# Additional Information

LEVEL I GUIDANCE February 1, 2016

#### **Table of Contents**

Introduction	2
Quality Improvement	2
Level I Reporting Definition	2
Level I Reporting Incident Requirements Table	3-9
References	10

#### INTRODUCTION: PACE DATA ENTRY GUIDANCE

In order to comply with the PACE regulations, §460.140, §460.200(b)(1), §460.200 (c), and §460.202 PACE Organizations (POs) must meet external quality assessment and reporting requirements as specified by the Centers for Medicare and Medicaid Services (CMS) and the State Administering Agency (SAA). PACE Level I quality data elements are reported to CMS using the Health Plan Management System (HPMS), an information system and data exchange mechanism for Medicare Advantage Organizations (MAO) and POs. This guidance provides POs with an overview of requirements to report both aggregate and individual level data to monitor and improve quality of care and participant outcomes. For questions concerning Level I reporting POs should contact their CMS account manager initially and as a second option please send questions to the DMAO portal.lmi.org and copy their CMS account manager.

#### QUALITY IMPROVEMENT (QI)

Level I data should be reviewed for Quality Improvement (QI) using a standardized methodology (e.g., Plan, Do, Check, Act known as PDCA) to:

- Institute QI-driven change in policies, procedures, systems, or training as appropriate;
- Evaluate the effectiveness of the intervention:
- Track and trend for areas that need improvement and sustainable improvement;
- Reevaluate until improvement is sustained;
- Report and discuss findings at least annually to oversight committees including the PO's governing body; and
- Document for review during CMS/State Administering Agency audit as evidence of a performance improvement activity.

#### LEVEL I REPORTING REQUIREMENTS

Level I reporting requirements refer to those data elements used for monitoring that are regularly reported by POs via the HPMS PACE monitoring module. POs will have 30-days after the each quarter ends to enter date before the entry is considered late. For appeals and grievances POs will have seven days after the 30-day grace period to enter data. For instructions related to late date entries, data modifications and request for data entry extensions, please follow the HPMS User guide.

# LEVEL I REPORTING INCIDENT REQUIREMENTS

Incident Type	Level I Reporting	Collection Frequency	HPMS Data Entry Reporting
	Definition		Requirements
Census Data	Census is defined as	Census data is collected	For each new enrollment and
	the number of	quarterly.	disenrollment POs reports the data
	participants currently		following information:
	receiving care.		-New Enrollments that includes
			Medicare, Dual eligible Medicaid,
	·	,	Private Pay.
			-Disenrollment Total that includes
			Medicare, Dual eligible Medicaid,
			Private Pay.
Grievances	A grievance is defined	Grievances data are	For each grievance the PO reports
	as a complaint, either	collected quarterly. The	the following data information:
	written or oral,	PO can continue to enter	-The source of the grievance;
	expressing	grievances information	-The location that the grievance
	dissatisfaction with the	for seven days after the	originated;
	service delivery or the	end of the quarter.	-The type of grievance;
	quality of care	Grievances are entered	-The specific issue related to the
	furnished.	under one of the three	grievance; and
		categories: Resolved or	-The resolution to the grievance.
		an Alternative Solution.	
		Alternative Solution	
		means that the PO has	
		chosen an alternative	
		option that addresses	
		grievances safely and	
		appropriately. CMS	
		expects that all	
		grievances are addressed	
		and a resolution is	

Incident Type	Level I Reporting	Collection Frequency	HPMS Data Entry Reporting
,	Definition		Requirements
		obtained. (Some	
		grievances may not be	
		resolved to the	
And the second s		participants/caregiver	,
		satisfaction, however, a	
·		resolution must be	
		obtained.)	
Appeals	An appeal is a	Appeals are collected	For each appeal the PO reports the
	participant's action	quarterly. The PO can	following data information:
	taken with respect to	continue to enter appeals	-The source of the appeal;
	the PO's non-coverage	information for seven	-The type of appeal; and
	of, or nonpayment for,	days after the end of the	-The resolution to the appeal.
	a service including	quarter.	
	denials, reductions, or	Appeals are entered into	
	termination of services.	HPMS once the appeal	
		has been resolved or	
		denied.	
			·

Incident Type	Level I Reporting	Collection Frequency	HPMS Data Entry Reporting
	Definition		Requirements
Immunizations	Pneumococcal &	Pneumococcal:	Pneumococcal & Influenza:
	Influenza	Pneumococcal data is	For each participant the PO provides
	Immunizations are	collected quarterly.	the following vaccine data
	reported for all	Influenza:	information:
	participants enrolled	Influenza immunizations	-The total number of participants
•	during the reporting	screening, immunization,	enrolled during the reporting period
	period. Refer to	and data collection	(including all disenrolled and
	http://www.cdc.gov/va	period begins quarter	deceased participants);
	ccines/schedules/index.	1(Q1) - October 1 and	-The total eligible to receive
	html for immunization	ends March 31st of the	immunization;
	administration	following calendar year.	-The number of vaccines
	schedule. CMS expect	Influenza data is	administered by the PO to eligible
	POs to immunize	collected annually	participants; -The total number
	participants' according	following the end of the	eligible participants who did not
	to the CDC guidelines.	data collection period.	receive the Pneumococcal/Influenza
	Pneumococcal:		for the following reasons: medically
	http://www.cdc.gov/va		contraindicated, prior immunization,
	ccines/vpd-		refused, vaccine unavailable, missed
	vac/pneumo/vacc-in-		opportunity (vaccine available but
	short.htm.		was not administered); and
	Influenza:		-The number of participants who
	http://www.cdc.gov/va		received the vaccine and reported or
	ccines/vpd-		had a reaction.
	vac/flu/default.htm		

Incident Type	Level I Reporting	Collection Frequency	HPMS Data Entry Reporting
	Definition		Requirements
	Minimum Levels of Performance: Each PACE		
20 m	Organization is		
	expected to achieve an		
	immunization rate of		
	eighty percent (80%)		
	for both influenza and		
	pneumococcal		
	vaccinations for the		
	participant population		
	that is appropriate.		
Falls Without	A PACE participant	Falls without injury is	For each participant Fall Without
Injury	fall can be defined as a	collected quarterly.	Injury POs provides the following
	sudden, unanticipated		data information:
	descent in which a	,	-The date the fall occurred;
	participant comes to		-The time the fall occurred;
	rest on the floor or		-Location where the fall occurred;
	some other surface,		-Precipitating /contributing factors;
	person, or object		-The actions taken by the PO.
	(intentional falls should		
	not be counted). Falls		
	without injury refers to		
	falls that requires only		
	first aid treatment, or		
	minimal treatment (i.e.		
	ace bandaged for a		
	sprain) and do not		
	require a		

Incident Type	Level I Reporting	Collection Frequency	HPMS Data Entry Reporting
	Definition		Requirements
	hospitalization greater		
A CONTRACTOR OF THE CONTRACTOR	than 24 hours. (Ex.	·	
2,	falls that are caused		
	scrapes, cuts and or		
	bruises).		
Medication	Medication	Medication	For each Medication Administration
Administration	Administration Errors	administration error	Errors without an Adverse Effect the
Errors	Without an Adverse	without an adverse effect	PO provides the following data
Without an	Effect are when	are collected quarterly.	information:
Adverse Effect	medication errors occur		-The date the medication error
	in violation of the		occurred;
	physician's order, this	,	-The location where the medication
	includes errors made by		error occurred;
	the PO, PO's		-The type of medication
	contracted staff and or		administration error;
	participant or		-Precipitating /contributing factors;
·	caregivers. Also,		and
	medication		-The actions taken by the PO.
	administration errors		
	without adverse effect		
	is an incident that has		
	the potential of being		
	harmful without		
	actually causing an		
	adverse effect.		

Incident Type	Level I Reporting	Collection Frequency	HPMS Data Entry Reporting
	Definition		Requirements
Kennedy	This data element is	This data element is	This data element is under review.
Terminal	under review. Enter	under review. Enter "NO	Enter "NO DATA TO REPORT" in
Ulcer (KTU)	"NO DATA TO	DATA TO REPORT" in	order for the data entry process to be
10%	REPORT" in order for	order for the data entry	complete.
	the data entry process	process to be complete.	
	to be complete.	·	
Burns	Burns 1 <sup>st</sup> degree or less.	Burns 1 <sup>st</sup> Degree is	For each participant Burn 1st Degree
	An injury to tissue by	collected quarterly.	or less the PO provides the following
	heat, friction,		data information:
	electricity, radiation, or		-The date the burn occurred;
	chemicals.		-The location (ex. home );
			-The location of the burn on the
			body;
			-Precipitating /contributing factors;
			and
			-The actions taken by the PO.
Emergency	Emergency room visit	Emergency Room visits	For each participant Emergency
Room Visits	is an Emergency room	collected quarterly.	Room visit the PO provides the
	visit that is less than 24		following data information:
	hours.		-Emergency room visit date;
			-Primary admitting diagnosis;
			-Discharge diagnosis;
			-Admission to hospital (only provide
			a Yes or No answer);
			-Participant living situation at the
			time of admission;
			-Participant Outcomes;

Incident Type	Level I Reporting	Collection Frequency	HPMS Data Entry Reporting
	Definition		Requirements
			-If the participant had repeat ER
			visits; and
			- All visits within the current
			Reporting Period
Other	If there is an incident		
Incidents	that occurred that		
	would be consider an		
	"other" or does not fall		
	into one of the		
	categories above,		
	contact your account		
	manager to discuss the		
	incident prior to		
	entering the		
	information into		
	HPMS.		

#### References

<ul> <li>Clinical p</li> </ul>		http://www.ahrq.gov
Centers for I • Immuniz	Disease Control and Prevention ations	http://www.cdc.gov
	Medicare & Medicaid Services nitiatives and research	http://www.cms.gov
PACE regula	ntions (42 CFR 460)	http://www.ecfr.gov
•	elated Resources: for Safe Medication Practices	http://www.ismp.org/
	Association of Boards of Pharmacy State Boards	http://www.nabp.net/
	n Society of Consultant Pharmacists armacists)	http://www.ascp.com/

3				