



**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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# 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

News Tasks (13) Records Reports **Actions**

**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**

Select Month Select Year

Month Year

**End Date**

Select Month Select Year

Month Year

Figure 4: Date Range

# 1.5 Definition of Population in the Measure – Screenshot 1

News Tasks (13) Records Reports **Actions**

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

**Definition of Denominator \***

- Denominator includes CHIP (Title XXI) population only
- Denominator includes Medicaid (Title XIX) population only
- Denominator includes CHIP and Medicaid (Title XIX)

If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded

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

Yes

No

Explain which populations are excluded and why \*

Specify Total Measure Eligible Population \*

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)

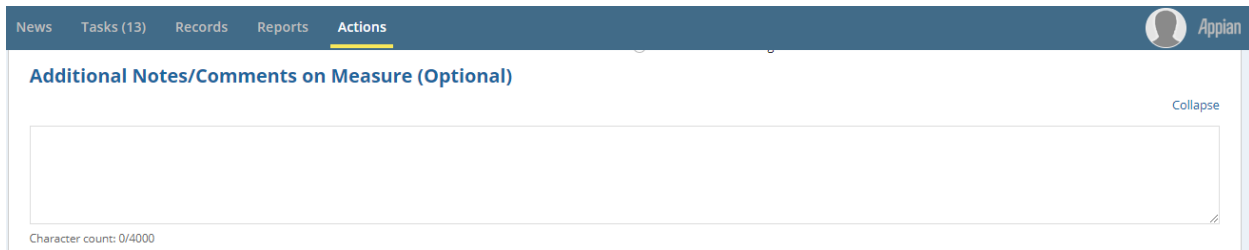


Figure 12: Additional Notes/Comments on Measure (Optional)

## 1.13 Optional Measure Stratification – Screenshot 1

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

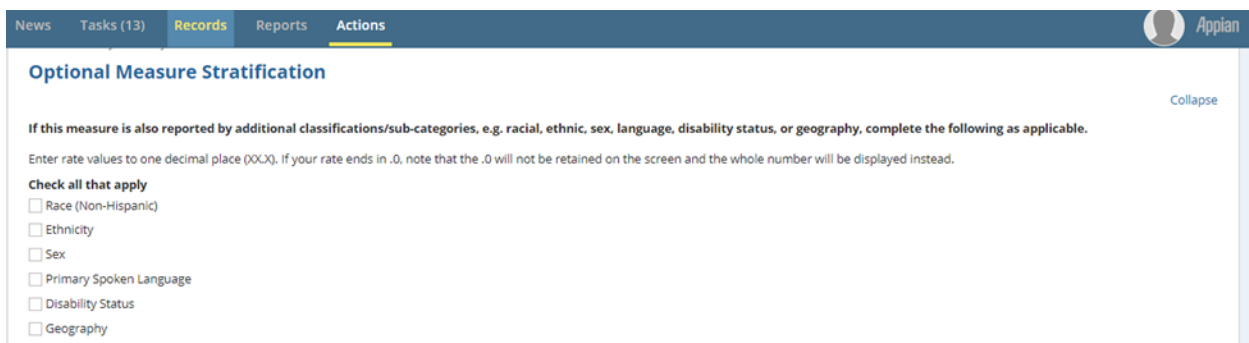


Figure 13 : Optional Measure Stratification – Screenshot 1

## 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
<b>CQM</b>	Child Quality Measures
<b>PRA</b>	Paperwork Reduction Act of 1995