



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

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

# **AQM 2018 - Plan All-Cause Readmissions (PCR-AD) Core Measure PRA document**

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

## 1.1 Are you reporting on this measure?

The screenshot shows a web interface for the 'Plan All-Cause Readmissions (PCR-AD)' measure. The header includes navigation tabs: News, Tasks (3), Records, Reports, and Actions (highlighted). A user profile icon for 'Appian' is in the top right. The main content area is titled 'Plan All-Cause Readmissions (PCR-AD)' with the ID 'CMS-10434 OMB 0938-1188'. Below this, it specifies 'Medicaid Adult Core Quality Measure - PA - 2018'. On the right, there are buttons for 'REQUEST TECHNICAL ASSISTANCE', 'CLEAR', and 'VIEW ALL RESPONSES', along with links for 'Request System Help' and 'View Implementation Guide'. The primary question is 'Are you reporting on this measure? \*' with radio buttons for 'Yes' (selected) and 'No'. Below this is a section for 'Status of Data Reported' with a 'Collapse' link. The final question is 'What is the status of the data being reported? \*' with radio buttons for 'Provisional' and 'Final'.

Figure 1: Are you reporting on this measure?

## 1.2 Measurement Specification – Path 1

The screenshot shows the 'Measurement Specification' section for Path 1. It has a 'Collapse' link in the top right. The first question is 'National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)' with radio buttons for 'National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)' (selected) and 'Other'. The second question is 'Specify version of HEDIS used \*' with a dropdown menu currently showing 'Select Year'. Below the dropdown, it notes 'HEDIS: Healthcare Effectiveness Data and Information Set'.

Figure 2: Measurement Specification – 1

## 1.3 Measurement Specification – Path 2

The screenshot shows the 'Measurement Specification' section for Path 2. It has a 'Collapse' link in the top right. The first question is 'National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)' with radio buttons for 'National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)' and 'Other' (selected). The second question is '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. \*' with a large text area below it.

Figure 3: Measurement Specification – 2

## 1.4 Data Source

**Data Source** Collapse

Administrative Data

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

Medicaid Management Information System (MMIS)

Other

\* Specify

Other

Specify \*

Figure 4: Data Source

## 1.5 Date Range

**Date Range** Collapse

For all measures, states should report start and end dates for the measurement period. For some measures, the specifications require a "look-back period" before or after the measurement period to determine eligibility or utilization. The measurement period entered in the Start and End Date fields should not include the "look-back period."

**Start Date**

Month Year

**End Date**

Month Year

Figure 5: Date Range

## 1.6 Definition of Population Included in the Measure

**Definition of Population Included in the Measure** Collapse

**Definition of Denominator \***  
*Select all that apply (Must select at least one)*

Denominator includes Medicaid population

Denominator includes CHIP population (e.g. pregnant women.)

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

**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

Figure 6: Definition of Population Included in the Measure

## 1.7 Performance Measure – Path 1

**Performance Measure** Collapse

For beneficiaries ages 18 to 64, the number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data are reported in the following categories:

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

The following fields will be automatically calculated by MACPro based on your state's reported data:

- Observed Readmission Rate
- O/E Ratio

The Expected Readmission Rate for this measure should be entered to four decimal places. Enter whole numbers for the Count of Index Stays and Count of 30-Day Readmissions. Enter the Expected Readmission Rate to four decimal places. MACPro will automatically calculate the Observed Readmission Rate and the O/E Ratio, both to four decimal places.

Ages 18-64

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

Character count: 0/4000

Figure 7: Performance Measure – 1

## 1.8 Performance Measure – Path 2

**Performance Measure** [Collapse](#)

For beneficiaries ages 18 to 64, the number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data are reported in the following categories:

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

The following fields will be automatically calculated by MACPro based on your state's reported data:

- Observed Readmission Rate
- O/E Ratio

The Expected Readmission Rate for this measure should be entered to four decimal places. Enter whole numbers for the Count of Index Stays and Count of 30-Day Readmissions. Enter the Expected Readmission Rate to four decimal places. MACPro will automatically calculate the Observed Readmission Rate and the O/E Ratio, both to four decimal places.

Ages 18-64

Count of Index Stays (Den)	Count of 30-Day Readmissions (Num)	Observed Readmissions (Num/Den)	Expected Readmission Rate	O/E Ratio

Figure 8: Performance Measure – 2

## 1.9 Other Performance Measure

**Other Performance Measure** [Collapse](#)

The Expected Readmission Rate, Observed Readmission Rate and the O/E Ratio for this measure should be entered to four decimal places. Enter whole numbers for the Count of Index Stays and Count of 30-Day Readmissions.

**Please describe the other methodology used \***

Character count: 0/4000

Please enter at least one rate

Please describe the rate (e.g., 18-64)	Count of Index Stays (Den)	Count of 30-Day Readmissions (Num)	Observed Readmissions (Num/Den)	Expected Readmission Rate	O/E Ratio	
	0	0	0	0	0	<a href="#">Clear Row</a>

Figure 9: Other Performance Measure

# 1.10 Deviations from Measurement Specifications

## Deviations from Measurement 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)

Ages 18-64

- Numerator

Explain \*

- Denominator

Explain \*

- Other

Explain \*

Figure 10: Deviations from Measurement Specifications

# 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

Must select one

- 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
- The rates are not weighted

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



## 1.12 Additional Notes/Comments of Measure

**Additional Notes/Comments on Measure (Optional)** Collapse

Additional Notes/Comments on Measure (Optional)

Character count: 0/4000

**Figure 12: Additional Notes/Comments on Measure**

## 1.13 Optional Measure Stratification – Screenshot 1

*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)
- Ethnicity
- Primary Spoken Language
- Disability Status
- Geography
- Adult Eligibility Group (ACA Expansion Group)

**Figure 13: Optional Measure Stratification – 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.

The Expected Readmission Rate, Observed Readmission Rate and the O/E Ratio for this measure should be entered to four decimal places. Enter whole numbers for the Count of Index Stays and Count of 30-Day Readmissions.

**Check all that apply**

Race (Non-Hispanic)

White

Classification/Sub-category	Count of Index Stays (Den)	Count of 30-Day Readmissions (Num)	Observed Readmissions (Num/Den)	Expected Readmission Rate	O/E Ratio	
Ages 18-64	0	0	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
- Adult Eligibility Group (ACA Expansion Group)

**Figure 14: Optional Measure Stratification – 2**

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Literal Translation
<b>AQM</b>	Adult Quality Measure
<b>PRA</b>	Paper Reduction Act of 1995