



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

## **Medicaid and CHIP Program (MACPro)**

### **HHQM-PCR PRA document**

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# 1. Health Homes Quality Measure

## 1.1 Plan All-Cause Readmission Rate (PCR) - Path 1

News Tasks (4) **Records** Reports Actions Applan

### Plan All-Cause Readmission Rate (PCR)

CMS-10434 OMB 0938-1188

Health Homes Quality Measure - NV - 2016

[Request System Help](#)

[REQUEST TECHNICAL ASSISTANCE](#) [CLEAR](#) [VIEW ALL RESPONSES](#)

[View Implementation Guide](#)

Are you reporting on this measure? \*

Yes

No

#### Measurement Specification

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

Other

Specify version of HEDIS used \*

Select Year ▼

HEDIS: Healthcare Effectiveness Data and Information Set

#### Data Source

Administrative Data Only +/-

Other

#### Date Range

Figure 1: PCR Reporting – Yes

## 1.2 Measure Specification - Path 1

News Tasks (4) **Records** Reports Actions

REQUEST TECHNICAL ASSISTANCE CLEAR VIEW ALL RESPONSES

Applan

View Implementation Guide

Are you reporting on this measure? \*

Yes

No

**Measurement Specification** +/-

National Committee for Quality Assurance (NCQA)/Healthcare Effectiveness Data and Information Set (HEDIS) **Specify version of HEDIS used \***

Other

Select Year

HEDIS: Healthcare Effectiveness Data and Information Set

**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.

**Start Date**

Select Month Select Year

Month Year

**End Date**

Select Month Select Year

Month Year

**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

Figure 2: Measurement Specification 1

## 1.3 Measurement Specification - Path 2

News Tasks (4) **Records** Reports Actions

Applan

View Implementation Guide

Are you reporting on this measure? \*

Yes

No

**Measurement Specification** +/-

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

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.

**Start Date**

Select Month Select Year

Month Year

**End Date**

Select Month Select Year

Month Year

**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

Figure 3: Measurement Specification 2

# 1.4 Date Range

News Tasks (4) **Records** Reports Actions Applan

Character count: 0/2000

### 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.

**Start Date**

Month: May Year: 2004

**End Date**

Month: September Year: 2009

### 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

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

Figure 4: Date Range

# 1.5 Definition of Population Included in the Measure

News Tasks (4) **Records** Reports Actions Applan

Month Year

**End Date**

Month: Select Month Year: Select Year

### 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

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

Yes  
 No

**Specify \***

**Explain which populations are excluded and why \***

**Specify total measure-eligible population \***

**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).

User must select at least one of the following

- Fees-for-Service (FFS)
- Primary Care Case Management (PCCM)
- Managed Care Organization / Pre-paid Inpatient Health Plan (MCO/PIHP)

Figure 5: Definition of Population Included in this Measure 1

## 1.6 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)
- Primary Care Case Management (PCCM)
- Managed Care Organization / Pre-paid Inpatient Health Plan (MCO/PIHP)
- Integrated Care Models (ICM)
- Other

Percentage of measure-eligible state population represented in data reported \*

Percentage of measure-eligible state population represented in data reported \*

Number of Health Plans \*

Percentage of measure-eligible state population represented in data reported \*

Percentage of measure-eligible state population represented in data reported \*

Describe \*

Percentage of measure-eligible state population represented in data reported \*

If applicable, list the number of Health Plans represented

Figure 6: Definition of Population Included in the Measure 2

## 1.7 Health Home Providers Representation

Are all Health Home Providers represented in the denominator? \*

Yes

No

**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

Figure 7: Definition of Population Included in the Measure 3

## 1.8 Performance Measure (Checked all age range) Path - 1

**Performance Measure** +/-

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

Numerator	Denominator	Rate
0	0	0

Age Range: 65-74

Numerator	Denominator	Rate
0	0	0

Age Range: Total

Numerator	Denominator	Rate
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 (Checked one age range) Path – 2

**Performance Measure** +/-

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

Numerator	Denominator	Rate
0	0	0

Age Range: 65-74

**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

Age Range: Total

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

Figure 9: Performance Measure 2



## 1.10 Age Range 65 and older, Path 1

**Performance Measure**

For Health Home enrollees 18 years and older, the number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days. Data are reported in the following categories:

- Count of Index Hospital Stays (IHS) (denominator)
- Count of 30-Day Readmissions (numerator)
- Readmissions Rate

Age Range: 18-64

Count of 30-Day Readmissions (Num)	Count of Index Stays (Den)	Readmissions Rate (Num/Den)
0	0	0

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:

- enter a N/D/R for this age group,
- 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
- 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

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

Figure 10: Performance Measure 3

## 1.11 Age Range 65 and older, Path 2

**Performance Measure**

For Health Home enrollees 18 years and older, the number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days. Data are reported in the following categories:

- Count of Index Hospital Stays (IHS) (denominator)
- Count of 30-Day Readmissions (numerator)
- Readmissions Rate

Age Range: 18-64

Count of 30-Day Readmissions (Num)	Count of Index Stays (Den)	Readmissions Rate (Num/Den)
0	0	0

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 11: Performance Measure 4

## 1.12 Other Performance Measure

News Tasks (4) **Records** Reports Actions Appian

### 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

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

Yes

No

Figure 12: Other Performance Measure

## 1.13 Deviations from Measure Specifications

News Tasks (5) **Records** Reports Actions Appian

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: 18-64

Numerator Explain \*

Denominator Explain \*

Other Explain \*

Age Range: 65 and older

Numerator Explain \*

Figure 13: Deviations from Measure Specifications 1

Figure 14: Deviations from Measure Specifications 2

## 1.14 Optional Measurement Stratification

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: 18-64	0	0	0	Clear Row
Age Range: 65-74	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Black or African American

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	0	0	0	Clear Row
Age Range: 65-74	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

American Indian or Alaska Native

Figure 15: Option Measure Stratification 1

News Tasks (5) **Records** Reports Actions Appian

**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: 18-64	0	0	0	Clear Row
Age Range: 65-74	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Black or African American

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	0	0	0	Clear Row
Age Range: 65-74	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

American Indian or Alaska Native

Figure 16: Option Measure Stratification 2

News Tasks (5) **Records** Reports Actions Appian

Native Hawaiian or Other Pacific Islander

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	0	0	0	Clear Row
Age Range: 65-74	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

Ethnicity

Hispanic or Latino

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	0	0	0	Clear Row
Age Range: 65-74	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Not Hispanic or Latino

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	0	0	0	Clear Row
Age Range: 65-74	0	0	0	Clear Row

Figure 17: Option Measure Stratification 3

News Tasks (5) **Records** Reports Actions Appian

Not Hispanic or Latino + Additional/Alternative Classification/Sub-category

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	0	0	0	Clear Row
Age Range: 65-74	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Sex + Additional Ethnicity(ies)

Male

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	0	0	0	Clear Row
Age Range: 65-74	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Female

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

Figure 18: Option Measure Stratification 4

News Tasks (5) **Records** Reports Actions Appian

Female + Additional/Alternative Classification/Sub-category

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	0	0	0	Clear Row
Age Range: 65-74	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Primary Spoken Language

English

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	0	0	0	Clear Row
Age Range: 65-74	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Spanish

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	0	0	0	Clear Row
Age Range: 65-74	0	0	0	Clear Row

Figure 19: Optional Measure Stratification 5

News Tasks (5) **Records** Reports Actions Applan

Age range: 65-74 0 0 0 Row

+ Additional Primary Spoken Language(s)

Disability Status

SSI

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	0	0	0	Clear Row
Age Range: 65-74	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Non-SSI

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	0	0	0	Clear Row
Age Range: 65-74	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

Geography

Urban

Figure 20: Optional Measure Stratification 6

News Tasks (5) **Records** Reports Actions Applan

+ Additional Disability Status(es)

Geography

Urban

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	0	0	0	Clear Row
Age Range: 65-74	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Rural

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	0	0	0	Clear Row
Age Range: 65-74	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Geographies

**Final Comments (Optional)**

Please enter any summary comments

+/-

Figure 21: Optional Measure Stratification 7

## 1.15 Final Comments and Report Documents

The screenshot shows a web interface with a top navigation bar containing 'News', 'Tasks (4)', 'Records', 'Reports', and 'Actions'. A user profile icon for 'Applan' is in the top right. The main content area is titled 'Final Comments (Optional)' and contains a text input field with the placeholder 'Please enter any summary comments'. Below this is a section titled 'Report Documents' with a sub-section 'Saved Documents'. It lists guidelines: 'Maximum documents that can be uploaded for this report: 84', 'Maximum file size: 2MB', and 'Valid file extensions: pdf; ppt; doc; docx; xls; pptx'. A table with columns 'Name', 'Description', 'Date Created', 'Updated By', 'Size', and 'Type' is shown, currently containing 'No items available'. An 'UPLOAD' button is on the left, and 'DELETE DOCUMENT(S)' and 'SAVE DOCUMENT(S)' buttons are on the right. At the bottom, a question asks 'Would you like to validate the core measure data at this time?'.

Figure 22: Final Comments and Report Documents

## 1.16 Plan All-Cause Readmission Rate (PCR) – Path 2

The screenshot shows a form titled 'Are you reporting on this measure? \*' with radio buttons for 'Yes' and 'No' (selected). Below is 'Please explain why you are not reporting on the measure' with a note 'Select all that apply (must select at least one)'. Checkboxes include 'Service not covered', 'Population not covered', and 'Data not available'. A section 'Portion of population not covered \*' has radio buttons for 'Entire population not covered' and 'Partial population not covered' (selected). This is followed by a text box 'Explain the partial population not covered'. Another section 'Explain why data not available' has checkboxes for 'Budget Constraints', 'Staff Constraints', and 'Data Inconsistencies/Accuracy', followed by a text box 'Please explain'. At the bottom, checkboxes for 'Data not submitted by Providers to State' and 'Data source not easily accessible' are shown. A 'View Implementation Guide' link is in the top right.

Figure 23: PCR Reporting – No - 1

The screenshot shows a web application interface with a top navigation bar containing 'News', 'Tasks (5)', 'Records' (highlighted), 'Reports', and 'Actions'. A user profile icon for 'Appian' is in the top right. The main content area contains several sections of checkboxes and text boxes:

- 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
- \* Please explain [Text box]
- Information not collected
- Reason** *Select all that apply*
  - Not collected by provider (hospital/health plan)
  - Other
- \* Please explain [Text box]
- Other
- \* Please explain [Text box]

Figure 24: PCR Reporting – No - 2

The screenshot shows the same web application interface as Figure 24. The main content area contains:

- Small sample size (less than 30)
- Continuous enrollment requirement not met due to start date of SPA
- Other
- \* Please explain [Text box]
- Enter specific sample size \***
- Explain other reason why data not reported \***
- Report Documents**
- Saved Documents**
  - Maximum documents that can be uploaded for this report: 84
  - Maximum file size : 2MB
  - Valid file extensions: pdf; ppt; doc; docx; xls; xlsx; pptx
- | <input type="checkbox"/> | Name | Description | Date Created | Updated By | Size | Type |
|--------------------------|------|-------------|--------------|------------|------|------|
| +/-                      |      |             |              |            |      |      |

Figure 25: PCR Reporting – No – 3



## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Literal Translation
<b>HHQM</b>	Health Homes Quality Measure
<b>PCR</b>	Plan All-Cause Readmission Rate
<b>PRA</b>	Paper Reduction Act of 1995