



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

Medicaid and CHIP Program (MACPro)

CQM 2018 - Ambulatory Care - Emergency Department (ED) Visits (AMB-CH) Core Measure PRA Document

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Table of Contents

1. Ambulatory Care - Emergency Department (ED) Visits (AMB-CH) Screenshots	1
1.1 Measurement Specifications – Path 1	1
1.2 Measurement Specifications – Path 2.....	1
1.3 Data Source	1
1.4 Data Range	2
1.5 Definition of Population in the Measure – Screenshot 1	2
1.6 Definition of Population in the Measure – Screenshot 2.....	3
1.7 Performance Measure - Path 1	4
1.8 Performance Measure - Path 2	5
1.9 Deviations from Measure Specifications – Path 1	6
1.10 Deviations from Measure Specifications – Path 2	6
1.11 Combined Rate(s) from Multiple Reporting Units	7
1.12 Additional Notes/Comments on Measure (Optional)	8
1.13 Optional Measure Stratification – Screenshot 1	8
1.14 Optional Measure Stratification – Screenshot 2	9
Appendix A: Acronyms.....	10

List of Figures

Figure 1: Measurement Specifications – Path 1	1
Figure 2: Measurement Specifications – Path 2	1
Figure 3: Data Source.....	1
Figure 4: Date Range	2
Figure 5: Definition of Population in the Measure – Screenshot 1	2
Figure 6: Definition of Population in the Measure – Screenshot 2	3
Figure 7: Performance Measure - Path 1.....	4
Figure 8: Performance Measure - Path 2.....	5
Figure 9: Deviations from Measure Specifications – Path 1	6
Figure 10: Deviations from Measure Specifications – Path 2	7
Figure 11: Combined Rate(s) from Multiple Reporting Units	7
Figure 12: Additional Notes/Comments on Measure (Optional).....	8
Figure 13 : Optional Measure Stratification – Screenshot 1.....	8

Figure 14: Optional Measure Stratification – Screenshot 2..... 9

List of Tables

No table of figures entries found.

1. Ambulatory Care - Emergency Department (ED) Visits (AMB-CH) Screenshots

1.1 Measurement Specifications – Path 1

News Tasks (9) Records Reports **Actions** Appian

Measurement Specification Collapse

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

Specify version of HEDIS used *
 Select Year

Figure 1: Measurement Specifications – Path 1

1.2 Measurement Specifications – Path 2

News Tasks (10) Records Reports **Actions** Appian

Measurement Specification Collapse

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

Please describe the specifications that were used to calculate the measure and explain how they deviated from Core Set specifications. If you need additional space to describe your state's methodology, please attach a document to this report in the Report Documents section at the bottom of the screen. *

Figure 2: Measurement Specifications – Path 2

1.3 Data Source

News Tasks (10) Records Reports **Actions** Appian

Data Source Collapse

Administrative Data
 Other

What is the Administrative Data source?
 Must select one or more

Medicaid Management Information System (MMIS)
 Other

* Specify

Specify *

Figure 3: Data Source

1.4 Data Range

Figure 4: Date Range

1.5 Definition of Population in the Measure – Screenshot 1

Figure 5: Definition of Population in the Measure – Screenshot 1

1.6 Definition of Population in the Measure – Screenshot 2

Which delivery systems are represented in the Denominator? *

Select all delivery systems that apply in your state (must select at least one); for each delivery system selected, enter the percentage of the measure-eligible population represented by that service delivery system. For example, if the measure-eligible population represents all managed care enrollees, enter 100 percent for MCO.

Fee-for-Service

Primary Care Case Management (PCCM)

Managed Care Organization / Pre-paid Inpatient Health Plan (MCO / PIHP)

Integrated Care Models (ICM)

Other

Percentage of total state FFS population represented *

The percentage provided here should represent the percentage of the denominator population(s) included in the measure (i.e., Medicaid, CHIP, etc.) that receives items/services through the selected delivery system. For example, if the population included in the reported data represents all managed care enrollees and half of your state's fee-for-service enrollees, select managed care and enter 100, and select fee-for-service and enter 50.

Percentage of total state PCCM population represented *

The percentage provided here should represent the percentage of the denominator population(s) included in the measure (i.e., Medicaid, CHIP, etc.) that receives items/services through the selected delivery system. For example, if the population included in the reported data represents all managed care enrollees and half of your state's fee-for-service enrollees, select managed care and enter 100, and select fee-for-service and enter 50.

Number of Health Plans *

Percentage of total state MCO/PIHP population represented *

The percentage provided here should represent the percentage of the denominator population(s) included in the measure (i.e., Medicaid, CHIP, etc.) that receives items/services through the selected delivery system. For example, if the population included in the reported data represents all managed care enrollees and half of your state's fee-for-service enrollees, select managed care and enter 100, and select fee-for-service and enter 50.

Percentage of total state ICM population represented *

The percentage provided here should represent the percentage of the denominator population(s) included in the measure (i.e., Medicaid, CHIP, etc.) that receives items/services through the selected delivery system. For example, if the population included in the reported data represents all managed care enrollees and half of your state's fee-for-service enrollees, select managed care and enter 100, and select fee-for-service and enter 50.

Describe *

Percentage of total other population represented *

The percentage provided here should represent the percentage of the denominator population(s) included in the measure (i.e., Medicaid, CHIP, etc.) that receives items/services through the selected delivery system. For example, if the population included in the reported data represents all managed care enrollees and half of your state's fee-for-service enrollees, select managed care and enter 100, and select fee-for-service and enter 50.

If applicable, list the number of Health Plans represented

Figure 6: Definition of Population in the Measure – Screenshot 2

1.7 Performance Measure - Path 1

Performance Measure

Collapse

Rate of emergency department (ED) visits per 1,000 beneficiary months among children up to age 19.

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 1

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

Character count: 0/4000

Ages 1-9

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

Character count: 0/4000

Ages 10-19

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

Character count: 0/4000

Unknown

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

Character count: 0/4000

Total (Ages <1-19)

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

Character count: 0/4000

Figure 7: Performance Measure - Path 1

1.8 Performance Measure - Path 2

Performance Measure Collapse

Rate of emergency department (ED) visits per 1,000 beneficiary months among children up to age 19.

Enter rate values to one decimal place (XXX). 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 1

Numerator	Denominator	Rate
0	0	0

Ages 1-9

Numerator	Denominator	Rate
0	0	0

Ages 10-19

Numerator	Denominator	Rate
0	0	0

Unknown

Numerator	Denominator	Rate
0	0	0

Total (Ages <1-19)

Numerator	Denominator	Rate
0	0	0

Figure 8: Performance Measure - Path 2

1.9 Deviations from Measure Specifications – Path 1

Deviations from Measure Specifications Collapse

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

Yes
 No

Please select and explain the deviation(s)

<Age 1

Numerator
 Denominator
 Other

Ages 1-9

Numerator
 Denominator
 Other

Ages 10-19

Numerator
 Denominator
 Other

Unknown

Numerator
 Denominator
 Other

Total (Ages <1-19)

Numerator
 Denominator
 Other

Figure 9: Deviations from Measure Specifications – Path 1

1.10 Deviations from Measure Specifications – Path 2

Note: Same N/D/R sets are displayed under each deviation categories

Deviations from Measure Specifications Collapse

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

Yes
 No

Please select and explain the deviation(s)

<Age 1

Numerator **Explain ***

Denominator **Explain ***

Other **Explain ***

Ages 10-19

Numerator
 Denominator
 Other

Unknown

Numerator
 Denominator
 Other

Total (Ages <1-19)

Numerator
 Denominator
 Other

Figure 10: Deviations from Measure Specifications – Path 2

1.11 Combined Rate(s) from Multiple Reporting Units

Combined Rate(s) from Multiple Reporting Units Collapse

Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? *

Yes
 No

If yes, indicate whether the state-level rate is weighted

The rates are weighted based on the size of the measure-eligible population for each reporting unit
 The rates are weighted based on another weighting factor

Describe the other weighting factor:

The rates are not weighted

Figure 11: Combined Rate(s) from Multiple Reporting Units

1.12 Additional Notes/Comments on Measure (Optional)

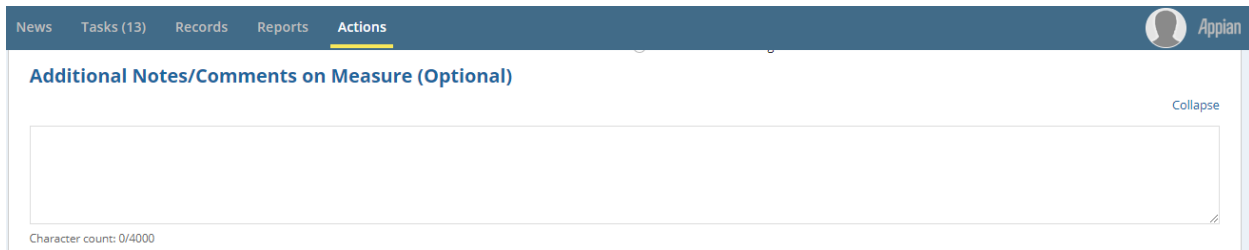


Figure 12: Additional Notes/Comments on Measure (Optional)

1.13 Optional Measure Stratification – Screenshot 1

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

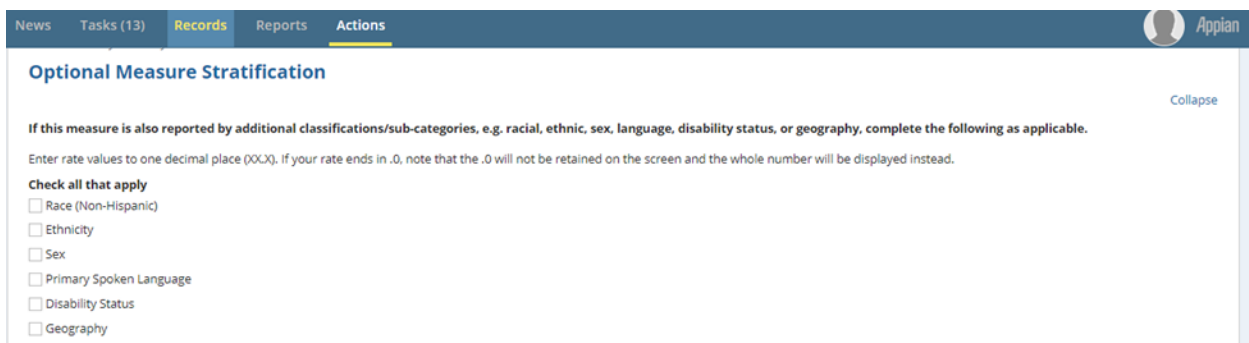


Figure 13 : Optional Measure Stratification – Screenshot 1

1.14 Optional Measure Stratification – Screenshot 2

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

Optional Measure Stratification

[Collapse](#)

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.

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.

Check all that apply

- Race (Non-Hispanic)
 - White

Classification/Sub-category	Numerator	Denominator	Rate	
<Age 1	0	0	0	Clear Row
Ages 1-9	0	0	0	Clear Row
Ages 10-19	0	0	0	Clear Row
Unknown	0	0	0	Clear Row
Total (Ages <1-19)	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
- Sex
- Primary Spoken Language
- Disability Status
- Geography

Figure 14: Optional Measure Stratification – Screenshot 2

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
CQM	Child Quality Measures
PRA	Paperwork Reduction Act of 1995