



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

Medicaid and CHIP Program (MACPro)

**AQM 2018 - Heart Failure Admission Rate (PQI08-
AD) Core Measure PRA document**

**Version 1.0
07/02/2018**

Document Number: 362-AQM 2018 PQI08-AD PRA document-D

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

Table of Contents

- 1. Heart Failure Admission Rate (PQI08-AD) Core Measure – Screenshots 1**
 - 1.1 Are you reporting on this measure? 1
 - 1.2 Measurement Specification 1
 - 1.3 Data Source 1
 - 1.4 Performance Measure – Path 1 2
 - 1.5 Performance Measure – Path 2 2
 - 1.6 Deviations from Measurement Specifications 3
 - 1.7 Optional Measure Stratification 3
- Appendix A: Acronyms 5**

List of Figures

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

List of Tables

- Table 1: Acronyms 5

1. Heart Failure Admission Rate (PQI08-AD) Core Measure – Screenshots

1.1 Are you reporting on this measure?

PQI 08: Heart Failure Admission Rate (PQI08-AD)
CMS-10434 OMB 0938-1188

Medicaid Adult Core Quality Measure - PA - 2018

[Request System Help](#)

REQUEST TECHNICAL ASSISTANCE
CLEAR
VIEW ALL RESPONSES

Are you reporting on this measure? *

Yes
 No

[View Implementation Guide](#)

Figure 1: Are you reporting on this measure?

1.2 Measurement Specification

Measurement Specification [Collapse](#)

AHRQ(Agency for Healthcare Research & Quality)
 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 Specification

1.3 Data Source

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 Performance Measure – Path 1

Performance Measure Collapse

Number of inpatient hospital admissions for heart failure per 100,000 beneficiary months for beneficiaries age 18 and older.

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.

Ages 18-64

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

Character count: 0/4000

Ages 65 and Older

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

Character count: 0/4000

Figure 4: Performance Measure - 1

1.5 Performance Measure – Path 2

Performance Measure Collapse

Number of inpatient hospital admissions for heart failure per 100,000 beneficiary months for beneficiaries age 18 and older.

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.

Ages 18-64

Numerator	Denominator	Rate
0	0	0

Ages 65 and Older

Numerator	Denominator	Rate
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: *

Character count: 0/4000

Figure 5: Performance Measure - 2

1.6 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 6: Deviations from Measurement Specifications – 1

Ages 65 and Older

Numerator

Denominator

Other

Explain *

Explain *

Explain *

Figure 7: Deviations from Measurement Specifications – 2

1.7 Optional Measure Stratification

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
 - Black or African American
 - American Indian or Alaska Native
 - Asian
 - Native Hawaiian or Other Pacific Islander
 - [+ Additional Race\(s\)](#)

Classification/Sub-category	Numerator	Denominator	Rate	
Ages 18-64	0	0	0	Clear Row
Ages 65 and Older	0	0	0	Clear Row

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

Figure 8: Optional Measure Stratification – 1

- Ethnicity
 - Hispanic or Latino
 - Not Hispanic or Latino
 - [+ Additional Ethnicity\(ies\)](#)
- Sex
 - Male
 - Female
- Primary Spoken Language
 - English
 - Spanish
 - [+ Additional Primary Spoken Language\(s\)](#)
- Disability Status
 - SSI
 - Non-SSI
 - [+ Additional Disability Status\(es\)](#)
- Geography
 - Urban
 - Rural

Classification/Sub-category	Numerator	Denominator	Rate	
Ages 18-64	0	0	0	Clear Row
Ages 65 and Older	0	0	0	Clear Row

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

[+ Additional Geographies](#)

Figure 9: Optional Measure Stratification – 2

Appendix A: Acronyms

Table 1: Acronyms

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