributing Factors:	Accident (other) Alcohol Use Attempted Ambulate Unassisted Attempted Use of Restroom Unassisted Attempted to Stand on Vehicle Attempted to Transfer out of Bed Unassisted Decrease in Center Attendance Decrease in Home Care Did Not Maintain Home Environment as Recomm Equipment Malfunction	ended by PO v		
Other:				
Actions Taken:	Education - Contracted Provider/Facility Education - Family/Caregiver Education - Participant Education - Staff Initiated Contractor Oversight Initiated Quality Improvement Activities Modified Environment - Assisted Living Facility Modified Environment - Hospital Modified Environment - Nursing Facility Modified Environment - PACE Center			
Other:				
Ongoing Improvements:	Education - Contracted Provider/Facility Education - Family/Caregiver Education - Participant Education - Staff Implemented Safety Awareness Program Ongoing Contractor Oversight Ongoing Quality Improvement Activities Policy - Implemented a New Policy Policy - Revised an Existing Policy None			
Other:				
Attachments				
Upload Attachment:		Browse		
Back Next	NOTE: Valid attachment file types are: .bit, .xlsx, .xlsm, .docx, .ppb, .pdf, .xls, .dr	oc, ppt, jpg, gif, zip, xml		
Root Cause Analysis Guidance: Users have until the end of the collec Users can initially enter and save oth The Quality Indicator data submission	tion period to enter Root Cause Analysis data as required. er data for the Quality Indicator, and enter Root Cause Analy a will not be considered complete until the Root Cause Analy	sis data at a later date. sis data has been entered.		
Home About HPMS Website Accessibility This is a U.S. Government computer system	/ Web Policies File Formats and Plug-Ins Rules Of Behavior subject to Federal law.	System Requirements FAQ		(CMS

On the **Data Entry – Deaths – Verify** page (Figure III-68), verify the data. Click **Back** to edit data, or click **Submit**.



A **Control Number** will generate for each Death record. The **Data Entry** – **Deaths** page (Figure III-69) displays records that have been entered for the quarter. If the user wishes to:

- Edit a record click the radio button next to the control number, and click **Edit**.
- Delete a record click the radio button next to the control number, and click **Delete**.
- Add a new record click **Add**.
- Return to the **Data Entry Quality Indicator Selection** page click **Back**.

Image: PACE Quality Monitoring = Data Entry = Deaths Data Entry Deaths Contract Number: 20001 Contract Name: EXAMPLE CONTRACT 1 State Name: EXAMPLE CONTRACT 1 State Collection Period: 2nd Quarter, 2016 (Apr Jun.) Select Control Account Age Gender Enrollment Incident Location Hospital? Participant's Current Date	PACE Quality Monitoring = Data Entry = Deaths PACE PACE Quality Monitoring = Data Entry = Deaths PACE PACE	C C C C	t Managem	ent Plan	Bids	Plan Formularies	Monitorin	g Qual Perfo	ty and mance	Risk Adjustment Data	Extract Facilit
eaths contract Number: Z0001 contract Number: Z0001 contract Name: EXAMPLE CONTRACT 1 te Name: EXAMPLE CONTRACT 1 te Name: EXAMPLE NAME ata Collection Period: 2nd Quarter, 2016 (Apr Jun.) elect Control Account Age Gender Enrollment Incident Incident Hospital2 Status C	PACE	me = F	ACE Quality	/ Monitoring = Data	Entry = Deaths						
eaths ontract Number: Z0001 ontract Name: EXAMPLE CONTRACT 1 te Name: EXAMPLE NAME ata Collection Period: 2nd Quarter, 2016 (Apr Jun.) elect Control Account Age Gender Enrollment Incident Incident Hospital2 Status	eaths ontract Number: Z0001 ontract Name: EXAMPLE CONTRACT 1 te Name: EXAMPLE NAME ata Collection Period: 2nd Quarter, 2016 (Apr Jun.) elect Control Account Age Gender Enrollment Date Date Location Hospital? Participant's Current Comple b 630 Unassigned 85 to 90 Male 6/1/2016 6/10/2016 Assisted Living No Deceased Yes	ata	Entry						PACE		+
elect Control Account Age Gender Enrollment Incident Incident Taken to Participant's Current Age Date Date Control Hospital?	ontract Number: Z0001 ontract Name: EXAMPLE CONTRACT 1 te Name: EXAMPLE NAME ata Collection Period: 2nd Quarter, 2016 (Apr Jun.) elect Control Account Age Gender Enrollment Date Incident Location Hospital? Participant's Current Complete the G30 Unassigned 85 to 90 Male 6/1/2016 6/10/2016 Assisted Living No Deceased Yes	eath	s								
w manager Range Date Date Eccation hospital Country o	630 Unassigned 85 to 90 Male 6/1/2016 6/10/2016 Assisted Living No Deceased Yes Facility	ata Co	llection F	Period: 2nd Qua	irter, 2016 (A	(pr Jun.)					
> 630 Unassigned 85 to 90 Male 6/1/2016 6/10/2016 Assisted Living Facility No Deceased Ye		ata Co	Control	Period: 2nd Qua Account Manager	Age Range	Apr Jun.) Gender Enrolimen Date	t Incident Date	Incident Location	Taken to Hospital?	Participant's Current Status	RCA Complete

PACE QUALITY INDICATOR: ELOPEMENT

The PACE Quality Reporting module enables users to report Elopement data. Refer to *PACE Guidance* for operational guidance on reporting Elopement data.

Frequency: PACE organizations are asked to submit Elopement data on a quarterly basis.

On the **Data Entry – Quality Indicator Selection** page (Figure III-10), select the Elopement quality indicator. Click **Edit Quality Indicator**.

On the **Data Entry** – **Elopement** page (Figure III-70), click **Add** to add an incident record. The **Edit** and **Delete** buttons will be disabled if there are no records to edit or delete. (See the **PACE Quality Indicator: No Data to Report** section above to report no data for the collection period.)

Management	Pla	n Bids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Cost Reports	Data Extract Facility	Testing Comments
ome = PACE Quality	Monitoria	ng = Data En	try = Elopement				_		
Data Entry							PACE		+
lopement									
ontract Numbe	r: Z000	1							
ontract Name: ite Name: EXAN	EXAMP	LE CONTI AME	RACT 1						
ata Collection	Period:	2nd Quart	er, 2016 (Apr Jun	.)					
There are curren	tly no El	opements	for this Contract/Si	te/Period.					
se the Back But	ton to re	turn to the	Quality Indicator S	election page.					
Back Add	Edit	Delete	No Data To Repo	rt					

On the **Data Entry – Elopement – Add** page (Figure III-71), enter data, and click **Next**.

HPMS				TEST USER User Resource	s Log Out A A A
				Last logged in at 9:29 Al	M on June 14, 2016
Management Management Plan Bids Form	nularies Moni	itoring Performanc	Adjustment	Cost Reports Facility	Comments
Home » PACE Quality Monitoring » Data Entry » Elopement					
Data Entry			P	ACE	+
Elopement - Add					
Contract Number: Z0001 Contract Name: Z0001 - EXAMPLE CONTRACT 1 Site Name: EXAMPLE SITE Data Collection Period: 2nd Quarter, 2016 (Apr Ju	n.)				
Account Manager:	Unassigned				
Age Range:	то				
Gender:	⊖ Male ⊖ Fem	nale			
Enrollment Date:	≤ June	2016 ≥			
	Sun Mon Tue W	Ved Thu Fri Sat			
	29 30 31	1 2 3 4			
	12 13 14 .	15 16 17 18			
	19 20 21 2	22 23 24 25			
	<u>26 27 28 2</u>	<u>29 30 1 2</u>			
	3 4 5	0 <u>7</u> 0 <u>9</u>			
Incident Date:	≤ June Sun Mon Tue W	e2016 ≥ Ved Thu Fri Sat			
	29 30 31	1 2 3 4			
	<u>5</u> <u>6</u> Z	8 9 10 11			
	<u>12</u> <u>13</u> <u>14</u> <u>1</u> 19 20 21 <u>1</u>	$\frac{15}{22}$ $\frac{16}{23}$ $\frac{17}{24}$ $\frac{18}{25}$			
	26 27 28 2	29 30 1 2			
	3 4 5	<u>6</u> <u>7</u> <u>8</u> <u>9</u>			
Location of Incident:			~		
Time of Incident:	~				
Was the Participant Hospitalized?			~		
Participant's Current Status:			~		
Center Attendance:	(Days	per Week)			
Classificant Discourse		N (C 2 - 3		Assigned Diagnosis	
(Enter an ICD-10 Code then select 'Add a Diagnosis ')		Add a Dia	gnosis >>		
(Enter up to 5)		cc Romma	a Diagnosis		
		<< Ren	ove All		
Back Next					
CD-10 Guidance: ICD Code is 3-8 digits in length Position 1 is alpha Position 2 is numeric Position 3 is alpha or numeric (not case sensitive) Position 4 is a period Position 5-8 are alpha or numeric (not case sensitive)					
Home About HPMS Website Accessibility Web Policies File Fo	rmats and Plug-Ins F	Rules Of Behavior System	Requirements FAQ		
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On the **Data Entry – Elopement – Root Cause Analysis** page (Figure III-72), enter data, and upload attachments as applicable. Click **Browse** to locate the file(s) to upload, and click **Next**.

Figure III-72

HPMS Health Plan Management S	iyslem	and the second	TEST USER User Resources Log Out A A Last logged in at 7:01 AM on July 29, 201
Contract Management Plan	Bids Plan Formularies Mor	nitoring Quality and Performance	Risk Adjustment Data Extract Facility
Home » PACE Quality Monitoring » Data	Entry » Elopement		
Data Entry		P	ACE +
Elopement - Add			
Contract Number: 20001 Contract Name: EXAMPLE CONT Site Name: EXAMPLE NAME Data Collection Period: 2nd Qua	'RACT 1 rter, 2016 (Apr Jun.)		
Root Cause Analysis			
Contributing Factors:	Decrease in Center Attendance Decrease in Home Care Diagnosis of Dementia Did Not Maintain Home Environment as R Equipment Malfunction Exit Door Not Alarmed Interventions Recommended by IDT Not In Lack of Education - Caregiver Lack of Education - Contractor Lack of Education - Participant	ecommended by PO	
Other:			
Actions Taken:	Assessment - Activities Assessment - Dietary Assessment - Home Care Coordinator Assessment - OT Assessment - PCP Assessment - PT Assessment - RN Assessment - SW Education - Contracted Provider/Facility Education - Family/Caregiver	~	
Other:			
Ongoing Improvements:	Education - Contracted Provider/Facility Education - Family/Caregiver Education - Staff Increased Center Attendance Increased Home Care Increased Staff at Contracted Provider/Fac Increased Staff at PACE Center Medication Change Ongoing Contractor Oversight	cility	
Other:			
Attachments			
Upload Attachment:	NINTE Light descent the base are an alternative of the	Browse	
Back Next	NOTE: Vaid attachment hie types are: .txt, .xisx, .xism, .docx, .ppt, .	par, xxs, doc, ppt, jpg, git, zip, xmi	
Root Cause Analysis Guidance: Users have until the end of the collec Users can initially enter and save ofth The Quality Indicator data submission	tion period to enter Root Cause Analysis data as rec er data for the Quality Indicator, and enter Root Cau n will not be considered complete until the Root Cau	uired. se Analysis data at a later date. se Analysis data has been entered.	
Home About HPMS Website Accessibilit This is a U.S. Government computer system	y Web Policies File Formats and Plug-Ins Rules Of B subject to Federal law.	iehavior System Requirements FAQ	(CMS

On the **Data Entry – Elopement – Verify** page (Figure III-73), verify the data. Click **Back** to edit data, or click **Submit**.



A **Control Number** will generate for each Elopement record. The **Data Entry** – **Elopement** page (Figure III-74) displays records that have been entered for the quarter. If the user wishes to:

- Edit a record click the radio button next to the control number, and click **Edit**.
- Delete a record click the radio button next to the control number, and click **Delete**.
- Add a new record click **Add**.
- Return to the **Data Entry Quality Indicator Selection** page click **Back**.

ome » PACE Quality Monitoring » Data Entry » Elopement Data Entry PACE Iopement ontract Number: Z0001 ontract Name: EXAMPLE CONTRACT 1 ite Name: EXAMPLE NAME	
Data Entry PACE PACE PACE PACE PACE PACE PACE PACE	
Iopement ontract Number: 20001 ontract Name: EXAMPLE CONTRACT 1 te Name: EXAMPLE NAME	+
ontract Number: Z0001 ontract Name: EXAMPLE CONTRACT 1 te Name: EXAMPLE NAME	
elect Control Account Age Gender Enrollment Incident Incident Time of Taken to Participant's # Manager Range Date Date Location Incident Hospital? Current Status	RCA Complete
) 631 Unassigned 90 to 95 Female 4/1/2016 6/6/2016 Alternative Care Setting No Assisted Living Facility - Stable	Yes

PACE QUALITY INDICATOR: EQUIPMENT-RELATED OCCURENCES

The PACE Quality Reporting module enables users to report Equipment-Related Occurrences data. Refer to *PACE Guidance* for operational guidance on reporting Equipment-Related Occurrences.

Frequency: PACE organizations are asked to submit Equipment-Related Occurrences data on a quarterly basis.

On the **Data Entry – Quality Indicator Selection** page (Figure III-10), select the Equipment-Related Occurrences quality indicator. Click **Edit Quality Indicator**.

On the **Data Entry – Equipment-Related Occurrences** page (Figure III-75), click **Add** to add an incident record. The **Edit** and **Delete** buttons will be disabled if there are no records to edit or delete. (See the **PACE Quality Indicator: No Data to Report** section above to report no data for the collection period.)



On the **Data Entry – Equipment-Related Occurrences – Add** page (Figure III-76), enter data, and click **Next**.

Figure III-76

HPMS Health Plan Management System							TEST	USER User Reso Last logged in at 9:	urces Log Out A A) 29 AM on June 14, 201
Contract ACO Plan Bids Form	Plan nularies	Мо	nitoring	Qi Per	uality and formance	Risk Adjustm	ent Cost Rep	oorts Data Extra Facility	ct Testing Comments
Home = PACE Quality Monitoring = Data Entry = Equipment-Relat	ted Occurre	nces							
Data Entry							PACE		+
Equipment-Related Occurrences - Add									
Contract Number: 20001 Contract Name: 20001 - EXAMPLE CONTRACT 1 Site Name: EXAMPLE SITE Data Collection Period: 2nd Quarter, 2016 (Apr Ju	n.)								
Account Manager:	Unassign	ned							
Age Range:		то							
Gender:	Male	OF	male						
Eprollment Date:			no 2016	_	-				
Entoiment Dete.	Sun Mor	Tuo	Wed Thu	En	Sat				
	29 30	31	1 2	3	4				
	5 6	I	8 9	10	11				
	12 13	14	15 16	17	18				
	19 20	21	22 23	24	25				
	26 27	28	<u>29 30</u>	1	2				
	3 4	ţ.	§ Z	8	9				
Incident Date:	ś	Ju	ne 2016		2				
	Sun Mor	Tue	Wed Thu	Fn	Sat				
	29 30	31	1 2	3	4				
	5 6	Z	8 9	10	11				
	<u>12</u> <u>13</u>	14	<u>15 16</u>	17	18				
	19 20	21	22 23	24	25				
	26 27	28	29 30	1	2				
	2 4	2	0 L	8	3				
Location of Incident:							~		
Was the Participant Hospitalized?					~				
Participant's Current Status:						V			
Center Attendance:		(Day	s per We	iek)					
Adverse Outcome:							As	signed Outcome	s
(Enter an ICD-10 Code then select 'Add an Outcome')				1	Add an Outo	ome >>			
(Enter as that appy)				<<	Remove ar	Outcome	1		
					<< Remo	ve All			
Significant Diagnosis:							As	signed Diagnosi	5
(Enter an ICD-10 Code then select 'Add a Diagnosis.')				1	Add a Diagr	osis >>			
(Enter up to 5)				<<	Remove a	Diagnosis	1		
					<< Remo	ve All			
Back Next									
CD 10 Culdance:									
ICD Code is 3-8 digits in length									
Position 1 is alpha									
Position 2 is numeric Position 3 is alpha or numeric (and care considera)									
Position 4 is a period									
Position 5-8 are alpha or numeric (not case sensitive)									
Home About HPMS Website Accessibility Web Policies File Fo This is a U.S. Government computer system subject to Federal law.	rmats and P	lug Ins	Rules Of E	ietiavior	System Re	quirements Fi	AQ		CMS

On the **Data Entry** – **Root Cause Analysis** page (Figure III-77), enter data, and upload attachments as needed. Click **Browse** to locate the file(s) to upload, and click **Next**.

HPMS Health Plan Management S	ystem			TEST USER User R Last logged in a	esources Log Out A A A at 7:01 AM on July 29, 2016
Contract Management Plan I	Bids Plan Formularies Monitori	ing	Quality and Performance	Risk Adjustment	Data Extract Facility
Home = PACE Quality Monitoring = Data I	Entry » Equipment-Related Occurrences				
Data Entry			PA	CE	+
Equipment-Related Occur	rrences - Add				
Contract Number: Z0001 Contract Name: EXAMPLE CONT Site Name: EXAMPLE NAME Data Collection Period: 2nd Qua	RACT 1 rter, 2016 (Apr Jun.)				
Root Cause Analysis					
Contributing Factors:	Decrease in Center Attendance Decrease in Home Care Equipment Malfunction Equipment Not Properly Maintained Improper Use of Equipment - Caregiver Improper Use of Equipment - Participant Improper Use of Equipment - Staff Lack of Education - Caregiver Lack of Education - Contractor	~			
Other:					
Actions Taken:	Assessment - Activities Assessment - Dietary Assessment - Home Care Coordinator Assessment - OT Assessment - PCP Assessment - PT Assessment - RN Assessment - SW Education - Contracted Provider/Facility Education - Family/Caregiver	*			
Other:					
Ongoing Improvements:	Education - Contracted Provider/Facility Education - Family/Caregiver Education - Participant Education - Staff Increased Center Attendance Increased Home Care Increased Staff at Contracted Provider/Facility Increased Staff at PACE Center Medication Change Ongoing Contractor Oversight	~			
Other:					
Attachments			-		
Upload Attachment:	NOTE: Valid attachment file types are: .bd, .xlsx, .xlsm, .docx, .ppb, .pdf, .x	is, doc. ppt, jpg, g	Browse		
Back Next					
Root Cause Analysis Guidance: Users have until the end of the collec Users can initially enter and save oth The Quality Indicator data submission	tion period to enter Root Cause Analysis data as require er data for the Quality Indicator, and enter Root Cause A n will not be considered complete until the Root Cause Ar	d. nalysis data at nalysis data ha'	a later date. s been entered.		
Home About HPMS Website Accessibilit This is a U.S. Government computer system	y Web Policies File Formats and Plug-Ins Rules Of Behav subject to Federal law.	ior System Rei	quirements FAQ		(CMS
On the **Data Entry – Equipment-Related Occurrences – Verify** page (Figure III-78), verify the data. Click **Back** to edit data, or click **Submit**.

Figure III-78

HPMS Health Plan Management System					TEST USE Last lo	R User Resources ogged in at 9:29 AM	Log Out A A A on June 14, 2016
Contract ACO Management Management Plan Bids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Cost Reports	Data Extract Facility	Testing Comments
Home = PACE Quality Monitoring = Data Entry = Equipme	ent-Related Occurrer	ices					
Data Entry				F	ACE		+
Equipment-Related Occurrences - V	/erify						
Contract Number: Z0001 Contract Name: Z0001 - EXAMPLE CONTRAC Site Name: EXAMPLE SITE Data Collection Period: 2nd Quarter, 2016 (Ap	T 1 or Jun.)						
Account Manager:	Unassigned						
Age Range:	70 to 75						
Gender:	Male						
Enrollment Date:	5/1/2016						
Incident Date:	6/6/2016						
Incident Location:	Hospital						
Was the Participant Hospitalized?	Yes - Admitted						
Participant's Current Status:	Participant Hor	me - Stable					
Center Attendance:	3 Day(s) per Week						
Adverse Outcome:	• t84.01						
Significant Diagnosis:	• M89.9						
Root Cause Analysis							
Contributing Factors:	 Equipment N 	lot Properly Ma	intained				
Actions Taken:	 Modified Env 	vironment - Hos	spital				
Ongoing Improvements:	 Policy - Revi Repaired Eq 	sed an Existing uipment	Policy				
New Attachment:	TESTFILE1 wit	th Docx.zip					
Back Submit							
Home About HPMS Website Accessibility Web Policies This is a U.S. Government computer system subject to Feder	File Formats and Pi al law.	ug-ins Rules Of B	ehavior System Requ	uirements FAQ		C	CMS

A **Control Number** will generate for each Equipment-Related Occurrence record. The **Data Entry** – **Equipment-Related Occurrences** page (Figure III-79) displays records that have been entered for the quarter. If the user wishes to:

- Edit a record click the radio button next to the control number, and click **Edit**.
- Delete a record click the radio button next to the control number, and click **Delete**.
- Add a new record click **Add**.
- Return to the **Data Entry Quality Indicator Selection** page click **Back**.

	t Managem	nent Plan	Bids	Plan Fo	ormularies	Monitoring	Qu Per	ality and formance	Risk Adjustment Di	ita Extract Facilit
me = P	ACE Quality	y Monitoring = Data	Entry = Equip	ment-Relate	d Occurrences					
ata	Entry							PACE		+
quip	ment-R	elated Occu	rrences							
ntrac	t Numbe	r: Z0001								
ntrac	t Name:	EXAMPLE CONT	RACT 1							
ita Co	ne: EXAN	IPLE NAME Period: 2nd Qua	rter, 2016 (Apr Jun	.)					
ita Co	me: EXAN	MPLE NAME Period: 2nd Qua	irter, 2016 (Apr Jun	.)	Included	traidant	Takan da	Paula Incondita Gorana	
te Nai ata Co elect	ne: EXAM ellection f	MPLE NAME Period: 2nd Qua Account Manager	rter, 2016 (Age Range	Apr Jun Gender	.) Enrollment Date	Incident Date	Incident Location	Taken to Hospital?	Participant's Currer Status	t RCA Complete
e Nai ta Co	ne: EXAN Illection F Control # 632	MPLE NAME Period: 2nd Qua Account Manager Unassigned	Age Range 70 to 75	Apr Jun Gender Male	.) Enrollment Date 5/1/2016	Incident Date 6/6/2016	Incident Location Hospital	Taken to Hospital? Yes - Admitted	Participant's Currer Status Participant Home - Stable	t RCA Complete Yes
e Nai ta Co	ne: EXAN Ilection F Control # 632	MPLE NAME Period: 2nd Qua Account Manager Unassigned	Age Range 70 to 75	Apr Jun Gender Male	.) Enroliment Date 5/1/2016	Incident Date 6/6/2016	Incident Location Hospital	Taken to Hospital? Yes - Admitted	Participant's Curren Status Participant Home - Stable	t RCA Complete Yes
e Nai ta Co elect	me: EXAM Ilection f Control # 632 Back But	MPLE NAME Period: 2nd Qua Account Manager Unassigned ton to return to th	Age Range 70 to 75	Apr Jun Gender Male ndicator S	.) Enrollment Date 5/1/2016 election page.	Incident Date 6/6/2016	Incident Location Hospital	Taken to Hospital? Yes - Admitted	Participant's Curren Status Participant Home - Stable	t RCA Complete Yes

PACE QUALITY INDICATOR: FALLS WITH INJURY

The PACE Quality Reporting module enables users to report Falls with Injury data. Refer to *PACE Guidance* for operational guidance on reporting Falls with Injury.

Frequency: PACE organizations are asked to submit Falls with Injury data on a quarterly basis.

On the **Data Entry – Quality Indicator Selection** page (Figure III-10), select the Falls with Injury quality indicator. Click **Edit Quality Indicator**.

On the **Data Entry – Falls** with Injury page (Figure III-80), click **Add** to add an incident record. The **Edit** and **Delete** buttons will be disabled if there are no records to edit or delete. (See the **PACE Quality Indicator: No Data to Report** section above to report no data for the collection period.)

HPMS Health Plan Management System	TEST USER User Resources Log Out A A A Last logged in at 2:59 PM on July 26, 2016
Contract Management Plan Bids Plan Formularies Monitoring Quality and Performance Risk Adjustment Data Extract Facily	ity
Home » PACE Quality Monitoring » Data Entry » Fails with injury	
Data Entry PAC	E +
Falls with Injury	
Contract Number: Z0001 Contract Name: EXAMPLE CONTRACT 1 Site Name: EXAMPLE NAME Data Collection Period: 3rd Quarter, 2016 (Jul Sep.)	
There are currently no Falls with Injury for this Contract/Site/Period.	
Use the Back Button to return the the Quality Indicator Selection page. Back Add Edit Delete No Data To Report	
Home About HPMS Website Accessibility Web Policies File Formats and Plug-Ins Rules Of Behavior System Requirements FAQ This is a U.S. Government computer system subject to Federal law.	(CMS)

On the **Data Entry – Falls** with Injury – **Add** page (Figure III-81), enter data, and click **Next**.

HPMS Health Plan Management System		TEST USER User Resources Log Out A A A Last logged in at 2:59 PM on July 26, 2016
Contract Management Plan Bids Plan Formularies Monito	ring Quality and Performance Risk Adju	ustment Data Extract Facility
Home + PACE Quality Monitoring + Data Entry + Falls with Injury		
Data Entry		PACE +
Falls with Injury - Add		
Contract Number: 20001 Contract Name: EXAMPLE CONTRACT 1 Site Name: EXAMPLE NAME Data Collection Period: 3rd Quarter, 2016 (Jul Sep	.)	
Account Manager:	Unassigned	
Age Range:	то	
Gender:	O Male O Female	
Enrollment Date:	\leq July 2016 \geq	
	Sun Mon Tue Wed Thu Fri Sat	
	3 4 5 6 7 8 9	
	10 11 12 13 14 15 16	
	<u>17 18 19 20 21 22 23</u> 24 25 28 27 29 20 30	
	<u>24</u> <u>25</u> <u>26</u> <u>27</u> <u>26</u> <u>26</u> <u>36</u> <u>31</u> <u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u> <u>6</u>	
Incident Date:	≤ July 2016 ≥	
	Sun Mon Tue Wed Thu Fri Sat	
	26 27 28 29 30 1 2	
	<u>3</u> <u>4</u> <u>5</u> <u>6</u> <u>7</u> <u>8</u> <u>9</u> 10 11 12 13 14 15 16	
	17 18 19 20 21 22 23	
	24 25 26 27 28 29 30	
	31 1 2 3 4 5 6	
Location of Incident:		Y
Time of Incident:	~	
Was the Participant Hospitalized?		
Participant's Current Status:		5
Center Attendance:	(Days per Week)	
Adverse Outcome:		Assigned Outcomes
(Enter an ICD-10 Code then select 'Add an Outcome ')	Add an C	Dutcome >>
(Enter all that apply)	<< Remove	a an Outcome
	<< Re	move All
		Assigned Diagnosis
Significant Diagnosis: (Enter an ICD-10 Code then select 'Add a Diagnosis.')	Add a Di	agnosis >>
(Enter up to 5)		
	<< Remove	e a Diagnosis
	<< Re	move All
Back Next		
ICD-10 Guidance: ICD Code is 3-8 digits in length Position 1 is alpha Position 2 is numeric Position 3 is alpha or numeric (not case sensitive) Position 4 is a period Position 5-8 are alpha or numeric (not case sensitive)		
Home About HPMS Website Accessibility Web Policies File For This is a U.S. Government computer system subject to Federal law.	mats and Plug-Ins Rules Of Behavior System	Requirements FAQ

On the **Data Entry – Falls** with Injury **– Root Cause Analysis** page (Figure III-82), enter data, and upload attachments as applicable. Click **Browse** to locate the file(s) to upload, and click **Next**.

Figure III-82 HPMS TEST USER | User Resources | Log Out | A A A ment System alth Plan Ma Last logged in at 1:07 PM on August 5, 2016 Plan Formularies Monitoring Quality and Performance **Risk Adjustment** Data Extract Facility Contract Management Plan Bids ome = PACE Quality Monitoring = Data Entry = Falls with Injury PACE + Data Entry Falls with Injury - Add Contract Number: Z0001 Contract Name: EXAMPLE CONTRACT 1 Site Name: EXAMPLE NAME Data Collection Period: 3rd Quarter, 2016 (Jul. - Sep.) **Root Cause Analysis** Decrease in Center Attendance Decrease in Home Care Did Not Maintain Home Environment as Recommended by IDT Equipment Malfunction Equipment Not Properly Maintained Hypoglycemia Contributing Factors: Hypotension Improper Footwear Improper Transfer - Caregiver Improper Transfer - Family Member Other: Assessment - Activities Assessment - Dietary Assessment - Home Care Coordinator Assessment - OT Assessment - PCP Assessment - PT Actions Taken: Assessment - RN Assessment - SW Education - Contracted Provider/Facility Education - Family/Caregiver Other: Education - Contracted Provider/Facility Education - Family/Caregiver Education - Participant Education - Staff Increased Center Attendance Ongoing Improvements: Increased Home Care Increased Staff at Contracted Provider/Facility Increased Staff at PACE Center Medication Change Ongoing Contractor Oversight Other: Attachments Upload Attachment: Browse... Valid attachment file types are: .bd, .xisx, .xism, .docx, .ppb, .pdf, .xis, .doc, .ppt, .jpg, .gif, .zip NOTE Back Next **Root Cause Analysis Guidance:** Users have until the end of the collection period to enter Root Cause Analysis data as required. Users can initially enter and save other data for the Quality Indicator, and enter Root Cause Analysis data at a later date The Quality Indicator data submission will not be considered complete until the Root Cause Analysis data has been entered CMS

On the **Data Entry** – **Falls** with Injury – **Verify** page (Figure III-83), verify the data. Click **Back** to edit data, or click **Submit**.

HPMS Health Plan Management System		TEST USER User Resources Log Out A A A Last logged in at 2:59 PM on July 26, 2016
Contract Management Plan Bids Plan Formularies	Monitoring Quality and Performance Risk Adjustment Data Extract Facilit	y
Home » PACE Quality Monitoring = Data Entry » Falls wit	h Injury	
Data Entry	PACE	+
Falls with Injury - Verify		
Contract Number: 20001 Contract Name: EXAMPLE CONTRACT 1 Site Name: EXAMPLE NAME Data Collection Period: 3rd Quarter, 2016 (Jul	i Sep.)	
Account Manager:	Unassigned	
Age Range:	70 to 80	
Gender:	Male	
Enrollment Date:	7/1/2016	
Incident Date:	7/8/2016	
Incident Location:	Assisted Living Facility - Bathroom	
Time of Incident:	Evening	
Was the Participant Hospitalized?	Yes - Emergency Room Only	
Participant's Current Status:	Assisted Living Facility - Stable	
Center Attendance:	4 Days per Week	
Adverse Outcome:	• Z91.81	
Significant Diagnosis:	• Z91.81	
Root Cause Analysis		
Contributing Factors:	Hypotension	
Actions Taken:	 Assessment - RN 	
	 Education - Contracted Provider/Facility 	
	 Education - Participant 	
	 Education - Staff 	
Ongoing Improvements:	 Education - Contracted Provider/Facility 	
5 5 .	 Education - Staff 	
New Attachment:	TESTFILE.docx	
Back Submit		
Home About HPMS Website Accessibility Web Policies	File Formats and Plug-Ins Rules Of Behavior System Requirements FAQ	
This is a U.S. Government computer system subject to Federa	al faw.	(CMS

A **Control Number** will generate for each Fall record. The **Data Entry** – **Falls** with Injury page (Figure III-84) displays records that have been entered for the quarter. If the user wishes to:

- Edit a record click the radio button next to the control number, and click **Edit**.
- Delete a record click the radio button next to the control number, and click **Delete**.
- Add a new record click **Add**.
- Return to the **Data Entry Quality Indicator Selection** page click **Back**.

	Managem	ent Plan Bids	Plan Formu	ularies Mo	onitoring Qualit	ty and Perfor	mance Risk Adjust	ment Data Ex	tract Facility		
ata	Entry	y monitoring = D	ata Entry » P	alis with Inj	ury				PACE		+
alls w ontract ontract te Nan ata Col elect	t Numbe t Name: ne: EXAN llection l	ury er: Z0001 EXAMPLE CO MPLE NAME Period: 3rd Q Account	DNTRACT f	1 16 (Jul Gender	Sep.)	Incident	Incident	Time of	Taken to	Participant's	RCA
E	# 598	Unassigned	70 to 80	Male	7/1/2016	7/8/2016	Assisted Living Facility - Bathroom	Evening	Yes - Emergency Room Only	Assisted Living Facility - Stable	Yes

PACE QUALITY INDICATOR: FIRES/OTHER DISASTERS

The PACE Quality Reporting module enables users to report Fires/Other Disasters data. Refer to *PACE Guidance* for operational guidance on reporting Fires/Other Disasters.

Frequency: PACE organizations are asked to submit Fires/Other Disasters data on a quarterly basis.

On the **Data Entry – Quality Indicator Selection** page (Figure III-10), select the Fires/Other Disasters quality indicator. Click **Edit Quality Indicator**.

On the **Data Entry – Fires/Other Disasters** page (Figure III-85), click **Add** to add an incident record. The **Edit** and **Delete** buttons will be disabled if there are no records to edit or delete. (See the **PACE Quality Indicator: No Data to Report** section above to report no data for the collection period.)

0	HP/ Health Pl	MS Ian Mana	ogement Sy	rstem				TEST U Last	JSER User Resourc t logged in at 3:38 Al	es Log Out A A A M on August 5, 2016			
Cor Mana	ntract gement	Pla	n Bids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Cost Reports	Data Extract Facility	Testing Comments			
Home » F	ACE Quali	ty Monitor	ng » Data En	try = Fires/Other Disast									
Data Entry PACE +													
Fires/	Fires/Other Disasters												
Contrac Contrac Site Na Data Co	t Numb Name: me: EXA ollection	er: Z000 EXAMF MPLE N Period:	PLE CONT NAME 2nd Quar	RACT 1 ter, 2016 (Apr Jui	ı.)								
There a	re curre	ntly no F	ires/Other	Disasters Occurrer	nces for this Cor	tract/Site/Period.							
Use the Back	Use the Back Button to return to the Quality Indicator Selection page. Back Add Edit Delete No Data To Report												
Home / This is a	Home About HPMS Website Accessibility Web Policies File Formats and Plug-Ins Rules Of Behavior System Requirements FAQ This is a U.S. Government computer system subject to Federal law.												

On the **Data Entry – Fires/Other Disasters – Add** page (Figure III-86), enter data, and click **Next**.

							-				
Health Plan Management System									TEST USE	R User Resource ogged in at 9:29 A	siLog OutiA A / M on June 14, 201
Contract ACO Plan Bids Form	'lan Iularies	м	onitorir	•	Qui	lity and ormance	Ri Adjus	sk tment	Cost Reports	Data Extract Facility	Testing Comments
e = PACE Quality Monitoring = Data Entry = Fires/Other Disa	stors										
ata Entry								P	ACE		+
res/Other Disasters - Add											
ontract Number: 20001 Intract Name: 20001 - EXAMPLE CONTRACT 1 te Name: EXAMPLE SITE ta Collection Period: 2nd Quarter, 2016 (Apr Jun	n.)										
Account Manager:	Unassig	ned									
Age Range:		то	0								
Gender:	O Male	OF	emale								
Enrollment Date:	≤	J	une 201	6		2					
	Sun Mor	n Tue	Wed	Thu #	Fri S	sat.					
	29 30	31	1	2	3	4					
	12 13	14	15	10	17	18					
	19 20	21	22	23	24	25					
	26 27	28	29	30	1	2					
	3 4	2	6	1	8	9					
Incident Date:	≤ Cup Ma	JI.	une 201	6		2					
	29 30	31	1	2	-n 2 3	4					
	5 6	z	8	9	10	11					
	<u>12</u> <u>13</u>	<u>14</u>	<u>15</u>	<u>16</u>	17	18					
	19 20	21	22	23 2	1	25					
	3 4	5	ē.	Z	8	9					
Location of Incident:								~			
Was the Participant Hospitalized?											
Participant's Current Status:											
Center Attendance:		(Da	ys per	Week)						
Adverse Outcome:									Assigne	d Outcomes	
(Enter an ICD-10 Code then select 'Add an Outcome')					A	td an Oul	come >>				
(Enter all that apply)					~	temove a	n Outcome				
				-		<< Rem	we All				
Significant Diagnosis:									Assigne	d Diagnosis	
(Enter an ICD-10 Code then select 'Add a Diagnosis.')					A	dd a Diag	nosis >>				
Second all of all					<<	Remove a	Diagnosis				
				10							
				-		<< Rem	We All				
Back Next											
D-10 Guidance: ICD Code is 3-8 digits in length Position 1: is alpha Position 2 is numeric Position 3 is alpha or numeric (not case sensitive) Position 4: is a period Position 5-8 are alpha or numeric (not case sensitive)											
ome About HPMS Websile Accessibility Web Policies File For his is a U.S. Government computer system subject to Federal law	mats and P	lug-Ins	Rules	Of Betu	nvior	System R	equirements	FAQ		(СМЗ

On the **Data Entry – Fires/Other Disasters – Root Cause Analysis** page (Figure III-87), enter data, and upload attachments as applicable. Click **Browse** to locate the file(s) to upload, and click **Next**.

Figure III-87

HPMS Health Plan Management S	ystem		TEST USER User R Last logged in a	esources Log Out AAA at 7:01 AM on July 29, 2016
Contract Management Plan	Bids Plan Formularies Monitoring	Quality and Performance	Risk Adjustment	Data Extract Facility
Home = PACE Quality Monitoring = Data	Entry = Fires/Other Disasters			
Data Entry		F	PACE	+
Fires/Other Disasters - Ad	id	2		
Contract Number: 20001 Contract Name: EXAMPLE CONT Site Name: EXAMPLE NAME Data Collection Period: 2nd Qua	rRACT 1 rter, 2016 (Apr Jun.)			
Root Cause Analysis				
Contributing Factors:	Adaptive Equipment Not Used Decrease in Center Attendance Decrease in Home Care Delay or Cancelation of Scheduled Home Care Diagnosis of Dementia Did Not Maintain Home Environment as Recom Equipment Malfunction Equipment Not Properly Maintained Fire Extinguisher Malfunction Improper Food Handling	mended by IDT.		
Other:				
Actions Taken:	Assessment - Activities Assessment - Dietary Assessment - OT Assessment - OT Assessment - PCP Assessment - PT Assessment - RN Assessment - SW Education - Contracted Provider/Facility Education - Family/Caregiver	~ ~		
Other:				
Ongoing Improvements:	Education - Contracted Provider/Facility Education - Family/Caregiver Education - Staff Increased Center Attendance Increased Staff at Contracted Provider/Facility Increased Staff at PACE Center Medication Change Ongoing Contractor Oversight			
Other:				
Attachments Upload Attachment: Back Next	NOTE: Valid attachment file types are: tot, xisx, xism, docx, pptx, pdf, xis,			
Root Cause Analysis Guidance: Users have until the end of the collec Users can initially enter and save oth The Quality Indicator data submission	tion period to enfer Root Cause Analysis data as required. ier data for the Quality Indicator, and enter Root Cause Ana n will not be considered complete until the Root Cause Ana	ilysis data at a later date. Ilysis data has been entered.		
Home About HPMS Website Accessibilit This is a U.S. Government computer system	y Web Policies File Formats and Plug-Ins Rules Of Behavior I subject to Federal law.	r System Requirements FAQ		(CMS

On the **Data Entry – Fires/Other Disasters – Verify** page (Figure III-88), verify the data. Click **Back** to edit data, or click **Submit**.



A **Control Number** will generate for each Fire/Other Disaster record. The **Data Entry** – **Fires/Other Disasters** page (Figure III-89) displays records that have been entered for the quarter. If the user wishes to:

- Edit a record click the radio button next to the control number, and click **Edit**.
- Delete a record click the radio button next to the control number, and click **Delete**.
- Add a new record click **Add**.
- Return to the **Data Entry Quality Indicator Selection** page click **Back**.

	and the second s	nent Plan	Bids	Plan F	ormularies	Monitoring	a Qu Per	ality and formance	Risk Adjustment Data	Extract Facility
me = F	PACE Qualit	y Monitoring = Data	Entry = Fires	Other Disas	ters					
ata	Entry							PACE		+
res/	Other D	isasters								
ntrac intrac	t Numbe Name:	r: Z0001 EXAMPLE CON IPLE NAME	FRACT 1							
ta Co	ollection	Period: 2nd Qua	urter, 2016 ((Apr Jun	ı.)					
	0	Account	Age	Gender	Enrollment Date	Incident Date	Incident Location	Taken to Hospital?	Participant's Current Status	RCA Complete
elect	#	Manager	Range				Community	Yes - Admitted	Participant Home -	Ves
elect	621	Manager Unassigned	70 to 75	Male	5/1/2016	6/4/2016	Community		Improving	105
elect	621	Manager Unassigned	70 to 75	Male	5/1/2016	6/4/2016	Community		Improving	103
e the	Back But	Manager Unassigned	70 to 75	Male ndicator S	5/1/2016 election page.	6/4/2016	Community		Improving	

PACE QUALITY INDICATOR: FOODBORNE OUTBREAK

The PACE Quality Reporting module enables users to report Foodborne Outbreak data. Refer to *PACE Guidance* for operational guidance on reporting Foodborne Outbreak data.

Frequency: PACE organizations are asked to submit Foodborne Outbreak data on a quarterly basis.

On the **Data Entry – Quality Indicator Selection** page (Figure III-10), select the Foodborne Outbreak quality indicator. Click **Edit Quality Indicator**.

On the **Data Entry – Foodborne Outbreak** page (Figure III-90), click **Add** to add an incident record. The **Edit** and **Delete** buttons will be disabled if there are no records to edit or delete. (See the **PACE Quality Indicator: No Data to Report** section above to report no data for the collection period.)

HPN Health Plan	15 n Management Sy	ystem			the second	TEST L	USER User Resourc t logged in at 3:38 Al	es Log Out A A A M on August 5, 2016
Contract Management	Plan Bids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Cost Reports	Data Extract Facility	Testing Comments
Home = PACE Quality	Monitoring = Data Er	ntry = Foodborne Outbre	ak					_
Data Entry						PACE		+
Foodborne O	utbreak							
Contract Number Contract Name: E Site Name: EXAM Data Collection P	r: Z0001 EXAMPLE CONTR IPLE NAME Period: 2nd Quar	RACT 1 rter, 2016 (Apr Jur	1.)					
There are current	ly no Foodborne	Outbreak Incidents	for this Contrac	t/Site/Period.				
Use the Back Butte Back Add	on to return to th Edit Delete	e Quality Indicator S No Data To Repo	Selection page.					
Home About HPMS This is a U.S. Governm	Website Accessibility ent computer system :	Web Policies File Form subject to Federal law	ats and Plug-Ins Ru	des Of Behavior Syste	em Requirements FAQ		•	CMS

On the **Data Entry – Foodborne Outbreak – Add** page (Figure III-91), enter data, and click **Next**.

HPMS Health Plan Management System									TE	ST USE Last lo	R User Resource ogged in at 9:29 Al	s Log Out A A A M on June 14, 2016
Contract ACO Management Management Plan Bids Form	⁹ lan nularie	s	Moni	toring	-	Quality Perform	and nance	Risk Adjustmer	nt Cost R	eports	Data Extract Facility	Testing Comments
Home » PACE Quality Monitoring » Data Entry » Foodborne Outb	reak								_			
Data Entry									PACE			+
Foodborne Outbreak - Add												
Contract Number: Z0001 Contract Name: Z0001 - EXAMPLE CONTRACT 1 Site Name: EXAMPLE SITE Data Collection Period: 2nd Quarter, 2016 (Apr Ju	n.)											
Account Manager:	Unas	signe	d									
Incident Date:	<		Ju	ine 20	16		2					
	Sun	Mon	Tue	Wed	Thu	Fri	Sat					
	29	30	31	1	2	3	4					
	12	<u>6</u>	7	8	<u>9</u> 16	10	11					
	19	20	21	22	23	24	25					
	26	27	28	29	30	1	2					
	3	4	5	6	7	8	9					
Number of Participants Affected:												
Were the Participants Hospitalized?							~					
Number of Participants Hospitalized:												
Location of Incident:								5	~			
Participants' Current Status: (Select all that apply)	Assi Assi Care Care Dec Hos Hos	isted I isted I egiver egiver eased pice - pice - pice -	Living Living / Fam / Fam / Fam Critic Deter Impro	Facili Facili Facili hily/Fr hily/Fr hily/Fr cal rioratin oving	ty - Do ty - In ty - Si iend - iend - iend -	eterio nprovi table Dete Impr Stab	rating ng rioratin oving le	ng v				
Incident Reported To:									~			
Back Next												
Home About HPMS Website Accessibility Web Policies File For This is a U.S. Government computer system subject to Federal law.	mats ar	nd Plug	Ins R	tules Of	Behavi	or Sy:	tem Req	uirements FAC	د ا		(CMS

On the **Data Entry – Foodborne Outbreak – Root Cause Analysis** page (Figure III-92), enter data, and upload attachments as needed. Click **Browse** to locate the file(s) to upload, and click **Next**.

HPMS TEST USER | User Resources | Log Out | A A A alth Plan Ma ment System Last logged in at 7:01 AM on July 29, 2016 Quality and Performance Contract Management Plan Bids Plan Formularies Monitoring **Risk Adjustment Data Extract Facility** ne = PACE Quality Monitoring = Data Entry = Foodborne Outbreak **Data Entry** PACE + Foodborne Outbreak - Add Contract Number: Z0001 Contract Name: EXAMPLE CONTRACT 1 Site Name: EXAMPLE NAME Data Collection Period: 2nd Quarter, 2016 (Apr. - Jun.) **Root Cause Analysis** Contaminated at Source Cross-Contamination Dented Can Diagnosis of Dementia Diagnosis of Dementia Did Not Maintain Home Environment as Recommended by IDT Environmental/Sanitary Issues Food - Not Cooked to Proper Temperature Food - Not Maintained at Proper Temperature Improper Food Handling Contributing Factors: Improper Food Storage Other: ~ Type of Pathogen: Assessment - Activities Assessment - Dietary Assessment - Home Care Coordinator Assessment - OT Assessment - PCP Assessment - PT Actions Taken: Assessment - RN Assessment - NW Education - Contracted Provider/Facility Education - Family/Caregiver Other: Education - Contracted Provider/Facility Education - Family/Caregiver Education - Participant Education - Staff Increased Center Attendance Increased Home Care Ongoing Improvements: Increased Staff at Contracted Provider/Facility Increased Staff at PACE Center Medication Change Ongoing Contractor Oversight Other: Attachments Upload Attachment: Browse ... DTE Valid attachment file types are ibit, xisx, xism, docx, pptx, pdf, xis, doc, ppt, jpg, gif, zip, Back Next **Root Cause Analysis Guidance:** Users have until the end of the collection period to enter Root Cause Analysis data as required. Users can initially enter and save other data for the Quality Indicator, and enter Root Cause Analysis data at a later date The Quality Indicator data submission will not be considered complete until the Root Cause Analysis data has been entered CMS This is a U.S. Gove ment computer system subject to Federal law

On the **Data Entry – Foodborne Outbreak – Verify** page (Figure III-93), verify the data. Click **Back** to edit data, or click **Submit**.

Figure III-93



A **Control Number** will generate for each Foodborne Outbreak record. The **Data Entry** – **Foodborne Outbreak** page (Figure III-94) displays records that have been entered for the quarter. If the user wishes to:

- Edit a record click the radio button next to the control number, and click **Edit**.
- Delete a record click the radio button next to the control number, and click **Delete**.
- Add a new record click **Add**.
- Return to the **Data Entry Quality Indicator Selection** page click **Back**.

Ø	HPA Health Pla	NS an Manageme	nt System					TEST US Last le	ER User Resources ogged in at 1:07 PM or	Log Out A A A h August 5, 2016			
Contra	ct Manage	ment P	Plan Bids	Plan Form	ularies	Monitoring	Quality an Performan	nd Risk Adju	ustment Data E	xtract Facility			
Home =	PACE Quali	ty Monitoring » D	Data Entry = Fe	oodborne Outbreak									
Data	Entry							PACE		+			
Food	oorne (Outbreak											
Contra Site Na Data Co Select	Contract Number: Z0001 Contract Name: EXAMPLE CONTRACT 1 Site Name: EXAMPLE NAME Data Collection Period: 2nd Quarter, 2016 (Apr Jun.) Select Control Account Incident Participants Taken to Participants Incident Participants' Incident RCA												
0	622	Unassigned	6/3/2016	3	Yes - Emergency Room Only	1	Community	 Assisted Living Facility - Improving 	Reported to State and Local Authorities and CDC	Yes			
Use the Back Home This is a	Back Bu Add About HPM: U.S. Goven	tton to return f	to the Quali Delete	ty Indicator Sele lo Data To Repr olicies File Formats > Federal law.	ection page. ort	es Of Behavior System	n Requirements F	ΑQ		CMS			

PACE QUALITY INDICATOR: INFECTIOUS DISEASE OUTBREAK

The PACE Quality Reporting module enables users to report Infectious Disease Outbreak data. Refer to *PACE Guidance* for operational guidance on reporting Infectious Disease Outbreak data.

Frequency: PACE organizations are asked to submit Infectious Disease Outbreak data on a quarterly basis.

On the **Data Entry – Quality Indicator Selection** page (Figure III-10), select the Infectious Disease Outbreak quality indicator. Click **Edit Quality Indicator**.

On the **Data Entry – Infectious Disease Outbreak** page (Figure III-95), click **Add** to add an incident record. The **Edit** and **Delete** buttons will be disabled if there are no records to edit or delete. (See the **PACE Quality Indicator: No Data to Report** section above to report no data for the collection period.)



On the **Data Entry – Infectious Disease Outbreak – Add** page (Figure III-96), enter data, and click **Next**.

HPMS Health Plan Management System									TEST USE	R User Resource ogged in at 9:29 Al	s Log Out A A A M on June 14, 2016
Contract ACO Management Management Plan Bids Form	Plan nularie	s	Moni	toring	-	Quality	and nance	Risk Adjustment	Cost Reports	Data Extract Facility	Testing Comments
Home » PACE Quality Monitoring » Data Entry » Infectious Disea	se Outb	reak									
Data Entry								F	PACE		+
Infectious Disease Outbreak - Add											
Contract Number: Z0001 Contract Name: Z0001 - EXAMPLE CONTRACT 1 Site Name: EXAMPLE SITE Data Collection Period: 2nd Quarter, 2016 (Apr Ju	n.)										
Account Manager:	Unas	signe	d								
Incident Date:	<		Ju	une 20	16		>				
	Sun	Mon	Tue	Wed	Thu	Fri	Sat				
	29	30	31	1	2	3	4				
	12	<u>6</u> 13	14	<u>8</u> 15	9	10	11				
	19	20	21	22	23	24	25				
	26	27	28	29	30	1	2				
	3	<u>4</u>	5	6	<u>7</u>	8	9				
Number of Participants Affected:											
Were the Participants Hospitalized?							~				
Number of Participants Hospitalized:											
Location of Incident: (Select all that apply)	Alte Assi Con Con Hos Inpa Nur PAC Part	rnativ isted l egiver nmuni tracte pital trient sing F CE Ce icipar	e Car Living / Fan ty d Fac Hospi acility nter at Hor	e Setti Facili nily/ Fr cility or ice / ne	ing ty iend - Prov	- Hon ider -	ne Not Li	sted Above			
Participants' Current Status: (Select all that apply)	Assi Assi Care Care Dec Hos Hos Hos	sted sted sted egiver egiver eased pice - pice - pice -	Living Living / Fan / Fan / Fan Critic Dete Impr	Facili Facili Facili hily/Fr hily/Fr hily/Fr cal rioratir oving	ty - Di ty - In ty - St iend - iend - iend -	eterio nprov table - Dete - Impr - Stab	rating ng rioratir oving le	ng v			
Incident Reported To:								~			
Back Next											
			Stages and		1000000		10111111111				
Home [About HPMS] Website Accessibility Web Policies File Fo This is a U.S. Government computer system subject to Federal law.	imats a	nd Plug	-ins f	Rules Of	Behavi	ior Sy	slem Re	quirements FAQ			CMS

On the **Data Entry – Infectious Disease Outbreak – Root Cause Analysis** page (Figure III-97), enter data, and upload attachments as applicable. Click **Browse** to locate the file(s) to upload, and click **Next**.

Figure III-97

C) HPMS	TE	EST USER User Resources Log Out A A A
 Health Plan Management System 		Last logged in at 7:01 AM on July 29, 2016
Contract Management Plan Bids Plan F	formularies Monitoring Quality and F Performance F	Risk Adjustment Data Extract Facility
Home = PACE Quality Monitoring = Data Entry = Infectious Diseas	e Outbreak	
Data Entry	PACE	+
Infectious Disease Outbreak - Add		
Contract Number: Z0001 Contract Name: EXAMPLE CONTRACT 1 Site Name: EXAMPLE NAME Data Collection Period: 2nd Quarter, 2016 (Apr Ju	n.)	
Root Cause Analysis		
Contributing Factors:	Contact with Infected non-PACE Participants Did Not Receive Vaccination - Not Available Did Not Receive Vaccination - Not Offered Did Not Receive Vaccination - Participants' request Environmental/Sanitary Issues Exposure to Infected Blood Products Improper Hand Washing Ineffective Infection Control Practices Infected Participants Attending the Center Lack of Education - Caregiver	
Other:		
Type of Pathogen:		
Actions Taken:	Assessment - Activities Assessment - Dietary Assessment - Home Care Coordinator Assessment - OT Assessment - PT Assessment - PT Assessment - RN Assessment - SW Education - Contracted Provider/Facility Education - Family/Caregiver	
Other:		
Ongoing Improvements:	Change in Infection Control/Sanitation Practices - Contractor Change in Infection Control/Sanitation Practices - PACE Cente Change in Infection Control/Sanitation Practices - Participant Change in Infection Control/Sanitation Practices - Vehicles Education - Contracted Provider/Facility Education - Pamily/Caregiver Education - Participant Education - Staff Effected Participants Not Attending PACE Center Increased Center Attendance	r ^
Other:		
Attachments Upload Attachment:	Brov NOTE Valid attachment file types are: .bit, .visx, .vism, .docx, .pot, .pdf, .vis, .doc, .pot, .pd	v\$e
Back Next		
Root Cause Analysis Guidance: Users have until the end of the collection period to enter Roo Users can initially enter and save other data for the Quality in The Quality Indicator data submission will not be considered Home About HPMS Website Accessibility Web Policies File Fo	I Cause Analysis data as required. dicator, and enter Root Cause Analysis data at a later date. complete until the Root Cause Analysis data has been entered. mats and Plug Ins Rules Of Behavior System Requirements FAQ	
This is a U.S. Government computer system subject to Federal law		

On the **Data Entry – Infectious Disease Outbreak – Verify** page (Figure III-98), verify the data. Click **Back** to edit data, or click **Submit**.

Figure III-98

HPMS Health Plan Management Syst	em					TEST USE	R User Resources ogged in at 9:29 AM	Log Out A A A I on June 14, 2016
Contract ACO Management Management PI	an Bids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Cost Reports	Data Extract Facility	Testing Comments
Home » PACE Quality Monitoring » Data Entr	ry » Infectiou:	s Disease Outbreak						
Data Entry					Р	ACE		+
Infectious Disease Outbreak	k - Verify	1						
Contract Number: Z0001 Contract Name: Z0001 - EXAMPLE (Site Name: EXAMPLE SITE Data Collection Period: 2nd Quarter	CONTRACT r, 2016 (Ap	Г 1 r Jun.)						
Account	Manager:	Unassigned						
Incid	ent Date:	5/18/2016						
Number of Participants	Affected:	3 Voc Emorgon	ov Donadmont	Only				
Number of Participants Hos	pitalized:	2	cy Department	Only				
Incident I	Location:	 Assisted Livi 	ng Facility					
Participants' Curren	nt Status:	 Assisted Livi 	ng Facility - Imj	proving				
Incident Rep	orted To:	Reported to Sta	ate and Local A	uthorities				
Root Cause Analysis								
Contributing P	Factors: athogen:	 Contact with 	Infected non-P	ACE Participant	S			
Action	ıs Taken:	 Assessment Education - 0 	- Activities Contracted Prov	vider/Facility				
Ongoing Improv	vements:	 Change in In Education - \$ 	fection Control	Sanitation Pract	ices - Contracto	or		
New Atta	achment:	TESTFILE1 wit	th Docx.zip					
Back Submit								
Home About HPMS Website Accessibility This is a U.S. Government computer system sub	Web Policies bject to Federa	File Formats and Pil I law.	ug-Ins Rules Of Be	havior System Requ	uirements FAQ		C	CMS

A **Control Number** will generate for each Infectious Disease Outbreak record. The **Data Entry** – **Infectious Disease Outbreak** page (Figure III-99) displays records that have been entered for the quarter. If the user wishes to:

- Edit a record click the radio button next to the control number, and click **Edit**.
- Delete a record click the radio button next to the control number, and click **Delete**.
- Add a new record click **Add**.
- Return to the **Data Entry Quality Indicator Selection** page click **Back**.

ta Entry	,								
ectious Di						1	PACE		+
	sease Out	oreak							
Name: EXA a Collection ect Control #	MPLE NAME Period: 2nd G Account Manager	luarter, 2016 Incident Date	δ (Apr Jun.) Participants Affected	Taken to Hospital?	Participants Hospitalized	Incident Location	Participants' Current Status	Incident Reported to?	RCA Complete
623	Unassigned	5/18/2016	3	Yes - Emergency Room Only	2	 Assisted Living Facility 	 Assisted Living Facility Improving 	Reported to State and Local Authorities	No

PACE QUALITY INDICATOR: MEDIA-RELATED EVENT

The PACE Quality Reporting module enables users to report Media-Related Event data. Refer to *PACE Guidance* for operational guidance on reporting Media-Related Event data.

Frequency: PACE organizations are asked to submit Media-Related Event data on a quarterly basis.

On the **Data Entry – Quality Indicator Selection** page (Figure III-10), select the Media-Related Event quality indicator. Click **Edit Quality Indicator**.

On the **Data Entry** – **Media-Related Event** page (Figure III-100), click **Add** to add an incident record. The **Edit** and **Delete** buttons will be disabled if there are no records to edit or delete. (See the **PACE Quality Indicator: No Data to Report** section above to report no data for the collection period.)

Health Plan	Nanagement Sy	ystem				TEST L Last	ISER User Resourc logged in at 3:38 Al	es Log Out A A A M on August 5, 2016
Contract Management	Plan Bids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Cost Reports	Data Extract Facility	Testing Comments
Home = PACE Quality N	Nonitoring = Data Er	ntry = Media-Related Eve	nt					
Data Entry						PACE		+
Media-Related	Event							
Contract Number: Contract Name: E Site Name: EXAMI Data Collection Pe	: Z0001 XAMPLE CONT PLE NAME eriod: 2nd Quar	'RACT 1 ter, 2016 (Apr Jur	ı.)					
There are currently	y no Media-Rela	ted Event Incidents	for this Contrac	t/Site/Period.				
Use the Back Butto Back Add _I	on to return to th Edit Delete	e Quality Indicator S No Data To Repo	Selection page. ort					
Home About HPMS V This is a U.S. Governme	Website Accessibility ent computer system s	Web Policies File Form subject to Federal law.	ats and Plug-Ins Ru	lles Of Behavior Syste	m Requirements FAQ		(CMS

On the **Data Entry – Media-Related Event – Add** page (Figure III-101), enter data, and click **Next**.

HPMS Health Plan Management System									TEST USE	R User Resource	ces Log Out A A A AM on June 14, 2016
Contract ACO Plan Bids For	Plan		Mor	nitoring		Quality	and	Risk Adjustment	Cost Reports	Data Extract Facility	Testing
Home = PACE Quality Monitoring = Data Entry = Media-Related E	lvent						and a				
Data Entry								P	ACE		+
Media-Related Event - Add								(in the			
Contract Number: 20001 Contract Name: 20001 - EXAMPLE CONTRACT 1 Site Name: EXAMPLE SITE Data Collection Period: 2nd Quarter, 2016 (Apr Ju	in.)										
Account Manager:	Unas	signe	bi								
Incident Date:	<_		J	June 20	16		2				
	Sun	Mon	Tue	e Wed	Thu	Fri	Sat				
	29 5	<u>30</u> 6	7	1 8	29	3 10	4				
	12	13	14	15	16	17	18				
	<u>19</u>	20	21	22	23	24	25				
	26	27	28	<u>29</u> 6	<u>30</u> 7	1	2				
Number of Bartisipante Affected	3	*	Ic	ē	L	10	ā				
Number of Participants Aneceo.											
Were the Participants Hospitalized?							~				
Number of Participants Hospitalized:											
Participants' Current Status: (Select all that apply)	Assis Assis Care Care Care Deci Hos Hos	sted sted sted give give ease pice pice pice	Living Living r/Far r/Far d - Criti - Det - Imp	g Facilit g Facilit g Facilit mily/ Fr mily/ Fr mily/ Fr ical teriorati proving	ty - De ty - Im ty - St tiend - tiend - riend -	aterion provi able Dete Impr Stab	rating ng riorating pving le	•			
Media Reporting the Event: (Belect all that apply)	Book Magi Movi New Rad Rad Soci Tele Tele Wet	azine azine spap spap io – I io – I ial M visio visio soite	e – Lo er – I ler – Local Nation edia n – L	ocal ational Local Nationa nal .ocal Nationa	al I						
Media Details:											
(include names of websites, tv stations, radio stations, or newspapers											
Include any web addresses.)											
Back Next											
Home About HPMS Website Accessibility Web Policies File For This is a U.S. Government computer system subject to Federal law	mats an	id Plug	ins	Rules Of	Behavir	or Sys	tem Requ	ilrements FAQ			CMS

On the **Data Entry – Media-Related Event – Root Cause Analysis** page (Figure III-102), enter data, and upload attachments as applicable. Click **Browse** to locate the file(s) to upload, and click **Next**.

Figure III-102

HPMS Health Plan Management S	ystem			TEST USER User I Last logged in	Resources Log Out A A A at 7:01 AM on July 29, 2016
Contract Management Plan	Bids Plan Formularies Monitoring	1	Quality and Performance	Risk Adjustment	Data Extract Facility
Home > PACE Quality Monitoring + Data	Entry = Media-Related Event				
Data Entry			PA	CE	+
Media-Related Event - Ad	d				
Contract Number: Z0001 Contract Name: EXAMPLE CONT Site Name: EXAMPLE NAME Data Collection Period: 2nd Qua	'RACT 1 rter, 2016 (Apr Jun.)				
Root Cause Analysis					
Contributing Factors:	Abuse - Alleged Abuse - Substantiated Access to Care Closure of ACS Closure of PACE Center Closure of PACE Organization Criminal Activity - Alleged Criminal Activity - Alleged Decrease in Center Attendance Decrease in Home Care	*			
Other:					
Actions Taken:	Assessment - Activities Assessment - Dietary Assessment - Other Care Coordinator Assessment - OT Assessment - PCP Assessment - PT Assessment - RN Assessment - SW Contacted Caregiver/Family Contacted Media				
Other:					
Ongoing Improvements:	Expanded Provider Network Increased Center Attendance Increased PT or OT Increased PT or OT Increased Staff at Contracted Provider/Facility Increased Staff at PACE Center Medication Evaluation Ongoing Contractor Oversight Ongoing Press Releases	Ì			
Other:					
Attachments					
Upload Attachment:	NOTE Valid affactment file tongs and tell view view view and and	dar eet	Browse		
Back Next	NOTE: Valid attackment the types are01, Josh, Joan, Jock, Jpp, Jok, Joa,	ooc, ppc.	(pg. gn. 20, xm		
Root Cause Analysis Guidance: Users have until the end of the collec Users can initially enter and save oth The Quality Indicator data submissio	tion period to enter Root Cause Analysis data as required. er data for the Quality Indicator, and enter Root Cause Ana a will not be considered complete until the Root Cause Ana	iysis dat Iysis dat	a at a later date. a has been entered.		
Home About HPMS Website Accessibilit This is a U.S. Government computer system	y Web Policies File Formats and Plug-Ins Rules Of Behavior subject to Federal law.	- Syster	n Requirements FAQ		(CMS

On the **Data Entry – Media-Related Event – Verify** page (Figure III-103), verify the data. Click **Back** to edit data, or click **Submit**.

Figure III-103



A **Control Number** will generate for each Media-Related Event record. The **Data Entry** – **Media-Related Event** page (Figure III-104) displays records that have been entered for the quarter. If the user wishes to:

- Edit a record click the radio button next to the control number, and click **Edit**.
- Delete a record click the radio button next to the control number, and click **Delete**.
- Add a new record click **Add**.
- Return to the **Data Entry Quality Indicator Selection** page click **Back**.

	t Managen	hent Pla	in Bids	Plan Formularie	s Mon	itoring P	Quality and Ris	k Adjustment Dat	a Extract Facilit
me » P	ACE Qualit	y Monitoring > Dat	ta Entry » Media	-Related Event					
ata	Entry						PACE		+
edia	Relate	d Event							
ntraa	t blumba	70001							
ntrac	t Name:	F: 20001							
	L HUHHHUH	EXAMPLE COI	NTRACT 1						
te Nar	ne: EXAN	IPLE NAME	NTRACT 1						
te Nar Ita Co	ne: EXAN	Period: 2nd Qu	NTRACT 1 uarter, 2016 (Apr Jun.)					
te Nar Ita Co elect	ne: EXAN Ilection I Control	Account Manager	uarter, 2016 (Incident Date	Apr Jun.) Participants Affected	Taken to Hospital?	Participants Hospitalized	Participants' Curr Status	ent Media Reportin Event	g RCA Complete
e Nar ta Co lect	ne: EXAN Ilection I Control # 524	EXAMPLE CON MPLE NAME Period: 2nd Qu Account Manager Unassigned	uarter, 2016 (Incident Date 4/18/2016	Apr Jun.) Participants Affected	Taken to Hospital? No	Participants Hospitalized	Participants' Curr Status • Assisted Living Facility - Improvi	ent Media Reportin Event • Newspaper - Local	g RCA Complete Yes
e Nar ta Co lect	ne: EXAM Ilection I Control # 624	Period: 2nd Qu Account Manager Unassigned	uarter, 2016 (Incident Date 4/18/2016	Apr Jun.) Participants Affected 4	Taken to Hospital? No	Participants Hospitalized 0	Participants' Curr Status • Assisted Living Facility - Improvi	ent Media Reportin Event • Newspaper - Local	g RCA Complete Yes
e Nar ta Co elect	Control # 624 Back But	Account Manager Unassigned	uarter, 2016 (Incident Date 4/18/2016	Apr Jun.) Participants Affected 4 ndicator Selection	Taken to Hospital? No	Participants Hospitalized 0	Participants' Curr Status • Assisted Living Facility - Improvi	ent Media Reportin Event • Newspaper - Local	g RCA Complete Yes

PACE QUALITY INDICATOR: MEDICATION-RELATED OCCURRENCES

The PACE Quality Reporting module enables users to report Medication-Related Occurrences data. Refer to *PACE Guidance* for operational guidance on reporting Medication-Related Occurrences.

Frequency: PACE organizations are asked to submit Medication-Related Occurrences data on a quarterly basis.

On the **Data Entry – Quality Indicator Selection** page (Figure III-10), select the Medication-Related Occurrences quality indicator. Click **Edit Quality Indicator**.

On the **Data Entry – Medication-Related Occurrences** page (Figure III-105), click **Add** to add an incident record. The **Edit** and **Delete** buttons will be disabled if there are no records to edit or delete. (See the **PACE Quality Indicator: No Data to Report** section above to report no data for the collection period.)



On the **Data Entry – Medication-Related Occurrences – Add** page (Figure III-106), enter data, and click **Next**.

Figure III-106

8	_											
HPMS Health Plan Management System										TEST US	SER User Resour t logged in at 9:29	ces Log Out A A A AM on June 14, 2016
Contract ACO Management Plan Bids Form	Plan nularis		Mc	onitori	ng	P	luality a rforma	id R ce Adju	äsk istment	Cost Report	s Data Extrac Facility	t Testing Comments
Home = PACE Quality Monitoring = Data Entry = Medication-Rela	ted Oc	curren	ces						-			
Data Entry									P	ACE		+
Medication-Related Occurrences - Add												
Contract Number: 20001 Contract Name: 20001 - EXAMPLE CONTRACT 1 Site Name: EXAMPLE SITE Data Collection Period: 2nd Quarter, 2016 (Apr Ju	n.)											
Account Manager	Unar	sian	ed.									
Ane Pance:	Unia	saigin	TO	1								
Gender:	OM	ale	OF	emale								
Enrollment Date:	0	ure	U III	ma 201	16	_						
En onnent Pater	Sun	Mon	Tue	Wed	Thu	Fri	Sat					
	29	30	31	1	2	3	4					
	5	6	Z	8	9	10	11					
	12	13	14	15	16	17	18					
	26	27	28	29	30	1	2					
	3	4	5	6	Z	8	9					
Incident Date:	<		Ju	ne 20	16		2					
	Sun	Mon	Tue	Wed	Thu	Fri	Sat					
	29	30	31	1	2	3	4					
	5	6	Z	8	9	10	11					
	12	13	14	15	10	17	<u>18</u> 25					
	26	27	28	29	30	1	2					
	3	4	5	6	z	8	9					
Location of Incident:									~			
Type of Medication Error:												
Was the Participant Hospitalized?								~				
Participant's Current Status:								~				
								A 1993				
Center Attendance:			(Day	ys per	Wee	k)						
Adverse Outcome:					_				_	Assig	ned Outcomes	
(Enter an ICO-10 Code then select 'Add an Outcome ') (Enter al that entrol						1	Add an)utcome >>				
(in the second						-	Remo	an Outcome				
					1							
						_	ee R	move All				
Significant Diagnosis:							Adda	anner so	1	Assig	ned Diagnosis	
(Enter up to 5)					-	- 2	muu a s	agriusia >>				
						<	< Remo	e a Diagnosis				
							ee R	movo All				
					-	-	19244	10.00	_			
Back Next												
ICD Code is 3.8 dants in length												
Position 1 is alpha												
Position 2 is numeric Position 3 is alpha of numeric (and case coordina)												
Position 4 is a period												
Position 5-8 are alpha or numeric (not case sensitive)												
Home About HPMS Website Accessibility Web Policies File Fo	rmats a	ind Plu	g-Ins	Rules	orBei	avio	r Syste	Requirements	FAQ.			6
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On the **Data Entry – Medication-Related Occurrences – Root Cause Analysis** page (Figure III-107), enter data, and upload attachments as needed. Click **Browse** to locate the file(s) to upload, and click **Next**.

Figure III-107

HPMS Health Plan Management S	ystem		TEST USER User Re Last logged in a	sources Log Out A A A t 7:01 AM on July 29, 2016
Contract Management Plan	Bids Plan Formularies Monitoring	Quality and Performance	Risk Adjustment	Data Extract Facility
Home > PACE Quality Monitoring > Data I	Entry = Medication-Related Occurrences			
Data Entry		PAC	E	+
Medication-Related Occur	rrences - Add			
Contract Number: Z0001 Contract Name: EXAMPLE CONT Site Name: EXAMPLE NAME Data Collection Period: 2nd Qua	RACT 1 rter, 2016 (Apr Jun.)			
Root Cause Analysis				
Contributing Factors:	Change in Method of Medication Delivery Change in Pharmacy Provider Communication between PACE Inpatient Hospice Communication between PACE Organization and Communication between PACE Organization and Communication between PACE Organization and Communication between PACE Organization and Decrease in Center Attendance Decrease in Home Care	ACS Assisted Living Facility Hospital Nursing Facility Pharmacy		
Other:				
Actions Taken:	Assessment - Activities Assessment - Dietary Assessment - Home Care Coordinator Assessment - OT Assessment - PCP Assessment - PT Assessment - RN Assessment - SW Change in Contracted Provider Change to Medication Administration Process	•		
Other:				
Ongoing Improvements:	Change in Contracted Provider Change in Medication Delivery System Education - Contracted Provider/Facility Education - Participant Education - Participant Education - Staff Increased Gate Attendance Increased Home Care Increased Staff at Contracted Provider/Facility v Increased Staff at PACE Center			
Other:				
Attachmente				
Upload Attachment		Browse		
Back Next	NOTE: Vaild attachment file types are: bit, viter, vism, docx, pptx, pdf, vis, doc	ppt, jpg, gf, zip, xmi		
Root Cause Analysis Guidance: Users have until the end of the collec Users can initially enter and save oth The Quality Indicator data submission	tion period to enter Root Cause Analysis data as required. er data for the Quality Indicator, and enter Root Cause Analys n will not be considered complete until the Root Cause Analys	is data at a later date. s data has been entered.		
Home About HPMS Website Accessibilit This is a U.S. Government computer system	y Web Policies File Formats and Plug-Ins Rules Of Behavior : subject to Federal law	System Requirements FAQ		(CMS

On the **Data Entry – Medication-Related Occurrences – Verify** page (Figure III-108), verify the data. Click **Back** to edit data, or click **Submit**.

Figure III-108

HPMS Health Plan Management System					TEST USE	R User Resources	Log Out A A A
Contract ACO Plan Bids	Plan	Monitorina	Quality and	Risk	Cost Reports	Data Extract	Testing
Management Management	Formularies	1005	Performance	Adjustment		Facility	Comments
Data Entry	ion-Related Occurre	nces		P	ACE		+
Medication-Related Occurrences -	Verify						
Contract Number: Z0001 Contract Name: Z0001 - EXAMPLE CONTRAC Site Name: EXAMPLE SITE Data Collection Period: 2nd Quarter, 2016 (A	:T 1 pr Jun.)						
Account Manager:	Unassigned						
Age Range:	70 to 75						
Gender:	Female						
Enrollment Date:	5/1/2016						
Incident Date:	5/19/2016						
Incident Location:	Caregiver/ Far	mily/ Friend – Ho	ome				
Type of Medication Error:	Medication Ad	ministered - Inc	orrect Dose				
Was the Participant Hospitalized?	Yes - Emerger	ncy Department	Only				
Participant's Current Status:	Assisted Living	g Facility - Stabl	e				
Center Attendance:	3 Day(s) per Week						
Adverse Outcome:	• 195.9						
Significant Diagnosis:	• 195.1						
Root Cause Analysis							
Contributing Factors:	 Decrease in Decrease in 	Center Attenda Home Care	ince				
Actions Taken:	 Education - Implemented 	Staff d New Medicatio	on Delivery Syste	em			
Ongoing Improvements:	 Increased S 	taff at PACE Ce	enter				
New Attachment:	TESTFILE1 wi	ith Docx.zip					
Back Submit							
Home About HPMS Website Accessibility Web Policies This is a U.S. Government computer system subject to Feder	File Formats and Pi al law.	ug-Ins Rules Of Be	havior System Requ	uirements FAQ			CMS

A **Control Number** will generate for each Medication-Related Occurrence record. The **Data Entry** – **Medication-Related Occurrences** page (Figure III-109) displays records that have been entered for the quarter. If the user wishes to:

- Edit a record click the radio button next to the control number, and click **Edit**.
- Delete a record click the radio button next to the control number, and click **Delete**.
- Add a new record click **Add**.
- Return to the **Data Entry Quality Indicator Selection** page click **Back**.

ata Entr	ality Monitoring » [ata Entry »	Medication	-Related Occurre	nces					
ata Entr	у									
all a shi a m							P/	ACE		+
alcation	Related Oc	currend	es							
e Name: EX ta Collectio	AMPLE NAME n Period: 2nd (Account Manager	Quarter, 2	016 (Apr. Gender	- Jun.) Enrollment	Incident	Incident	Type of Medication Error	Taken to	Participant's	RCA Complete
625	Unassigned	70 to 75	Female	5/1/2016	5/19/2016	Caregiver/ Family/ Friend - Home	Medication Administered - Incorrect Dose	Yes - Emergency Room Only	Assisted Living Facility - Stable	Yes

PACE QUALITY INDICATOR: MOTOR VEHICLE ACCIDENTS

The PACE Quality Reporting module enables users to report Motor Vehicle Accidents data. Refer to *PACE Guidance* for operational guidance on reporting Motor Vehicle Accidents.

Frequency: PACE organizations are asked to submit Motor Vehicle Accidents data on a quarterly basis.

On the **Data Entry – Quality Indicator Selection** page (Figure III-10), select the Motor Vehicle Accidents quality indicator. Click **Edit Quality Indicator**.

On the **Data Entry** – **Motor Vehicle Accidents** page (Figure III-110), click **Add** to add an incident record. The **Edit** and **Delete** buttons will be disabled if there are no records to edit or delete. (See the **PACE Quality Indicator: No Data to Report** section above to report no data for the collection period.)

W HPMS TEST USER/User Resources Log Out A A Health Plan Management System Last logged in at 3:38 AM on August 6, 20									
Contract Management	Plan Bids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Cost Reports	Data Extract Facility	Testing Comments	
Home > PACE Quality I	Monitoring = Data E	ntry = Motor Vehicle Acc	idents			12			
Data Entry						PACE		+	
Motor Vehicle	Accidents								
Contract Number: Contract Name: E Site Name: EXAM Data Collection P	: Z0001 EXAMPLE CONT IPLE NAME Ieriod: 2nd Quar	TRACT 1 tter, 2016 (Apr Jur	ı.)						
There are currently	ly no Motor Vehi	cle Accidents for thi	s Contract/Site/F	Period.					
Use the Back Butto Back Add	on to return to th Edit Delete	e Quality Indicator No Data To Repo	Selection page.						
Home About HPMS This is a U.S. Governme	Website Accessibility ent computer system	Web Policies File Form subject to Federal law	nats and Plug-Ins Ru	ales Of Behavior Syste	rm Requirements FAQ		(CMS	

On the **Data Entry – Motor Vehicle Accidents – Add** page (Figure III-111), enter data, and click **Next**.

HPMS Health Plan Management System										TEST USE Last I	R User Resou ogged in at 9:29	ces Log O AM on Jun	ut A A A e 14, 2016
Contract ACO Management Plan Bids Form	Plan nularie:	s	Moni	toring	F	Qualit Perform	/ and nance	Risk Adjustm	ent C	ost Reports	Data Extrac Facility	t Te Con	sting ments
Home » PACE Quality Monitoring » Data Entry » Motor Vehicle Ac	cidents								_				_
Data Entry									PAC	E			+
Motor Vehicle Accidents - Add													
Contract Number: Z0001 Contract Name: Z0001 - EXAMPLE CONTRACT 1 Site Name: EXAMPLE SITE Data Collection Period: 2nd Quarter, 2016 (Apr Ju	n.)												
Account Manager:	Unas	signe	d										
Incident Date:	<		Ju	ine 20	16		2						
	Sun	Mon	Tue	Wed	Thu	Fri	Sat						
	29	30	31	1	2	3	4						
	12	<u>6</u> 13	14	<u>8</u> 15	<u>9</u> 16	<u>10</u> 17	11						
	19	20	21	22	23	24	25						
	26	27	28	29	30	1	2						
	3	4	5	6	7	8	9						
Number of Participants Affected:													
Were the Participants Hospitalized?							~						
Number of Participants Hospitalized:													
Participants' Current Status: (Select all that apply)	Assisted Living Facility - Deteriorating Assisted Living Facility - Improving Assisted Living Facility - Stable Caregiver/ Family/ Friend - Deteriorating Caregiver/ Family/ Friend - Improving Caregiver/ Family/ Friend - Stable Deceased Hospice - Critical Hospice - Deteriorating Hospice - Improving						rating ing rioratin oving le	g v					
Other Vehicles/Parties Involved: (Select all that apply)	Bicy Buik Non PAC PAC Ped Train	ycle Ilding n-PACE Owned/ Contracted vehicle(s) CE Center CE Owned/ Contracted vehicle(s) destrian(s) ain						(s)					
Were any non-PACE participants injured?			~										
Was the PACE driver issued a citation?			~										
Back Next													
Home About HPMS Website Accessibility Web Policies File For This is a U.S. Government computer system subject to Federal law,	rmats ar	nd Plug	-Ins F	tules Of	Behavi	ior Sy	stem Req	uirements F	AQ				NS

On the **Data Entry – Motor Vehicle Accidents – Root Cause Analysis** page (Figure III-112), enter data, and upload attachments as needed. Click **Browse** to locate the file(s) to upload, and click **Next**.

Figure III-112

HPMS Health Plan Management S	iystem		TE	ST USER User Rei Last logged in at	ources Log Out A A A 7:01 AM on July 29, 2016
Contract Management Plan	Bids Plan Formularies Mo	onitoring Qu Per	uality and R	isk Adjustment	Data Extract Facility
Home = PACE Quality Monitoring = Data	Entry = Motor Vehicle Accidents				
Data Entry			PACE		+
Motor Vehicle Accidents -	- Add				
Contract Number: Z0001 Contract Name: EXAMPLE CONT Site Name: EXAMPLE NAME Data Collection Period: 2nd Qua	rRACT 1 Inter, 2016 (Apr Jun.)				
Root Cause Analysis					
Contributing Factors:	Equipment Malfunction Equipment Not Properly Maintained Improper Use of Equipment - Participant Improper Vehicle Maintenance Insufficient Staff on PACE Vehicle Lack of Education - Contractor Lack of Education - Participant Lack of Education - Staff Lack of Training	-			
Other:					
Actions Taken:	Assessment - Activities Assessment - Dietary Assessment - Home Care Coordinator Assessment - OT Assessment - PCP Assessment - PT Assessment - RN Assessment - SW Education - Contracted Provider/Facility Education - Family/Caregiver	•			
Other:					
Ongoing Improvements:	Education - Contracted Provider/Facility Education - Participant Education - Staff Implemented Driver Training Program Increased Center Attendance Increased Home Care Increased Staff on PACE Vehicles Initiated Contractor Oversight Medication Change Ongoing Contractor Oversight				
Other:					
Attachments					
Upload Attachment:		Brow	vse		
Back Next	NOTE: Valid attachment file types are: .bt, .visc, .vism, .docx, .ppb.	, pdf, x/s, doc, ppt, jpg, gif, zie,	, una		
Root Cause Analysis Guidance: Users have until the end of the collec Users can initially enter and save oth The Quality Indicator data submission	tion period to enter Root Cause Analysis data as re re data for the Quality Indicator, and enter Root Ca n will not be considered complete until the Root Ca	equired. use Analysis data at a late use Analysis data has beer	r date. n entered.		
Home About HPMS Website Accessibilit This is a U.S. Government computer system	ty Web Policies File Formats and Plug-ins Rules Of n subject to Federal law.	Behavior System Requirem	nents FAQ		CMS

On the **Data Entry** – **Motor Vehicle Accidents** – **Verify** page (Figure III-113), verify the data. Click **Back** to edit data, or click **Submit**.

Figure III-113


A **Control Number** will generate for each Motor Vehicle Accident record. The **Data Entry** – **Motor Vehicle Accidents** page (Figure III-114) displays records that have been entered for the quarter. If the user wishes to:

- Edit a record click the radio button next to the control number, and click **Edit**.
- Delete a record click the radio button next to the control number, and click **Delete**.
- Add a new record click **Add**.
- Return to the **Data Entry Quality Indicator Selection** page click **Back**.

Contract Management	Plan Bids » Data Entry » A	Plan For	mularies	Monitoring	Quality Perform	and Risk	Adjustment	Data Ext	tract Facility
ome » PACE Quality Monitoring Data Entry Notor Vehicle Accide	» Data Entry » Å	fotor Vehicle Accia	lents						
Data Entry Notor Vehicle Accide	ents								
lotor Vehicle Accide	ents					PACE			+
ite Name: EXAMPLE NAM ata Collection Period: 2r Gelect Control Accoun Manage	E d Quarter, 20 Incident Date	16 (Apr Jun.) Participants Affected	Taken to Hospital?	Participants Hospitalized	Participants' Current Status	Other Vehicles/ Parties Involved	Non-PACE Participants Injured?	Driver Cited?	RCA Complete?
) 626 Unassigne	d 4/15/2016	1	Yes - Emergency Room Only	1	 Caregiver/ Family/ Friend - Stable 	 PACE Owned/ Contracted vehicle(s) 	No	No	Yes

PACE QUALITY INDICATOR: PRESSURE ULCER INJURY

The PACE Quality Reporting module enables users to report Pressure Ulcer Injury data. Refer to *PACE Guidance* for operational guidance on reporting Pressure Ulcer Injuries.

Frequency: PACE organizations are asked to submit Pressure Ulcer Injury data on a quarterly basis.

On the **Data Entry – Quality Indicator Selection** page (Figure III-10), select the Pressure Ulcer Injury quality indicator. Click **Edit Quality Indicator**.

On the **Data Entry** – **Pressure Ulcer Injury** page (Figure III-115), click **Add** to add an incident record. The **Edit** and **Delete** buttons will be disabled if there are no records to edit or delete. (See the **PACE Quality Indicator: No Data to Report** section above to report no data for the collection period.)

HPMS Health Plan Mana	gement System				TEST USER User R Last logged in at 1	esources Log Out A A A 1:49 AM on August 9, 2016
Contract Management	Plan Bids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Data Extract Facility
Home > PACE Quality Monitor	ing » Data Entry »	Pressure Ulcer Injury				
Data Entry				PA	CE	+
Pressure Ulcer Inju	iry					
Contract Number: Z000 Contract Name: EXAMP Site Name: EXAMPLE N/ Data Collection Period:	1 LE CONTRACT AME 3rd Quarter, 20	1 16 (Jul Sep.)				
There are currently no P	ressure Ulcer In	jury Occurrences for this Co	ontract/Site/Period.			
Use the Back Button to re Back Add Edit	eturn to the Qua	lity Indicator Selection page No Data To Report	h.			
Home About HPMS Website This is a U.S. Government com	Accessibility Web puter system subject	Policies File Formats and Plug-Ins Io Federal law.	Rules Of Behavior Syster	n Requirements FAQ		(CMS

On the **Data Entry – Pressure Ulcer Injury – Add** page (Figure III-116), enter data, and click **Next**.

Figure III-116

0								
HPMS Health Plan Management System							TEST USER User I Last logged in at	Resources Log Out A A A 11:49 AM on August 9, 2016
Contract Management Plan Bids Plan F	ormularies	Moni	toring		Quality a Performa	nd nce	Risk Adjustment	Data Extract Facility
Home = PACE Quality Monitoring = Data Entry = Pressure Ulcer In	jury			A.				
Data Entry						PAC	8	+
Pressure Ulcer Injury - Add								
Contract Number: Z0001 Contract Name: EXAMPLE CONTRACT 1 Site Name: EXAMPLE NAME Data Collection Period: 3rd Quarter, 2016 (Jul Sep)							
Account Manager	Inassigned							
Age Range:	TO							
Gender	Male Fer	male						
Enrollment Date:	Aug	uet 2016		2				
Enfoiment Date.	Sun Mon Tue \	Wed Thu	Fri	Sat				
	31 1 2	3 4	5	6				
	Z & 9	10 11	12	13				
	<u>14 15 16</u>	17 18	19	20				
	28 29 30	31 1	2	3				
	4 5 6	Z 8	9	10				
Incident Date:	_≲ Augi	ust 2016		2				
	Sun Mon Tue \	Wed Thu	Fri	Sat				
	31 1 2	3 4	5	6				
	14 15 16	10 11	12	13				
	21 22 23	24 25	26	27				
	<u>28 29 30</u>	31 1	2	3				
	4 5 6	<u>Z</u> <u>8</u>	9	10		-		
Location of Incident:						~		
Pressure Ulcer Injury:			~					
Location of Pressure Illear:		I						
Location of Pressure Dicer:		1						
Was the Participant Hospitalized?				~				
Participant's Current Status:					V			
Center Attendance:	(Days	s per We	ek)					
Significant Diagnosis:			2			-	Assigned Diagr	iosis
(Enter up to 5) (Enter up to 5)			19	word a Dia	agnosis >>			
		1	<<	Remove	a Diagnosis			
				<< Ret	nove All	1		
						-		
Back Next								
ICD-10 Guidance: ICD Code is 3-8 digits in length Position 1 is alpha Position 2 is numeric Position 3 is alpha or numeric (not case sensitive) Position 4 is a period Position 5-8 are alpha or numeric (not case sensitive)								
Home About HPMS Websile Accessibility Web Policies File For This is a U.S. Government computer system subject to Federal law	mats and Plug-Ins	Rules Of Be	havior	System	Requirements f	FAQ		(CMS

On the **Data Entry – Pressure Ulcer Injury – Root Cause Analysis** page (Figure III-117), enter data, and upload attachments as applicable. Click **Browse** to locate the file(s) to upload, and click **Next**.

Figure III-117

HPMS Health Plan Management S	yslem	TEST USER User Resources Log Out A A A Last logged in at 11:49 AM on August 9, 2016
Contract Management Plan	Bids Plan Formularies Monitoring	Quality and Risk Adjustment Data Extract Facility
Home » PACE Quality Monitoring » Data I	Entry » Pressure Ulcer Injury	
Data Entry		PACE +
Pressure Ulcer Injury - Ad	Id	
Contract Number: Z0001 Contract Name: EXAMPLE CONT Site Name: EXAMPLE NAME Data Collection Period: 3rd Quar	RACT 1 ter, 2016 (Jul Sep.)	
Root Cause Analysis		
Contributing Factors:	Adaptive Equipment Not Used Changes in Skin Condition Not Reported - Caregiver Changes in Skin Condition Not Reported - Contractor Changes in Skin Condition Not Reported - Participant Changes in Skin Condition Not Reported - Staff Decrease in Center Attendance Decrease in Home Care Delay or Cancelation of Scheduled Home Care Diagnosis of Dementia Dietary Assessment Not Completed	
Other:		
Actions Taken:	Assessment - Activities Assessment - Dietary Assessment - OT Assessment - OT Assessment - OT Assessment - PT Assessment - RN Assessment - RN Assessment - SW Change in Participant Diet Education - Contracted Provider/Facility	
Other:		
Ongoing Improvements:	Education - Contracted Provider/Facility Education - Family/Caregiver Education - Participant Education - Staff Increased Center Attendance Increased Frequency of Repositioning Increased Frequency of Skin Assessments Increased Frequency of Toileting Increased Home Care Increased Staff at Contracted Provider/Facility	
Other:		
Attachments		Browse
Back Next	NOTE: Valid attachment file types are: tot, xisx, xism, docx, pptx, pdf, xis, doc, pp	Lion of zp. xm
Root Cause Analysis Guidance: Users have until the end of the collec Users can initially enter and save oth The Quality Indicator data submission	tion period to enter Root Cause Analysis data as required, er data for the Quality Indicator, and enter Root Cause Analysis di n will not be considered complete until the Root Cause Analysis di	ata at a later date. ata has been entered.
Home About HPMS Website Accessibilit This is a U.S. Government computer system	y Web Policies File Formats and Plug-Ins Rules Of Behavior Syste subject to Federal law.	

On the **Data Entry – Pressure Ulcer Injury – Verify** page (Figure III-118), verify the data. Click **Back** to edit data, or click **Submit**.

Figure III-118

HPMS Health Plan Management System				TEST USER User Ro Last logged in at 1	esources Log Out A A A 1:49 AM on August 9, 2016
Contract Management Plan Bids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Data Extract Facility
Home » PACE Quality Monitoring » Data Entry » Pressure	Ulcer Injury				
Data Entry			PA	CE	+
Pressure Ulcer Injury - Verify					
Contract Number: Z0001 Contract Name: EXAMPLE CONTRACT 1 Site Name: EXAMPLE NAME Data Collection Period: 3rd Quarter, 2016 (Jul	l Sep.)				
Account Manager:	Unassigned				
Age Range:	70 to 75				
Gender:	Male				
Enrollment Date:	8/1/2016				
Incident Date:	8/6/2016				
Incident Location:	Assisted Living Fac	ility			
Pressure Ulcer Injury:	Stage III				
Location of Pressure Ulcer:	Buttocks - Left				
Participant's Current Status:	Hospitalized - Impr	ovina			
Center Attendance:	3 Days per Week	oving			
Significant Diagnosis:	• L89.3				
Root Cause Analysis					
Contributing Factors:	 Participant - Bed 	bound			
Actions Taken:	 Assessment - RN 	4			
Ongoing Improvements:	 Increased Freque Increased Freque 	ency of Repositioning ency of Skin Assessm	ents		
New Attachment:	TESTFILE1 with Do	ocx.zip			
Back Submit					
Home About HPMS Website Accessibility Web Policies This is a U.S. Government computer system subject to Federa	File Formats and Plug-Ins al law.	Rules Of Behavior System	m Requirements FAQ		(CMS

A **Control Number** will generate for each Pressure Ulcer Injury record. The **Data Entry** – **Pressure Ulcer Injury** page (Figure III-119) displays records that have been entered for the quarter. If the user wishes to:

- Edit a record click the radio button next to the control number, and click **Edit**.
- Delete a record click the radio button next to the control number, and click **Delete**.
- Add a new record click **Add**.
- Return to the **Data Entry Quality Indicator Selection** page click **Back**.

Contrac	ct Managen	nent F	'lan Bids	I	Plan Formularie:	s	Monitoring	Quali Perfo	ity and rmance	Risk Adjus	tment Data E	xtract Facilit
me » F	PACE Qualit	y Monitoring = D)ata Entry »	Pressure U	licer Injury					-		
ata	Entry								PAG	98 9		
essi	ure Ulc	er Injury										
	a historica in a											
ntrac	ct Numbe	TYANDIE CO	NITRACT									
ntrac ntrac e Nai	ct Numbe ct Name: me: EXAN	EXAMPLE CO	ONTRACT	1								
e Nai ta Co	ct Numbe ct Name: me: EXAN ollection I	EXAMPLE CO MPLE NAME Period: 3rd C	ONTRACT Juarter, 20	⁻ 1)16 (Jul	Sep.)							
ntrac e Nar ta Co	ct Numbe ct Name: me: EXAN pliection I	EXAMPLE CO MPLE NAME Period: 3rd C	ONTRACT Quarter, 20	* 1)16 (Jul	Sep.)	Incident	Incident	Brassura	Location	Taken to	Particinant ^e s	BCA
ntrac ntrac e Nai ta Co	Ct Numbe ct Name: me: EXAN pliection I Control	F: 20001 EXAMPLE C(MPLE NAME Period: 3rd C Account Manager	ONTRACT Quarter, 20 Age Range	`1)16 (Jul Gender	Sep.) Enrollment Date	Incident Date	Incident Location	Pressure Ulcer Injury	Location of Ulcer	Taken to Hospital?	Participant's Current Status	RCA Complet
entrac e Nai ta Co	ct Numbe ct Name: me: EXAM ollection I Control # 636	PER 20001 EXAMPLE COMPLE NAME Period: 3rd Company Account Manager Unassigned	ONTRACT Quarter, 20 Age Range 70 to	1) 16 (Jul Gender Male	Sep.) Enrollment Date 8/1/2016	Incident Date 8/6/2016	Incident Location Assisted	Pressure Ulcer Injury Stage III	Location of Ulcer Buttocks -	Taken to Hospital? Yes -	Participant's Current Status Hospitalized -	RCA Complet Yes
ntrac ntrac e Nai a Co lect	ct Numbe ct Name: me: EXAM billection I Control # 636	EXAMPLE CI EXAMPLE CI MPLE NAME Period: 3rd C Account Manager Unassigned	ONTRACT Quarter, 20 Age Range 70 to 75	1)16 (Jul Gender Male	Sep.) Enroliment Date 8/1/2016	Incident Date 8/6/2016	Incident Location Assisted Living Facility	Pressure Ulcer Injury Stage III	Location of Ulcer Buttocks - Left	Taken to Hospital? Yes - Admitted	Participant's Current Status Hospitalized - Improving	RCA Comple Yes
ntrac e Nai ta Co lect	ct Numbe ct Name: me: EXAM billection I Control # 636	r: 2001 EXAMPLE CI MPLE NAME Period: 3rd C Account Manager Unassigned	ONTRACT Quarter, 20 Age Range 70 to 75	1)16 (Jul Gender Male	Sep.) Enrollment Date 8/1/2016	Incident Date 8/6/2016	Incident Location Assisted Living Facility	Pressure Ulcer Injury Stage III	Location of Ulcer Buttocks - Left	Taken to Hospital? Yes - Admitted	Participant's Current Status Hospitalized - Improving	RCA Comple Yes
ntrac ntrac e Nai ta Co lect	Control # 636 Back But	r: 2001 EXAMPLE CI MPLE NAME Period: 3rd C Account Manager Unassigned	ONTRACT Quarter, 20 Age Range 70 to 75	1 016 (Jul Gender Male	Sep.) Enrollment Date 8/1/2016	Incident Date 8/6/2016	Incident Location Assisted Living Facility	Pressure Ulcer Injury Stage III	Location of Ulcer Buttocks - Left	Taken to Hospital? Yes - Admitted	Participant's Current Status Hospitalized - Improving	RCA Complet Yes
elect	ct Numbe ct Name: me: EXAN bilection I Control # 636 Back But	T: 2001 EXAMPLE CI MPLE NAME Period: 3rd C Account Manager Unassigned	ONTRACT Quarter, 20 Age Range 70 to 75 to the Qua	1 016 (Jul Gender Male slity Indica	Sep.) Enrollment Date 8/1/2016	Incident Date 8/6/2016 page.	Incident Location Assisted Living Facility	Pressure Ulcer Injury Stage III	Location of Ulcer Buttocks - Left	Taken to Hospitai? Yes - Admitted	Participant's Current Status Hospitalized - Improving	RC Compl Yes

PACE QUALITY INDICATOR: RESTRAINT USE

The PACE Quality Reporting module enables users to report Restraint Use data. Refer to *PACE Guidance* for operational guidance on reporting Restraint Use data.

Frequency: PACE organizations are asked to submit Restraint Use data on a quarterly basis.

On the **Data Entry – Quality Indicator Selection** page (Figure III-10), select the Restraint Use quality indicator. Click **Edit Quality Indicator**.

On the **Data Entry** – **Restraint Use** page (Figure III-120), click **Add** to add an incident record. The **Edit** and **Delete** buttons will be disabled if there are no records to edit or delete. (See the **PACE Quality Indicator: No Data to Report** section above to report no data for the collection period.)

Health Pla	n Management S	ystem				TEST U Last	ISER User Resource logged in at 3:38 Al	es Log Out A A A M on August 5, 201
Contract Management	Plan Bids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Cost Reports	Data Extract Facility	Testing Comments
iome = PACE Quality	Monitoring = Data E	ntry = Restraint Use						
Data Entry						PACE		+
Restraint Use								
Contract Number Contract Name: E Nite Name: EXAN Data Collection F	r: Z0001 EXAMPLE CONT IPLE NAME Period: 2nd Quar	rRACT 1 rter, 2016 (Apr Jui	ı.)					
There are current	ly no Restraint U	Ise Occurrences for	this Contract/Si	te/Period.				
Jse the Back Butt	on to return to th	e Quality Indicator	Selection page.					
Back Add	Edit Delete	No Data To Repo	ort					
Home About HPMS This is a U.S. Governm	Website Accessibility ient computer system	Web Policies File Form subject to Federal law	nats and Plug-Ins R	ules Of Behavior Syste	em Requirements FAQ		(CMS

On the **Data Entry – Restraint Use – Add** page (Figure III-121), enter data, and click **Next**.

Health Plan Management System		TEST USER User Resources Log Out A A A Last logged in at 9:29 AM on June 14, 2016
Contract ACO Management Management Plan Bids Form	Plan Monitoring Quality and Risk Performance Adjustment	Cost Reports Data Extract Testing Facility Comments
Home - PACE Quality Monitoring - Data Entry - Restraint Use	PAG	CE +
Restraint Lise - Add		
Resulting of Aug		
Contract Number: 20001 - EXAMPLE CONTRACT 1 Site Name: EXAMPLE SITE Data Collection Period: 2nd Quarter, 2016 (Apr Ju	n.)	
Account Manager:	Unassigned	
Age Range:	то	
Gender:	O Male O Female	
Enrollment Date:	± June 2016 ≥	
	22 30 31 1 2 3 4	
	5 6 Z 8 9 10 11	
	19 20 21 22 23 24 25	
	<u>26 27 28 29 30 1 2</u>	
Incident Date:	< June 2016 >	
	Sun Mon Tue Wed Thu Fri Sat	
	29 30 31 1 2 3 4	
	12 13 14 15 16 17 18	
	19 20 21 22 23 24 25 26 27 28 29 30 1 2	
	3 4 5 5 Z 8 9	
Location of Incident:	V	
	Actual Harm to Others	
Reason for Restraint Use: Description for Automatic	Actual Harm to Self Increased Agitation New Medical Diagnosis New Psychiatric Diagnosis Preexisting Medical Diagnosis Preexisting Psychiatric Diagnosis Threat of Harm to Others Threat of Harm to Self	
Type of Restraint:		
Was the Participant Hospitalized?	2	
Berticianste Correct Categorie		
Participant's current status.		
Center Attendance:	(Days per Week)	Assigned Outcomes
Adverse Outcome: (Enter an ICD-10 Code then select 'Add an Outcome.')	Add an Outcome >>	Assigned Galesines
(Enter all that apply)	** Remove an Outcome	
	SP DELIGNERS	
Significant Diagnosis:		Assigned Diagnosis
(Enter an KCD-15 Code then select "Add a Diagnoses") (Enter up to 5)	Add a Diagnosis >>	
	<< Remove a Duagnosis	
	<< Remove All	
Back Next		
ICD-10 Guidance: ICD Code is 3-8 digits in length Position 1 is within Position 2 is numeric Position 4 is aptive or numeric (not case sensitive) Position 4 is a period Position 5-8 are alpha or numeric (not case sensitive)		
Home About HPAIS Websile Accessibility Web Policies File Fo This is a U.S. Government computer system subject to Federal law	mais and Plag ms Rales Of Behavior System Requirements FAQ	(CMS

On the **Data Entry – Restraint Use – Root Cause Analysis** page (Figure III-122), enter data, and upload attachments as applicable. Click **Browse** to locate the file(s) to upload, and click **Next**.

HPMS Health Plan Management S	ystem		TEST USER User Resources Log Out A A A Last logged in at 7:01 AM on July 29, 2016
Contract Management Plan	Bids Plan Formularies Monitoring	Quality and	Risk Adjustment Data Extract Facility
Home = PACE Quality Monitoring = Data	Entry = Restraint Use	Periorinance	
Data Entry		PAC	E +
Restraint Use - Add			
Contract Number: 20001 Contract Name: EXAMPLE CONT Site Name: EXAMPLE NAME Data Collection Period: 2nd Qua	RACT 1 rter, 2016 (Apr Jun.)		
Root Cause Analysis			
Contributing Factors:	Actual Harm to Others Actual Harm to Self Decrease in Center Attendance Delay or Cancelation of Scheduled Home Care Diagnosis of Dementia Increased Agitation Lack of Education - Caregiver Lack of Education - Contractor Lack of Education - Participant	~	
Other:			
Actions Taken:	Assessment - Activities Assessment - Dietary Assessment - Home Care Coordinator Assessment - OT Assessment - PCP Assessment - PT Assessment - RN Assessment - SW Education - Contracted Provider/Facility Education - Family/Caregiver		
Other:			
Ongoing Improvements:	Education - Contracted Provider/Facility Education - Family/Caregiver Education - Staff Increased Center Attendance Increased Center Attendance Increased Staff at Contracted Provider/Facility Increased Staff at PACE Center Medication Change Ongoing Contractor Oversight		
Other:			
Attachments			
Upload Attachment:		Browse	
Back Next	NOTE: Valid attachment file types are: .txt, .xtsx, .xtsm, .docx, .pdx, .pdt, .txt, .do	, ppt ,pg, gif, zip, ,imi	
Root Cause Analysis Guidance: Users have until the end of the collec Users can initially enter and save oth The Quality Indicator data submission	tion period to enter Root Cause Analysis data as required, er data for the Quality Indicator, and enter Root Cause Analys a will not be considered complete until the Root Cause Analys	is data at a later date. s data has been entered.	
Home About HPMS Website Accessibilit This is a U.S. Government computer system	y Web Policies File Formats and Plug-Ins Rules Of Behavior subject to Federal law.	System Requirements FAQ	CMS

On the **Data Entry – Restraint Use – Verify** page (Figure III-123), verify the data. Click **Back** to edit data, or click **Submit**.



A **Control Number** will generate for each Restraint Use record. The **Data Entry** – **Restraint Use** page (Figure III-124) displays records that have been entered for the quarter. If the user wishes to:

- Edit a record click the radio button next to the control number, and click **Edit**.
- Delete a record click the radio button next to the control number, and click **Delete**.
- Add a new record click **Add**.
- Return to the **Data Entry Quality Indicator Selection** page click **Back**.

Contra	ct Manager	nent P	lan Bids	PI	an Formularies	Mc	onitoring	Quality and Performance	Risk Adj	ustment Data I	Extract Facility
me » I	PACE Qualit	ty Monitoring = D	ata Entry » F	Restraint Us	e						
ata	Entry							P/	ACE		+
estra	aint Use	e									
ata Co	ollection	Period: 2nd (Quarter, 20	16 (Apr	Jun.)						
elect	Control #	Account Manager	Age Range	Gender	Enrollment Date	Incident Date	Incident Location	Type of Restraint	Taken to Hospital?	Participant's Current Status	RCA Complete
elect	Control # 627	Account Manager Unassigned	Age Range 80 to 85	Gender Male	Enrollment Date 5/1/2016	Incident Date 5/26/2016	Incident Location Hospital	Type of Restraint Chemical Restraint - Antipsychotic	Taken to Hospital? No	Participant's Current Status Hospitalized - Improving	RCA Complete Yes

PACE QUALITY INDICATOR: SUICIDE/SUICIDE ATTEMPT

The PACE Quality Reporting module enables users to report Suicide/Suicide Attempt data. Refer to *PACE Guidance* for operational guidance on reporting Suicide/Suicide Attempt data.

Frequency: PACE organizations are asked to submit Suicide/Suicide Attempt data on a quarterly basis.

On the **Data Entry – Quality Indicator Selection** page (Figure III-10), select the Suicide/Suicide Attempt quality indicator. Click **Edit Quality Indicator**.

On the **Suicide/Suicide Attempt** page (Figure III-125), click **Add** to add an incident record. The **Edit** and **Delete** buttons will be disabled if there are no records to edit or delete. (See the **PACE Quality Indicator: No Data to Report** section above to report no data for the collection period.)

HPM Health Plan	Nanagement S	ystem				TEST U Last	USER User Resourc : logged in at 3:38 Al	es Log Out A A A M on August 5, 2016
Contract Management	Plan Bids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Cost Reports	Data Extract Facility	Testing Comments
Home > PACE Quality I	Monitoring = Data E	ntry = Suicide/Suicide A	ttempt					
Data Entry						PACE		+
Suicide/Suicid	le Attempt							
Contract Number Contract Name: E Site Name: EXAM Data Collection P	: Z0001 EXAMPLE CONT IPLE NAME Ieriod: 2nd Quar	FRACT 1 rter, 2016 (Apr Jun	n.)					
There are currentl	y no Suicide/Sui	cide Attempt Occur	rences for this C	Contract/Site/Perio	od.			
Use the Back Butto Back Add	on to return to th Edit Delete	e Quality Indicator No Data To Repo	Selection page.					
Home About HPMS This is a U.S. Governme	Website Accessibility ent computer system	Web Policies File Forn subject to Federal law	nats and Plug-Ins R	ules Of Behavior Syste	em Requirements FAQ		(CMS

On the **Data Entry – Suicide/Suicide Attempt – Add** page (Figure III-126), enter data, and click **Next**.

Figure III-126

0	_						_			
HPMS Health Plan Management System								TEST US	ER User Resou t logged in at 9:2	rces Log Out A A A 9 AM on June 14, 2016
Contract ACO Plan Bids Form	Plan nularies	Mon	iitoring	P	Quality and erformance	d Risk ce Adjustr	k nent	Cost Reports	Data Extra Facility	t Testing Comments
Home + PACE Quality Monitoring + Data Entry + Suicide/Suicide	Attempt						-			
Data Entry							P/	ACE		+
Suicide/Suicide Attempt - Add										
Contract Number: 20001 Contract Name: 20001 - EXAMPLE CONTRACT 1 Site Name: EXAMPLE SITE Data Collection Period: 2nd Quarter, 2016 (Apr Ju	n.)									
Account Manager:	Unassign	ed								
Age Range:		то								
Gender:	() Male	⊖ Fer	male							
Enrollment Date:	ś	Jun	e 2016		≥					
	Sun Mon	Tue \	Ned Th	u Fri	Sat					
	29 30 5 6	31 7	1 2 8 9	10	11					
	12 13	14	15 16	17	18					
	19 20	21	22 23	24	25					
	3 4	5	6 Z	1 8	8					
Incident Date:	e	Jun	e 2016	-	3					
	Sun Mon	Tue 1	Ned Th	a Fri	Sat					
	29 30	31	1 2	3	4					
	5 0	Z	8 9	10	11					
	19 20	21	22 21	24	25					
	26 27	28	29 30	1	2					
	3 4	5	<u>6</u> Z	8	9					
Location of Incident:							~			
Type of Incident:			~							
Immediate Action Taken: (Select all that apply)	Assessm Assessm Assessm Assessm Assessm Assessm Evaluate Evaluate	nent - nent - nent - nent - nent - nent - nent - d in H on by	Activiti Dietary Home OT PCP PT RN SW Rospital a Psyc	es Care (ER hiatris	Coordina t	tor				
Was the Participant Hospitalized?						~				
Participant's Current Status										
Faituspant's current status:		De		and 1		Series -				
Center Attendance:		Luays	per W	eex)						
Significant Diagnosis:					Add a De	MODOSIS 22	1	Assign	ied Diagnosis	
(Enter up to 5)				_	100 0 01	Agino sia				
					< Remove	a Diagnosis				
					<< Ret	nove All				
							-			
Back Next										
Cont Here										
ICD-10 Guidance: ICD Code is 3-8 digits in length Position 1 is alpha Position 1 is numeric Position 3 is alpha or numeric (not case sansitive) Position 4 is a period Position 5-8 are alpha or numeric (not case sensitive)										
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On the **Data Entry – Suicide/Suicide Attempt – Root Cause Analysis** page (Figure III-127), enter data, and upload attachments as applicable. Click **Browse** to locate the file(s) to upload, and click **Next**.

Figure III-127

HPMS Health Plan Management S	ystem			TEST USER User Re	sources Log Out A A A
Contract Management Plan	Bids Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Data Extract Facility
Home = PACE Quality Monitoring = Data I	Entry = Suicide/Suicide Attempt		Market Market Street		
Data Entry			PA	CE	+
Suicide/Suicide Attempt -	Add				
Contract Number: 20001 Contract Name: EXAMPLE CONT Site Name: EXAMPLE NAME Data Collection Period: 2nd Qua	RACT 1 rter, 2016 (Apr Jun.)				
Root Cause Analysis					
Contributing Factors:	Actual Harm to Others Actual Harm to Self Alcohol Abuse Chronic Pain Decrease in Center Attendance Delay or Cancelation of Scheduled Ho Diagnosis of Dementia Drug Abuse Increased Agitation	ome Care	• • • • • • • • • • • • • • • • • • •		
Other:					
Actions Taken:	Assessment - Activities Assessment - Dietary Assessment - Home Care Coordinato Assessment - OT Assessment - PCP Assessment - PT Assessment - RN Assessment - SW Education - Contracted Provider/Facil Education - Family/Caregiver	or A			
Other:					
Ongoing Improvements:	Education - Contracted Provider/Facil Education - Family/Caregiver Education - Participant Education - Staff Increased Center Attendance Increased Center Attendance Increased Staff at Contracted Provide Increased Staff at PACE Center Medication Change Ongoing Contractor Oversight	er/Facility			
Other:					
Attachments Upload Attachment:	NOTE Valid attachment file lypes are: brt. sitsr. sitsm. docr.	. pptx. pcf. xks, doc. pct. jaa. a	Browse		
Back Next		n en el la management d'arrangement de la de la della de la della de la della della della della della della del			
Root Cause Analysis Guidance: Users have until the end of the collec Users can initially enter and save oth The Quality Indicator data submission	tion period to enter Root Cause Analysis data er data for the Quality Indicator, and enter Roo a will not be considered complete until the Roo'	as required. It Cause Analysis data at a t Cause Analysis data has	a later date. been entered.		
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On the **Data Entry – Suicide/Suicide Attempt – Verify** page (Figure III-128), verify. Click **Back** to edit data, or click **Submit**.

Figure III-128



A **Control Number** will generate for each Suicide/Suicide Attempt record. The **Data Entry** – **Suicide/Suicide Attempt** page (Figure III-129) displays records that have been entered for the quarter. If the user wishes to:

- Edit a record click the radio button next to the control number, and click **Edit**.
- Delete a record click the radio button next to the control number, and click **Delete**.
- Add a new record click **Add**.
- Return to the **Data Entry Quality Indicator Selection** page click **Back**.

Contra	ct Manager	ment Pla	in Bids	Pla	In Formularies	Mon	itoring	Quality and Performance	Risk	Adjustment Data	Extract Facility
me » l	PACE Qualit	ty Monitoring = Da	ta Entry » St	ulcide/Sulcie	de Attempt						_
ata	Entry								PACE		+
uicio	de/Suic	ide Attempt									
ita Co	ollection	Period: 2nd Q	arter, 201	6 (Apr	Jun.)						
elect	Control #	Account Manager	Age Range	Gender	Enrollment Date	Incident Date	Incident Location	Type of Incident	Taken to Hospital?	Participant's Current Status	RCA Complete
elect	Control # 628	Account Manager Unassigned	Age Range 70 to 75	Gender Male	Enrollment Date 5/1/2016	Incident Date 5/29/2016	Incident Location Participant Home	Type of Incident Attempted Suicide	Taken to Hospital? Yes - Admitted	Participant's Current Status Assisted Living Facility - Stable	RCA Complete Yes