



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

Medicaid and CHIP Program (MACPro)

HHQM - AMB PRA document

Version 1.0
08/22/2017

Document Number: 225-QSSI-MACPro-PRA-HHQM-AMB-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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1. Health Homes Quality Measure

1.1 Ambulatory Care – Emergency Department Visits (AMB) – Path 1

The screenshot shows the 'Ambulatory Care - Emergency Department Visits (AMB)' reporting interface. At the top, there are tabs for News, Tasks (6), Records (highlighted in yellow), Reports, and Actions. On the right, there is a user icon and the word 'Appian'. Below the tabs, the title 'Ambulatory Care - Emergency Department Visits (AMB)' is displayed, along with the identifier 'CMS-10434 OMB 0938-1188'. A sub-section titled 'Health Homes Quality Measure - NV - 2016' follows. A question 'Are you reporting on this measure?*' has two options: 'Yes' (selected) and 'No'. To the right of this section are buttons for 'REQUEST TECHNICAL ASSISTANCE', 'CLEAR', and 'VIEW ALL RESPONSES', and a link to 'View Implementation Guide'. Below this, sections for 'Measurement Specification' (with 'HEDIS' selected), 'Data Source' (with 'Administrative Data Only' selected), and 'Date Range' (with dropdown menus for start and end months and years) are shown. Each of these sections has a '+/-' button to its right.

Figure 1: AMB Reporting – Yes

1.2 Measurement Specification – Path 1

This screenshot shows the 'Measurement Specification' page for the Ambulatory Care - Emergency Department Visits (AMB) measure. It features the same header and navigation as Figure 1. The 'Are you reporting on this measure?' section shows 'Yes' selected. In the 'Measurement Specification' section, 'National Committee for Quality Assurance (NCQA)/Healthcare Effectiveness Data and Information Set (HEDIS)' is selected. To the right, a 'Specify version of HEDIS used*' dropdown is open, showing 'Select Year' and a note 'HEDIS: Healthcare Effectiveness Data and Information Set'. The 'Data Source' section includes options for 'Administrative Data Only' and 'Other', with 'Administrative Data Only' selected. Like Figure 1, it includes '+/-' buttons for each section.

Figure 2: Measurement Specification 1

1.3 Measurement Specification – Path 2

Measurement Specification

National Committee for Quality Assurance (NCQA)/Healthcare Effectiveness Data and Information Set (HEDIS)
 Other

Data Source

Administrative Data Only
 Other

Date Range

Please define the date range for the reporting period based on the "From" time period as the month and year that corresponds to the beginning period in which utilization took place and please report the "To" time period as the month and year that corresponds to the end period in which utilization took place. Do not report the year in which data were collected from the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to the utilization of services.

Figure 3: Measurement Specification 2

1.4 Date Range

Definition of Population Included in the Measure

Select all that apply

Definition of Denominator

Select all that apply

Figure 4: Date Range

1.5 Definition of Population Included in the Measure

Definition of Population Included in the Measure

Definition of Denominator
Select all that apply

Denominator includes Medicaid population
 Denominator includes Medicare and Medicaid Dually-Eligible population
 Other

Specify*

Does this denominator represent your total measure eligible population as defined by the Technical Specifications for this measure?

Yes
 No

Explain which populations are excluded and why *

Specify total measure-eligible population *

Figure 5: Denominator Representation 1

1.6 Selection of Delivery Systems

Which delivery systems are represented in the Denominator?
Select all delivery systems that cover the measure-eligible population in your state. For each delivery system selected, report the percentage of the measure-eligible population that is represented in the data reported for the measure and the number of the health plans included (where applicable).

Fees-for-Service (FFS) Percentage of measure-eligible state population represented in data reported*

Primary Care Case Management (PCCM) Percentage of measure-eligible state population represented in data reported*

Managed Care Organization / Pre-paid Inpatient Health Plan (MCO/PIHP) Number of Health Plans*

Integrated Care Models (ICM) Percentage of measure-eligible state population represented in data reported*

Other Describe*

Are all Health Home Providers represented in the denominator? *

Yes
 No

Performance Measure

Number of inpatient hospital admissions for ambulatory care sensitive chronic conditions per 100,000 enrollee months for Health Home enrollees age 18 and older. This measure includes adult hospital admissions for diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, or angina without a cardiac procedure.

Figure 6: Denominator Representation 2

1.7 Health Home Providers Representation

If applicable, list the number of Health Plans represented

Are all Health Home Providers represented in the denominator? *

Yes
 No

Please explain *

The percentage of Health Home enrollees ages 18 to 74 who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.

Age Range: 18-64

Please explain why data was not entered for this numerator/denominator/rate set *

Character count: 0/2000

Figure 7: Denominator Representation 3

1.8 Performance Measure (checked all age range) Path - 1

Performance Measure

The rate of emergency department (ED) visits per 1,000 enrollee months among Health Home enrollees.

Age Range: 0-17

ED Visits	Enrollee Months	Visits per 1,000 Enrollee Months
0	0	0

Age Range: 18-64

ED Visits	Enrollee Months	Visits per 1,000 Enrollee Months
0	0	0

Age Range: 65 and older

ED Visits	Enrollee Months	Visits per 1,000 Enrollee Months
0	0	0

Age Range: Total

ED Visits	Enrollee Months	Visits per 1,000 Enrollee Months
0	0	0

Additional Notes/Comments on Measure

Character count: 0/2000

Deviations from Measure Specifications

Figure 8: Performance Measure 1

1.9 Performance Measure (Check one age range) Path -2 Option Yes

News Tasks (6) **Records** Reports Actions

Performance Measure

The rate of emergency department (ED) visits per 1,000 enrollee months among Health Home enrollees.

Age Range: 0-17

ED Visits	Enrollee Months	Visits per 1,000 Enrollee Months
0	0	0

Age Range: 18-64

Please explain why data was not entered for this numerator/denominator/rate set *

Character count: 0/2000

Age Range: 65 and older

Please explain why data was not entered for this numerator/denominator/rate set *

Character count: 0/2000

The option "Denominator includes Medicare and Medicaid Dually-Eligible population" was selected in the "Definition of Population included in the Measure" section; however, no data were reported for the population age 65 and older. Are data available for population age 65 and over?

Yes
 No

Please either:

1. enter a N/D/R for this age group.
2. return to the "Definition of Population included in the Measure" section and de-select the option "Denominator includes Medicare and Medicaid Dually-Eligible population"; or
3. explain below why data were not reported for age 65 and older (for example if the 65 and older group were combined with the 18-64 age group).

"Denominator includes Medicare and Medicaid Dually-Eligible population" was selected, but a numerator, denominator, and rate were not reported for the 65 and older population. Please explain why *

Age Range: Total

Figure 9: Performance Measure 2

1.10 Performance Measure (Check one age range) Path – 2 Option No

The rate of emergency department (ED) visits per 1,000 enrollee months among Health Home enrollees.

Age Range: 0-17

ED Visits	Enrollee Months	Visits per 1,000 Enrollee Months
0	0	0

Age Range: 18-64

Please explain why data was not entered for this numerator/denominator/rate set *

Character count: 0/2000

Age Range: 65 and older

Please explain why data was not entered for this numerator/denominator/rate set *

Character count: 0/2000

The option "Denominator includes Medicare and Medicaid Dually-Eligible population" was selected in the "Definition of Population included in the Measure" section; however, no data were reported for the population age 65 and older. Are data available for population age 65 and over? *

Yes
 No

If applicable, please return to the "Definition of Population Included in the Measure" section and de-select the option "Denominator includes Medicare and Medicaid Dually-Eligible population" or provide explanation below.

"Denominator includes Medicare and Medicaid Dually-Eligible population" was not de-selected, please explain why *

Age Range: Total

Please explain why data was not entered for this numerator/denominator/rate set *

Figure 10: Performance Measure 3

1.11 Other Performance Measure

Please describe the other methodology used *

Please describe the rate (e.g., 18-64)

	Numerator	Denominator	Rate
	0	0	0

Clear Row

+ Additional/Other Rate(s)

Additional Notes/Comments on Measure

Combined Rate(s) from Multiple Reporting Units

Figure 11: Other Performance Measure

1.12 Deviations from Measure Specifications

Character count: 0/2000

Deviations from Measure Specifications

Did your calculation of the measure deviate from the measure specification in any way? *

Yes
 No

Please select and explain the deviation(s)

Age Range: 0-17

Numerator

Denominator

Other

Explain *

Age Range: 18-64

Numerator

Denominator

Explain *

Age Range: 65 and older

Numerator

Denominator

Other

Explain *

Figure 12: Deviations from Measure Specifications 1

News Tasks (6) **Records** Reports Actions

Age Range: 18-64

Numerator

Denominator

Other

Explain *

Explain *

Explain *

Figure 13: Deviations from Measure Specifications 2

The screenshot shows a software application window titled "Deviations from Measure Specifications". The top navigation bar includes "News", "Tasks (6)", "Records" (which is underlined in yellow), "Reports", and "Actions". On the right side of the header is a user profile icon and the word "Appian".

The main content area displays a list of deviations:

- Denominator**: An "Explain *"-button is present.
- Other**: An "Explain *"-button is present.
- Age Range: Total**
 Numerator: An "Explain *"-button is present.
- Denominator**: An "Explain *"-button is present.
- Other**: An "Explain *"-button is present.

Combined Rate(s) from Multiple Reporting Units

Did you Combine Rates from Multiple Reporting Units (e.g., Health Home Providers) to Create a Health Home State-Level Rate? *

Figure 14: Deviations from Measure Specifications 3

1.13 Optional Measure Stratification

News Tasks (6) **Records** Reports Actions Appian +/-

No
Optional Measure Stratification

If this measure is also reported by additional classifications/sub-categories, e.g. racial, ethnic, sex, language, disability status, or geography, complete the following as applicable.

Check all that apply
 Race (Non-Hispanic)
 White

Classification/Sub-category	Numerator	Denominator	Rate
Age Range: 0-17	0	0	0
Age Range: 18-64	0	0	0
Age Range: 65 and older	0	0	0

+ Additional/Alternative Classification/Sub-category

Black or African American

Classification/Sub-category	Numerator	Denominator	Rate
Age Range: 0-17	0	0	0
Age Range: 18-64	0	0	0
Age Range: 65 and older	0	0	0

+ Additional/Alternative Classification/Sub-category

American Indian or Alaska Native

Classification/Sub-category	Numerator	Denominator	Rate
Age Range: 0-17	0	0	0
Age Range: 18-64	0	0	0

Figure 15: Optional Measure Stratification 1

News Tasks (6) **Records** Reports Actions Appian +/-

No
 Asian

Classification/Sub-category	Numerator	Denominator	Rate
Age Range: 0-17	0	0	0
Age Range: 18-64	0	0	0
Age Range: 65 and older	0	0	0

+ Additional/Alternative Classification/Sub-category

Native Hawaiian or Other Pacific Islander

Classification/Sub-category	Numerator	Denominator	Rate
Age Range: 0-17	0	0	0
Age Range: 18-64	0	0	0
Age Range: 65 and older	0	0	0

+ Additional/Alternative Classification/Sub-category

Ethnicity

Hispanic or Latino

Classification/Sub-category	Numerator	Denominator	Rate
Age Range: 0-17	0	0	0

Figure 16: Optional Measure Stratification 2

News Tasks (6) **Records** Reports Actions  Appian

Not Hispanic or Latino

Classification/Sub-category	Numerator	Denominator	Rate
Age Range: 0-17	0	0	0
Age Range: 18-64	0	0	0
Age Range: 65 and older	0	0	0

+ Additional/Alternative Classification/Sub-category

Sex

Male

Classification/Sub-category	Numerator	Denominator	Rate
Age Range: 0-17	0	0	0
Age Range: 18-64	0	0	0
Age Range: 65 and older	0	0	0

+ Additional/Alternative Classification/Sub-category

Female

Classification/Sub-category	Numerator	Denominator	Rate
Age Range: 0-17	0	0	0
Age Range: 18-64	0	0	0
Age Range: 65 and older	0	0	0

+ Additional/Alternative Classification/Sub-category

Primary Spoken Language

Figure 17: Optional Measure Stratification 3

News Tasks (6) **Records** Reports Actions  Appian

Primary Spoken Language

English

Classification/Sub-category	Numerator	Denominator	Rate
Age Range: 0-17	0	0	0
Age Range: 18-64	0	0	0
Age Range: 65 and older	0	0	0

+ Additional/Alternative Classification/Sub-category

Spanish

Classification/Sub-category	Numerator	Denominator	Rate
Age Range: 0-17	0	0	0
Age Range: 18-64	0	0	0
Age Range: 65 and older	0	0	0

+ Additional/Alternative Classification/Sub-category

Disability Status

SSI

Classification/Sub-category	Numerator	Denominator	Rate
Age Range: 0-17	0	0	0
Age Range: 18-64	0	0	0
Age Range: 65 and older	0	0	0

+ Additional/Alternative Classification/Sub-category



Figure 18: Optional Measure Stratification 4

The screenshot shows the CMS XLC interface with the 'Records' tab selected. It displays three stratification tables:

- Non-SSI:** Shows data for Age Range: 0-17, 18-64, and 65 and older. Numerator and Denominator values are all 0, resulting in a Rate of 0. Buttons for 'Clear Row' are available for each row.
- Geography (Urban):** Shows data for Age Range: 0-17, 18-64, and 65 and older. Numerator and Denominator values are all 0, resulting in a Rate of 0. Buttons for 'Clear Row' are available for each row.
- Geography (Rural):** Shows data for Age Range: 0-17, 18-64, and 65 and older. Numerator and Denominator values are all 0, resulting in a Rate of 0. Buttons for 'Clear Row' are available for each row.

Figure 19: Optional Measure Stratification 5

1.14 Final Comments and Report Documents

The screenshot shows the CMS XLC interface with the 'Records' tab selected. It displays two main sections:

- Final Comments (Optional):** A text area labeled "Please enter any summary comments" with a placeholder text "No items available".
- Report Documents:** A section titled "Saved Documents" with the following bullet points:
 - Maximum documents that can be uploaded for this report: 84
 - Maximum file size : 2MB
 - Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx
 A table for managing documents is shown, with a header row including columns for Name, Description, Date Created, Updated By, Size, and Type. Below the table, there are "UPLOAD" and "DELETE DOCUMENT(S)" buttons.

Figure 20: Final Comments and Report Documents

1.15 Ambulatory Care – Emergency Department Visits (AMB) Path - 2

The screenshot shows the 'Ambulatory Care - Emergency Department Visits (AMB)' reporting interface. At the top, there are tabs for News, Tasks (6), Records, Reports, and Actions. The Records tab is selected. In the center, the title 'Ambulatory Care - Emergency Department Visits (AMB)' is displayed, along with the identifier 'CMS-10434 OMB 0938-1188'. Below the title, it says 'Health Homes Quality Measure - NV - 2016'. On the right side, there are buttons for 'REQUEST SYSTEM HELP', 'REQUEST TECHNICAL ASSISTANCE', 'CLEAR', and 'VIEW ALL RESPONSES'. A link to 'View Implementation Guide' is also present.

Are you reporting on this measure? *

Yes
 No

Please explain why you are not reporting on the measure

Select all that apply (must select at least one)

Service not covered
 Population not covered
 Data not available

Portion of population not covered *

Entire population not covered
 Partial population not covered

*** Explain the partial population not covered**

Explain why data not available

Select all that apply (must select at least one)

Budget Constraints
 Staff Constraints
 Data Inconsistencies/Accuracy

*** Please explain**

Data not submitted by Providers to State
 Data source not easily accessible

Reason Select all that apply

Requires medical record review
 Requires data linkage, which does not currently exist

Figure 21: AMB Reporting – No

The screenshot shows the same reporting interface as Figure 21, but with more detailed options for 'Data Inconsistencies/Accuracy' and 'Information not collected'.

Data Inconsistencies/Accuracy

*** Please explain**

Data not submitted by Providers to State
 Data source not easily accessible

Reason Select all that apply

Requires medical record review
 Requires data linkage, which does not currently exist
 Other

Information not collected

*** Please explain**

Information not collected

Reason Select all that apply

Not collected by provider (hospital/health plan)
 Other

Small sample size (less than 30)

Continuous enrollment requirement not met due to start date of SPA

Other

Enter specific sample size *

Explain other reason why data not reported *

Figure 22: AMB Reporting – No

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Literal Translation
HHQM	Health Homes Quality Measure
AMB	Ambulatory Care – Emergency Department Visits
PRA	Paper Reduction Act of 1995