



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

Medicaid and CHIP Program (MACPro)

AQM 2017 - Plan All-Cause Readmissions (PCR) Core Measure PRA document

Version 1.0

08/29/2017

Document Number: 283-QSSI-MACPro-PRA-AQM2017-PCR-D

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

Table of Contents

- 1. Plan All-Cause Readmissions (PCR) Core Measure – Screenshots..... 1**
 - 1.1 Are you reporting on this measure? 1
 - 1.2 Measurement Specification – Path 1..... 1
 - 1.3 Measurement Specification – Path 2..... 1
 - 1.4 Data Source 2
 - 1.5 Performance Measure – Path 1 2
 - 1.6 Performance Measure – Path 2 3
 - 1.7 Deviations from Measurement Specifications 3
 - 1.8 Optional Measure Stratification 4
- Appendix A: Acronyms 6**

List of Figures

- Figure 1: Are you reporting on this measure? 1
- Figure 2: Measurement Specification – 1 1
- Figure 3: Measurement Specification – 2 1
- Figure 4: Data Source 2
- Figure 5: Performance Measure - 1 2
- Figure 6: Performance Measure - 2 3
- Figure 7: Deviations from Measurement Specifications – 1 3
- Figure 8: Deviations from Measurement Specifications – 2 4
- Figure 9: Optional Measure Stratification – 1 4
- Figure 10: Optional Measure Stratification – 2 5

List of Tables

- Table 1: Acronyms 6

1. Plan All-Cause Readmissions (PCR) Core Measure – Screenshots

1.1 Are you reporting on this measure?

The screenshot shows a form titled "Plan All-Cause Readmissions (PCR)" with the identifier "CMS-10434 OMB 0938-1188". Below the title is "Medicaid Adult Core Quality Measure - NY - 2016". On the right side, there are three buttons: "REQUEST TECHNICAL ASSISTANCE", "CLEAR", and "VIEW ALL RESPONSES". Above the "VIEW ALL RESPONSES" button is a link for "Request System Help". Below the buttons is a link for "View Implementation Guide". On the left side, the question "Are you reporting on this measure?*" is followed by two radio button options: "Yes" (which is selected) and "No".

Figure 1: Are you reporting on this measure?

1.2 Measurement Specification – Path 1

The screenshot shows a form titled "Measurement Specification" with a collapse icon "+/-" on the right. It contains two radio button options: "National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)" (which is selected) and "Other". To the right of these options is a section titled "Specify version of HEDIS used *" with a dropdown menu currently showing "Select Year". Below the dropdown is the text "HEDIS: Healthcare Effectiveness Data and Information Set".

Figure 2: Measurement Specification – 1

1.3 Measurement Specification – Path 2

The screenshot shows a form titled "Measurement Specification" with a collapse icon "+/-" on the right. It contains two radio button options: "National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)" and "Other" (which is selected). To the right of these options is a section titled "Explain *" with a large text input area below it.

Figure 3: Measurement Specification – 2

1.4 Data Source

Data Source +/-

Administrative Data

From where is the Administrative Data coming?
Must select one or more

Medicaid Management Information System (MMIS)

Other

* Specify

Other

Specify*

Figure 4: Data Source

1.5 Performance Measure – Path 1

Performance Measure +/-

For Medicaid beneficiaries 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 three categories:

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

Enter rate values to one decimal place (XX.X). If your rate ends in .0, note that the .0 will not be retained on the screen and the whole number will be displayed instead.

Age Range: 18-64

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

Character count: 0/4000

Age Range: 65+

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

Figure 5: Performance Measure - 1

1.6 Performance Measure – Path 2

Performance Measure +/-

For Medicaid beneficiaries 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 three categories:

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

Enter rate values to one decimal place (XX.X). If your rate ends in .0, note that the .0 will not be retained on the screen and the whole number will be displayed instead.

Age Range: 18-64

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

Age Range: 65+

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

The option "Denominator includes Medicare and Medicaid Dually-Eligible population" was not selected in the "Definition of Population Included in the Measure." Is the Medicare and Medicaid Dually-Eligible population included in this denominator?

Yes
 No

"Denominator includes Medicare and Medicaid Dually-Eligible Population" was not selected. please explain why: *

Figure 6: Performance Measure - 2

1.7 Deviations from Measurement Specifications

Deviations from Measurement 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 *

Figure 7: Deviations from Measurement Specifications – 1

Age Range: 65 and Older

Numerator

Denominator

Other

Explain *

Explain *

Explain *

Figure 8: Deviations from Measurement Specifications – 2

1.8 Optional Measure Stratification

Note: Same N/D/R sets are displayed under each of the stratification categories

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+	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Black or African American

American Indian or Alaska Native

Asian

Native Hawaiian or Other Pacific Islander

+ Additional Race(s)

Ethnicity

Hispanic or Latino

Not Hispanic or Latino

+ Additional Ethnicity(ies)

Sex

Male

Female

Figure 9: Optional Measure Stratification – 1

Disability Status
 SSI
 Non-SSI
[+ Additional Disability Status\(es\)](#)

Geography
 Urban
 Rural
[+ Additional Geographies](#)

Adult Eligibility Group (ACA Expansion Group)

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

[+ Additional/Alternative Classification/Sub-category](#)

Figure 10: Optional Measure Stratification – 2

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Literal Translation
AQM	Adult Quality Measure
PRA	Paper Reduction Act of 1995