

PACE Quality Monitoring Integrated User Guide

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Centers for Medicare & Medicaid Services

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INTRODUCTION

In order to comply with the PACE regulation, §460.140, §460.200(b)(1), §460.200 (c), and §460.202, all PACE Organizations must meet external quality assessment and reporting requirements as specified by the Centers for Medicare & Medicaid Services (CMS) and the State Administering Agency (SAA).

The PACE quality data elements are reported to CMS using the Health Plan Management System (HPMS), an information system and data exchange mechanism for Medicare managed care organizations (MCOs), including PACE Organizations.

HPMS PACE Organization Monitoring Functionality

The HPMS PACE Quality Monitoring module enables PACE organizations to enter certain data required by CMS and the SAA to monitor the performance of their organization. The PACE Quality Monitoring module allows one or more PACE organization representatives to enter and edit data for each H Number. (The H Number is the internal CMS identification number for the managed care contract, and is identified in the executed PACE program agreement.) An H Number may be associated with one or more sites, and the PACE Quality Monitoring module requires data to be entered at each site.

PACE data submitted through the PACE Quality Monitoring module must be provided exclusively from a PACE site, not the parent organization. If the PACE organization has more than one site of care/treatment, each site must be identified separately. PACE organizations are required to report their information quarterly.

This manual will provide PACE organization users with guidance on entering data, printing reports, and navigating the various screens and functions in the module.

I. GETTING STARTED

CMS USER IDS

Users must have a CMS-issued User ID and password with HPMS access in order to log into the system. Users must also associate their User ID with the specific Medicare Advantage (MA) contract numbers they work with in the HPMS.

To obtain a new CMS User ID, users must complete a CMS User ID request form as required. Users may access the following web site for detailed access instructions, including forms.

https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/HPMS/UserIDProcess.html

Direct all further questions related to HPMS user access to <u>HPMS_access@cms.hhs.gov</u>.

II. PACE QUALITY MONITORING

PACE START PAGE

Below is the HPMS Home Page. This is the first page to display after the user logs into the HPMS.

Select **Monitoring** from the top navigation bar, then select *PACE Quality Monitoring* in the fly-out menu (Table II-1) to advance to the **PACE Quality Monitoring Start Page** (Table II-2).



Table II-1

The PACE Quality Monitoring Start Page contains the links that enable users to enter and upload data, view reports, request a reporting-period extension, and either log off the HPMS or return to the HPMS Home Page.



Table II-2

III. DATA ENTRY

To enter data (manual option – not upload option) for a PACE site, select the **Data Entry** link in the right menu on the **PACE Start Page** (Table III-1). The user will advance to the **Data Entry** – **Selection Criteria** screen (Table III-2).





SELECTION CRITERIA

Select the organization's H number from the **Data Entry** – **Selection Criteria** screen (Table III-2). After the H number has been selected, the site names attached to the H number will display. Select the site name for which to enter data. After the user selects a site, the Collection Period picklist will autopopulate. Select a data-collection quarter.

Generally, only the current data collection quarter will display, but previous periods may display in some cases.



PACE QUALITY INDICATOR SELECTION

The **Data Entry** – **Quality Indicator Selection** screen (Table III-3) enables the user to specify the quality indicator for which to enter data. Select the PACE Quality Indicator using the radio buttons to the left of the quality indicator, and select **Edit Quality Indicator**.

Note that the status of each quality indicator displays. The valid statuses are: Not Started, No Data to Report, and Data Submitted. Select Back to return to the Data Entry – Selection Criteria screen.

Continuest N	Veragement Plan Bids	Plan I consultation	Wortbring	Quality and Performance	Rink Adjustment	Data Estrect Facilit
ne - Par	CE Carality Monitoring - Cara Entry	1. Several Diversion of the		1 32 001 300		Lower-to-storesto
ata E	intry			PA	CE	
uality	Indicator Selection					
ontract I ontract I te Name ata Colle	Number: 20001 Name: EXAMPLE CONTRACT e: Example Site Name ection Period: 2nd Querter, 20	1 18 (Apr Jun.)				
Select	PACE	Quality Indicator		Status		
0	Appeals		Not 5	Started		
e.	Emergency Room Visits		Not 5	behasi		
e	Enroliment Data		Not 9	started		
0	Denials (of Prospective Enrolli	896)	Not 9	bartad		
0	Fails Without Injury		Not 5	Started		
C.	First Degree Burn		Not S	started		
0	Grievances		Not 5	Started		
n	Immunizations - Influenza (Oc	t. thru Mar. 2018)	Not 5	started		
c	Immunizations - Pneumococca	l i	Not S	started		
0	Medication Administration Errors		Not 5	started		
0	Abuse		Not 5	started		
c.	Adverse Drug Reaction		Not 5	bartad		
e .	Adverse Outcome		Not 5	betred		
0	Burns 2nd Degree or Higher		Not S	started		
¢	Elopement		Not 5	Started		
¢.	Equipment-Related Occurrence	85	Not 5	Started		
0	Fails With injury		Not 5	started		
0	Fires/Other Disasters		Not 5	started		
C.	Foodborne Outbreak		Not 9	started		
e	Infectious Disease Outbreak		Not 5	Stanled		
0	Media-Related Livent		Not 5	started		
0	Medication-Related Occurrence	es	Not 5	Starled		
0	Motor Vehicle Accidents		Not 5	Stanted		
0	Pressure Injury		Not 5	betred		
C	Restraint Use		Not 5	Stanted		
0	Suicide Altempt/Suicide		Not 5	Started		
9	Unexpected Deeths		Not 5	behet		
Back	Edit Quality Indicator					



PACE QUALITY INDICATOR: NO DATA TO REPORT

A "No Data to Report" function is available for each quality indicator. Use this function when there is no data for a quality indicator.

For example, to submit "No Data to Report" for Appeals, select **Appeals** on the **Data Entry – Quality Indicator Selection** screen.

Table III-4

On the **Data Entry** – **Appeals** screen (Table III-4), select **No Data to Report**.

Contract Management	Plan Bids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Data Extract Facility
Home - PACE Quality Monitor	ring + Duta Entry + App	reals				
Data Entry				PA	CE	+
Appeals						
Contract Number: 2000 Contract Name: EXAMP Site Name: Example Sit Data Collection Period:	PLE CONTRACT 1 e Name 1st Quarter, 2018	(Jan Mar.)				
There are currently no A	ppeals for this Con	tract/Site/Period.				
Dark Add Edd	Delate Me	Date To Deport				

Review the confirmation data on the **Data Entry** – **Appeals** – **No Data to Report** screen (Table III-5). Select **Back** to make a correction, or select **Submit** to return to the **Data Entry** – **Quality Indicator Selection** screen.





The updated status of the quality indicator "No Data to Report" will display (Table III-6).

ntrac	Management	Flas 1904	Plan Formularies	Nonitariag	Genity and Partnerserve	Rick Adjustment	Data Extract Facili	
e . P	ACE Gashty Weather	ng = Daw Svey			A CONTRACTOR			
ta	Entry				6	PACE		
							19	
ality	/ Indicator Si	election						
ntrac Nan ta Co	t Number: 2000 t Name: EXAMP ne: Example Site flection Period:	LE CONTRACT 1 Name 2nd Quarter, 2018	(Apr Jun.)					
elect		PACE Quell	ly Indicator	Sta	tue			
rt:	Appeals			No Data to F	toport			
e.	Emergency Ro	om Visits		Not Started				
c	Enrollment Dat	a		Not Started				
e.	Denials (of Pro	spective Enrollees	1	Not Started				
0	Falls Without In	njury		Not Started				
0	First Degree B	um		Not Started				
0	Grievances			Not Started				
c	Immunizations	- Influenza (Oct. In	ru Mar. 2018)	Not Started				
e	Immunizations	- Pneumococcal		Not Started				
0	Medication Adl	ministration Errors		Not Started				
e.	Abuse			Not Started				
ċ.	Adverse Drug	Reaction		Not Started				
0	Adverse Outco	mo		Not Started				
σ.	Burns 2nd Deg	ree or Higher		Not Started				
c	Elopement			Not Started				
с.	Equipment Re	aled Occurrences		Not Started				
C.	Falls With Injur	У		Not Started				
Π.	Fires/Other Dis	sesters.		Not Started				
c	Foodborne Ou	tbreak		Not Started				
Ċ.	Infectious Dise	ase Outbreak		Not Started				
e	Media Related	Event		Not Started				
0	Medication-Re	lated Occurrences		Not Started				
5	Motor Vehicle	Accidents		Not Started				
C	Pressure Injury			Not Started				
0	Restraint Use			Not Started				
2	Suicide Attemp	rvSuicide		Not Started				
0	Unexpected D	88715		Not Started				
Back	Edit Quality	Indicator						

Table III-6

A "Data To Report" function is provided to reverse a "No Data to Report" entry.

On the **Data Entry – Quality Indicator Selection** screen, select the quality indicator for which the user wishes to reverse the "No Data to Report."

For example, select **Appeals**, and select **Edit Quality Indicator** to advance to the **Data Entry** – **Appeals** (Table III-7) screen. Then select **Data To Report**.

Contract Management	Plan Bids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Data Extract Facility
Home . PACE Quality Monitor	ing = Data Entry = App	peule		-		
Data Entry				PA	CE	+
Appeals						
Contract Number: 2000 Contract Name: EXAMI Site Name: Example Sit Data Collection Period:	01 PLE CONTRACT 1 e Name : 2nd Quarter, 2010	8 (Apr Jun.)				
The Appeals Quality Indi	cator is currently m	arked as No Data to Rep	port.			
	line l					

Table III-7

On the **Data Entry** – **Appeals** – **Data to Report** confirmation screen (Table III-8), review the information. Select **Back** to make a correction, or select **Submit** to be returned to the **Data Entry** – **Quality Indicator Selection** screen.



On the **Data Entry – Quality Indicator Selection** screen (Table III-9), the status of the quality indictor will change from "No Data to Report" to "Not Started." After the status has changed to "Not Started," the user can enter data for this quality indicator.

Contract	Aragement	Plan Bids	Plan Formaturies	Manharing	Guality and	Rak Adjustment	Data Estrect Facility		
iono - BAI	To Casality Manufact	ing - Carp Entry				A STREET			
Date F	-				6				
Data E	nuy					WE .			
Quality	Indicator Se	election							
Contract I Contract I Site Name Data Colle	Number: 2000 Name: EXAMP I: Example Site action Period:	t LE CONTRACT 1 3 Name 2nd Quarter, 2018	(Apr Jun.)						
Select		PACE 0	luality Indicator		Status				
¢	Appeals			Not 5	Started				
e	Emergency R	toom Visits		Not 5	Started				
0	Enrolment Da	ata		Not 5	Started				
c	Denials (of Po	ospective Enrollee	s)	Not 5	Starled				
8	Fails Without	sultary		Not 5	Started				
0	Gnevances			Not 5	Starled				
0	Immunizations	s - Influenza (Oct.	thru Mar. 2018)	Not 5	started				
	Medication Ac	s - Pheumococcal dministration Error		Not 5	Started				
e	Abuse			Not 5	Started				
e .	Adverse Drug	Reaction		Not 5	Started				
e	Adverse Outo	ome		Not 5					
e .	Burns 2nd De	igree or Higher		Not 5	Started				
0	Elopement			Not Started					
8	Equipment-Re	elated Occurrence:	5	Not Started					
2	Fais with inju	iny .		Not Started					
	Enotherine Or	tadara a		Not Started					
- 2 -	Infectious Day	earte Cuthroak		Not Started					
	Mertia Relater	d Event		Aura P	Not Started Not Started				
6	Medication Re	elated Occurrence		Not 5	Not Started				
c	Motor Vehicle	Accidents	20	Not 5	Started				
e	Pressure Injur	a v		Not 5	Started				
e .	Restraint Use			Not 5	Started				
.e.	Suicide Attem	pt/Suicide		Not 5	Started				
e	Unexpected D	Joath		Not 5	Starled				
Back	Edit Quality	Indicator							

Table III-9

If records have been reported for a quality indicator, the user must delete ALL before the user can indicate **No Data To Report**.

*Note that "No Data to Report" is not an option for the quality indicators Enrollment Data, Immunizations – Pneumococcal, and Immunization – Influenza. Zeros should be entered for these quality indicators if there is no data to report.

PACE QUALITY INDICATOR: APPEALS

The HPMS Pace Quality Reporting Module provides functionality for the reporting of Appeals data. Please refer to the PACE Quality Monitoring and Reporting Guidance for operational guidance on reporting Appeals.

Data Reporting Requirements:

- 1. Source
- 2. Appeal Type
- 3. Resolution

On the **Data Entry – Quality Indicator Selection** screen (Table III-3), select the **Appeals** Quality Indicator, and select **Edit Quality Indicator**.

On the **Data Entry** – **Appeals** screen (Table III-10), select **Add** to advance to the **Data Entry** – **Appeals** – **Add** screen (Table III-11). Note that the **Edit** and **Delete** buttons are disabled on the **Data Entry** – **Appeals** screen if there are no records available to edit or delete. To report no data for the collection period, see the **PACE Quality Indicator: No Data To Report** section of the manual.

Contract Management	Plan Bids	Plan Formulaties	Monitoring	Quality and Performance	Risk Adjustment	Data Extract Facility
Home - PACE Quality Monito	aring + Data Entry + Ap	peaks				
Data Entry				PA	CE	+
Appeals						
Contract Number: Z00 Contract Name: EXAM Site Name: Example Si Data Collection Period	01 PLE CONTRACT 1 le Name I: 2nd Quarter, 201	8 (Apr Jun.)				
There are currently no A	Appeals for this Cor	ntract/Site/Period.				
Back Add Edit	Delete N	Data To Report				

Table III-10

Select data from all dropdowns (Table III-11).

	Plan Bids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Data Extract Facilit
me + PACE Quality Monito	ering + Data Entry + Ap	opeala				1
ata Entry				PA	CE	+
ppeals - Add						
Source:	2					
Appeal Type:		2				
	10					
Resolution:						

Table III-11

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Select **Next** to advance to the **Data Entry** – **Appeals** – **Verify** screen (Table III-12). Review information. Select **Back** to make corrections, or **Submit**.



Contract Management	Plan Bids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Data Extract Facility
ome PACE Quality Monitor	ring = Data Entry = Ap	peals				
Data Entry				PA	CE	+
Appeals - Verify						
Contract Name: EXAMI Ite Name: Example Sit Data Collection Period:	PLE CONTRACT 1 e Name 2 2nd Quarter, 201	8 (Apr Jun.)				
Source: Can	egiver					
Resolution: App	roved					
Back Submit						

A **Control Number** generates for each **Appeals** record (Table III-13). To edit a record, select the radio button next to the appropriate control number, and select **Edit**. To delete a record, select the radio button next to the appropriate control number, and select **Delete**. Select **Back** to return to the **Data Entry – Quality Indicator Selection** screen.



Contract Management	Plan Bid	• P	an Formularies	Monitoring	Performance	Risk Adjustment	Data Extract Facility
Iome PACE Quality Mon	itoring = Data Entr	y = Appeals			_		
Data Entry					PA	CE	+
Appeals							
lite Name: Example Data Collection Perio Select Control # So	Site Name od: 2nd Quarte urce of Appeal	r, 2018 (Apr.	- Jun.) e Resolution				
c 664 Ca	regiver	Glasses	Approved				
Back Add E	dit Delete	No Data	In Report				
DOCH HOU L	UN DOIOID	lan ruder	io nopon				

PACE QUALITY INDICATOR: EMERGENCY ROOM VISITS

The HPMS Pace Quality Reporting Module provides functionality for the reporting of Emergency Room and Urgent Care Center Visit data. Please refer to PACE Quality Monitoring and Reporting Guidance for operational guidance on reporting Emergency Room Visits.

Data Reporting Requirements:

- 1. ER/Urgent Care Center Visit Date
- 2. Primary Admitting Diagnosis (ICD-10 Codes)
- 3. Discharge Diagnosis (ICD-10 Codes)
- 4. Admission to Hospital
- 5. Participant Living Situation
- 6. Participant Outcomes (User Ctrl + Right Mouse Select to mark multiple selections)
- 7. Has the Participant had repeat ER Visits?

On the **Data Entry - Quality Indicator Selection** screen (III-3), select **Emergency Room Visits** Quality Indicator and then select **Edit Quality Indicator**.

On the **Data Entry – Emergency Room Visits** screen (Table III-14), select **Add** to advance to the **Data Entry – Emergency Room Visits – Add** screen (Table III-15). Note that the **Edit** and **Delete** buttons are disabled on the **Data Entry – Emergency Room Visits** screen if there are no records available to edit or delete. To report no data for the collection period, see the **PACE Quality Indicator: No Data To Report** section of the manual.

Contract Management	Plan Bids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Date Extract Facility
iome » PACE Quality Monito	ring = Data Entry = Em	ergency Room Visits		-		
Data Entry				PA	CE	0
Emergency Room	Visits					
Contract Number: 200 Contract Name: EXAM Site Name: Example Sil Data Collection Period	PLE CONTRACT 1 le Name : 2nd Quarter, 201	8 (Apr Jun.)				
There are currently no E	mergency Room V	isits for this Contract/Site	/Period.			
Back Add Edit	Delete N	Data To Report				



Enter data in all fields, picklists, and dropdowns. To add a **Primary Admitting Diagnosis** or **Discharge Diagnosis**, enter an ICD-10 code in the Primary Admitting Diagnosis or Discharge Diagnosis field, then select **Add a Diagnosis**. To search for an ICD-10 code, select the **Code Lookup** link (Table III-16).

Table III-15

HPMS Health Plan Management System				TEST USER (User II Lest logged in at	encourceal Log DuttA A J 9 ST AN on Narch 26, 201
Contract Management Plan Eids	Plan Formulation	Monitoring	Guality and Performance	Risk Adjustment	Outa Exhaut Feuility
Ions + FACE Quality Monitoring + Data Entry + Energy	ncy Room Walts				
Data Entry			PA	CE	+
Emergency Room Visits - Add					
Contract Number: 20001 Contract Name: EXAMPLE CONTRACT 1 Site Name: Example Site Name Data Collection Period: 2nd Quarter, 2018	(Apr Jun.)				
ER Visit Date:	12				
Primary Admitting Diagnosis: Enter an ICD-10 Code: Code Lookap					
Discharge Diagnosis:				Assigned Diag	mosis
Enter an ICD-10 Code, then select 'Add a Disgroote.'		Add	a Diagnosis >>		
Code Lookap		<< He	trove a Diagnosis		
			intre e Diagnesis		
			< Remove All		
Admission to Hospital?		2			
Participent Living Situation:			1		
Participant Outcomes:	Discharged to a high Discharged to Home DME(medical equipt Hospital Admission Medication changes Normey degrooses of Reasonsament by M Referral for Specialit Referral for Specialit	interventions ment) provided interventions tember(s) of IDT ow-up st follow-up			
Has this Participant had repeat ER Visits?	⊂ Yes ⊂ No				
Back Next					
Iote: All data entry fields are required. CD-10 Guidance: ICD Code is 3-8 characters in length Position 1 is alpha Position 2 is numeric Position 3 is alpha or numeric (not case see Position 3-8 are alpha or numeric /not case	isitive)				
Hanne I Albani HiFMAR Websith Accerdinate Web Policies This is a U.S. Conversion computer system adjust to Policies on strated	File Forman and Plug Inc. # Inc) Ruce Of Renaux (System	Recurrentes (PAD		(CMS

Table III-16

HPMS Health Plan Management System	Print Criek Print Cate
ICD-10 Code Lookup	
Note: To search for a specific ICD-10 code and its des appropriate field on the Data Entry page.	cription, enter a keyword(s) below and select 'Search' Select the code link in the search results to populate the code in the malacia, shoulder
Note: To search for a specific ICD-10 code and its des appropriate field on the Data Entry page. Enter a keyword(s) or an ICD-10 code(s): [chondro	cription, enter a keyword(s) below and select 'Search' Select the code link in the search results to populate the code in the malacia, shoulder Search
Note: To search for a specific ICD-10 code and its des appropriate field on the Data Entry page. Enter a keyword(s) or an ICD-10 code(s); [chondro ICD-10 Code	cription, enter a keyword(s) below and select 'Search ' Select the code link in the search results to populate the code in the malacia, shoulder Search Description
Note: To search for a specific ICD-10 code and its der appropriate field on the Data Entry page. Enter a keyword(s) or an ICD-10 code(s): [chondro ICD-10 Code M94-21 M94-211	cription, enter a keyword(s) below and select 'Search' Select the code link in the search results to populate the code in the makeca, shoulder Search Chendromalacia, shoulder Chendromalacia, right shoulder
Note: To search for a specific ICD-10 code and its des appropriate field on the Data Entry page. Enter a keyword(s) or an ICD-10 code(s): [chondro ICD-10 Code M94.211 M94.212	cription, enter a keyword(s) below and select 'Search' Select the code link in the search results to populate the code in the malacia, shoulder Search

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Select Next to advance to the Data Entry – Emergency Room Visits – Verify screen (11-17). Review information. Select Back to make corrections, or Submit.



Contract Management	Plan Bids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Data Extract Facility
ome + PACE Quality Monitoring +	Data Entry = Emo	rgancy Room Visios				
Data Entry				PA	CE	+
Emergency Room Vis	its - Verify					
Contract Number: 20001 Contract Name: EXAMPLE (Site Name: Example Site Na Data Collection Period: 2nd	CONTRACT 1 me I Quarter, 2018	(Apr Jun.)				
ER Visi	it Date: 2/1/20	018				
Admitting Diag	gnosis: d45.3					
Discharge Diag	pnosis: • d45	5.4				
Admission to Ho	spital? Yes -	Admitted				
Participant Living Site	uation: Supp	ortive Housing - Alone w	ith Staff on Duty			
Participant Out	tcome: . Dis	charged to Home				
Has this Participant had ER	repeat No Visits?					
Back Submit						

A **Control Number** generates for each **Emergency Room Visits** record (Table III-18). To edit a record, select the radio button next to the appropriate control number, and select **Edit**. To delete a record, select the radio button next to the appropriate control number, and select **Delete**. Select **Back** to return to the **Data Entry – Quality Indicator Selection** screen.



Contrac	t Manager	nent	Plan Bids Plan	Formularies	Monitoring	Quality and Risk Performance	Adjustment Dat	Extract Facility
ome + P	ACE Qualit	y Monitoring »	Data Entry + Emergency Roo	im Visita				
ata	Entry					PACE		+
merg	ency F	loom Visi	ts					
te Nata Co	me: Exar	nple Site Nat Period: 2nd	oon TRACT 1 me Quarter, 2018 (Apr Ju	.n.)				
ite Nar ata Co elect	me: Exar ollection Control	ER Visit Date	Quarter, 2018 (Apr Ju Primary Admitting Diagnosis	n.) Discharge Diagnosis	Admission to Hospital	Participant Living Situation	Participant Outcomes	Repeat ER Visits?
ite Nai ata Cc elect	me: Exar blection Control # 878	ER Visit Date 2/1/2018	Don Inc. 1 1 me Quarter, 2018 (Apr Ja Primary Admitting Diagnosis d45.3	n.) Discharge Diagnosis e d45.4	Admission to Hospital Yes - Admitted	Participant Living Situation Supportive Housing - Alone with Staff on Duty	Participant Outcomes Discharged to Home	Repeat EF Visits? No

PACE QUALITY INDICATOR: ENROLLMENT DATA

The HPMS Pace Quality Reporting Module provides functionality for the reporting of Enrollment data. Please enter participants only once under the correct category. Medicare is for Medicare-Only eligible participants, Dual Eligible is for both Medicare and Medicaid eligible, etc.

Data Reporting Requirements:

- 1. Total Census
- 2. Total New Enrollments
- 3. Total Disenrollments
- 4. Total Deaths

On the **Data Entry - Quality Indicator Selection** screen (Table III-3), select the **Enrollment Data** Quality Indicator and select **Edit Quality Indicator.**

Enter data on the **Data Entry – Data Enrollment** screen (Table III-19).

	Plan Birth	Plan Formulation	Montoning	Quality and	Rink Adjustment	at Data Extract Facili
a - BACE Control Merchant	en a Data Data - Con	A Design of the local data		renomence		
ta Entry	d			6	ACE	
ita citry						
rollment Data						
ntract Number; 200 ntract Name: EXAM Name: Example Sit a Collection Period: Census data is definer	01 PLE CONTRACT le Name : 2nd Querter, 20 Les the number o	1 118 (Apr Jun.) Codients currently receiv	ána care			
Enrolment is defined a	as New Enrollmen	B.	ing care			
ंग	otal Census					
Total	;					
Totel	New Enrollments					
Medicare	:					
Dual Eligible						
Medicald						
Private Pav						
Total	Disenrollmente					
Medicare	:					
Dual Eligible						
Medicald						
medicald						
Private Pay		1				
	fotal Deaths					
Total	:					
ick Next						
the second se						

Table III-19

Select Next to advance to the Data Entry – Enrollment Data – Verify screen (Table III-20). Review information. Select Back to make corrections, or Submit.



Table III-20

The user will enter the number of individuals enrolled in the PACE program at the end of each quarter.

PACE QUALITY INDICATOR: DENIALS (OF PROSPECTIVE ENROLLEES)

The HPMS Pace Quality Reporting Module provides functionality for the reporting of Denials (of Prospective Enrollees) data. Please refer to PACE Quality Monitoring and Reporting Guidance for operational guidance on reporting Denials (of Prospective Enrollees) data.

Data Reporting Requirements:

- 1. Is this Person?
- 2. Date of Denial Occurance
- 3. Denial Reason

On the **Data Entry - Quality Indicator Selection** screen (III-3), select **Denials (of Prospective Enrollees)** Quality Indicator and then select **Edit Quality Indicator**.

On the **Data Entry – Denials (of Prospective Enrollees)** screen (Table III-21), select **Add** to advance to the **Data Entry – Denials (of Prospective Enrollees)** – **Add** screen (Table III-22). Note that the **Edit** and **Delete** buttons are disabled on the **Data Entry – Denials (of Prospective Enrollees)** screen if there are no records available to edit or delete. To report no data for the collection period, see the **PACE Quality Indicator: No Data To Report** section of the manual.

Contract Management	Plan Bids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Data Extract Facility
Home + PACE Quality Monitor	ring = Oata Entry = Den	rials (of Prospective Enrollees)		PA	CE	+
Denials (of Prospe	ctive Enrollee	s)				
Contract Number: Z000 Contract Name: EXAMS Site Name: Example Sit Data Collection Period:	01 PLE CONTRACT 1 e Name : 2nd Quarter, 2018	3 (Apr Jun.)				
There are currently no D	enials (of Prospect	tive Enrollees) for this Co	ntract/Site/Period.			
and a second second	I Description					

Table III-21

Enter data in all fields, picklists, and dropdowns.

Table III-22

	in Deds	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Data Extract Facility
me » PACE Quality Monitoring » Dat	ita Entry » Denisits	(of Prospective Enrollees)			·	
ata Entry				PA	CE	
enials (of Prospective	Enrollees)	- Add				
te Name: Example Site Nan ata Collection Period: 2nd	me Quarter, 2018 this Person?	(Apr Jun.)		3		
Date of Denial	Occurrence:	10				
De	nial Reason:	Prospective enrollee'	s health and safety w initiated by the SAA	ould be jeopardized b	y living in a community	setting 🛋
lack Next						

Select Next to advance to the Data Entry – Denials (of Prospective Enrollees) – Verify screen (Table III-23). Review information. Select Back to make corrections, or Submit.

Table III-23

Contract Management	Plan Bids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Data Extract Facility
ome + PACE Quality Monitori	ng = Data Entry = Der	sials (of Prospective Enrollees)				
ata Entry				PA	CE	÷
enials (of Prospec	tive Enrollee	s) - Verify				
contract Number: Z000 contract Name: EXAMP ite Name: Example Site ata Collection Period:	1 LE CONTRACT 1 Name 2nd Quarter, 2016	8 (Apr Jun.)				
Is this Per	son? Dual Eligit	ole				
Date of Denial Occurre	ence: 2/1/2018					
Denial Reaso	n(s): • Level-ot	-Care Denial initiated by	the SAA			

Г

A **Control Number** generates for each **Denials (of Prospective Enrollees)** record (Table III-24). To edit a record, select the radio button next to the appropriate control number, and select **Edit**. To delete a record, select the radio button next to the record to be deleted, and select **Delete**. Select **Back** to return to the **Data Entry – Quality Indicator Selection** screen.

				•		
HPMS Health Plan Mana	ogement System				TESTUSER User R Last logged is at 6:2	esources Log Out A A A 7 AM on February 22, 2018
Contract Management	Plan Bids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Deta Extract Facility
Home + PACE Quality Monitor	ning + Data Entry + Den	ials (of Prospective Enrollees)				
Data Entry				PA	CE	+
Denials (of Prospe	ctive Enrollee	5)				
Contract Number: Z00 Contract Name: EXAM Site Name: Example Si Data Collection Period	01 PLE CONTRACT 1 te Name : 2nd Quarter, 2018	l (Apr Jun.)				
Select Control # Is Th	is Person? Date o	f Denial Occurrence	Denial R	eason		
Back Add Edit	Delete No	Data To Report	Level-or-Care Denie	a minaled by the SAA		
Home About HPMS Webst This is a U.S. Government com ov. 127.806	e Accessibility Web Pol guiler system subject to F	cies File Formats and Plug-Ins ederal law	Rules Of Behavior Syste	em Requirements FAQ		(CMS



PACE QUALITY INDICATOR: FALLS WITHOUT INJURY

The HPMS Pace Quality Reporting Module provides functionality for the reporting of Falls Without Injury data. Please refer to PACE Quality Monitoring and Reporting Guidance for operational guidance on reporting Falls Without Injury data.

Data Reporting Requirements:

- 1. Location of Fall
- 2. Time of Fall
- 3. Contributing Factors (Can have multiple selections by Ctrl + select the below selections)
- 4. Actions Taken (User Ctrl + Right Mouse Select for multiple selections)

On the **Data Entry - Quality Indicator Selection** screen (III-3), select **Falls Without Injury** Quality Indicator and then select **Edit Quality Indicator**.

On the **Data Entry – Falls Without Injury** screen (Table III-25), select **Add** to advance to the **Data Entry – Falls Without Injury – Add** screen (Table III-26). Note that the **Edit** and **Delete** buttons are disabled on the **Data Entry – Falls Without Injury** screen if there are no records available to edit or delete. To report no data for the collection period, see the **PACE Quality Indicator: No Data To Report** section of the manual.

			Table III-2	5		
HPMS Health Plan Mana	TESTUSER User R Last logged in at 6:2	esources Log Out A A A ?7 AM on February 22, 2018				
Contract Management	Plan Bids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Data Extract Facility
Home - PACE Quality Monitor Data Entry Falls Without Injur Contract Number: 2000 Contract Name: EXAMI Site Name: Example Sit Data Collection Period: There are currently no F Back Add Edit	Ing - Data Entry - Patt y PLE CONTRACT 1 e Name : 2nd Quarter, 2018 alls Without Injury 1 Delete No	s Watwood Anjuny I (Apr Jun.) for this Contract/Site/Peri Data To Report	od	PA	CE	+
Home About HPMS Websh This is a U.S. Government con cv 127358	e Accessibility Web Poli puter system subject to F	cies File Formats and Plug-Ins ederal law	Rules Of Behavior Syste	em Requiriements FAQ		CMS

Enter data in all fields, picklists, and dropdowns.

Table III-26

tin Dashboard Maseurre	rd Plan Hids	Plan Formularies	Monitoring	Quelty a	ndi Hore	Rick Administration	Cost Reports	Data Extract Eacility	
ane - PACE Quality Members	- Date Entry - Fails	Wilbour Injury	Sale Address	10000				1000000	1.
ata Entry						(PACE		
alls Without Injury	- Add								
Contract Number: 20001 Contract Name: EXAMPU Re Name: Example Site P Nata Collection Period: 2	E CONTRACT 1 Name nd Quarter, 2018	Apr Jun.)							
Location of Fall:									
Time of Fall:									
Contributing Factors:	Dizziness Environment in I Fainted Found on Floor Hypotycemia Hypotension Improper Transf Improper Transf Improper Transf	Nsrepair sar sr - Carogivor sr - Family Momi ar - PACE Contro	ber sctor	<					
Other Contributing Factor:									
Actions Taken:	Family/Caregive Home Care Assimptemented a h Implemented a h Implemented Fa Intreased PT or Initiated Contrac Initiated Contrac Initiated Contrac Medication Evail Modified Assiste Modified Hospits	Education ssment lew Policy Is Prevention Pr OT for Oversight improvement Ac altion/Change d Living Facility i i Environment	ograms in Center twites Environment	*					
Other Action:									
and the second second									
Back Next									

Select **Next** to advance to the **Data Entry – Falls Without Injury – Verify** screen (Table III-27). Review information. Select **Back** to make corrections, or **Submit**.

Table III-27

Consister management	Plan Bids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Data Extract Facility
tome + PACE Quality Monitorin	g = Data Entry = Faik	s Without Myury				
Data Entry				PA	CE	•
alls Without Injury	- Verify					
Contract Number: Z0001 Contract Name: EXAMPL Site Name: Example Site Data Collection Period: 2	E CONTRACT 1 Name 2nd Quarter, 2018	i (Apr Jun.)				
Location of Fall:	Community - In	doors				
Time of Fall:	AM					
Contributing Factors:	 Found on Flo Loss of Balan 	Dr CB				
Other Contributing Factor:						
Actions Taken:	 Family/Careg Home Care A Implemented 	iver Education ssessment a New Policy				
Other Action:						

A Control Number generates for each Falls Without Injury record (Table III-28). To edit a record, select the radio button next to the appropriate control number, and select Edit. To delete a record, select the radio button next to the appropriate control number, and select Delete. Select Back to return to the Data Entry – Quality Indicator Selection screen.

Contra	ct Management	Plan Bids	Plan F	ormularies Mo	nitoring Qa Per	uality and rformance	Risk Adjustment	Data Extract Facilit
ome a	PACE Quality Mon	itoring + Date Entry +	Falls Without My	wγ				
ata	Entry					PAC	E	
alls	Without Ini	urv				2		
722516	ct Name: EXA	MPLE CONTRACT	Γ1					
ite Na	ct Name: EXA	MPLE CONTRAC Site Name	F 1					
ite Na lata C	ott Name: EXA ame: Example collection Perio	MPLE CONTRAC Site Name od: 2nd Quarter, 21	T 1 018 (Apr Jui	n.)				
ite Ni lata C	Control #	MPLE CONTRAC Site Name od: 2nd Quarter, 2 Location of Fall	T 1 D18 (Apr Jui Time of Fall	n.)	Actions Tal	ken		
elect	Int Name: EXA ame: Example collection Perior Control # 1 2977 Co	MPLE CONTRAC Site Name od: 2nd Quarter, 20 Location of Fall mmunity – Indoors	T 1 018 (Apr Jui Time of Fall AM	n.) Contributing Factors Found on Floor Loss of Balance	Actions Tal Family/Caregive Home Care Asso implemented a B	ken r Education essment Vew Policy		
elect	Int Name: EXA sime: Example collection Period Control # L 2977 Co	MPLE CONTRAC Site Name od: 2nd Quarter, 21 Location of Fall mmunity – Indoors	T1 018 (Apr Jui Time of Fall AM	n.) Contributing Factors Found on Floor Loss of Balance	Actions Tal Family/Caregive Home Care Asso Implemented a M	ken r Education essment New Policy		
elect	Ict Name: EXA ame: Example collection Period 2977 Co Add E	MPLE CONTRAC Site Name od: 2nd Quarter, 21 Location of Fall mmunity – Indoors dit Delete	F1 D18 (Apr Jur Time of Fall AM No Data To R	n.) Contributing Factors Found on Floor Loss of Balance Report	Actions Tat Family/Caregive Home Care Ass Implemented a M	ken: r Education essment New Policy		

Table III-28

PACE QUALITY INDICATOR: GRIEVANCES

The HPMS Pace Quality Reporting Module provides functionality for the reporting of Grievance data. Please refer to PACE Quality Monitoring and Reporting Guidance for operational guidance on reporting Grievances.

Data Reporting Requirements:

- 1. Source
- 2. Location
- 3. Grievance Type and Specific Issue
- 4. Resolution
- 5. Actions Taken

On the **Data Entry - Quality Indicator Selection** screen (III-3), select **Grievances** Quality Indicator and then select **Edit Quality Indicator**.

On the **Data Entry** – **Grievances** screen (Table III-29), select **Add** to advance to the **Data Entry** – **Grievances** – **Add** screen (Table III-30). Note that the **Edit** and **Delete** buttons are disabled on the **Data Entry** – **Grievances** screen if there are no records available to edit or delete. To report no data for the collection period, see the **PACE Quality Indicator: No Data To Report** section of the manual.

Table III-29



Enter data in all fields, picklists, and dropdowns.

Table III-30

Assagement Plan	Bida	Flan Formularies	Merritoring	Quality and Performance	Risk	Data Extract Facility	L
an > PACE Quality No	nitoring - Dat	a Entity + Grieva	ACRE			and a second	
ata Entry							PACE +
ievances - Ad	Id						
ntract Number: ntract Name: ED e Name: Examp ta Collection Pe	Z0001 GMPLE O le Site Nam riod: 2nd 0	ONTRACT 1 16 Duarter, 2018) (Apr. – Jun.)				
Source:		23					
Location:			21				
Srievance Type:				1			
Specific issue:	2						
Resolution:				Alternative	Solution:		
Action(s) Taken:	Added Ac Added Ac Added Ac Added Ac Added Ac Added Ac Added Ac Changed Conducte Conducte	ditional Activ Iditional Cont Iditional Cont Iditional Cont Iditional Nem Iditional Staff Iditional Tran Staff that Pro Id Contractor Id Quality Ove	tes racted Facilities ment illems sportation wides Care Oversight rsight at PACE	ts Center	* *		
ack Next							

Select **Next** to advance to the **Data Entry** – **Grievances** – **Verify** screen (Table III-31). Review information. Select **Back** to make corrections, or **Submit**.

Table III-31



A **Control Number** generates for each **Grievance** record (Table III-32). To edit a record, select the radio button next to the appropriate control number, and select **Edit**. To delete a record, select the radio button next to the appropriate control number, and select **Delete**. Select **Back** to return to the **Data Entry – Quality Indicator Selection** screen.





PACE QUALITY INDICATOR: IMMUNIZATIONS – INFLUENZA (OCT. THRU MAR. 20XX)

The HPMS Pace Quality Reporting Module provides functionality for the reporting of Influenza Immunization data. Please refer to PACE Quality Monitoring and Reporting Guidance for operational guidance on reporting Influenza Immunization data.

Please Note: while the Pneumococcal Immunizations screen will be available for all collection periods, the Influenza Immunizations screen will only be available during the Flu season, as defined to begin in October and end in March of the respective year.

Data Reporting Requirements:

Number of participants who received an influenza (i.e., flu) immunization during the reporting year; (October – March 20XX)

- 1. Total Number of Participants
 - Eligible to Receive Immunization
 - Actually Received Immunization(by the PO)
 - Had a Reaction to Vaccine
- 2. Total Participants who DID NOT Receive Immunization
 - Medically Contraindicated
 - Prior Immunization
 - Refused
 - Vaccine Unavailable
 - Missed Opportunity

Frequency:

Routine immunization data will only be collected during the flu season (e.g., October to March as defined by CMS).

Flu Immunization data will be entered on the following screen.

On the **Data Entry - Quality Indicator Selection** screen (III-3), select **Immunizations – Influenza** (**Oct. – Mar. 20XX**) Quality Indicator and then select **Edit Quality Indicator**.

Enter data on the **Data Entry – Immunizations - Influenza (Oct. – Mar. 20XX)** screen (Table III-33).

Table III-33

Contract Management	Plan Bids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Data Extract Facili
fome + PACE Quelity Monitor	ng = Data Entry = Ann	umizations - Influenza		_		
Data Entry				PA	CE).;
Immunizations - Inf	luenza (Oct	Mar. 2018)				
Contract Number: 2000 Contract Name: EXAMP Site Name: Example Tes Data Collection Period: Total Va	1 LE CONTRACT 1 t Site Flu period, 2018 coine Administra	tion/Non-Administration	1		_	
Total Eligible to	Receive Immuni	zation:			1	
1	Received Immuni	zation:				
DID NOT	Receive Immuni	zation:				
ь	fedically Contraine	icated:				
	Prior Immun	zation				
	R	afused:				
	Vaccine Unav	siable				
	Missed Oppo	rtunity:				
Tutal must be eauer to	Total Eligible to Receive Inn	Totat				
Had	a Reaction to Va	ccine:				
Back Next						

Select Next to advance to the Data Entry – Immunizations - Influenza – Verify screen (Table III-34). Review information. Select Back to make corrections, or Submit.

Please Note:

- The following edit is applied to the **Data Entry Immunizations Influenza (Jan. Mar. 20XX):** the Total Eligible to Receive Immunization must equal Actually Received Immunization *plus* the number of Participants Who Did Not Receive Immunization).
- Only one Immunizations Influenza record can be entered for each quarter. This data may be edited by selecting Immunizations Influenza on the **Data Entry Quality Indicator Selection** screen and then the **Edit Quality Indicator** button. The previously entered information will then be displayed.



Situate management Plan Bids	Pla	n Formularius	Monitoring	Quality and Performance	Risk Adjustment	Data Extract Facility
ne = PACE Quality Monitoring = Data Entry	- Immunization	s - Influenza				
ata Entry				PA	CE	+
munizations - Influenza - V	erify					
ntract Number: 2001 ntract Name: EXAMPLE CONTRAI e Name: Example Site Name ta Collection Period: 2nd Quarter,	CT 1 2018 (Apr	Jun.)				
Total Vaccine Administration/No	on-Administ	ration				
Total Vaccine Administration/N Total Eligible to Receive Immuni	on-Administ zation:	ration	15			
Total Vaccine AdministrationNo Total Eligible to Receive Immuni Received Immuni DID NOT Receive Immuni	on-Administ Ization: Ization: Ization:	ration 10	15			
Total Vaccine AdministrationNo Total Eligible to Receive Immuni Received Immuni DID NOT Receive Immuni Madicaly Contraine	on-Administ zation: zation: zation: dicated	ration 10	15			
Total Vaccine Administration/Ne Total Eligible to Receive Immuni Received Immuni DID NOT Receive Immuni Medicaly Contraine Pror Immun	on Administ ization: ization: ization: dicated ization	ration 10 1	15			
Total Vaccine AdministrationN4 Total Eligible to Receive Immuni Received Immuni DID NOT Receive Immuni Modically Contraino Proc Immuno Ro	on Administ zation: zation: zation: dicated ization efused	ration 10 1 1	15			
Total Vaccine AdministrationNe Total Eligible to Receive Immuni Received Immuni DIO NOT Receive Immuni Medicaly Contrains Prior Immun R Vaccine Unav	on-Administ zation: zation: ization: dicated ization efused vallable	ration 10 1 1 1 1	15			
Total Vaccine Administration/W Total Eligible to Receive Immuni DID NOT Receive Immuni Medically Contraine Prior Immun Prior Immun Receive Unge Vaccine Unge Missed Opp	on-Administ zation: zation: ization: dicated ization efused vallable ontunity:	10 10 1 1 1 1 1 1	15			
Total Vaccine AdministrationN4 Total Eligible to Receive Immuni Received Immuni DID NOT Receive Immuni Motically Contraine Prior Immun Ro Vaccine Unav Missed Oppo	on Administ zation: zation: ization: dicated: ization: efused: valiable: offunity: Total:	ration 10 1 1 1 1 1 1 15	15			
Total Vaccine AdministrationN4 Total Eligible to Receive Immuni Received Immuni DID NOT Receive Immuni Motically Contraine Proc Immun R Vaccino Unav Missed Oppo Had a Reaction to Va	on Administ zation: zation: dicated vzation: efused valiable: ortunity: Total: accine:	ration 10 1 1 1 1 1 1 5	15			

PACE QUALITY INDICATOR: IMMUNIZATIONS -PNEUMOCOCCAL

The HPMS Pace Quality Reporting Module provides functionality for the reporting of Pneumococcal Immunization data. Please refer to PACE Quality Monitoring and Reporting Guidance for operational guidance on reporting Pneumococcal Immunization data.

Data Reporting Requirements:

- 1. Total Number of Participants
 - Total Eligible to Receive Immunization
 - Received Immunization (By the PO)
 - Had a Reaction to Vaccine
- 2. Total Participants who DID NOT Receive Immunization
 - Medically Contraindicated
 - Prior Immunization
 - Refused
 - Vaccine Unavailable
 - Missed Opportunity

Pneumococcal Immunization data will be entered on the following screen.

On the **Data Entry - Quality Indicator Selection** screen (III-3), select **Immunizations -Pneumococcal** Quality Indicator and then select **Edit Quality Indicator**.

Enter data on the **Data Entry – Immunizations - Pneumococcal** screen (Table III-35).

	Plan Cids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Data Extract Facil
ione . PACE Quality Monitoria	g = Data Entry > Ane	unizations - Pressnoceccal				
Data Entry				PA	CE	
mmunizations - Pn	eumococcal					
Contract Number: 2000 Contract Name: EXAMP Site Name: Example Sit Data Collection Period:	21 PLE CONTRACT e Name 2 2nd Quarter, 20	1 118 (Apr Jun.)				
Total Vac	cine Administra	tion/Non-Administration	k			
Total Englishe to	Receive immuni	zation:				
R	eceived Immuni:	zation:				
DID NOT	Receive Immuni:	zation:				
14	edically Contraind	licated:				
	Prior Immun	ization:				
	R	efused:				
	Vaccine Unav	ailable				
	Missed Oppo	rtunity:				
		Total				
Total must be equal to 7	fatel Digitile to Receive intr	runcation				
Had	a Reaction to Va	iccine:				
Back Next						

Table III-35

PACE Quality Monitoring User Guide

Select **Next** to advance to the **Data Entry** – **Immunizations - Pneumococcal** – **Verify** screen (Table III-36). Review information. Select **Back** to make corrections, or **Submit**.

Please Note:

- The following edit is applied to the **Data Entry Immunizations Pneumococcal:** Total Eligible to Receive Immunization must equal Actually Received Immunization *plus* the number of Participants Who Did Not Receive Immunization.
- Only one Pneumococcal Immunizations record can be entered for each quarter. This data may be edited by selecting Pneumococcal Immunizations on the **Data Entry Quality Indicator Selection** screen and then the **Edit Quality Indicator** button. The previously entered information will then be displayed.

• Immunications - Provemococcal cal - Verify CT 1 .2018 (Apr Jun.)
cal - Verify ICT 1 2018 (Apr Jun.)
cal - Verify ICT 1 2018 (Apr Jun.)
ICT 1 2018 (Apr Jun.)
Ion-Administration
ization: 15
ization: 10
ization:
dicated. 1
nization: 1
Refused. 1
vailable: 1
ortunity. 1
Total: 15
accine: 5

Table III-36

PACE QUALITY INDICATOR: MEDICATION ADMINISTRATION ERRORS

The HPMS Pace Quality Reporting Module provides functionality for the reporting of Medication Administration Error data. Please refer to PACE Quality Monitoring and Reporting Guidance for operational guidance on reporting Medication Administration Error data.

Data Reporting Requirements:

- 1. Location of Incident
- 2. Type of Medication Error
- 3. Contributing Factors
- 4. Actions Taken

On the **Data Entry - Quality Indicator Selection** screen (III-3), select **Medication Administration Errors** Quality Indicator and then select **Edit Quality Indicator**.

On the **Data Entry – Medication Administration Errors** screen (Table III-37), select **Add** to advance to the **Data Entry – Medication Administration Errors – Add** screen (Table III-38). Note that the **Edit** and **Delete** buttons are disabled on the **Data Entry – Medication Administration Errors** screen if there are no records available to edit or delete. To report no data for the collection period, see the **PACE Quality Indicator: No Data To Report** section of the manual.

Contract Management	Plan Bids	Plan Formularies	Monitoring	Performance	Risk Adjustment	Data Extract Facility
ome - PACE Quality Monito	ring = Data Extry = Me	dication Administration Errors		PA	CE	+
fedication Admin	istration Error	5				
Contract Number: 200 Contract Name: EXAM Site Name: Example Si Data Collection Period	01 IPLE CONTRACT 1 ite Name I: 2nd Quarter, 201	i 8 (Apr Jun.)				
There are currently no N	Vedication Adminis	tration Errors for this Cont	tract/Site/Period.			
Back Add Edi	Dalete N	Data To Report				

Table III-37

Enter data in all fields, picklists, and dropdowns.

Table III-38

		The second	Quality and		1
Contract Management Pla	n Uids Plan Formalaries	Monitoring	Performance	Risk Adjustment	Data Extract Facility
me > PACE Guarry Monnoring > Da	a Entry + Medication Administration Entors		-		
ata Entry			PAC	;E	+
edication Administrati	on Errors - Add				
ontract Number: Z0001 ontract Name: EXAMPLE C te Name: Example Site Nam ata Collection Period: 2nd	ONTRACT 1 ne Quarter, 2018 (Apr Jun.)				
Location of Inciden	t M				
Type of Medication Error	e l		1	1	
Contributing Factors	Change in Method of Delivery Change in Pharmacy Provider Communication between PACE Communication between PACE Communication between PACE Communication between PACE Communication between PACE Medication Administered by staff New Staff Member	Inpatient Hospice Organization and ACS Organization and ASsi Organization and Hurs Organization and Phas Finot Permitted to Adm	isted Living Facility bital ing Facility imscy inister Medication		
Other Contributing Factor	c .				
Actions Taker	Amended Current Policy Change in Contracted Provider Change to Medication Administr Changes to Medication Transcri Changes to Medication Transcri Contractor Education Implemented a New Medication Implemented a New Medication	ation Process ion Process tion Process ption Process Delivery System tor Oversight	X		
Other Action	c.				
Back Next					
te: All data entry helds are re	domeo.				

Select **Next** to advance to the **Data Entry** – **Medication Administration Errors** – **Verify** screen (Table III-39). Review information. Select **Back** to make corrections, or **Submit**.

Table III-39



A **Control Number** generates for each **Medication Administration Error** record (Table III-40). To edit a record, select the radio button next to the appropriate control number, and select **Edit**. To delete a record, select the radio button next to the appropriate control number, and select **Delete**. Select **Back** to return to the **Data Entry – Quality Indicator Selection** screen.



PACE QUALITY INDICATOR: ABUSE

The HPMS Pace Quality Reporting Module provides functionality for the reporting of Abuse data. Please refer to PACE Quality Monitoring and Reporting GuidancePACE Quality Monitoring and Reporting Guidance for operational guidance on reporting Abuse.

Data Reporting Requirements:

- 1. Location of Incident
- 2. Was the Participant Hospitalized?
- **3.** Participant's Current Status
- 4. Type of Abuse
- 5. Person Accused of Abuse
- 6. Was Compliance Maintained with Plan of Care?
- 7. Was Compliance Maintained with Participant's Medications?
- 8. Was the Participant Receiving Mental Health or Substance Abuse Service Prior to the Incident?
- 9. Was Adult Protective Services Notified?

ROOT CAUSE ANALYSIS:

- **10.** Contributing Factors*
- 11. Actions Taken*
- **12. Ongoing Improvements***

On the **Data Entry - Quality Indicator Selection** screen (III-3), select **Abuse** Quality Indicator and then select **Edit Quality Indicator**.

On the **Data Entry** – **Abuse** screen (Table III-41), select **Add** to advance to the **Data Entry** – **Abuse** – **Add** screen (Table III-42). Note that the **Edit** and **Delete** buttons are disabled on the **Data Entry** – **Abuse** screen if there are no records available to edit or delete. To report no data for the collection period, see the **PACE Quality Indicator: No Data To Report** section of the manual.

Table III-41

Contract Management	Plan Bids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Data Extract Facility
Home + PACE Quality Monitor	ring » Data Entry » Abi	use				
Data Entry				PA	CE	+
Abuse						
Contract Number: 2000 Contract Name: EXAMI Site Name: Example Sit Data Collection Period:)1 PLE CONTRACT 1 e Name 2nd Quarter, 2018	8 (Apr Jun.)				
There are currently no A	buse Incidents for	this Contract/Site/Period.				
Jse the Back Button to return	to the Quality Indicato	r Selection page.				
Back Add Edit	Delete No	Data To Report				

Enter data in all fields, picklists, and dropdowns. To add a **Significant Diagnosis**, enter an ICD-10 code in the Significant Diagnosis field, then select **Add a Diagnosis**. To search for an ICD-10 code, select the **Code Lookup** link (Table III-43).

Constant and the second	and the second second	1	1	Destroy	-	in the second second	and the second second
Contract Managament Plan Data Plan Fr	micketer		during	Perform	6964	Hok Adjustment	Deta Extract Facility
New + PACE Gasily Monitoling + East Deep - Alone					-		
Data Entry					PAG	16	•
Abuse - Add							
Contract Number: 20001 Contract Name: EXAMPLE CONTRACT 1 Site Name: Example Site Name Data Collection Period: 2nd Quester, 2018 (Apr	lun)						
Account Manager:							
Age Range:		10					
Gender:	- Male	C Female					
Enrollment Date:		10					
Incident Date:							
Location of Institute					31		
			100				
Was the Participant Hospitalized?			1				
Participant's Current Status:				1			
Center Attendance:			王				
Type of Abuse:			8				
Person Accused of Abuse:					3		
Was Compliance Maintained with Plan of Care?		10					
Was Compliance Maintained with Participant's Medications?		1					
Was the Participant Receiving Mental Health or Substance Abuse Services Prior to the Incident?	×						
Was Adult Protective Services Notified?	2						
Significant Diagnosis:						Assigned Dia	gnosis
Enter an ECD-10 Caste Clark Contribution to search for an ICD - 10 Casterial Select Act a Depress whet contribute to search			Aste Dag	44470			
If a CD-12 Codes(a). Assign up to 5 codes			Herrie a	Cagross	1		
				A.			
Back Neat							
Note: All data only fisids are required.							
ICD-10 Guidence: ICD Gode to 3-0 chemisters in length Position 1 ac eighte							
Posterio 2 de numeros Posterio 2 de superior ou numeros pelos casos solucións Posterio 3 de las persos Posterio 5 de las apórtes en numeros instrumentes de							
and the second second second second second							

Table III-42

Table III-43

HPMS Health Plan Management System	Prove Licence Prior Dame: 300/2018
ICD-10 Code Lookup	
Note: To search for a specific ICD-10 code and its description	enter a keywordts) below and select "Search' Select the code link in the search results to populate the code in the
appropriate field on the Data Entry page.	shoulder Search
appropriate field on the Data Entry page. Enter a keyword(s) or an ICD-19 code(s): [chondromolecia	shoulder Search
appropriate field on the Data Entry page. Enter a keyword(e) or an ICD-10 code(e): [chondromskica ICD-10 Code	shoulder Search: Description
appropriate fold on the Data Entry page. Enter a keyword(e) or an ICD-10 code(e): [Jhondromulscu ICD-10 Code 1051-21	shoulder Search Description
appropriate field on the Data Entry page. Enter a keyword(s) or an ICD-10 code(s): [chordconstance, ICD-10 Code ICD-10 Code ICD-21 MG-211	shoulder Searchy Description Chordromalacia, shoulder Chordromalacia, right shoulder
appropriate field on the Data Entry page. Enter a keyword(e) or an ICD-10 code(e); [chondromoleco ICD-10 Code MIG-211 MIG-211 MIG-212	shoulder Search Chondromalacia, shoulder Chondromalacia, left shoulder Chondromalacia, left shoulder
Make **Root Cause Analysis** selections (Table III-44). To upload an attachment, select "Browse" and then choose a document.



Table III-44

Select **Next** to advance to the **Data Entry** – **Abuse** – **Verify** screen (Table III-45). Review information. Select **Back** to make corrections, or **Submit**.

Table III-45

Contract Management Plan Bids	Nan Formulation	Maritaning	Quality and	Rink Adjustment	Unio Extract Facility		
erer - 1972 Gualdy Westloring - Data Datay - Alayer	and the second second		1.11.01.00.0	SIDEACTOR			
ata Entry			PA	CE	+		
			- Andrew				
buse - Verify							
ontract Number: 20001 ontract Nome: EXAMPLE CONTRACT 1 Its Name: Example Sile Name ata Collection Period: 2nd Cuanter, 2018 p	ıpr Jun.)						
å conunt Manager							
Ane Banne	60 10 64						
Gander	Fernale						
Enrollment Date	2/1/2018						
ingident Date	2/7/2018						
Incident Location	Alternative Care Se	tinz					
Was the Participant Hospitalized?	Yes - Admitted						
Participant's Current Status	Carealver/ Family/ Friend - Stable						
Center Atlendance	1 Days per Week						
Type of Abuse	C i Laysportwook						
Person Accused	Encloses of the PA	CE Omanization					
Was Compliance Maintained with the Plan of Carel	Yes						
Wea Compliance Meintained with Participant's Medications?	Yes						
Was the Participant Receiving Nenta Health or Substance Abuse Services Price to the incident?	Yes						
Was Adult Protective Services Notified	Yes						
Significant Diagnosia	• w33.u						
Root Cause Analysis							
Contributing Factora	Accused - History	y of Financial Abuse					
Actions Taken	Assessment - 01						
Ongoing Improvements	· Education Staff						
New Attachment	Test1_Word docx						
Back Submit	1.0007-0009803						

A **Control Number** generates for each **Abuse** record (Table III-46). To edit a record, select the radio button next to the appropriate control number, and select **Edit**. To delete a record, select the radio button next to the appropriate control number, and select **Delete**. Select **Back** to return to the **Data Entry – Quality Indicator Selection** screen.

Rome = PACE Quality Monitoring = Data Entry = Abure PACE Abuse Contract Number: Z0001 Contract Name: EXAMPLE CONTRACT 1	+
Data Entry PACE	+
buse ontract Number: Z0001 ontract Name: EXAMPLE CONTRACT 1	
ontract Number: Z0001 ontract Name: EXAMPLE CONTRACT 1	
ntract Name: EXAMPLE CONTRACT 1	
ie Name: Example Site Name ta Collection Period: 2nd Quarter, 2018 (Apr Jun.)	
elect Control Account Age Gender Enrollment Incident Incident Type of Person Taken to Participant's Accused of Hospital? Current Status Cor Abuse Accused of Abuse Abuse	RCA omplete
1014 Unassigned 60 to Female 2/1/2018 2/7/2018 Alternative Neglect Employee of the Yes - Caregiver/ Yes 64 Care Setting PACE Admitted Family Friend - Organization Stable	15

Table III-46

PACE Quality Monitoring User Guide

PACE QUALITY INDICATOR: ADVERSE DRUG REACITON

The HPMS Pace Quality Reporting Module provides functionality for the reporting of Adverse Drug Reaction data. Please refer to PACE Quality Monitoring and Reporting Guidance for operational guidance on reporting Adverse Drug Reaction.

Data Reporting Requirements:

- 1. Location of Incident
- 2. Was the Participant Hospitalized?
- 3. Participant's Current Status

ROOT CAUSE ANALYSIS:

- 4. Contributing Factors*
- 5. Actions Taken*
- 6. Ongoing Improvements*

On the **Data Entry - Quality Indicator Selection** screen (III-3), select **Adverse Drug Reaction** Quality Indicator and then select **Edit Quality Indicator**.

On the **Data Entry – Adverse Drug Reaction** screen (Table III-47), select **Add** to advance to the **Data Entry – Adverse Drug Reaction – Add** screen (Table III-48). Note that the **Edit** and **Delete** buttons are disabled on the **Data Entry – Abuse** screen if there are no records available to edit or delete. To report no data for the collection period, see the **PACE Quality Indicator: No Data To Report** section of the manual.

Table III-47

Contract Management	Plan Bids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Data Extract Facility
ome » PACE Quality Monito	ring = Data Entry = Adv	verse Drug Reaction				
ata Entry				PA	CE	+
dverse Drug Rea	ction					
Ite Name: Example Sit Jata Collection Period: There are currently no A	e Name 2nd Quarter, 2018 dverse Drug Reac	(Apr Jun.)	Period			
se the Back Button to return	to the Quality Indicato	r Selection page.				
interesting interesting interesting	of another states and					

Enter data in all fields, picklists, and dropdowns. To **add an Adverse Outcome** or **Significant Diagnosis**, enter an ICD-10 code in the Adverse Outcome or Significant Diagnosis field, then select **Add an Outcome** or **Add a Diagnosis**. To search for an ICD-10 code, select the **Code Lookup** link (Table III-49).

Table III-48

Contract Management	PlenBide	Nam Formaliation		Monte	110	Quality	ant	Sisk Adjustment	Date Extract Facility
ete - PACE Quality Monitorine -	Dels Entry - Ashron D	us Rescion	عليق			Pansa		Auto and States	
ata Entry							PA	CE	
dverse Drug Reactio	m - Add								
ontract Number: 20001 ontract Name: EXAMPLE te Name: Example Site N ata Collection Period: 2n	E CONTRACT 1 Jame nd Quarter, 2018 (A	pr Jun.)							
	Account Mana	ger:							
	Age Rar	ige:	to						
	Gen	der: C Male	C Pr	emale					
	Enrollment D	ate:		100					
	Incident D	ate:		100					
	Location of Incid	ent:					-		
Was the Par	rticipant Hospitaliz	ed?			2				
Partici	ipent's Current Sta	tus:				1			
	Center Attendar	nce:			2				
Does Adv	verse Outcome Ap	ply? C Yes	C No	e i					
	Significant Diagno	sis:						Assigned Dieg	noais
ter an ICD-10 Code. Click Code	Lockup to search for an	ICD			Add a Die	gnose >>	2		
the ICD-10 Cor	des(s). Assign up to 5 or	idea.		10	<< Remove	a Diagnosis			
				1	<< Hat	nove All			
Back Next									
ote: All data entry fields are D-10 Guidance:	required.								
ICD Code is 3-8 characters in Is	engih								
Position 7 is sight									
Position 3 is alpha or numeric ()	rul case senative)								
Position 4 is a period									
Position 5-8 are alpha or numer	no (noi case senative)								

Table III-49



Make **Root Cause Analysis** selections (Table III-50). To upload an attachment, select "Browse" and then choose a document.

Table III-50 HPMS TEST USER User Ro somestice Orth & A poement System Mh Plan Man Last loggest in at 1:07 PM on March 26, 2018 Plan 1964 Plan Formularies Vestoring Quality and Performance Risk Adjustment Data Extract Facility I Hangement of · PACE Quality Monitoring - Data Entry - Adverse Drug Reaction Data Entry PACE + Adverse Drug Reaction - Add Contract Number: 20001 Contract Name: EXAMPLE CONTRACT 1 Site Name: Example Site Name Data Collection Period: 2nd Quarter, 2018 (Apr. - Jun.) **Root Cause Analysis** Did Not Make PACE Organization Aware of Known Allergy E Drug Allergy - Documented in Medical Record Drug Allergy - Not Documented in Medical Record Drug Avergy - An Documente in Nookal Noord Orug Interaction Feature to Communicate Allergy to Contracted Provider Lack of Education - Contractor Lack of Education - Sentractor Lack of Education - Participant Lack of Education - Statt Lack of Education - Statt Non-Compliance with Medication(a) **Contributing Factors:** Other: Assessment-Activities Assessment - Activities Assessment - Delary Assessment - Home Care Coordinator Assessment - PCP Assessment - PCP Assessment - PT Actions Taken: Assessment - F.N. Assessment - SN Assessment - SW Changes to Medication Prescribing Procedure <u>-</u> Other: Changes to Medical Record System 2 Changes to Medication Prescribing Procedure Education - Contracted Provider Facility Education - FamilyCanegure Education - FamilyCanegure Education - Staff Increased Comtor Attendance Increased Home Care Increased Staff at Contracted Providen/Facility Increased Staff at PACE Center Ongoing improvements: -Other Attachments Upload Attachment Browso... WOTT Vald attentivent he types are don door of any soll path bit show size and sig Rack Next Root Cause Analysis Guidance: re until the end of the collection period to enter Rest Cause Analysis (RCA) data Users can enter and save data for the Quality Indicator, and return at a later date to complete the RCA fields The Guality indicator data submission will not be considered complete until the RCA data has been entered. Unum may unselect a previously chosen response by holding down the Chilkey and clicking on the highlighted, previously selected response Additionally, multiple solutions can be made by holding down the Calibary and clicking on each reasonaw scars want to solutil. About th FMD | Website Accessibility | Web Policies | File Formats and Plag-ton | Bales Of Bebarlar | System Encoderments | FAO CMS

Select Next to advance to the Data Entry – Adverse Drug Reaction – Verify screen (Table III-51). Review information. Select Back to make corrections, or Submit.

Table III-51

Health Plan Management System				Last logged is at 90cl	6 AM on February 21, 20
Contract Management Plan Skip	- Nan Formalision	Horitoring	Casily and Performance	Hink Adjustment	Data Entroit Facility
eres - FWCC Granity Wonitering - Delo Enky - Adver	m Drug Rowethen				
ata Entry			PA	CE	•
dverse Drug Reaction - Verify					
ontract Number: 20001 ontract Name: EXAMPLE CONTRACT 1 Ite Name: Ecompte Site Name ata Collection Period: 2nd Quarter: 2018 (Apr Jun.)				
Account Manager					
Age Range	60 to 64				
Gender	t Female				
Enrollment Date	e 2/1/2018				
Incident Date	: 2/7/2018				
Incident Location	: Assisted Living Fac	ity			
Was the Participant Hospitalized	7 Yes - Admitted				
Participant's Current Status	Caregiver/ Family/	Friend - Stable			
Center Attendance	: 1 Days per Week				
Adverse Outcome	e • w33.3				
Bignificant Diagnosis	: a 044.4				
toot Cause Analysis					
Contributing Factors	Failure to Comm Lack of Educatio	unicate Atlengy to Con 6 - Caregiver	tracted Provider		
Actions Taken	 Assessment - Ho Assessment - 01 	me Care Coordinator			
Ongoing Improvements	 Education - Staff Increased Center Increased Home 	Attendance Care			
New Attachment	t testi pdf				
Back Submit					

A **Control Number** generates for each **Adverse Drug Reaction** record (Table III-52). To edit a record, select the radio button next to the appropriate control number, and select **Edit**. To delete a record, select the radio button next to the appropriate control number, and select **Delete**. Select **Back** to return to the **Data Entry – Quality Indicator Selection** screen.

Table III-52

Contrac	ct Managerr	nent Plar	ı Bids	Plan F	Formularies	Monitori	ng Qu Per	ality and formance	Risk Adjustment Dat	a Extract Facility
ime = P	PACE Quality	y Monitoring - Data	Entry = Adve	iese Drug Re	ection .			-		1
ata	Entry							PAGE	() ()	+
dver	se Drug	g Reaction								
untrar	et Name	EXAMPLE COL	ITRACT 1							
te Nar ata Co	ct Name: me: Exan pliection I	EXAMPLE COM nple Site Name Period: 2nd Qu	NTRACT 1	(Apr Ju	n.)					
ontrac ite Nar ata Co clect	ct Name: me: Exan ollection I	EXAMPLE COI nple Site Name Period: 2nd Qu Account Manager	Age Range	(Apr Ju Gender	n.) Enrollment Date	Incident Date	Incident Location	Taken to Hospital?	Participant's Current Status	RCA Complete
ontrac te Na ata Co elect	Control # 1015	EXAMPLE COI nple Site Name Period: 2nd Qu Account Manager Unassigned	Age Range 60 to 64	(Apr Ju Gender Female	n.) Enroliment Date 2/1/2018	Incident Date 2/7/2018	Incident Location Assisted Living Facility	Taken to Hospital? Yes - Admitted	Participant's Current Status Caregiver / Family/ Friend - Stable	RCA Complet Yes
elect	ct Name: me: Exan pollection I Control # 1015	EXAMPLE COI nple Site Name Period: 2nd Qu Account Manager Unassigned	ATRACT 1 anter, 2018 Age Range 60 to 64 alty Indicator	(Apr Ju Gender Female Selection p	n.) Enrollment Date 2/1/2018	Incident Date 2/7/2018	Incident Location Assisted Living Facility	Taken to Hospital? Yes - Admitted	Participant's Current Status Caregiver/ Family/ Friend - Stable	RCA Complete Yes

PACE QUALITY INDICATOR: ADVERSE OUTCOME

The HPMS Pace Quality Reporting Module provides functionality for the reporting of Adverse Outcome data. Please refer to PACE Quality Monitoring and Reporting Guidance for operational guidance on reporting Adverse Outcome data.

Data Reporting Requirements:

- 1. Location of Incident
- 2. Was the Participant Hospitalized?
- 3. Participant's Current Status

ROOT CAUSE ANALYSIS:

- 4. Contributing Factors*
- 5. Actions Taken*
- 6. Ongoing Improvements*

On the **Data Entry - Quality Indicator Selection** screen (III-3), select **Adverse Outcome** Quality Indicator and then select **Edit Quality Indicator**.

On the **Data Entry – Adverse Outcome** screen (Table III-53), select **Add** to advance to the **Data Entry – Adverse Outcome – Add** screen (Table III-54). Note that the **Edit** and **Delete** buttons are disabled on the **Data Entry – Adverse Outcome** screen if there are no records available to edit or delete. To report no data for the collection period, see the **PACE Quality Indicator: No Data To Report** section of the manual.

]	Table III-5	3		
HPMS Health Plan Mans	ogement System				TESTUSER User R Lest logged in at 10:3	esources Log Out A A A I6 AM on February 21, 2018
Contract Management	Plan Bids	Plan Formulaties	Monitoring	Quality and Performance	Risk Adjustment	Data Extract Facility
Home + PACE Quality Monito	ring = Data Entry = Ad	rerse Gutcome				
Data Entry				PA	CE	+
Adverse Outcome						
Contract Number: 2000 Contract Name: EXAM Site Name: Example Sit Data Collection Period:	01 PLE CONTRACT 1 le Name : 2nd Quarter, 201	3 (Apr Jun.)				
There are currently no A	dverse Outcome I	icidents for this Contract	/Site/Period.			
Use the Back Button to return Back Add Edit	to the Quality Indicato	r Selection page.				
Home About HPM3 Websit This is a U.S. Government corr ov: 127028	e Accessibility Web Po puler system subject to I	icles File Formats and Plug-Ins rederal law	Rules Of Behavior Syste	m Requirements FAQ		(CMS

Enter data in all fields, picklists, and dropdowns. To add an **Adverse Outcome** or **Significant Diagnosis**, enter an ICD-10 code in the Adverse Outcome or Significant Diagnosis field, then select **Add an Outcome** or **Add a Diagnosis**. To search for an ICD-10 code, select the **Code Lookup** link (Table III-55).

Table III-54

exer virue Canady Maximum 2, talk Fable virue Canady Adverse Outcome - Add Contact Name: EXAMPLE CONTRACT 1 Time Example Site Name: Time Collection Period: 2nd Quarter, 2018 (Apr Jun.) Account Manager: Age Ranger Grader: Mage Ranger: Location of Incident: Incident Date: Incident Dat	Active s MACE Classify Meetening is table Fetty - Adverse Descent Data Entry Adverse Outcome - Add Contract Number: 2001 Contract N	
Data Entry Adverse Outcome - Add contract Name: EXAPPL contract Name: EXAPPL contract Name: EXAPPL contract Name: Example Sile Name inte Collection Period: 2nd Quarter, 2018 (Apr Jun.) Age Range: To Gender: Male Encellment Date: Incident Date: Inci	Data Entry PACE Adverse Outcome - Add contract Number: 2009! contract Name: EXAMPLE CONTRACT 1 ite Name: Example Site Name ite Account Manager: Age Range: TO Cender: Male Cender: Male Incident Date: Incident Date: Incident Date: Incident Date: Center Attendance: Date Adverse Outcome Apply? Yes Che Date: Date Adverse Outcome Apply? Yes Che Date: Significant Diagnosis: Center Attendance: Date Adverse Outcome Apply? Yes Che Date: Significant Diagnosis: Mate Date: Significant Diagnosis: Center Attendance: Date Olido Code: Code Socie Network for an ICD Add Daproce >> Significant Diagnosis: Center Attendance: Center Attendance: Center Attendance: Center Attendance: Center Attendance: Center Attendance: Center Attendance: <t< td=""><td></td></t<>	
dverse Outcome - Add entract Nume:: EXAMPLE CONTRACT 1 ite Xame:: EXAMPLE CONTRACT 1 ite Xame:: EXAMPLE CONTRACT 1 ite Xame:: Example Site Name: ite Collection Period:: 2nd Count Manager: Age Range:: Ino Ite Collection Period:: 2nd Count Manager: Age Range:: Ino Ite Collection Period:: 2nd Count Manager: Ite Count Manager: It	Adverse Outcome - Add ontract Number: 2009] ontract Name: EXAMPLE CONTRACT 1 itis Name: Examples She Name ata Collection Period: 2nd Quarter, 2018 (Apr Jun.) Age Range: Age Range: Age Range: Does Adverse Outcome Apply? Yes C No Significant Diagnosis: Center Attendiance: Does Adverse Outcome Apply? Yes C No Significant Diagnosis: See No	
ontract Number: 2000! mittact Name: EXAMPLE CONTRACT 1 the Name: Example Site Name the Collection Period: 2nd Qualet, 2018 (Apt Jun.) Account Manager: Age Range:	ontract Number: 2001 ontract Number: EXAMPLE CONTRACT 1 Ite Name: Example Site Name atta Collection Period: 2nd Quarter, 2018 (Apr Jun.) Account Manager: Age Range: TO Gender: C Male C Female Enrollment Date: Incident Date: Incident Date: Location of incident: Vas the Participant Hospitalized? Participant's Current Status: Center Attendance: Does Adverse Outcome Apply? C Yea C No Significant Diagnosis: her OD-10 Code: Cick Code and somplete to assign the ICD-10 Code: Assign up to 5 codes: Next	
Account Manager: Age Range: Center: Male Female Incident Dele: Incident Dele: Incident Dele: Decation of incident: Center Attendance: Oceas Adverse Outcome Apply? Yes & No	Account Manager: Age Range: T0 Center: Male Female Enrollment Dete: Incident Date: Incident Date: Location of Incident: Vas the Participant's Current Statue: Center Attendiance: Does Adverse Outcome Apply? Yes No Significant Diagnosis: Ster on ICD 10 Code: Cick Code Lockes to setty He ICD-10 Codes(s): Assign to sorth for an ICD He ICD-10 Codes(s): Assign up to 5 codes Kerners a Diagnose	
Age Range: TO Gender: Male Female Encollment Date Incident Date Incident Date Incident Control of Incident: Uses the Participant Hospitalized? Participant's Current Status: Center Attendance: Dees Adverse Outcome Apply? Yes No Center Attendance: Dees Adverse Outcome Apply? Yes No Significant Diagnosis Significant Diagnosis Dees Adverse Outcome Apply? Yes No Significant Diagnosis Center Attendance: Dees Adverse Outcome Apply? Yes No Center Attendance: Center Attendance: Dees Adverse Outcome Apply? Yes No Center Attendance: Center Attendance: Dees Adverse Outcome Apply? Yes No Center Attendance: Center Attendance: C	Age Range: T0 Gender: Male Female Enrollment Date: Incident Date: Incident Date: Incident Date: Location of Incident: Incident Cates: Participent's Current Status: Image: Center Attendance: Center Attendance: Image: Center Attendance: Does Adverse Outcome Apply? Yes: C No Significant Diagnosis: Add a Diagnosis: Into Code; Select: Adds a Loagen to south the sel 10D Add a Diagnosis: Into Code; Select: Adds a Namos in 10D Add a Diagnosis: Into Code; Select: Adds a Namos in 10D Add a Diagnosis: Into Code; Select: Adds a Namos in 10D Add a Diagnosis: Into Code; Select: Adds a Namos in the code in 10D Add a Diagnosis: Back Next	
Cender: Make Enrollment Date: Incident Date: Location of Incident: Location of Incident: Was the Participant Hospitalized? Participant's Current Status: Center Attendance: Does Adverse Outcome Apply? Yes: Does Adverse Outcome Apply? Yes: Noti	Cender: Male C Female Enrollment Date: Incident Date: Incident Date: Image: Center Attendance: Was the Participant's Current Status: Image: Center Attendance: Center Attendance: Image: Center Attendance: Does Adverse Outcome Apply? Yes C No Significant Diagnosis: Assigned Diagnose: the IOD-10 Codes(a). Assign up to 5 codes Image: Center Attendance:	
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Participant's Current Status: Center Attendance: Does Adverse Outcome Apply? Yes: Not	Participant's Current Status: Center Attendance: Does Adverse Outcome Apply? r Yes r No Significant Diagnosis: net on ICD 10 Cade. Oka Custon by search for an ICD Di Code(s). Select Add a Custone when complete to search the ICD-10 Codes(a). Assign up to 5 codes. Seck Next	
Center Attendance: Does Adverse Outcome Apply? Yes © No Significant Diagnosis: Assigned Diagnosis retr on ICD 10 Code, Cekk Code Locking to scork for an ICD ID Code(s) Select Add a Diagnosis when complete to assign the ICD-10 Code(s). Assign up to 5 codes we Remove a Diagnose we Remove a Diagnose we Remove Ad Code Code Select Add a Diagnose we Remove Ad Code Code Select Add a Diagnose we Remove Ad Code Code Select Add a Diagnose Remove Ad Remov	Center Attendance: Does Adverse Outcome Apply? C Yes C No Significant Diagnosis: Add a Diagnose Add a Diagno	
Does Adverse Outcome Apply? Yes Not Inter on 100 10 Code. Citk Locating to south for an ICD Add a Diagnosis >> Inter on 100 10 Code. Citk Locating to south for an ICD Add a Diagnosis >> Int Code(s). Select 'Add a Diagnosis when complete to assign the ICD-10 Code(s). Assign up to 5 codes Add a Diagnosis Backt Next Backt Next Cit Code is 3-8 characters in length Position 3 is alpha or numeric (not case senative) Position 5-8 and sign or numeric (not case senative)	Does Adverse Outcome Apply? C Yes C No Significant Diagnosis: Assigned Diagnosis: Inter on ICD 10 Code: Cisk Code Locks Into conchis to search for an ICD Add a Diagnosis: Did Code(t): Select Add a Diagnosis: Add a Diagnosis: We ICD-10 Codes(a): Assign up to 5 codes. Search: Back: Next.	
Significant Diagnosis: Assigned Diagnosis Interan ICD 10 Code: Disk Code Looks to sealing the complete to assign the ICD-10 Codes(s). Assign up to 5 codes. Add a Diagnose >> Interant ICD 10 Code: Select Add a Chagnose's when complete to assign the ICD-10 Codes(s). Assign up to 5 codes. Interant Ico Add a Diagnose >> Black Next Interant Ico Add a Diagnose assign to the code ico Add a Diagnose >> Interant Ico Add a Diagnose >> Black Next Interant Ico Add a Diagnose assign to the code ico Add a Diagnose	Significant Diagnosia: Assigned Diagnosic Inter on ICD 10 Code; Cick Code Locks to sourch for an ICD Add a Diagnosic >> 10 Code(x): Select Add a Diagnosic when complete to assign the ICD-10 Codes(s). Assign up to 5 codes. Image: ICD-10	
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ID Code(s), Select Add a Casgroup when complete to samp We KCD-10 Codes(a). Assign up to 5 codes. (** Remove a Diagnous (** Remove 4 Back Nod Back Nod Back Code a 3-8 complete in length Position 3 is alpha or numeric (not case sensitive) Position 3-8 period Position 5-8 are alpha or numeric (not case sensitive)	10 Eccelet, Select Add a Dagnoses when complete to assign the KCD-10 Codes(a). Assign up to 5 codes.	
	ex Ramovs 41	
	Slack Next	
Back Next black All data entry Selds are required. 2D-10 Guidance: CC Case is 3-6 characters in length Position 1 is alpha Position 2 in numeric (not case sensitive) Position 2 is a period Position 5-8 are alpha or numeric (not case sensitive)	Back Next	
Back Not bote: All dotts entry Selds are required. 2D-10 Guidance: CD Date is 3-8 characters in length Position 1 is alpha Position 2 is names: Position 2 is alpha to numeric (not case senative) Position 5-8 are alpha to numeric (not case senative) Position 5-8 are alpha to numeric (not case senative)	Back Nox	
ote: All data entry fields are required. ID-10 Quidence: ICD Code is 3-5 characters in length Postion 1:s leftha Postion 2:s spind Postion 5:s prind Postion 5:s prind Postion 5:5 and sight or numeric (not case sensitive)		
ote: Al data entry Selds are required. ID-10 Quidance: ICD Code is 3-8 characters in length Position 1 is alpha Position 2 in summer: Position 2 is alpha or numeric (not case senative) Position 5-8 are alpha or numeric (not case senative)		
ICD Code is 3-8 characters in length Postion 1 is alpha Postion 2 is sumeric Postion 2 is a physic of numeric (not case sensitive) Postion 4 is a physic of numeric (not case sensitive)	ote: Al data entry fields are required. :D-10 Guidence:	
Position 1 is alpha Position 2 is numeric Position 3 is a period Position 4 is a period Position 5-8 are alpha or numeric (not case asnative)	ICD Code is 3-8 characters in length	
Position 3 is alpha or numeric (not case sonalitive) Position 4 is a period Position 5-8 are alpha or numeric (not case senalitive)	Position 1 is alpha Position 2 is numeric	
Position 4 is a period Position 5-8 are alpha or numeric (not case sensitive)	Position 3 is alpha or numeric (not case sensitive)	
Position 5-8 ani alpho or numenc (not case asnative)	Position 4 is a period	
	Poston 5-6 are appro or numeric (not case banadive)	

Table III-55



Make **Root Cause Analysis** selections (Table III-56). To upload an attachment, select "Browse" and then choose a document.



Select Next to advance to the Data Entry – Adverse Outcome – Verify screen (Table III-57). Review information. Select Back to make corrections, or Submit.

Table III-57

Contract Management Play Refs	Plan Francistation -	Manager	Outwart	Ball Manager	Outo Except Except
	Part restaura		Performance	Construction of the second	Care Construction
one - Hits carry woodary - the sety - address	COLUMN .				
Jata Entry			PA	CE:	
Adverse Outcome - Verify					
Contract Number: 20001 Contract Name: EXAMPLE CONTRACT 1 Site Name: Example Site Name Data Collection Period: 2nd Counter, 2016 (A)	etlun.)				
Account Manager:					
Age Range:	70 to 74				
Gender:	Fernele				
Enroliment Date:	2/1/2018				
Incident Date:	2/7/2018				
Incident Location:	Community				
Was the Participant Hospitalized?	Yes - Admitted				
Participant's Current Status:	Nursing Facility - St	able			
Center Atlandance:	2 Days per Wesk				
Adverse Outcome:	• w33.3				
Significant Diagnosis:	■ d58.8				
Root Cause Analysis					
Contributing Factors:	Lack of Educator Lack of Educator Lack of Educator	1 - Caregiver 1 - Contractor 1 - Participanti			
Actions Taken:	Education - Contr Education - Famil	scled Provider/Facilit ly/Carogivor	v		
Ongoing Improvements:	 Education - Famil Education - Partix Education - Staff 	ly/Caregiver ipent			
New Attachment:	best1.pdf				
Back Submit					
1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -					

A **Control Number** generates for each **Adverse Outcome** record (Table III-58). To edit a record, select the radio button next to the appropriate control number, and select **Edit**. To delete a record, select the radio button next to the appropriate control number, and select **Delete**. Select **Back** to return to the **Data Entry – Quality Indicator Selection** screen.

Table III-58

	ect Managen	sent Plan	Bids	Plan Formularies	Monitorin	Per Qu	ality and formance	Risk Adjustment Dat	a Extract Facility
. 9796	PACE Qualit	y Monitoring + Data	Entry + Adver	se Outcome			2		
ata	Entry						PACE		•
dve	rse Outo	come							
elect	Control	Account Manager	Age Range	Gender Enrollment	Incident	Incident	Taken to	Participant's Current	RCA
	1016	Unassigned	70 to 74	Female 2/1/2018	2/7/2018	Community	Yes - Admitted	Nursing Facility - Stable	Yes
	and the second second second	to solve to the fact	inty Indicator 5	Selection page.					
e Bie	Back Button	to return to the coth							

PACE QUALITY INDICATOR: BURNS 2ND DEGREE OR HIGHER

The HPMS Pace Quality Reporting Module provides functionality for the reporting of Burns 2nd Degree or Higher data. Please refer to PACE Quality Monitoring and Reporting Guidance for operational guidance on reporting Burns 2nd Degree or Higher data.

Data Reporting Requirements:

- 1. Location of Incident
- 2. Was the Participant Hospitalized?
- 3. Participant's Current Status

ROOT CAUSE ANALYSIS:

- 4. Contributing Factors*
- 5. Actions Taken*
- 6. Ongoing Improvements*

On the **Data Entry - Quality Indicator Selection** screen (III-3), select **Burns 2nd Degree or Higher** Quality Indicator and then select **Edit Quality Indicator**.

On the **Data Entry** – **Burns 2nd Degree or Higher** screen (Table III-59), select **Add** to advance to the **Data Entry** – **Burns 2nd Degree or Higher** – **Add** screen (Table III-60). Note that the **Edit** and **Delete** buttons are disabled on the **Data Entry** – **Burns 2nd Degree or Higher** screen if there are no records available to edit or delete. To report no data for the collection period, see the **PACE Quality Indicator: No Data To Report** section of the manual.



Enter data in all fields, picklists, and dropdowns. To add a **Type of Burn** or **Significant Diagnosis**, enter an ICD-10 code in the Type of Burn or Significant Diagnosis field, and then select **Add**. To search for an ICD-10 code, select the **Code Lookup** link (Table III-61).

Table III-60

mainties .		Honix	ring	Qual	ty and	Risk Adjustment	Data Extract Facility
r Histor			121		and the second		
					PA	CE	+
					600		
n.)							
	TO						
Male	c Fer	nale					
		100					
		10					
					-		
			3				
				*			
						Assigned Burn T	ype
			Addate	lein Type >>			
			<< Rema	io a Dam Typ			
		12		ann a til			
		-			-		
						Assigned Diagno	eie
			Add all	isprosis >>			
			ec Ramo	ve a Diagnosi	1 N		
			<< R	amove All			
		_					
	n.) Made	n.) Male C Fer	n.) Male C Female	n.) Male C Female	n.) Male C Female Male C Female C Female C Female Male C Female C Female C Female C Female Male C Female C Female Male C Female C Female Male C Female C Female Male C Female C Female C Female Male C Female C Fema	n.) Male C Female Male C Female Male C Female Male C Female C C Remove a Dam Type C C Remove A Diagnosis >> C Remove A Diagnosis >> C Remove A Diagnosis >> C Remove A Diagnosis	PACE PACE PACE

Table III-61



Make **Root Cause Analysis** selections (Table III-62). To upload an attachment, select "Browse" and then choose a document.



Select Next to advance to the Data Entry – Burns 2nd Degree of Higher – Verify screen (Table III-63). Review information. Select Back to make corrections, or Submit.

Table III-63

			Country and		lane and the second
Contract Managoment - Man Bida	Plan Formulation	Woellochg	Patiomatica	Risk Adjasonent	Gata Extract Facility
tone - PACE Quality Howforms - Gala Entry - Durne 2	og Degres of Higher		-		200
Data Entry			PA	CE	
Burns 2nd Degree or Higher - Verify	<i>c</i>				
Contract Number: 20001 Settract Name: EXAMPLE CONTRACT 1 Site Name: Example Site Name Data Collection Period: 2nd Quarter, 2018 (A	pr Jun.)				
Account Manager					
Age Range:	70 to 74				
Gender:	Fertale				
Enroliment Date:	2/1/2019				
Incident Date:	2/7/2010				
Incident Location:	Alternative Dane Set	Ing - Activity Area			
Was the Participant Hospitalized?	Yes - Admitted				
Participant's Current Status	Assisted Living Faci	ity - Stable			
Center Attendance:	Z Days per Week	ig same			
Type of Burn:	• w33.3				
Significant Diagnosis:	■ 077.7				
Root Cause Analysis					
Contributing Factors:					
Actions Taken:	Assessment - SW Education - Contr	/ acted ProvidenFacilit	,		
Orgoing Improvements:	Increased Conter Increased Hone	Attendance Care	En-Bhr		
New Attachment:	test1.pdf	Contractors Provider	racety		
Back Submit					

A **Control Number** generates for each **Burns 2nd Degree or Higher** record (Table III-64). To edit a record, select the radio button next to the appropriate control number, and select **Edit**. To delete a record, select the radio button next to the appropriate control number, and select **Delete**. Select **Back** to return to the **Data Entry – Quality Indicator Selection** screen.

Table III-64

Contrac	ct Manager	nent Pla	n Bids	Plan	Formularies	Monite	oring Quality (Performa	und Risi Ince	k Adjustment D	ata Extract Facility
une = F	PACE Quali	y Monitoring = Dat	a Entry = 80	ns 2nd Deg	ree or Higher		hi.			
ata	Entry							PACE		+
urns	2nd D	egree or Hig	jher							
ata Co	ollection	Period: 2nd Q	uarter, 201	3 (Apr J	un.)	Incident	Incident Location	Taken to	Participant's	RCA
elect	Control	Account	Age	Genuer	Linconnent					
elect	Control # 1017	Account Manager Unassigned	Age Range 70 to 74	Female	Date 2/1/2018	Date 2/7/2018	Alternative Care Setting - Activity Area	Hospital? Yes - Admitted	Current-Status Assisted Living Facility - Stable	No No

PACE QUALITY INDICATOR: ELOPEMENT

The HPMS Pace Quality Reporting Module provides functionality for the reporting of Elopement data. Please refer to PACE Quality Monitoring and Reporting Guidance for operational guidance on reporting Elopement data.

Data Reporting Requirements:

- 1. Location of Incident
- 2. Time of Incident
- 3. Was the Participant Hospitalized?
- 4. Participant's Current Status

ROOT CAUSE ANALYSIS:

- 5. Contributing Factors*
- 6. Actions Taken*
- 7. Ongoing Improvements*

On the **Data Entry - Quality Indicator Selection** screen (III-3), select **Elopement** Quality Indicator and then select **Edit Quality Indicator**.

On the **Data Entry** – **Elopement** screen (Table III-65), select **Add** to advance to the **Data Entry** – **Elopement** – **Add** screen (Table III-66). Note that the **Edit** and **Delete** buttons are disabled on the **Data Entry** – **Elopement** screen if there are no records available to edit or delete. To report no data for the collection period, see the **PACE Quality Indicator: No Data To Report** section of the manual.

Table III-65

HPMS Health Plan Mane	ogement System	TEST USER User R Last logged in at 10:3	ources Log Out A A A AM on February 21, 2018			
Contract Management	Plan Bids	Plan Formularies	Monitoring	Performance	Risk Adjustment	Data Extract Facility
Home + PACE Quality Monitor	ing + Data Entry + Elop	pedent		-		
Data Entry				PA	CE	+
Elopement						
Contract Number: 2000 Contract Name: EXAMP Site Name: Example Sit Data Collection Period:)1 PLE CONTRACT 1 e Name 2nd Quarter, 2018	8 (Apr Jun.)				
There are currently no E	lopements for this	Contract/Site/Period.				
Use the Back Button to return Back Add Edit	to the Quality Indicato	Selection page.				
Home About HPMS Website This is a U.S. Government comp cv: 121608	i Accessibility Web Poli pular system subject to F	cies File Fernals and Plug-Ins aderal law	Rukes Of Behavior System	m Requirements FAQ		(CMS

Enter data in all fields, picklists, and dropdowns. To add a **Significant Diagnosis**, enter ICD-10 code in the Significant Diagnosis field, then select **Add a Diagnosis**. To search for an ICD-10 code, select the **Code Lookup** link (Table III-67).

Table III-66

HPMS	System							TEST USER(User H Lost logged in at	necurosa) Log Unit (A. Á. 9:57 ANI on March 26, 20
Contract Management Pla	n Bida Pian I	umulation	1	Mont	alag	Quality	and ince	Risk Adjustment	Dela Entract Facility
ione - PAEE Geality Monitoring - Dat	a Erdry = filopenest								
Data Entry							PA	CE	+
Elopement - Add									
Contract Number: 20001 Contract Name: EXAMPLE C Site Name: Example Ste Nam Data Collection Period: 2nd (ONTRACT 1 1e Duarter, 2018 (Apr	Jun)							
	Account Manager:								
	Age Range:		то						
	Gender:	C Male	C F	emale					
	Enrollment Date:			100					
	Incident Date:			15					
L	ocation of Incident:								
	Time of Incident:								
Was the Partic	ipant Hospitalized?				21				
Participa	nt's Current Status:					1			
	Center Attendance:				3				
Does Adver	se Outcome Apply?	r Yes	c No						
Sig	nificant Diagnosis:							Assigned Diagno	sis
nter an ICD-10 Code, Click <u>Code Los</u> 10 Codeis) Select Witt a Discoveria	when complete to assign				Acc a De	gnosis >>			
the ICD-10 Codes	(a) Assign up to 5 codes				<	a Diagnosis			
				10	14	- 22			
				1	ex Rag	nave AD			
Back Next									
lote: All data entry fields are rec	pared.								
D-10 Guidance:									
Position 1 is alpha									
Position 2 is numeric Position 3 is alpha or mumoric (not-	(ase sensitive)								
Position 4 is a period Position 5.8 one data or period	Indexes see show								
Connect 2-2 rays while to uppear th	or case sectorized								
Kone About HPH3 Webste Accessib The loss U.S. Coversiend core de web	ity Web Policies File Fo modified in Federal Inc.	made and Plug	pine F	tation Cif Dea	uwier System	Reșeliemente j	FAG		Cons
N 127328	WARRANT BARE								CUME

Table III-67

D HPMS Health Plan Management System	Print [Clos Print Date: 3/26/201
ICD-10 Code Lookup	
	emistion what a logacently holes and relatificance Course I calent the mote link in the reserve conducts to security the restriction
Note: To search for a specific ICD-10 code and its de appropriate field on the Data Entry page.	scriptori, sinen a keyword(s) olistowano search, solect ne code ank in me search results to populate the code an av
Note: To search for a specific ICD-10 code and its de appropriate field on the Data Entry page.	scripton, shoulder Search
Note: To search for a specific ICD-10 code and its de appropriate field on the Data Entry page. Enter a keyword(s) or an ICD-10 code(s): chondre ICD-10 Code M04.21	malacia, shoulder Search Description
Note: To search for a specific ICD-10 code and its de appropriate field on the Data Entry page. Enter a keyword(s) or an ICD-10 code(s); [chondro ICD-10 Code M94-21 M94-211	malacia, shoulder Search Chondromalacia, shoulder Chondromalacia, shoulder Chondromalacia, right shoulder
Note: To search for a specific ICD-10 code and its de appropriate fold on the Data Entry page. Enter a keyword(s) or an ICD-10 code(s): [chondro ICD-10 Code M94.211 M94.212	malacia, shoulder Search Chondromalacia, shoulder Chondromalacia, right shoulder Chondromalacia, ieft shoulder

Make **Root Cause Analysis** selections (Table III-68). To upload an attachment, select "Browse" and then choose a document.



Select **Next** to advance to the **Data Entry** – **Elopement** – **Verify** screen (Table III-69). Review information. Select **Back** to make corrections, or **Submit**.

Table III-69

Contract Management Plan Birls	- Nan Formulation	Meritaring	Quality and Performance	Hink Adjustment	Data Extract Facility
and - MACE Granty Monthering + Data Endor + Depen	ww.				
Data Entry			PA	CE	+
Elopement - Verify					
Contract Number: 20201 Contract Nume: EXAMPLE CONTRACT 1 Its Name: Example Sile Name Inte Collection Period: 2nd Querter, 2018 (kpr Juri.)				
Account Manager					
Age Range	70 to 74				
Gender	Female				
Enrollment Date	2/1/2018				
Incident Date	2/7/2018				
Incident Location	Assisted Living Fac	2. By			
Time of Incident	: AM				
Was the Participant Hospitalized?	Yos - Admitted				
Participant's Current Status	Participant Flome -	Stable			
Center Atlendance	2 Days per Wesk				
Significant Diagnosia	• • • • •				
Root Cause Analysis					
Contributing Factora	Esil Door Not Ala Interventions Rec	imed commended by IDT N	at Implemented		
Actions Taken	 Assessment - 01 				
	· Accessment - PC	2P			
	 Assessment - PT 				
Ongoing Improvements	increased Staff a	t Contracted Providen	Facility		
	· Increased Shaff a	PACE Canler			
	 Modication Chan 	ge			
New Attachment	 test1 pdf 	aur Oversigni			
and leaved					
Back Submit					

A **Control Number** generates for each **Elopement** record (Table III-70). To edit a record, select the radio button next to the appropriate control number, and select **Edit**. To delete a record, select the radio button next to the appropriate control number, and select **Delete**. Select **Back** to return to the **Data Entry – Quality Indicator Selection** screen.

Rome = PACE Quality Monitoring = Data Entry = Elopament Data Entry Elopement Contract Number: Z0001 Contract Name: EXAMPLE CONTRACT 1 Site Name: Example Site Name	+
Data Entry PACE Ilopement Intract Number: Z0001 Intract Name: EXAMPLE CONTRACT 1 It is Name: Example Site Name	+
Iopement iontract Number: 20001 iontract Name: EXAMPLE CONTRACT 1 ite Name: Example Site Name	
ontract Number; Z0001 ontract Name: EXAMPLE CONTRACT 1 Ite Name: Example Site Name	
elect Control Account Age Gender Enrollment Incident Incident Time of Taken to Participant's # Manager Range Date Date Location Incident Hospital? Current Status	RCA Complete
* 1018 Unassigned 70 to 74 Female 2/1/2018 2/7/2018 Assisted AM Yes - Participant Home - Living Facility Admitted Stable	Yes

Table III-70

PACE QUALITY INDICATOR: EQUIMPMENT-RELATED OCCURENCES

The HPMS Pace Quality Reporting Module provides functionality for the reporting of Equipment-Related Occurrences data. Please refer to PACE Quality Monitoring and Reporting Guidance for operational guidance on reporting Equipment-Related Occurrences data.

Data Reporting Requirements:

- 1. Location of Incident
- 2. Was the Participant Hospitalized?
- 3. Participant's Current Status

ROOT CAUSE ANALYSIS:

- 4. Contributing Factors*
- 5. Actions Taken*
- 6. Ongoing Improvements*

On the **Data Entry - Quality Indicator Selection** screen (III-3), select **Equipment-Related Occurrences** Quality Indicator and then select **Edit Quality Indicator**.

On the **Data Entry – Equipment-Related Occurrences** screen (Table III-71), select **Add** to advance to the **Data Entry – Equipment-Related Occurrences – Add** screen (Table III-72). Note that the **Edit** and **Delete** buttons are disabled on the **Data Entry – Equipment-Related Occurrences** screen if there are no records available to edit or delete. To report no data for the collection period, see the **PACE Quality Indicator: No Data To Report** section of the manual.



Enter data in all fields, picklists, and dropdowns. To add an **Adverse Outcome** or **Significant Diagnosis**, enter ICD-10 code in the Adverse Outcome or Significant Diagnosis field, then select **Add an Outcome** or **Add a Diagnosis**. To search for an ICD-10 code, select the **Code Lookup** link (Table III-73).

Table III-72

Health Plan Managem	ent System					Last logged is at	9:57 AM on March 25, 2
Contract Management	Pien Bide P	lan Formalarina		nituring	Quality and Performance	Risk Adjustment	Data Extract Facility
ione > PACE Gasility Monitoring +	Data Entry - Ecoloreen	Related Occurren	ces		-		
Data Entry					PA	CE	+
Equipment-Related Oc	currences • Ad	d					
Contract Number: 20001 Contract Name: EXAMPLE Site Name: Example Site N Data Collection Period: 2n	CONTRACT 1 ame d Quarter, 2018 (Ag	ir, - Jun.)					
	Account Manag	er:					
	Age Ran	ge:	TO				
	Gend	ier: 🤆 Male	C Female				
	Enrollment De	de:	Π				
	Incident Da	te:	×.				
	Location of Incide	nt:			2		
Was the Par	ticipant Hospitalize	d?		2			
Partici	pant's Current Stat	us:			1		
	Center Attendan	ce:		1			
Does Adv	erse Outcome App	ly? r Yes	r No				
	Significant Diagnor	ils:			2	Assigned Diago	osia
Inter an ICD-18 Code, Click Code, 10 Code(s), Select Add a Diagnor	Lookup to search for an sis' when complete to as	100		Add a D	igruse >>		
the ICD-10 Cod	fee(s). Assign up to E co	Sea.		<< Renov	a Diagnosis		
				ex Re	nove Al		
Back Nod							
lote: All data entry fields are	required.						
CD Code is 3-5 characters in le	ritere						
Position 1 is alpha Bratism 7 is support	NO.						
Position 2 is alpha or numeric ()	not case sensitive)						
Position 5-8 are alpha or numer	iz (not case sensitive)						
			and the second	State of State of State	A STATE OF STATE OF STATE		
Home About HPASI Website Acces The is a U.S. Covernment computer a	ententy i Web Politike Fi poletnischwich in Federal Iv	e Formen avei Pla A	perma Rainea Cr	Nerovice System	Requirements FAQ		CMS

Table III-73

D HPMS Health Plan Management System	Print Date: 3/06/201
ICD-10 Code Lookup	
Note. To search for a specific ICD-10 code and its descrip appropriate field on the Data Entry page.	tion, enter a keyword(s) below and select 'Search' Select the code link in the search results to populate the code in the
Note: To search for a specific ICD-10 code and its descrip appropriate field on the Data Entry page. Enter a keyword(s) or an ICD-10 code(s): [chordromala	tion, enter a keyword(s) below and select 'Search' Select the code link in the search results to populate the code in the incia, shoulder Search
Note: To search for a specific ICD-10 code and its descrip appropriate field on the Data Entry page Enter a keyword(s) or an ICD-10 code(s); [chordromala ICD-10 Code	tion, enter a keyword(s) below and select 'Search.' Select the code link in the search results to populate the code in the incia_shoulder Search Description
Note: To search for a specific ICD-10 code and its descrip appropriate field on the Data Entry page Enter a keyword(s) or an ICD-10 code(s); [chordromala ICD-10 Code	tion, enter a keyword(s) below and select 'Search.' Select the code link in the search results to populate the code in the rcia, shoulder Search Description Chondromalacia, shoulder
Note: To search for a specific ICD-10 code and its descrip appropriate field on the Data Entry page. Enter a keyword(s) or an ICD-10 code(s): [chordromala ICD-10 Code M04 21 M94 211	tion, enter a keyword(s) below and select 'Search' Select the code link in the search results to populate the code in the acia, shoulder Search Description Chondromalacia, shoulder Chondromalacia, right shoulder
Note: To search for a specific ICD-10 code and its descript appropriate field on the Data Entry page. Enter a keyword(s) or an ICD-10 code(s): [chordromala ICD-10 Code M94.211 M94.212	tion, enter a keyword(s) below and select 'Search' Select the code link in the search results to populate the code in the acia, shoulder Search Chondromalacia, shoulder Chondromalacia, right shoulder Chondromalacia, left shoulder

Make **Root Cause Analysis** selections (Table III-74). To upload an attachment, select "Browse" and then choose a document.



Table III-74

Select Next to advance to the Data Entry – Abuse – Verify screen (Table III-75). Review information. Select Back to make corrections, or Submit.

Table III-75

				No. of Concession, Name	
Contract Management Plan Olds	Plan Formularios	Workering	Performance	Risk Adjustment	Data Datract Facility
ener – FACE Guelly Verticity - Delo Entry - Eguiper	eni-Philaiosi Occarrencesi		-		
ata Entry			PA	GE	
quipment-Related Occurrences - 1	Verify				
onfract Number: 20001 Ionfract Name: EXAMPLE CONTRACT 1 life Name: Example Sile Name ata Collection Period: 2nd Quarter, 2018 (A	pr "Juń.)				
Account Manager:					
Age Range:	70 to 74				
Gender	Female				
Enrollment Date:	2/1/2018				
Incident Date:	2/7/2018				
Incident Location:	Hospital				
Was the Participant Hospitalized?	Yes - Admitted				
Participant's Current Status:	Temporary Housing	- Stablo			
Center Attendance:	2 Days per Week				
Adverse Outcome:	• w33.2				
Significant Diagnoaia:	 622.2 				
Root Cause Analysis					
Contributing Factors:	Equipment Malfun	ction			
Actions Taken:	Assessment - OT				
Ongoing Improvements:	· Increased Staff at	PACE Center			
New Attachment:	test1.pdf				
Back Submit					

A **Control Number** generates for each **Equipment-Related Occurrences** record (Table III-76). To edit a record, select the radio button next to the appropriate control number, and select **Edit**. To delete a record, select the radio button next to the appropriate control number, and select **Delete**. Select **Back** to return to the **Data Entry – Quality Indicator Selection** screen.

Table III-76

ontract Mana	gement Plan	Bids	Plan For	nularies	Monitoring	Qi Pei	ality and formance	Risk Adjustment Dat	a Extract Facility
me = PACE Q	uality Monitoring » Data	Entry = Equip	mont-Related (Occurrences			_		
ata Ent	ry						PACE		•
quipment	-Related Occu	rrences							
ita Collectio	on Period: 2nd Qu	Age	(Apr Jun.) Gender	Enroliment	Incident	Incident	Taken to	Participant's Current	RCA Complete
1019	Unassigned	70 to 74	Female 2	/1/2018	2/7/2018	Hospital	Yes - Admitted	Temporary Housing -	Yes

PACE QUALITY INDICATOR: FALLS WITH INJURY

The HPMS Pace Quality Reporting Module provides functionality for the reporting of Falls With Injury data. Please refer to PACE Quality Monitoring and Reporting Guidance for operational guidance on reporting Falls With Injury data.

Data Reporting Requirements:

- 1. Location of Incident
- 2. Was the Participant Hospitalized?
- 3. Participant's Current Status

ROOT CAUSE ANALYSIS:

- 4. Contributing Factors *
- 5. Actions Taken*
- 6. Ongoing Improvements*

On the **Data Entry - Quality Indicator Selection** screen (III-3), select **Falls With Injury** Quality Indicator and then select **Edit Quality Indicator**.

On the **Data Entry – Falls With Injury** screen (Table III-77), select **Add** to advance to the **Data Entry – Falls With Injury – Add** screen (Table III-78). Note that the **Edit** and **Delete** buttons are disabled on the **Data Entry – Falls With Injury** screen if there are no records available to edit or delete. To report no data for the collection period, see the **PACE Quality Indicator: No Data To Report** section of the manual.

Table III 77

				/					
HPMS Health Plan Mane	Heolth Plan Management System TEST USER [User Resources] Lag Out A A A Lest logged in at 19:36 AM on February 21, 2018								
Contract Management	Plan Bids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Data Extract Facility			
Home + PACE Quality Monitor	ring = Data Entry = Fa8	s With Injury		-					
Data Entry				PA	CE	+			
Falls With Injury									
Contract Number: 2000 Contract Name: EXAMI Site Name: Example Sit Data Collection Period:	01 PLE CONTRACT 1 te Name : 2nd Quarter, 2018	8 (Apr Jun.)							
There are currently no F	alls With Injury for	this Contract/Site/Period.							
Use the Back Button to return	to the Quality Indicato	Selection page.							
Back Add Edit	Delete No	Data To Report							
Hame About HPMS Websit This is a U.S. Government con ov: 127.818	te Accessibility Web Pol iputer system subject to F	cies File Formats and Plug-Ins aderal law	Rules Of Behavior Syste	m Requirements FAQ		(CMS			

Enter data in all fields, picklists, and dropdowns. To add an **Adverse Outcome** or **Significant Diagnosis**, enter ICD-10 code in the Adverse Outcome or Significant Diagnosis field, then select **Add an Outcome** or **Add a Diagnosis**. To search for an ICD-10 code, select the **Code Lookup** link (Table III-79).

Table III-78

 Neatth Pion Management Syste 						Last legged in	et 9:57 AM on March 26, 2
Contract Management Plan Bish	Plan Form	Autica	Monito	rg	Duality and Parlomation	Risk Adjustment	Data Entract Facilit
one PACE Guality Monitoring Data Entr	r = Folk With Injury						
ata Entry					P	ACE	•
alls With Injury - Add							
ontract Number: 20001 ontract Name: EXAMPLE CONT Na Name: Example Site Name ata Collection Period: 2nd Quart	RACT 1 er, 2018 (Apr Jun	,					
Acc	ount Manager:						
	Age Range:	10					
	Gender: 🕋	Male C F	emale				
E	nrollment Date:		m				
	Incident Date:		1				
Locat	ion of Incident:					H	
π	me of Incident:	3					
Was the Participan	t Hospitalized?						
Participant's	Current Status:				3		
Cent	er Attendance:						
Does Adverse O	utcome Apply?	res c N	0				
Signific	ant Diagnosis:					Assigned Diag	nosis
ter en ICD-10 Code. Cliek <u>Come Lonkor</u> k 0 Costelis: Select 'Artica Discovers' alter	search for an ICD			Add a Da	gross>>		
the ICD-10 Codex(x) An	aign up to 5 codes.		1		a Diagnosa		
			- 2				
			1	ex Net	nove Ali		
Back Next							
ole. All data antro fields are removed							
D-10 Guidance:							
ICD Code is 3-5 characters in length Position 1 is alpha							
Position 2 is numeric	and the set						
Position (is a period	and they						
Position 5-8 are alpha or surreric (not ca	se senalsve)						
inter i About HEMO I Website Accessibility 1	Veb Politika File Excercity	ant Plan-back	Rules Of Role	alor 1 Statem	Baculmenents FAO		
The tria U.S. Covernment computer system and	ect to Pederal law	or Housed	No nel constantes	and designed			CMS

Table III-79

HPMS Health Plan Management System	Print Close Print Date: 3/26/201
ICD-10 Code Lookup	
	servicing anter a lowarenetty kolour and veloci "Courses" Coloret the ends liek in the search results by secondate the code in the
Note: To search for a specific ICD-10 code and its appropriate field on the Data Entry page.	romalacia, shoulder Search
Note: To search for a specific ICD-10 code and its appropriate field on the Data Entry page.	romalacia, shoulder Search Description
Note: To search for a specific ICD-10 code and its appropriate field on the Data Entry page. Enter a keyword(s) or an ICD-10 code(s): [chor ICD-10 Cod	romalacia, shoulder Search Description Chondromalacia, shoulder
Note: To search for a specific ICD-10 code and its appropriate field on the Data Entry page. Enter a keyword(s) or an ICD-10 code(s); [chor ICD-10 Cod M94.21 M94.211	romalacia, shoulder Search Chondromalacia, shoulder Chondromalacia, shoulder Chondromalacia, shoulder Chondromalacia, sight shoulder
Note: To search for a specific ICD-10 code and its appropriate field on the Data Entry page. Enter a keyword(s) or an ICD-10 code(s): [chor ICD-10 Cod M94.211 M94.212	tomalacia, shoulder Search Chondromalacia, shoulder Chondromalacia, shoulder Chondromalacia, shoulder Chondromalacia, left shoulder Chondromalacia, left shoulder

Make **Root Cause Analysis** selections (Table III-80). To upload an attachment, select "Browse" and then choose a document.



Select Next to advance to the Data Entry – Abuse – Verify screen (Table III-81). Review information. Select Back to make corrections, or Submit.

Table III-81

Contract Management. Plan Bids	Plan Exercitation	Monitoring	Quality and Parlomance	Risk Adjustment	Date Extract Facility
one + PACE Quality Monitoring + Data Cetry + Faile M	ei injurg				
Data Entry			PA	CE	+
alls With Injury - Verify					
Contract Number: 20001 Contract Name: EXAMPLE CONTRACT 1 Re Name: Example Size Name Inte Collection Period: 2nd Casher, 2018 (A	or Jun.)				
Account Manager:					
Age Range:	70 to 74				
Gender;	Female				
Enrollment Date:	2(1(2010				
Incident Date:	2/7/2018				
Incident Location:	Hospital Therspy				
Time of Incident:	AM				
Was the Participant Hospitalized?	Yes Acmitted				
Perticipant's Current Status:	Participant Home -	Stable			
Center Atlandance:	2 Days par Week				
Adverse Outcome:	• w33.3				
Significant Diagnosis:	• w22.1				
Root Cause Analysis					
Contributing Factors:	Improper Transle Improper Transle	e - PACE Contractor r - PACE Statf			
Actions Taken:	Assessment - He Assessment - Of	me Care Coerdinator			
Ongoing Improvements:	 Increased Staff a Medication Chan 	t PACE Center ge			
New Attachment:	test1 pdf				
Back Submit					

A **Control Number** generates for each **Falls With Injury** record (Table III-82). To edit a record, select the radio button next to the appropriate control number, and select **Edit**. To delete a record, select the radio button next to the appropriate control number, and select **Delete**. Select **Back** to return to the **Data Entry – Quality Indicator Selection** screen.

Table III-82

tome + PACE Quality Monitoring + Data Entry + Falls With Nyery Data Entry Falls With Injury Contract Name: ZXAMPLE CONTRACT 1 Stelection Period: 2nd Quarter, 2018 (Apr Jun.) Select Control Account Age Gender Enrollment Incident Incident Time of Taken to Participant's	+
Ata Entry PACE PACE alls With Injury ontract Number: 20001 ontract Name: EXAMPLE CONTRACT 1 the Name: Example Site Name sta Collection Period: 2nd Quarter. 2018 (Apr Jun.) elect Control Account Age Gender Enrollment Incident Incident Time of Taken to Participant's	+
alls With Injury ontract Number: 20001 ontract Name: EXAMPLE CONTRACT 1 Ite Name: Example Sile Name Ita Collection Period: 2nd Quarier, 2018 (AprJun.) elect Control Account Age Gender Enrollment Incident Incident Time of Taken to Participant's	
ontract Number: 20001 ontract Name: EXAMPLE CONTRACT 1 Ite Name: Example Site Name ata Collection Period: 2nd Quarter, 2018 (Apr Jun.) elect: Control Account Age Gender Enrollment Incident Incident Time of Taken to Participant's	
# Manager Range Date Date Location Incident Hospital? Current Status Co	RCA
1020 Unassigned 70 to 74 Female 2/1/2018 2/7/2018 Hospital - AM Yes - Participant Home - Yes Therapy Admitted Stable	s

PACE QUALITY INDICATOR: FIRES/OTHER DISASTERS

The HPMS Pace Quality Reporting Module provides functionality for the reporting of Fires/Other Disasters data. Please refer to PACE Quality Monitoring and Reporting Guidance for operational guidance on reporting Fires/Other Disasters data.

Data Reporting Requirements:

- 1. Type of Disaster
- 2. Location of Incident
- **3.** Was the Participant Hospitalized?
- 4. Participant's Current Status

ROOT CAUSE ANALYSIS:

- 5. Contributing Factors*
- 6. Actions Taken*
- 7. Ongoing Improvements*

On the **Data Entry - Quality Indicator Selection** screen (III-3), select **Fires/Other Disasters** Quality Indicator and then select **Edit Quality Indicator**.

On the **Data Entry – Fires/Other Disasters** screen (Table III-83), select **Add** to advance to the **Data Entry – Fires/Other Disasters – Add** screen (Table III-84). Note that the **Edit** and **Delete** buttons are disabled on the **Data Entry – Fires/Other Disasters** screen if there are no records available to edit or delete. To report no data for the collection period, see the **PACE Quality Indicator: No Data To Report** section of the manual.

Table III-83

		-		e			
HPMS Health Plan Mana	ogement System		TEST USER User Resources Log Out / Last logged in at 10:36 AM on February 2/				
Contract Management	Plan Bids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Data Extract Facility	
Home . PACE Quality Monitor	ing = Data Entry = Fire	es/Other Disasters					
Data Entry				PA	ACE	+	
Fires/Other Disaste	ers						
Contract Number: 2000 Contract Name: EXAMP Site Name: Example Sit Data Collection Period:	01 PLE CONTRACT 1 e Name : 2nd Quarter, 2018	8 (Apr Jun.)					
There are currently no F	ires/Other Disaster	s Occurrences for this Co	ontract/Site/Period.				
Use the Back Button to return Back Add Edit	to the Quality Indicate	r Selection page.					
Home About HPMS Website Thesis a U.S. Government com	e Accessibility Web Po puter system subject to F	icles File Formats and Plug-ins 'ederat law.	Rules Of Behavior Syste	m Roquirements (FAQ		(CMS	

Enter data in all fields, picklists, and dropdowns. To add an Adverse Outcome or Significant Diagnosis, enter ICD-10 code in the Adverse Outcome or Significant Diagnosis field, then select Add an Outcome or Add a Diagnosis. To search for an ICD-10 code, select the Code Lookup link (Table III-85).

Table III-84

HPMS Health Plan Manager	ment System							TEST-USER User 5 Last logged in ut	Annosecon (Log Out A A 9-57 All on March 25, 2
Contract Management	Pien Bide	Plan Fo	enslation		lanitaring	Quality at Partornas	14- 00-	Risk Adjustment	Data Extract Facility
Forse ~ PACE Guality Monitaring	» Cata Entry » Fives	Other Disist	NS .						
Data Entry							PACE		+
Fires/Other Disasters	s - Add								
Contract Number: 20001 Contract Name: EXAMPL Bite Name: Example Site Data Collection Period: 3	E CONTRACT Name 2nd Quarter, 20	1 18 (Apr J	un.)						
	Account 8	Manager:							
	Ap	e Range:		TO					
		Gender:	Male	· Female	6 T				
	Enrollm	ent Date:		100					
	Incide	ent Date:		10					
	Type of I	Disaster:					-		
	Location of	Incident:					-		
Was the P	articipant Hosp	italized?			1				
Parti	cipant's Curren	t Stetus:				±1			
	Center Atte	endance:			2				
Does A	dverse Outcom	e Apply?	Yes	No					
	Significant DI	acnosis:						Assigned Diagn	osis
Enter an ICO-10 Gade. Click Cor	to Lookup to search	for an ICD			Add a	Diagnosis.>>	1		
-10 Code(s) Select 'Add a Dog: Ref (CD.10 C	tosis' when complet (stasts) design up	to F codes			announced and	-			
	constate constate of	Nº & SUSAR			ee Rate	NB & Diagnosts	1		
					54 F	lamovo All			
Back Next									
lote: All data entry fields ar	e required								
CD-10 Guidance:									
CD Code is 3-8 characters in Residues 1 is above	leigth								
Position 2 is numeric									
Position 3 is alpha or numeric	(not case sensitive	0							
Position 4 is a period Position 5-8 are sloter or name	rate incl case were	ten)							
and the second sec	and provident addition								
Hame About HPMC Website Ac The te a U.S. Government (compare	caustibility (1994) Polit r system autoect (a Po	den Film Form (densi ben	ata anal Piag	ptre Ridea C	/ Debovior Synh	en Recuberants F	AD		CMS

Table III-85



Make **Root Cause Analysis** selections (Table III-86). To upload an attachment, select "Browse" and then choose a document.



Select Next to advance to the Data Entry – Fires/Other Disasters – Verify screen (Table III-87). Review information. Select Back to make corrections, or Submit.

Table III-87

U Health Plan Management	System		Health Plan Management System						
Contract Management Plan	Bida	Plan Formulation	Maritaning	Quality and Performation	Risk Adjustment	Date Extent Facility			
own + FACE Guality Monitoring + Onto	s Entry × FirmUG	Ner Dikaknut							
Data Entry				PA	CE	+			
ires/Other Disasters - V	erify			10 m					
ioniract Number: 20001 ioniract Name: EXAMPLE COM ile Name: Example Sile Name lata Collection Period: 2nd Qu	NTRACT 1 arter, 2018 (A	p: - Jun.)							
Accor	unt Manager:								
10000	Age Range:	70 to 74							
	Gender:	Female							
Enro	Iment Date:	2/1/2018							
Ir	cident Date:	2/0/2010							
Incide	ent Location:	PACE Center							
Туре	of Disaster:	Heavy Rain/Flood							
Wes the Participant H	icspitalized?	Yes - Admitted							
Participant's Cu	rrent Status:	Participant Home -	Stable						
Center	Atlendance:	2 Days per Week							
Adven	se Outcome:	• = ====							
Significar	nt Diagnosis:	• q99.9							
Root Cause Analysis									
Contribu	ting Factors:	Adaptive Equipm	ent Not Used						
Ac	tions Taken:	Education - Fami	lyiCaregiver						
Ongoing im	provements:	. Education Staff							
New	Attachment:	testi pdf							
Back Submit									
Home I Associ HPMD I Website Accessible	to I Web Polices	The Formula and Pice into	1 Puixe Of Defeator 1 Scole	n Representa 1740					
The local State Company of the state	municipacito Cadar	-	State of the local division of the local div	AND ADDRESS OF TAXABLE		CENAS			

A **Control Number** generates for each **Fires/Other Disasters** record (Table III-88). To edit a record, select the radio button next to the appropriate control number, and select **Edit**. To delete a record, select the radio button next to the appropriate control number, and select **Delete**. Select **Back** to return to the **Data Entry – Quality Indicator Selection** screen.

Table III-88

Duality N	AonitoringData En	try Fires Othe	r Disasters							
ntry										
								PACE		+
her D	isasters									
ontrol	Period: 2nd Q Account Manager	Age Range	Gender	Jun.) Enroliment Date	Incident Date	Incident	Type of Disaster	Taken to Hospital?	Participant's Current Status	RCA Complete
# 58	Account Manager Unassigned	Age Range 70 to 74	Gender	Enrollment Date 2/1/2018	Date 2/8/2018	PACE Conter	Type of Disaster Heavy Rais/Flood	Taken to Hospital? Yes -	Participant's Current Status Participant Home - Stable	RCA Complete Yes
						Center	Namer 1000	Only	otable	
	her D lumbe lame: Exar ction a	her Disasters Jumber: 2001 Jame: EXAMPLE CC Example Site Nam ton Period: 2nd Q Introl Account Manager 58 Unassigned	her Disasters umber: 20001 ame: EXAMPLE CONTRACT Example Site Name ction Period: 2nd Quarter, 201 Introl Account Age Manager Range 58 Unassigned 70 to 74	her Disasters umber: Z0001 ame: EXAMPLE CONTRACT 1 Example Site Name ction Period: 2nd Quarter, 2018 (Apr Introl Account Age Gender Manager Range Gender 58 Unassigned 70 to 74 Female	her Disasters tumber; Z0001 tame; EXAMPLE CONTRACT 1 Example Site Name ction Period: 2nd Quarter, 2018 (Apr Jun.) Introl Account Age Gender Enrollment # Manager Range Date Ba Unassigned 70 to 74 Female 2/1/2018	her Disasters tumber; 20001 ame; EXAMPLE CONTRACT 1 : Example Site Name ction Period; 2nd Quarter, 2018 (Apr Jun.) trol Account Age Range Gender Enrollment Date Date Date B8 Unassigned 70 to 74 Female 2/1/2018 2/8/2018	her Disasters Immer: Z0001 Imme: EXAMPLE CONTRACT 1 Example Site Name ction Period: 2nd Quarter, 2018 (Apr Jun.) Introl Account Age Gender Enrollment Incident Location 38 Unassigned 70 to 74 Female 2/1/2018 2/8/2018 PACE Center	her Disasters tumber: 20001 ame: EXAMPLE CONTRACT 1 Example Site Name tion Period: 2nd Quarter, 2018 (Apr Jun.) throl Account Age Gender Enrollment Incident Incident Type of Manager Range Gender Enrollment Date Location Disaster S8 Unassigned 70 to 74 Female 2/1/2018 2/8/2018 PACE Heavy Center Rain/Flood	her Disasters tumber: Z0001 ame: EXAMPLE CONTRACT 1 Example Site Name ction Period: 2nd Quarter, 2018 (Apr Jun.) triol Account Account Account Account Account Account Conter Account Account Account Account Account Conter Account Accoun	her Disasters tumber: Z0001 ame: EXAMPLE CONTRACT 1 Example Site Name ction Period: 2nd Quarter, 2018 (Apr Jun.) triol Account Account Account Account Account Account Conter Account Conter Account Account Conter Account Acc

PACE QUALITY INDICATOR: FOODBORNE OUTBREAK

The HPMS Pace Quality Reporting Module provides functionality for the reporting of Foodborne Outbreak data. Please refer to PACE Quality Monitoring and Reporting Guidance for operational guidance on reporting Foodborne Outbreak data.

Data Reporting Requirements:

- 1. Were the Participants Hospitalized?
- 2. Location of Incident
- 3. Participants' Current Status*
- 4. Incident Reported To

ROOT CAUSE ANALYSIS:

- 5. Contributing Factors*
- 6. Type of Pathogen
- 7. Actions Taken*
- 8. Ongoing Improvements

On the **Data Entry - Quality Indicator Selection** screen (III-3), select **Foodborne Outbreak** Quality Indicator and then select **Edit Quality Indicator**.

On the **Data Entry – Foodborne Outbreak** screen (Table III-89), select **Add** to advance to the **Data Entry – Foodborne Outbreak – Add** screen (Table III-90). Note that the **Edit** and **Delete** buttons are disabled on the **Data Entry – Foodborne Outbreak** screen if there are no records available to edit or delete. To report no data for the collection period, see the **PACE Quality Indicator: No Data To Report** section of the manual.

Table TTT 00

		_	able III-a	9		
HPMS Health Plan Mane	ogement System			TEST USER User R Last logged in at 10-3	esources Log Out A A Å 6 AM on February 21, 2018	
Contract Management	Plan Bids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Data Extract Facility
Home + PACE Quality Monitor	ring = Data Entry = For	ulborne Outbreak				
Data Entry				PA	CE	+
Foodborne Outbre	ak					
Contract Number: 2000 Contract Name: EXAMI Site Name: Example Sit Data Collection Period:	01 PLE CONTRACT 1 le Name : 2nd Quarter, 201	8 (Apr Jun.)				
There are currently no P	oodborne Outbrea	k Incidents for this Contra	act/Site/Period.			
Use the Back Button to return Back Add Eddi	to the Quality Indicato	r Selection page.				
Home About HPMS Website This is a U.S. Government com ov 127358	e Accessibility Web Pol quiter system subject to t	icles File Formats and Plug-Ins ederal law	Rules Of Behavior Byste	m Requirements FAQ		(CMS

Enter data in all fields, picklists, and dropdowns.

Table III-90

Contract Management	Plan Illida Plan	Formularies	Monitoring		Guality and Performance	Hisk Adjustment	Data Catract Facility
forme - PACE Quality Monitoring - I	Date Entry + Paudbane Out	(read)					
Data Entry					P	ACE	+
Foodborne Outbreak -	Add						
Contract Number: 20001 Contract Name: EXAMPLE Site Name: Example Site Na Data Collection Period: 2n	CONTRACT 1 ame d Quarter, 2018 (Apr.	-Jun.)					
	Account Manager						
	Incident Date		38				
Number of	Participants Affected						
Were the Part	cipants Hospitalized?	·		1			
Number of Part	ticipants Hospitalized						
	Location of Incident						
Partici	pants' Current Status (Bread at The appy	Assisted Lhi Assisted Lhi Assisted Lhi Caregiver/ F Caregiver/ F Deceased Hospice - Cr Hospice - Dr Hospice - Im	ing Facility - Ded ing Facility - Imp ing Facility - Sis emily/ Friend - 1 amily/ Friend - 1 amily/ Friend - 5 titical decorating sproving	leriorating xroung ble Deceriorating mproving Stable	1		
	Incident Reported To				크		
Bark Neat							

Make **Root Cause Analysis** selections (Table III-91). To upload an attachment, select "Browse" and then choose a document.



Select Next to advance to the Data Entry – Foodborne Outbreak – Verify screen (Table III-92). Review information. Select Back to make corrections, or Submit.

Contract Management	Yen Bide	Plan Formularies	Monitoring	Diselity and Parlomance	Risk Adjustment	Date Extract Facility
one ~ PACE Guality Monitoring ~ I	lata Eatty + Foodber	s+ Outhriak		1. 2365 D 10 Ho .	10.000 (0.000 (0.000)	and the second secon
ata Entry				PA	CE	+
oodborne Outbreak -	Verify					
ontract Number: 20001 Iontract Name: EXAMPLE C Ito Name: Example Six Nan ata Collection Period; 2nd	ONTRACT 1 Ne Quarter, 2018 (A	sr Jun.)				
Acc	ount Manager:					
	Incident Date:	2/1/2018				
Number of Partici	pants Affected:	10				
Were the Participant(s) Hospitalized?	Yes - Admitted				
Number of Participant	a Hospitalized:	10				
Inc	ident Location:	Nursing Facility				
Participants'	Current Status:	 Assisted Living Fi 	acility - Stable			
Incider	nt Reported To:	Reported to State a	nd Local Authorities			
Root Cause Analysis						
Contri	buting Factors:	 Food - Not Cooke 	d to Proper Tempera	ture		
	Pathogen:					
	Actions Taken:	Assessment - Die	dary			
Ongoing	improvements:	 Education - Staff 				
Ne	w Attachment	test1.pdf				
Back Submit						

A **Control Number** generates for each **Foodborne Outbreak** record (Table III-93). To edit a record, select the radio button next to the appropriate control number, and select **Edit**. To delete a record, select the radio button next to the appropriate control number, and select **Delete**. Select **Back** to return to the **Data Entry – Quality Indicator Selection** screen.



tier a Pr		ment Pl	lan Bids	Plan Forme	darles	Monitoring	Quality a Performa	nd Risk Adj	ustment Data E	xtract Facility
	ACE Qualit	ty Monitoring = D	ata Entiy = Fo	odborne Ouibreak						
ata I	Entry							PACE		+
odbo	orne C	Dutbreak								
elect (Control #	Account Manager	Incident Date	Participants Affected	Taken to Hospital?	Participants Hospitalized	Incident	Participants' Current Status	Incident Reported to?	RCA Complete
elect C	Control # 1023	Account Manager Unassigned	Incident Date 2/1/2018	Participants Affected	Taken to Hospital? Yes -	Participants Hospitalized	Incident Location Nursing	Participants' Current Status Assisted Living	Reported to? Reported to State	RCA Complete No
					Multilitieu		rounity	Facility - Stable	Authorities	

PACE Quality Monitoring User Guide

Table III-92

PACE QUALITY INDICATOR: INFECTIOUS DISEASE OUTBREAK

The HPMS Pace Quality Reporting Module provides functionality for the reporting of Infectious Disease Outbreak data. Please refer to PACE Quality Monitoring and Reporting Guidance for operational guidance on reporting Infectious Disease Outbreak data.

Data Reporting Requirements:

- **1.** Were the Participants Hospitalized?
- 2. Location of Incident*
- 3. Participants' Current Status*
- 4. Incident Reported To

ROOT CAUSE ANALYSIS:

- 5. Contributing Factors*
- 6. Type of Pathogen
- 7. Actions Taken*
- 8. Ongoing Improvements

On the **Data Entry - Quality Indicator Selection** screen (III-3), select **Infectious Disease Outbreak** Quality Indicator and then select **Edit Quality Indicator**.

On the **Data Entry – Infectious Disease Outbreak** screen (Table III-94), select **Add** to advance to the **Data Entry – Infectious Disease Outbreak – Add** screen (Table III-95). Note that the **Edit** and **Delete** buttons are disabled on the **Data Entry – Infectious Disease Outbreak** screen if there are no records available to edit or delete. To report no data for the collection period, see the **PACE Quality Indicator: No Data To Report** section of the manual.

Table III-94

Contract Management	Plan Bids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Data Extract Facility
Iome » PACE Quality Monitor	ring » Data Entry » Mil	ictious Disease Outbreak		15		
Data Entry				PA	CE	+
nfectious Disease	Outbreak					
Contract Number: Z00 Contract Name: EXAM Bite Name: Example Si Data Collection Period	01 PLE CONTRACT 1 te Name : 2nd Quarter, 201	B (Apr Jun.)				
There are currently no li	nfectious Disease (Outbreak Incidents for this	Contract/Site/Period.			
Jse the Back Button to return	to the Quality Indicato	r Selection page.				
	ing the second second second					

Enter data in all fields, picklists, and dropdowns.

Table III-95

Contract Management Plan Bids Plan	Formaliaries	Monitoring	Performence	Rink Adjustment	Data Extract Facili
ione ~ PACE Quality Monitoring ~ Data Entry + Advances Dis	ase Custrian		2		
Data Entry			PA	CE	
nfectious Disease Outbreak - Add					
Contract Number: 20001 Contract Name: EXAMPLE CONTRACT 1 Site Name: Example Site Name Data Collection Period: 2nd Quarter, 2018 (Apr	- Jun.)				
Account Manage	5				
Incident Date	¢ .	100			
Number of Participants Affected	E				
Were the Participants Hospitalized	7	3			
Number of Participants Hospitalized	t				
Location of Inciden Device internet	Down by the Atemative of Assisted Liv Caregiver F Caregiver F Contracted i Participant H Hospital Inpatient He Nursing Fac	river lare Setting ing Facility amily! Friend - Home -actity or Provider - N fome spice lity	ict Listed Above		
Participants' Current Statu Roar of the set	Assisted Liv Assisted Liv Assisted Liv Caregiver F Caregiver F Caregiver F Decoased Hospice - D Hospice - Im	ng Facility - Detenora ng Facility - Improvin ng Facility - Stable amhyr Friend - Deteri amhyr Friend - Improv amhyr Friend - Stable ritical starionating sproving	stang = 9 orating ving		
Incident Reported To	¢		-		
man ward					
BACK PIRKI					

Make **Root Cause Analysis** selections (Table III-96). To upload an attachment, select "Browse" and then choose a document.

HPMS		TEST USER User Ri Land logged leval	assurces) Log Out(A A) 1/87 PM on Merch 26, 25
Contract Menagement Plan Skin Plan 1	ormaliarles Manifolding Diality and Performance	Hisk Adjustment	Doto Extract Facility
term + MCE Galdy Monitoring + Sola Inte + Jelectore Over	e Ordewak		
Data Entry	PACE		+
Infectious Disease Outbreak - Add			
Contract Number: 20001 Confract Name: EXAMPLE CONTRACT 1 Site Name: Example Site Name Data Collection Period: 2nd Guarter, 2018 (Apr	Jun J		
Root Cause Analysis			
Contributing Factors:	Context with Interletion IPACC Participants 2 Data Millioner Vaccimitant - Nat Analatsia Data Millioner Vaccimitant - Nat Analatsia Data Millioner Vaccimitant - Nat Analatsia Emericanti Analatsia Interletion Indonesi Catter Analatsia Interletion Indonesi Catter Analatsia Interletion Indonesi Catter Analatsia Catter Catter Analatsia Data Catter Analatsia Catter Catter Analatsia Catter Catter Analatsia Catter Catter Analatsia Catter Catter Analatsia Catter Catter Analatsia Catter Catter Catte		
Other:			
Type of Pathogen:	2		
Actions Taken:	Accessment - Activities Accessment - Home Care Costinuitor Accessment - Home Care Costinuitor Accessment - PC - Accessment - PC - Accessment - PC - Accessment - PK Accessment - SK Accessment	*	
Other:			
Orgoing Improvements:	Change in Indexis Centrol Statistics Practices - Contractor Change in Indexis Centrol Statistics Practices - PAPE Centrol Change in Indexis Centrol Statistics Practices - Vinitis part Change in Indexis Centrol Statistics Practices - Vinitis part Education - Construction Private Practices - Vinitis Education - Part part Education - Part part Education - Part part Education - Part Center Discussion Center Not Alterning PACE Center Torsende Center Antolection	3 Im 	
Other:			
Attachments			
Upload Attachment:	NO72 Vield attachment for Acces are story story, of your and and	with any alter on	6.46
Hunk Nord	unio persona a statement en ann 25 95 ne 46 fer		
Root Cause Analysis Guidance: Users have unlike and of the collection parcel to unlike Root Users can write and save due for the Quility indicates and The Quality indicate state submission will not be created with Users may unsafel to pre-scale threate assume to holder	Encour Analysis (WCA) data, etcm at to later tota to compliate the RCA fields, comparts and the RCA data have testered. I dater the CPI hay and children as the helpfulford, providually selected from the CPI hay and children on each senseries usant control materi.	or av.	

Select Next to advance to the Data Entry – Infectious Disease Outbreak – Verify screen (Table III-97). Review information. Select Back to make corrections, or Submit.

Table III-97

Contract Management	Plan Bids	Plan Formularies	Monitoring	Quality and Performance	Rink Adjustment	Data Estract Facility
one - PACE Gasity Monitor	ing) = Data Entry = Infec	Incord Doceans Outbrand	11502038	La descritta		
Data Entry				PA	CE	+
nfectious Disease	Outbreak - Ver	ify				
Contract Number: 2000 Contract Name: EXAMP Site Name: Example Sit Data Collection Period:	H PLE CONTRACT 1 e Name 2nd Quarter, 2018 ((Apr Jun.)				
	Account Manage	E.				
	Incident Date	E 2/8/2018				
Number of Participants Affected: 10						
Were the Particip	ant(s) Hospitalized	? Yes Admitted				
Number of Partic	ipants Hospitalized	£ 10				
	Incident Location	c • Nursing Facility				
Participa	ants' Current Statu	s: • Assisted Living Fa	cility - Stable			
In	cident Reported To	Reported to Local A	uthorities			
Root Cause Analy	sis					
c	ontributing Factor Pathoger	s: • Improper Hand W	ashing			
	Actions Taker	x Assessment - Diel	tary			
Ong	oing improvements	s: • Education - Staff				
	New Attachmen	t lest1.pdf				
Bark Submit						

A **Control Number** generates for each **Infectious Disease Outbreak** record (Table III-98). To edit a record, select the radio button next to the appropriate control number, and select **Edit**. To delete a record, select the radio button next to the appropriate control number, and select **Delete**. Select **Back** to return to the **Data Entry – Quality Indicator Selection** screen.

Table III-98

ontract Manag	ract Management Plan Bids Plan Formularies		laries.	Monitoring Quality and Performance		e Risk Adjust	ment Data E	Data Extract Facility	
ne » PACE Qui	nity Monitoring + D	ata Entry » Inf	ectious Disease Out	break			-		
ata Entr	Y						PACE		•
fectious D	isease Out	break							
ita Collectio	n Period: 2nd	Quarter, 201	8 (Apr Jun.) Participants	Taken to	Participants	Incident	Participants'	Incident	RCA
1024	Unassigned	2/8/2018	10	Yes - Admitted	10	Nursing Facility	Assisted Living Facility - Stable	Reported to Local	No
PACE QUALITY INDICATOR: MEDIA-RELATED EVENT

The HPMS Pace Quality Reporting Module provides functionality for the reporting of Media-Related Event data. Please refer to PACE Quality Monitoring and Reporting Guidance for operational guidance on reporting Media-Related Event data.

Data Reporting Requirements:

- 1. Were the Participants Hospitalized?
- 2. Participants' Current Status*
- 3. Media Reporting the Event*

ROOT CAUSE ANALYSIS:

- 4. Contributing Factors*
- 5. Actions Taken*
- 6. Ongoing Improvements*

On the **Data Entry - Quality Indicator Selection** screen (III-3), select **Media-Related Event** Quality Indicator and then select **Edit Quality Indicator**.

On the **Data Entry** – **Media-Related Event** screen (Table III-99), select **Add** to advance to the **Data Entry** – **Media-Related Event** – **Add** screen (Table III-100). Note that the **Edit** and **Delete** buttons are disabled on the **Data Entry** – **Media-Related Event** screen if there are no records available to edit or delete. To report no data for the collection period, see the **PACE Quality Indicator: No Data To Report** section of the manual.

]	Fable III-9	9		
HPMS Health Plan Man	agement System				TEST USER User R Last logged in at 10:3	esources Log Out A A Å IS AM on February 21, 2018
Contract Management	Plan Bids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Data Extract Facility
Home . PACE Quality Monito	ring » Data Entry » Mer	fia-Rolated Event		199		
Data Entry				PA	CE	+
Media-Related Eve	ent					
Contract Number: 200 Contract Name: EXAM Site Name: Example Si Data Collection Period	01 PLE CONTRACT 1 te Name I: 2nd Quarter, 201	8 (Apr Jun.)				
There are currently no I	Media-Related Even	t Incidents for this Contro	act/Site/Period.			
Use the Back Button to return Back Add Edit	beliefe	Selection page.				
Home About HPMS Webs This is a U.S. Government cor CV 127.938	le Accessibility Web Pa mpuler system subject to I	icles File Formats and Plug-Ins Federal law.	s Rules Of Behavior Syst	em Requirements (FAQ		(CMS

Enter data in all fields, picklists, and dropdowns.

Table III-100

Contract Managements Plan Bids Plan 5	overlation	Vestoring	Quilty an	Risk Adjust	Data Lainer Facili
anan a PACE Galatty Mechaning a Cata Entry a Media Avband P	WT.				
Data Entry				PACE	
ledia-Related Event - Add					
ontract Number: 20001 ontract Name: EXAMPLE CONTRACT 1 Ite Name: Example Site Name ata Collection Period: 2nd Guarter, 2018 (Apr	Jun.)				
Account Manager:					
Incident Date:		Lat.			
Number of Participants Affected:					
Were the Participants Hospitalized?		3	8		
Number of Participents Hospitalized:					
Participants' Current Status:	Assisted Liv Assisted Liv Carepiver F Carepiver F Carepiver F Decessed Hospice - Ci Hospice - Im	ing Facility - Impro ing Facility - Status amily Friend - Det amily Friend - Imp amily Friend - Sta ritical oteriorating tproving	eing enorating_ mving bie		
Media Reporting the Svent: Object in any	Book Magazine - I Movie Newspaper Newspaper Radio - Loce Radio - Loce Social Medu Television - Television - Vebsite	Local Netional - Local - National onal brial Local National 2			
Media Detaits:					
Mail weigh According to pack the control of the con					
induity any and addresses.)					
Reck Next					
Address of the owner					

Make **Root Cause Analysis** selections (Table III-101). To upload an attachment, select "Browse" and then choose a document.

Statistics and statistics	1503			12012227	
Contract Nonogement Plan T	Ris Plan Formulation	Horitoring	Consisty and Performance	Rink Adjantment	Data Datast Facility
Horist + HMC & GAUNTY Munifolding + Torty F	step = Model Holgood Event				
Data Entry			PA	CE	
Media-Related Event - Add	1				
Contract Number: 20001 Contract Name: EXAMPLE CON Site Name: Example Site Name Date Collection Period: 2nd Gu	ITRACT 1 arter, 2018 (Apr Jun.)				
Root Cause Analysis					
Contributing Factors:	Ature - Aleged Ature - Scholerland Ature - Scholerland Access to Care Coscare of PACE Conter Coscare of PACE Conter Comma Activity - Skipped Comma Activity - Skipped Comma Activity - Skipped Decrease in Grafter Attendentised Decrease in Home Care	2			
Other:					
Actions Taken:	Assessment - Activities Assessment - Delaty Assessment - Home Care Coordi Assessment - OT Assessment - PCP Assessment - PT Assessment - RN Contexto CaregytestFamily Contextod CaregytestFamily	nator 1			
Other:					
Ongoing Improvements:	Expanded Provider Network Increased Center Attendance Increased Processory Increased PT or OT Increased Staff at Centershell Pth Increased Staff at PACE Center Medication Evenation Organing Press Detention	s widen-walky			
Other:					
Attachments					
Upload Attachment:			Browse.		
flack Nezl	COTE: 1 wild ethechment file types are id	oc ance de bâ bâ ba	pe, gan, sur, sur, sas,	em;_2p	
Root Cause Analysis Guidance: Uses have writitle und of the other Taxes can selve and sub- data for the The Quality indicator data softmany Uses may ancelect a provincip the Users may ancelect a provincip the	on poind to order Rost Casso Analysis Guality Indicator, and innum at a base do will not be considered complete until the an exposure by holding down the CB1 iou made by holding down the CB1 iou	(RCA) deta te to complete the RCA fo RCA data has been onter y and clicking as the high	ilds eG grand, providuacly colocito Lawar want to select	f miponia	

Table III-101

Select **Next** to advance to the **Data Entry** – **Media-Related Event** – **Verify** screen (Table III-102). Review information. Select **Back** to make corrections, or **Submit.**

Contract Management	Plan Bids	Plan Formulation	Manhoring	Ouality and Performance	Risk Adjustment	Data Extract Facility
ome - PACE Gaulity Monitors	ng + Data Entry = Media-J	Related Event	-0400020	in all all all all all all all all all al	L. an and a state of the	The state of the state of the state
Data Entry				PA	CE	+
Media-Related Ever	nt - Verify					
iontract Number: 2000 iontract Name: EXAMP ite Name: Example Site ata Collection Period:	LE CONTRACT 1 Name 2nd Quarter, 2018 (A	pr Jun.)				
	Account Manager					
	Incident Date:	2/8/2018				
Number of Pa	rticipants Affected:	10				
Were the Participa	ant(s) Hospitalized?	Yes - Admitted				
Number of Partici	pants Hospitalized	10				
Participa	nts' Current Status	 Assisted Living Fi 	acility - Stable			
Med	la Reporting Event	Magazine - Local				
	Media Details:	Example Media Cel	als			
Root Cause Analys	iis					
Co	ontributing Factors:	 Lack of Educator 	- Caregiver			
	Actions Taken:	Education - Staff				
Onge	ing Improvements	· Increased Home	Cere			
0.0000	New Attachment	test1.pdf				
Property and						

A **Control Number** generates for each **Media-Related Event** record (Table III-103). To edit a record, select the radio button next to the appropriate control number, and select **Edit**. To delete a record, select the radio button next to the appropriate control number, and select **Delete**. Select **Back** to return to the **Data Entry – Quality Indicator Selection** screen.

Table III-103

Contrac	t Managon	ent Pla	n Bids	Plan Formularie	s Moni	itoring C	auality and Ris	ik Adjustment Data	Extract Facility
ome » P	ACE Qualit	Monitoring = Dat	a Entry » Media	-Related Event					
lata	Entry						PACE		•
ledia	Relate	d Event							
ata Co	lection	nple Site Name Period: 2nd Q	uarter, 2018	(Apr Jun.)					
ata Co	Control	Period: 2nd Q	uarter, 2018	(Apr Jun.) Participants	Taken to	Participants	Participants' Cur	rent Media Reporting	RCA
Data Co Select	Control # 1025	nple Site Name Period: 2nd Q Account Manager Unassigned	uarter, 2018 Incident Date 2/8/2018	(Apr Jun.) Participants Affected	Taken to Hospital? Yes - Admitted	Participants Hospitalized	Participants' Cur Status Assisted Living Facility - Stable	rent Media Reporting Event Magazine - Local) RC Comp Yes

PACE QUALITY INDICATOR: MEDICATION-RELATED OCCURENCES

The HPMS Pace Quality Reporting Module provides functionality for the reporting of Medication-Related Occurrences data. Please refer to PACE Quality Monitoring and Reporting Guidance for operational guidance on reporting Medication-Related Occurrences data.

Data Reporting Requirements:

- 1. Location of Incident
- 2. Type of Medication Error
- 3. Was the Participant Hospitalized?
- 4. Participant's Current Status

ROOT CAUSE ANALYSIS:

- 5. Contributing Factors*
- 6. Actions Taken*
- 7. Ongoing Improvements*

On the **Data Entry - Quality Indicator Selection** screen (III-3), select **Medication-Related Occurrences** Quality Indicator and then select **Edit Quality Indicator**.

On the **Data Entry** – **Medication-Related Occurrences** screen (Table III-104), select **Add** to advance to the **Data Entry** – **Medication-Related Occurrences** – **Add** screen (Table III-105). Note that the **Edit** and **Delete** buttons are disabled on the **Data Entry** – **Medication-Related Occurrences** screen if there are no records available to edit or delete. To report no data for the collection period, see the **PACE Quality Indicator: No Data To Report** section of the manual.

		Та	able III-1	.04		
HPMS Health Plan Mans	agement System			TEST USER User R Last logged is at 10:3	besources Log Out A A A 36 AM on February 21, 2018	
Contract Management	Plan Bids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Data Extract Facility
Note - PACE Quality Monitor Data Entry Medication-Relater Contract Number: 2000 Contract Name: EXAMP Site Name: Example Sit Data Collection Period:	d Occurrences 1 PLE CONTRACT 1 te Name 2 nd Quarter, 2018	Scalos-Reised Occurrences		PA	CE	+)
There are currently no N	fedication-Related	Occurrences for this Con	stract/Site/Period.			
Back Add Edit	Delete No	Data To Report	10.00. 10.	0		
This is a U.S. Government com	e Accessibility I Web Pol pular system subject to P	cles He Formats and Plag-Ins ederal law	Hulles Of Behamor Syste	m Requirements FAG		CMS

Enter data in all fields, picklists, and dropdowns. To add an **Adverse Outcome** or **Significant Diagnosis**, enter ICD-10 code in the Adverse Outcome or Significant Diagnosis field, then select **Add an Outcome** or **Add a Diagnosis**. To search for an ICD-10 code, select the **Code Lookup** link (Table III-106).

Table III-105

Contract Management Plan I	Film Formula	nies Maritor	Genity and	d Risk Adjus	ment Data Extract Fact
en: + PACE Daubly Monitoring + Date 1	the a Mark selend Related Dec				
ata Entry				PACE	
edication-Related Occur	rences - Add				
ontract Number: 20001 Intract Name: EXAMPLE COI te Name: Example Site Name rta Collection Period: 2nd Qu	NTRACT 1 Larter, 2018 (Apr Jun.)				
,	Account Manager:				
	Age Range:	TO			
	Gender: C M	ale C Female			
	Enrollment Date:	10			
	Incident Date:	10			
Los	cation of Incident:			2	
Type of	Medication Error:				3
Was the Particip	ent Hospitalized?		1		
Participant	's Current Status:		1		
0	enter Attendance:		H		
Does Adverse	Outcome Apply? C Ye	is 🗉 No			
Sign	ificant Diagnosis:			Assigned	Diagnosis
er an ICD-10 Code. Click Code Looks	g to search for an ICO		Add & Diagnoses #4	1.1	
Code(s) Select Add a Diagnosis' wi fee (CD-10 Codes(s)	Assign up to 5 codes.		<< Recover a Diagnosis		
			ss Barrow Al		
		-			
Jack Next					
ete: All data entry fields are requi	red.				
D-10 Guidance:					
ICD Code is 3-8 characters in length Position 1 is alona					
Position 2 is numeric					
Position 3 is alpha or numerie (not ca:	se sensitive)				
Position 4 is a period Position 5.8 are alpha or numeric inst	(and sensitive)				
Canada a se a alemana a conserva por	(the second				
res About-Plats winterin Accessibility	Well-Policies File Formats an	d Phapinis Ranis Of Bena	eor i Osslera Requirements i FA	9	-

Table III-106

HPMS Health Plan Management System	Print Date: 3/26/201
CD-10 Code Lookup	
Note: To search for a specific ICD-10 code and its description appropriate field on the Data Entry page.	n, enter a keyword(s) below and select 'Search.' Select the code link in the search results to populate the code in the
Note: To search for a specific ICD-10 code and its description appropriate field on the Data Entry page.	n, enter a keyword(s) below and select "Search." Select the code link in the search results to populate the code in the a, shoulder Search
Note: To search for a specific ICD-10 code and its description appropriate field on the Data Entry page. Enter a keyword(s) or an ICD-10 code(s): chondromalacia ICD-10 Code	n, enter a keyword(s) below and select "Search." Select the code link in the search results to populate the code in the a, shoulder Search Description
Note: To search for a specific ICD-10 code and its description appropriate field on the Data Entry page. Enter a keyword(s) or an ICD-10 code(s): [chondromalacia ICD-10 Code	n, enter a keyword(s) below and select "Search." Select the code link in the search results to populate the code in the a, shoulder Search Description Chondromalacia, shoulder
Note: To search for a specific ICD-10 code and its description appropriate field on the Data Entry page. Enter a keyword(s) or an ICD-10 code(s): [chondromalacia ICD-10 Code M94.21 M94.211	n, enter a keyword(s) below and select 'Search.' Select the code link in the search results to populate the code in the a, shoulder Search Description Chondromalacia, shoulder Chondromalacia, fight shoulder
Note: To search for a specific ICD-10 code and its description appropriate field on the Data Entry page. Enter a keyword(s) or an ICD-10 code(s): [chondromalacia ICD-10 Code M94.21. M94.212	n, enter a keyword(s) below and select 'Search.' Select the code link in the search results to populate the code in the a, shoulder Search Chondromalacia, shoulder Chondromalacia, right shoulder Chondromalacia, light shoulder

Make **Root Cause Analysis** selections (Table III-107). To upload an attachment, select "Browse" and choose a document.



Select Next to advance to the Data Entry – Medication-Related Occurrences – Verify screen (Table III-108). Review information. Select Back to make corrections, or Submit.

Table III-108

U Health Plan Managemen	it System				TEST (ISER) User P Lest logged in et 10.	lesources Log Out A.A. 36 AM on Folmary 21, 20
Contract Management Pl	an 1926	Plan Formularies	Nockssing	Quality and Parlormence	Rick Adjustment	Data Cettart Facility
one + PACE Quelly Monitoring + D	ola Catty - Medical	on-Related Occurvences		100		
ata Entry				PA	CE	+
fedication-Related Occ	urrences - \	/erify				
Contract Number: 20001 Contract Name: EXAMPLE CC Ille Name: Example Site Nam Nata Collection Period: 2nd C	ONTRACT 1 e buarter, 2018 (Ap	or, - Jun.)				
Acc	ount Manager:					
	Age Range:	70 to 74				
	Gender:	Female				
En	roliment Date:	2/1/2018				
	Incident Date:	2/8/2018				
Inck	dent Location:	Community				
Type of Me	dication Error:	Medication Administ	ered - Incorrect Time			
Was the Participant	Hospitalized?	Yes - Admitted				
Participant's C	urrent Status:	Participant Home . 5	Stable			
Cente	er Attendance:	2 Days per Week				
Advi	erse Outcome:	• w33.3				
Signific	ant Diagnosis:	• e44.4				
Root Cause Analysis						
Contrib	uting Fectors:	Change in Pharm	acy Provider			
,	Actions Taken:	Assessment - Hor	ne Care Coordinator			
Onpoing k	mprovements:	Education - Staff				
Ne	w Attachment:	test1.pdf				
Beck Submit		erresolaste.				
Harry Alexa 18945 Website Access Design at U.S. Design	Net Point	I not formals and they be	i Huko Cil Benanka Syste	n maannen i raa		low

A **Control Number** generates for each **Medication-Related Occurrences** record (Table III-109). To edit a record, select the radio button next to the appropriate control number, and select **Edit**. To delete a record, select the radio button next to the appropriate control number, and select **Delete**. Select **Back** to return to the **Data Entry – Quality Indicator Selection** screen.

Table III-109

PACE
PACE
Incident Type of Medication Taken to Participant's RC Location Error Hospital? Current Status Compl
Location Error Hospital? Current Status Compl Community Medication Yes - Participant Home Yes Administered - Admitted - Stable
Incorrect Time

PACE QUALITY INDICATOR: MOTOR VEHICLE ACCIDENTS

The HPMS Pace Quality Reporting Module provides functionality for the reporting of Motor Vehicle Accidents data. Please refer to PACE Quality Monitoring and Reporting Guidance for operational guidance on reporting Motor Vehicle Accidents data.

Data Reporting Requirements:

- **1.** Were the Participants Hospitalized?
- 2. Participant's Current Status*
- 3. Other Vehicles/Parties Involved*
- 4. Were any non-PACE participants injured?
- 5. Was the PACE driver issued a citation ?

ROOT CAUSE ANALYSIS:

- 6. Contributing Factors*
- 7. Actions Taken*
- 8. Ongoing Improvements*

On the **Data Entry - Quality Indicator Selection** screen (III-3), select **Motor Vehicle Accidents** Quality Indicator and then select **Edit Quality Indicator**.

On the **Data Entry** – **Motor Vehicle Accidents** screen (Table III-110), select **Add** to advance to the **Data Entry** – **Motor Vehicle Accidents** – **Add** screen (Table III-111). Note that the **Edit** and **Delete** buttons are disabled on the **Data Entry** – **Motor Vehicle Accidents** screen if there are no records available to edit or delete. To report no data for the collection period, see the **PACE Quality Indicator: No Data To Report** section of the manual.



Contract Management	Plan Bids	Plan Formularies	Monitoring	Performance	Risk Adjustment	Data Extract Facility
iome » PACE Quality Monito	ring » Oata Entry » Mor	or Vehicle Accidents		_		
Data Entry				PA	CE	+
Notor Vehicle Acc	idents					
There are currently no N	e Name : 2nd Quarter, 2018 fotor Vehicle Accid	I (Apr Jun.) ents for this Contract/Site	a/Period.			
se the Back Button to return	to the Quality Indicato	Selection page				
Back Add Edit	Delete No	Data To Report				

Enter data in all fields, picklists, and dropdowns.

Table III-111

Contract Management Plan Bids Plan	formalities .	Monitoring	Performance		Risk Adjustment	Date Extract Facility
None + PACE Guality Monitoring + Data Entry + Wood Webble 4	(piken					
Data Entry			1	PACE		
Notor Vehicle Accidents - Add						
Contract Number: 2001 Contract Name: EXAMPLE CONTRACT 1 Bite Name: Example Site Name Jate Collection Period: 2nd Querler, 2018 (Apr -	Jun.)					
Account Manager.						
Incident Date:						
Number of Participants Affected:						
Were the Participants Hospitalized?		1				
Number of Participants Hospitalized						
Participants' Current Status: (area station)	Hospice - Imp Hospice - Sta Hospitalized Hospitalized Hospitalized Nursing Facil Nursing Facil Nursing Facil	coving bite Coltrail Deteriorating Improving Stable ty - Critical ty - Critical ty - Critical ty - Deteriorating ty - Ingraving Ity - Stable	1			
Other Vehicles/Parties Involved:	Bicycle Building Non-PACE O PACE Center PACE Center PACE Center Padestrian(s) Train	wned ⁱ Contracted vehicled	scle(s) s)			
Were any non-PACE participants injured?	3					
Was the PACE driver issued a citation?	3					
Back Next						

Make **Root Cause Analysis** selections (Table III-112). To upload an attachment, select "Browse" and then choose a document.

D Health Plan Management 5	lystem					TEST USER Lost logg	(User Read rel in at 1.8	areas[Log Out(A) 7 PM on March 26, 3
Contract Management Plan	Bills P	ter Formsheter	Hostory		Deality and enformation	105k Adjasa		Distance
eta + PACE Guality Monitorieg + Data	Erray - Water Velow	ALAGARAGE						
ata Entry					P	ACE		
otor Vehicle Accidents	Add							
antract Number: 20001 antract Name: EXAMPLE CC ite Name: Example Site Name ata Collection Period: 2nd Q	NTRACT 1 I Uerter, 2018 (Ap	w Jun.)						
oot Cause Analysis								
Contributing Factors:	Equipment Ma Equipment Ne- Improper Use- Improper Use- Insufficient Sta- Lack of Educa Lack of Educa Lack of Educa Lack of Trend	flunction I Proporty Maintai of Equipment - Sa of Equipment - Sa cle Mentenence fon PACE Vohic Ion - Contractor Ion - Contractor Ion - Participent Ion - Stall 9	nod trikspant atf	R L R				
Other:								
Actions Taken:	Assessment - Assessment - Assessment - Assessment - Assessment - Assessment - Assessment - Assessment - Education - Co Education - Fa	Activities Dictary Home Care Coord OT PCP PCP RN SW stracted Provider mity/Caregiver	Sinator					
Other:								
Ongoing Improvements:	Education - Co Education - Pa Education - St Impremented C Increased Cent Increased Fion Increased Stat Initiated Contre Medication Ch Organing Contr	Intracted Provider interpant aff Silver Training Pro- ler Atlendence to Caro in PAGE Vehick actor Oversight ange entor Oversight	Facility ± ogram es					
Other:								
ttachments								
Upload Attachment:				Bip	WHR .			
	NOTE: Valia attact	ment the types are: a	doe .abox .grf .pg. i	ooga Japa Hoa	.bt stars, sta	and any		
dack Next								
out Cause Analysis Guidance: Uses have unit the end of the collec Users can enfer and save cate for th The Quality indextor data solutions Users may uncleant a severised, offe	tion period to enter e Guelly instructor n will not be coraid sen response by hi	Root Cause Aralysis and return at a later o and complete until P (ling down the Car &	(RCA) data late to complete the F si RCA data has been ay and disking on the	ICA finics. I entered. I highlighted. (novibusly selec	ed response.		

Table III-112

Select Next to advance to the Data Entry – Motor Vehicle Accidents – Verify screen (Table III-113). Review information. Select Back to make corrections, or Submit.

Table III-113

HPMS Health Plan Management Syste	m			TEST USCR (User Ri Last logged in at 19:3	escurces[Log Out] A A A 6 AM on February 21, 2018
Contract Management Plan Bids	Plan Formalaries	Monitoring	Quality and Performance	Risk Adjustment	Data Extract Facility
Home + PACE Quality Monitoring + Data Entry	» Motor Valucie Accidente		-		
Data Entry			PA	CE	+
Motor Vehicle Accidents - Ve	erify				
Contract Number: 20001 Contract Name: EXAMPLE CONTRA Site Name: Example Site Name Data Collection Period: 2nd Quarter,	ICT 1 2018 (Apr Jun.)				
Account M	lanager:				
Incide	nt Date: 2/1/2018				
Number of Participants A	ffected: 10				
Were the Participant(s) Hospi	talized? Yes - Admitted				
Number of Participants Hosp	italized: 10				
Participants' Current	8 Status: • Assisted Living F	acility - Stable			
Other Vehicles/Parties In	wolved: • PACE Center				
Were any non-PACE participants i	injured? No				
Was the PACE driver issued a c	itation? No				
Root Cause Analysis					
Contributing I	Factors: • Other Driver - Te	xting			
Actions	s Taken: • Education - Staff				
Ongoing Improv	ements: . Education - Staff				
New Atta	chment: test1.pdf				
Back Submit					
Home About HPMS Websile Accounting W This is a U.S. Government computer system total ov Concase	Ada Paksies () File Formatic and Phay-Ins arct to Facilitat Law	Hales Ci Beltaver Sysk	er Nogoromando FAQ		(CMS

A **Control Number** generates for each **Motor Vehicle Accidents** record (Table III-114). To edit a record, select the radio button next to the appropriate control number, and select **Edit**. To delete a record, select the radio button next to the appropriate control number, and select **Delete**. Select **Back** to return to the **Data Entry – Quality Indicator Selection** screen.

Table III-114

Contract	t Manager	ment F	'lan Bids	Plan For	mularies	Monitoring	Quality a Performa	ind i nce i	lisk Adjustment	Data Ex	tract Facility
ane » P.	MCE Quali	ty Monitoring = I	Data Entry = A	Noter Vehicle Accid	fonts						
lata I	Entry							PACE			+
lotor	Vehicl	e Acciden	ts								
ontrac ite Nan ata Co elect (t Name: me: Exa ellection Control	EXAMPLE C mple Site Nar Period: 2nd Account Manager	ONTRACT ne Quarter, 20 Incident Date	1 118 (Apr Jun.) Participants Affected	Taken to Hospital?	Participants Hospitalized	Participants' Current Status	Other Vehicles/ Parties Involved	Non-PACE Participants Injured?	Driver Cited?	RCA Complete
8 0	1027	Unassigned	2/1/2018	10	Yes - Admitted	10	 Assisted Living Facility - 	 PACE Center 	No	No	Yes

PACE QUALITY INDICATOR: PRESSURE INJURY

The HPMS Pace Quality Reporting Module provides functionality for the reporting of Pressure Injury data. Please refer to PACE Quality Monitoring and Reporting Guidance for operational guidance on reporting Pressure Injury data.

Data Reporting Requirements:

- 1. Location of Incident
- 2. Pressure Injury
- **3.** Location of Pressure Injury
- 4. Was the Participant Hospitalized?
- 5. Participant's Current Status

ROOT CAUSE ANALYSIS:

- 6. Contributing Factors*
- 7. Actions Taken*
- 8. Ongoing Improvements*

On the **Data Entry - Quality Indicator Selection** screen (III-3), select **Pressure Injury** Quality Indicator and then select **Edit Quality Indicator**.

On the **Data Entry – Pressure Injury** screen (Table III-115), select **Add** to advance to the **Data Entry – Pressure Injury – Add** screen (Table III-116). Note that the **Edit** and **Delete** buttons are disabled on the **Data Entry – Pressure Injury** screen if there are no records available to edit or delete. To report no data for the collection period, see the **PACE Quality Indicator: No Data To Report** section of the manual.

Table III-115

HPMS Health Plan Mane	ogement System				TEST USER User R Last logged in at 10;?	esources Log Out A A &
Contract Management	Plan Bida	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Data Extract Facility
Home » PACE Quality Monitor	ring = Data Entry = Pre	essure byory				
Data Entry				PA	CE	+
Pressure Injury						
Contract Number: 200 Contract Name: EXAMI Site Name: Example Sil Data Collection Period	01 PLE CONTRACT 1 te Name I: 2nd Quarter, 201	1 8 (Apr Jun.)				
There are currently no P	² ressure Ulcer Injur	y Occurrences for this Co	ontract/Site/Period.			
Use the Back Button to return Back Add Edit	to the Quality Indicato	r Selection page.				
Home About HPMS Websit This is a U.S. Government con	te Accessibility Web Po nputer system subject to t	licies File Formats and Plug-Ins Federal law	Rules Of Bohavior System	n Requirements FAQ		(CMS

Enter data in all fields, picklists, and dropdowns. To add a **Significant Diagnosis**, enter ICD-10 code in the Significant Diagnosis field, then select **Add a Diagnosis**. To search for an ICD-10 code, select the **Code Lookup** link (Table III-117).

Table III-116

Health Plan Management System						TEST USER (User) Last logged in a	Bassurces Log Dut A A ; L9 57 AM os March 25, 20
Contract Management Plan Bids	Plan Formula	ilea Moni	toring	Quality an Performan	d a	Risk Adjustment	Data Estinct Facility
Home - PALE Guality Monitoring - Data Entry - Pressa	ne havy						
Data Entry					PACE	<u>i</u>	
Pressure Injury - Add							
Contract Number: 20001 Contract Name: EXAMPLE CONTRACT 1 Site Name: Example Site Name Data Collection Period: 2nd Quarter, 2018	i (Apr Jun.)						
Account Ma	anager:						
Age	Range:	TO					
0	Sender: C Ma	de 🤆 Female					
Enrollmer	t Date:	-					
Incider	nt Date:						
Location of in	cident:				1		
Pressure	Injury:	21					
Location of Pressure	Injury:		*1				
Was the Participant Hospit	alized?		3				
Participant's Current	Status:			1			
Center Atten	idance:		21				
Significant Dia	anosis:					Assigned Diagr	alaon
Enter an ICD-10 Cade. Click Code Lookup to search to	or an ICO		Add a Da	gram to]		
-10 Code(s), Select "Abt a Diagnosis" when complete the ICD-10 Codes(s), Analys up to	to assign 6 codes.	_	<< Remove	a Diagnosis	1		
		1	ex Ras	tore All	i.		
				(A400)A	1		
Back Nost							
Rote: All data entry fields are required. CD-10 Guidance: ICD Code is 34 characters in length Position 1 is dipha Position 2 is mameric Position 3 is alpha or mameric (hol case sensitive) Position 4 is a period Position 5-8 are alpha or numeric (not case sensitive)	•						
Home About H/FuSI Website Accessibility Web Preize This is a U.S. Colomanavel computer system subject to Fed are sense.	s Elle Fornalis an etal law	t Puş kıxı - Ruser Of Re	dunstor i Syntheo	Paquinenen (F	AD.		(CMS

Table III-117

HPMS Health Plan Management System	Print Close Print Date: 326/2011
ICD-10 Code Lookup	
Note: To search for a specific ICD-10 code and its description appropriate field on the Data Entry page.	in, enter a keyword(s) below and select 'Search ' Select the code link in the search results to populate the code in the
Note: To search for a specific ICD-10 code and its description appropriate field on the Data Entry page.	n, enter a keyword(s) below and select 'Search ' Select the code link in the search results to populate the code in the a, shoulder Search
Note: To search for a specific ICD-10 code and its description appropriate field on the Data Entry page. Enter a keyword(s) or an ICD-10 code(s): [chondromalactic ICD-10 Code	n, enter a keyword(s) below and select 'Search ' Select the code link in the search results to populate the code in the a, shoulder Search Description
Note: To search for a specific ICD-10 code and its description appropriate field on the Data Entry page. Enter a keyword(s) or an ICD-10 code(s): [chondromalactic ICD-10 Code M94.21.	n, enter a keyword(s) below and select 'Search 'Select the code link in the search results to populate the code in the a, shoulder
Note: To search for a specific ICD-10 code and its description appropriate field on the Data Entry page. Enter a keyword(s) or an ICD-10 code(s): [chondromalacti ICD-10 Code M94.21 M94.211	n, enter a keyword(s) below and select 'Search 'Select the code link in the search results to populate the code in the a, shoulder Search Description Chondromalacia, shoulder Chondromalacia, right shoulder
Note: To search for a specific ICD-10 code and its description appropriate field on the Data Entry page. Enter a keyword(s) or an ICD-10 code(s): [chondromalacti ICD-10 Code M94.211 M94.211 M94.212	n, enter a keyword(s) below and select 'Search 'Select the code link in the search results to populate the code in the a, shoulder Search Chondromalacia, shoulder Chondromalacia, right shoulder Chondromalacia, light shoulder

Make **Root Cause Analysis** selections (Table III-118). To upload an attachment, select "Browse" and then choose a document.



Select **Next** to advance to the **Data Entry – Pressure Injury – Verify** screen (Table III-119). Review information. Select **Back** to make corrections, or **Submit**.

Table III-119

HPMS Health Plan Management System				TEST USE A User A Last logged is at 10:3	escurces)Log Ost(A.A. 6 AM on February 21, 20
Contract Management Plan Bids	Plan Formatiaries	Monitoring	Guality and Performance	Rick Adjustment	Data Extract Facility
NEW + PACE Quality Monitoring + Data Entry + Pressor	(Date y				
Data Entry			PA	CE	+
Pressure Injury - Verify			1		
Contract Number: 20001 Contract Name: EXAMPLE CONTRACT 1 lite Name: Example Site Name Nata Collection Period: 2nd Quarter, 2018 (Ap	ır Jun.)				
Account Manager					
Age Range:	70 to 74				
Gender:	Female				
Enroliment Date:	2/1/2018				
Incident Date:	2/8/2018				
Incident Location:	Community				
Pressure Ulcer Injury:	Stage III				
Location of Pressure Ulcer:	Elbow - Left				
Was the Participant Hospitalized?	Yes - Admitted				
Participant's Current Status:	Participant Home	Stable			
Center Attendance:	2 Days per Week				
Significant Diagnosis:	• w44 4				
Root Cause Analysis					
Contributing Factors:	Changes in Skin	Condition Not Report	ed - Stati		
Actions Taken:	Assessment - Act	lvifes			
Ongoing Improvements:	Education - Partie	ipant			
New Attachment:	test1.pdf	1997			
Back Submit					
Rome (LAbout HENKE) Weimite Accessibility Web Policies Track & 3 U.S. Bowertment company system coopert to Hoter	File Portana and Play-Ins allow	Raiss Cf Exhanser Syste	en Requirements (FAQ		CMS

A **Control Number** generates for each **Pressure Injury** record (Table III-120). To edit a record, select the radio button next to the appropriate control number, and select **Edit**. To delete a record, select the radio button next to the appropriate control number, and select **Delete**. Select **Back** to return to the **Data Entry – Quality Indicator Selection** screen.

Table III-120

+
+
RCA Complete
Yes
2

PACE QUALITY INDICATOR: RESTRAINT USE

The HPMS Pace Quality Reporting Module provides functionality for the reporting of Restraint Use data. Please refer to PACE Quality Monitoring and Reporting Guidance for operational guidance on reporting Restraint Use data.

Data Reporting Requirements:

- 1. Location of Incident
- 2. Reason for Restraint Use*
- 3. Type of Restraint
- 4. Was the Participant Hospitalized?
- 5. Participant's Current Status

ROOT CAUSE ANALYSIS:

- 6. Contributing Factors*
- 7. Actions Taken*
- 8. Ongoing Improvements*

On the **Data Entry - Quality Indicator Selection** screen (III-3), select **Restraint Use** Quality Indicator and then select **Edit Quality Indicator**.

On the **Data Entry – Restraint Use** screen (Table III-121), select **Add** to advance to the **Data Entry – Restraint Use – Add** screen (Table III-122). Note that the **Edit** and **Delete** buttons are disabled on the **Data Entry – Restraint Use** screen if there are no records available to edit or delete. To report no data for the collection period, see the **PACE Quality Indicator: No Data To Report** section of the manual.

Table III-121								
HPMS TEST USER [User Resources Log Out] A Last logged in at 19:36 AM on February 21.								
Contract Management	Plan Bids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Data Extract Facility		
Home + PACE Quality Monito	ring + Data Entry + Re	straint Use						
Data Entry				PA	CE	+		
Restraint Use								
Contract Number: 2000 Contract Name: EXAMI Site Name: Example Sit Data Collection Period	01 PLE CONTRACT 1 te Name : 2nd Quarter, 201	š (Apr Jun.)						
There are currently no R	Restraint Use Occu	rences for this Contract?	Site/Period.					
Use the Back Button to return Back Add Edit	to the Quality Indicato	r Selection page.						
Home About HPMS Websit This is a U.S. Government com	le Accessibility Web Pol Ipuler system subject to I	icles File Formats and Plug-Ins rederal law	Rules Of Behavior Syste	en Requirements FAQ		(CMS		

Enter data in all fields, picklists, and dropdowns. To add an **Adverse Outcome** or **Significant Diagnosis**, enter ICD-10 code in the Adverse Outcome or Significant Diagnosis field, then select **Add an Outcome** or **Add a Diagnosis**. To search for an ICD-10 code, select the **Code Lookup** link (Table III-123).

Table III-122

Contract Management Plan Skip Plan 1	constation	Nonitoring	Performance	Rive Adjustment	Data Extract Facility
one - FACE Duality Muniforms + Data Entry + Resource Use			-		
Data Entry			PA	CE	+
testraint Use - Add					
Contract Number: 20001 Contract Name: EXAMPLE CONTRACT 1 iffe Name: Example Site Name Nate Collection Period: 2nd Quarter, 2018 (Apr	.km.)				
Account Manager:					
Age Range:		TO			
Gender:	< Male	C Female			
Enrollment Date:		12			
Incident Date:		10			
Location of incident:					
Reason for Restraint Use:	Actual F Actual F Increase New Me New Ps Process Process Threat o	term to Others term to Set d Aplitation dical Diagnosis ychiatric Diagnosis ing Nodical Diagnosis ing Psychiatric Diagnosis ing Psychiatric Diagnosis if Harm to Others	1		
Type of Restraint				2	
Was the Participant Hospitalized?		1			
Participant's Current Status:			3		
Center Attendence:		2			
Does Adverse Outcome Apply?	C Yes	C No			
Significant Diagnosis:				Assigned Diago	osis
Forter an ICO-10 Code: Cilics <u>Code: Lindup</u> to search for an ICO		Add a l	Diagnosis NN		
file (CC-10 Codes(s) Assign up to 5 codes		or Herry	ve a Cingrow a		
		44.5	arove Al		
Back Noot					
20-10 Guidance:					
ICD Code is 3-6 characters in length Postion 1 is a cha					
Powlion 2 is numeric					
Position 3 to alpha or numeric (not case semilities) Position 4 is a period					
Position 5-0 are gipta or routeric (reticase sensitive)					
		and the second se	and the second se		

Table III-123

D HPMS Health Plan Management System	Print Close Print Date: 3/06/01
ICD-10 Code Lookup	
Note: To search for a specific ICD-10 code and its description, appropriate field on the Data Entry page.	venter a keyword(s) below and select 'Search' Select the code link in the search results to populate the code in the
Note: To search for a specific ICD-10 code and its description, appropriate field on the Data Entry page.	enter a keyword(s) below and select 'Search ' Select the code link in the search results to populate the code in the shoulder Search
Note: To search for a specific ICD-10 code and its description appropriate field on the Data Entry page. Enter a keyword(s) or an ICD-10 code(s): [chondromalacia, ICD-10 Code	enter a keyword(s) below and select 'Search ' Select the code link in the search results to populate the code in the shoulder Search.
Note: To search for a specific ICD-10 code and its description, appropriate field on the Data Entry page. Enter a keyword(s) or an ICD-10 code(s): [chondromalacia, ICD-10 Code M94.21	enter a keyword(s) below and select 'Search 'Select the code link in the search results to populate the code in the shoulder Search Chondromalacia, shoulder Chondromalacia, shoulder
Note: To search for a specific ICD-10 code and its description, appropriate field on the Data Entry page. Enter a keyword(s) or an ICD-10 code(s): [chondromalacia, ICD-10 Code M94.211	enter a keyword(s) below and select 'Search ' Select the code link in the search results to populate the code in the shoulder Search Chondromalacia, shoulder Chondromalacia, right shoulder
Note: To search for a specific ICD-10 code and its description, appropriate field on the Data Entry page. Enter a keyword(s) or an ICD-10 code(s): [chondromalacia, ICD-10 Code M94.21 M94.212	enter a keyword(s) below and select 'Search ' Select the code ink in the search results to populate the code in the shoulder Search Chondromatscia, shoulder Chondromatscia, right shoulder Chondromatscia, light shoulder

Make **Root Cause Analysis** selections (Table III-124). To upload an attachment, select "Browse" and then choose a document.



Table III-124

Select Next to advance to the Data Entry – Restraint Use – Verify screen (Table III-125). Review information. Select Back to make corrections, or Submit

Table III-125

HPMS Headth Plan Management System				TESTUSERIUSER R Last logged to of 163	encurren Log Out A.A. A AM on Falacary 21, 20
Contract Wasagoment Plan Lifes	Fun Formalistes	Worktoring	Quality and Performance	Richdgebreet	Date Entract Facility
oner » PACE Quality Mondoring » Data Fetty » Restain	nibe				
Data Entry			P	ACE	+
Restraint Use - Verify					
Contract Number: 20001 Contract Name: EXAMPLE CONTRACT 1 Ith Name: Example Ste Name Nate Collection Period: 2nd Quarter, 2018 (A)	pr Jun.)				
Account Manager:					
Age Range:	70 to 74				
Gender:	Female				
Enrolment Date:	2/1/2018				
Incident Date:	2/6/2018				
Incident Location:	Participant Home				
Reason for Restraint Use:	 thcreased Agitals 	ы			
Type of Restraint:	Chemical Restraint	Benzod szepine			
Was the Participant Hospitalized?	Yes - Admitted				
Participant's Current Status:	Participant Horse -	Shible			
Center Attendance:	2 Days per Weak				
Adverse Outcome:	• w35.5				
Significant Diagnosis:	• u44.4				
Root Cause Analysis					
Contributing Factors:	Increased Agriation	on			
Actions Taken:	 Assessment - RN 	6			
Orgoing Improvements:	· Increased Center	Attendance			
New Attachment:	test1.pdf				
Back Submit					
Home I Alexed HEMES I Measure Accesseding - MeasProteins The control of Operational computer system sature the Protein) No Foresta and Pholes d Inv	i Holes Of Delever 1 Scale	e Royansie (1942		CMS

A **Control Number** generates for each **Restraint Use** record (Table III-126). To edit a record, select the radio button next to the appropriate control number, and select **Edit**. To delete a record, select the radio button next to the appropriate control number, and select **Delete**. Select **Back** to return to the **Data Entry – Quality Indicator Selection** screen.

Table III-126

ne + PACE Quality N ata Entry estraint Use ontract Number: ontract Name: ED	Monitoring » Di	ata Entry × I	Reservitint Ue	0			PA	ACE		+
ata Entry estraint Use ontract Number: ontract Name: ED	; 20001						P	ACE		+
estraint Use entract Number: entract Name: E	20001									
entract Number: entract Name: El	: Z0001									
elect Control	Account	Age Pance	Gender	Enroliment	Incident	Incident	Type of Restraint	Taken to	Participant's	RCA
1029 U	Inassigned	70 to 74	Female :	2/1/2018	2/8/2018	Participant Home	Chemical Restraint - Benzodiazepine	Yes - Admitted	Participant Home	Yes

PACE QUALITY INDICATOR: SUICIDE ATTEMPT/SUICIDE

The HPMS Pace Quality Reporting Module provides functionality for the reporting of Suicide Attempt/Suicide data. Please refer to PACE Quality Monitoring and Reporting Guidance for operational guidance on reporting Suicide Attempt/Suicide data.

Data Reporting Requirements:

- 1. Location of Incident
- 2. Type of Incident
- 3. Immediate Action Taken*
- 4. Was the Participant Hospitalized?
- 5. Participant's Current Status

ROOT CAUSE ANALYSIS:

- 6. Contributing Factors*
- 7. Actions Taken*
- 8. Ongoing Improvements*

On the **Data Entry - Quality Indicator Selection** screen (III-3), select **Suicide Attempt/Suicide** Quality Indicator and then select **Edit Quality Indicator**.

On the **Data Entry – Suicide Attempt/Suicide** screen (Table III-127), select **Add** to advance to the **Data Entry – Suicide Attempt/Suicide – Add** screen (Table III-128). Note that the **Edit** and **Delete** buttons are disabled on the **Data Entry – Suicide Attempt/Suicide** screen if there are no records available to edit or delete. To report no data for the collection period, see the **PACE Quality Indicator: No Data To Report** section of the manual.



		Plan Formularies	Monitoring	Performance	Risk Adjustment	Data Extract Facility
oine + PACE Quality Monitor	ing = Data Entry = Suic	ide Attempe Suicide				
Data Entry				PA	CE	+
Suicide Attempt/Su	uicide					
Contract Name: EXAMP Site Name: Example Site Data Collection Period:	PLE CONTRACT 1 e Name 2nd Quarter, 2018	(Apr Jun.)				
There are currently no S	uicide Attempt/Suic	ide Occurrences for this	Contract/Site/Period.			
	to the Quality Indicator	Selection page				
lse the Back Button to return						

Enter data in all fields, picklists, and dropdowns. To add a **Significant Diagnosis**, enter ICD-10 code in the Significant Diagnosis field, then select **Add a Diagnosis**. To search for an ICD-10 code, select the **Code Lookup** link (Table III-129).

Table III-128

HPMS Itealth Plan Management System				TEST USER (0se Last legged in	Resources Log Oat (A.A. at 9.52 AM on March 26, 20
Contract Management Plan Skie Plan 1	senstation	Norikalag	Outlity and Parformance	Risk Adjustment	Data Extract Facility
one - PACE Gaulity Maximiting + Data Entry + Suicide Amerge	Salcite				- 10
Data Entry			P	ACE	+
Buicide Attempt/Suicide - Add					
Contract Number: 2001 Contract Name: EXAMPLE CONTRACT 1 Site Name: Example Site Name Nata Collection Period: 2nd Quarter: 2018 (Apr	Jun.)				
Account Manager					
Ane Ranne	70				
Gerdarige.	C Mala C Fee	ale.			
Enrolment Date:					
Incident Date:		-			
Location of incident:			a.		
Type of Incident		si.			
Immediate Action Taken: Have all the restor	Assessment - Ar Assessment - Di Assessment - M Assessment - PC Assessment - PC Assessment - PC Assessment - R Assessment - R Evaluated in Hor Evaluation by a I	twbes Mary Ime Care Coardi 2P 4 4 V ptal ER Fsychiatist	al nator		
Other					
Was the Participant Hospitalized?		H			
Participant's Current Status:			н		
Center Attendance:		5			
Does Adverse Outcome Apply?	c Yes C No				
Significant Disgnosis				Assigned Dia;	gnosis
arter an ICD-10 Code. Cick Code Look g to esarch for an ICD		Add a	Dugnoso ++		
10 Code(x), Select Add a Dagnosis in ten complete to assign the ICD-10 Codes(s). Assign up to 5 codes		++ Rame	er a Diagrania		
			lamova Ali		
Back Next					
lote: All data ontry fields ano required. ID-10 Guidance: 100 Code 3 de charastes la longh Position 1 la statu Position 2 la manétic Position 2 la adpta or nametic (not casa sensitive) Position 4 la a pence Position 6 di ale alpha or nametic (not casa sensitive)					
Norme (About 10%6) Weidalle Accessibility Med Policies Pile To This is a 11.3 Government computer system material Federal law ov unable	ran as Dig-to Ra	ee Cil Dedanter Syst	n Deplements 1740		(CMS

Table III-129

HPMS Health Plan Management System	🗣 Print Cla Print Date: 1/74/20
ICD-10 Code Lookup	
Note: To search for a specific ICD-10 code and its description, ent appropriate field on the Data Entry page.	ter a keyword(s) below and select "Search." Select the code link in the search results to populate the code in the
Note: To search for a specific ICD-10 code and its description, end appropriate field on the Data Entry page. Enter a keyword(s) or an ICD-10 code(s): [chondromalacia, sho	ter a keyword(s) below and select 'Search.' Select the code link in the search results to populate the code in the oulder Search.
Note: To search for a specific ICD-10 code and its description, enb appropriate field on the Data Entry page. Enter a keyword(s) or an ICD-10 code(s): [chondromalacia, sho ICD-10 Code	ter a keyword(s) below and select 'Search.' Select the code link in the search results to populate the code in the oulder Search
Note: To search for a specific ICD-10 code and its description, end appropriate field on the Data Entry page. Enter a keyword(s) or an ICD-10 code(s): [chondromalacia, sho ICD-10 Code M94.21.	ter a keyword(s) below and select 'Search.' Select the code link in the search results to populate the code in the sulder Search Description Chondromalacia, shoulder
Note: To search for a specific ICD-10 code and its description, ena appropriate field on the Data Entry page. Enter a keyword(s) or an ICD-10 code(s): [chondromalacia, sho ICD-10 Code M94.21 M94.211	ter a keyword(s) below and select 'Search.' Select the code link in the search results to populate the code in the outder Search Description Chondromalacia, shoulder Chondromalacia, right shoulder
Note: To search for a specific ICD-10 code and its description, ena appropriate field on the Data Entry page. Enter a keyword(s) or an ICD-10 code(s): [chondromalacia, sho ICD-10 Code M94.21 M94.212	ter a keyword(s) below and select "Search." Select the code link in the search results to populate the code in the builder Search Chondromalacia, shoulder Chondromalacia, jett shoulder Chondromalacia, jett shoulder

Make **Root Cause Analysis** selections (Table III-130). To upload an attachment, select "Browse" and then choose a document.



Select Next to advance to the Data Entry – Suicide Attempt/Suicide – Verify screen (Table III-131). Review information. Select Back to make corrections, or Submit.

Table III-131

Contract Management Plan Sid	•	Plan Formulation	Manifoldeg	Quality and Performance	Risk Adjustment	Data Extract Facility
oner + PACE Quality Monitoring + Gala Entr	ry + Suichte	Alimpe/Salckle				A11.
ata Entry				PA	CE	+
uicide Attempt/Suicide - V	erify					
ontract Number: 20001 ontract Name: EXAMPLE CONTR: Its Name: Example Site Name ata Collection Period: 2nd Guarte	ACT 1 c 2016 (A)	pr Jun.)				
Account	Manager:					
Ag	e Range:	70 to 74				
	Gender:	Fomale				
Enrolm	ent Date:	2/1/2015				
Incid	ent Date:	2(5/2018				
Incident L	ocation:	Participant Home				
Type of	Incident	Attempted Suicide				
Immediate Actio	n Taken:	· Evaluated in Hos	pital ER			
Was the Participant Hosp	italized?	Yes - Admitted				
Participant's Curren	t Status:	Participant Home	Stable			
Center Ath	endance:	2 Days per Week				
Significant Di	lagnosis:	• w33.3				
Root Cause Analysis						
Contribution	Eastore	- Airobol Altune				
considering.	- dates \$	Chronic Pain				
		Decrease in Cent	er Atlendance			
Action	is Taken:	Education - Cont	acted Providen Facilit	Y.		
Ongoing Improv	ements:	. Medication Chan	pe .			
New Atta	chment	test1 pdf				
Nack Suturn)						

A **Control Number** generates for each **Suicide Attempt/Suicide** record (Table III-132). To edit a record, select the radio button next to the appropriate control number, and select **Edit**. To delete a record, select the radio button next to the appropriate control number, and select **Delete**. Select **Back** to return to the **Data Entry – Quality Indicator Selection** screen.

Table III-132

tome + PACE Quality Monitoring + Data Entry + Suicide Attempt/Suicide Data Entry PACE Suicide Attempt/Suicide Contract Number: ZXA0PLE CONTRACT 1 Site Mare: Example Site Name Data Collection Period: 2nd Quarter, 2018 (Apr. + Jun.) Select Control Account Age Gender Enrollment Incident Incident Type of Taken to Participant's RK		ent Pu	m Bids	Plac	n Formularios	Mon	itoring	Quality and Performance	Risk	Adjustment Data	Extract Facility
Data Entry PACE iuicide Attempt/Suicide	s » PACE Quality	y Monitoring + Da	ta Entry » St	acide Attenty	pp'Suicide				-		
uicide Attempt/Suicide ontract Number: 20001 ontract Name: EXAMPLE CONTRACT 1 Ite Name: Example Site Name ata Collection Period: 2nd Quarter. 2018 (Apr Jun.) electi Control Account Age Gender Enrollment Incident Incident Type of Taken to Participant's R6	ta Entry								PACE		+
ontract Number: 20001 ontract Name: EXAMPLE CONTRACT 1 Ite Name: Example Site Name ata Collection Period: 2nd Quarter: 2018 (Apr Jun.) elect Control Account Age Gender Enrollment Incident Incident Type of Taken to Participant's R6	icide Atterr	npt/Suicide									
# Manager Range Date Date Location Incident Hospital? Current Status Come	lect Control	Account	Age	Gender	Enrollment	Incident Date	Incident	Type of Incident	Taken to Hospital?	Participant's Current Status	RCA Complete
Manager Range Date Date Location Incident Hospital? Current Status Comp 1030 Unassigned 70 to 74 Female 2/1/2018 2/8/2018 Participant Attempted Yes - Participant Home - Yes Home Suicide Admitted Stable	1030	Manager Unassigned	70 to 74	Female	2/1/2018	2/8/2018	Participant	Attempted	Yes - Admitted	Participant Home - Stable	Yes

PACE QUALITY INDICATOR: UNEXPECTED DEATHS

The HPMS Pace Quality Reporting Module provides functionality for the reporting of Unexpected Deaths data. Please refer to PACE Quality Monitoring and Reporting Guidance for operational guidance on reporting Unexpected Deaths data.

Data Reporting Requirements:

- 1. Location of Incident
- 2. Was the Participant Hospitalized?
- 3. Participant's Current Status

ROOT CAUSE ANALYSIS:

- 4. Contributing Factors*
- 5. Actions Taken*
- 6. Ongoing Improvements*

On the **Data Entry - Quality Indicator Selection** screen (III-3), select **Unexpected Deaths** Quality Indicator and then select **Edit Quality Indicator**.

On the **Data Entry – Unexpected Deaths** screen (Table III-133), select **Add** to advance to the **Data Entry – Unexpected Deaths – Add** screen (Table III-134). Note that the **Edit** and **Delete** buttons are disabled on the **Data Entry – Unexpected Deaths** screen if there are no records available to edit or delete. To report no data for the collection period, see the **PACE Quality Indicator: No Data To Report** section of the manual.

Table III 122

		10		55		
HPMS Health Plan Mane	ogement System				TEST USER User R Last logged in at 10:3	esources Log Out A A A 6 AM on February 21, 2018
Contract Management	Plan Bids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Data Extract Facility
Home + PACE Quality Monito	ring = Data Entry = Un	expected Deaths				
Data Entry				PA	CE	+
Unexpected Death	s					
Contract Number: 2000 Contract Name: EXAMI Site Name: Example Sit Data Collection Period	01 PLE CONTRACT 1 le Name : 2nd Quarter, 201	8 (Apr Jun.)				
There are currently no U	Inexpected Deaths	for this Contract/Site/Per	riod.			
Use the Back Button to return	to the Quality Indicato	r Selection page.				
Back Add Edit	Delete	Data To Report				
Home About HPMS Websit This is a U.S. Government con	le Accessibility Web Po Iguter system subject to t	icies File Formals and Plug-Ins Federal law.	Ruleis Of Behavior Syste	em Requirements FAQ		(CMS

Enter data in all fields, picklists, and dropdowns. To add an Adverse Outcome or Significant Diagnosis, enter ICD-10 code in the Adverse Outcome or Significant Diagnosis field, then select Add an Outcome or Add a Diagnosis. To search for an ICD-10 code, select the Code Lookup link (Table III-135).

Table III-134

					Last logged is a	19:57 AM os Narch 26.3
Contract Management Piers Bids	Plan Formulario		Monitoring	Goolity and Performance	Sisk Adjustment	Data Extract Facilit
*** - PACE Gaulity Monitoring + Dele Cirky +	Orespected Death					
ata Entry				G	ACE	
nexpected Death - Add						
ontract Number: 20001 ontract Name: EXAMPLE CONTRA Te Name: Example Site Name ata Collection Period: 2nd Quarter.	CT 1 2018 (Apr Jun.)					
Accou	nt Manager:					
	Age Range:	TO				
	Gender: C Mel	· C Fema	le			
Enro	liment Date:	-				
In	cident Dete:	10	19			
Location	of Incident:			3		
Was the Participant H	ospitalized?) E			
Participant's Cu	rrent Status:			21		
Center	Attendance:		2			
Does Adverse Outo	ome Apply? C Yes	C No				
Significan	t Diagnosis:				Assigned Diagr	osis
nter an ICD-10 Code. Click Code Luckup to ex	arsh for an ICD		Asid a Diago	cean		
the ICD-10 Codes(s): Assig	n up to 5 codes.		«Катюла а	Ciagnosia		
				ie Alt		
Back Next						
20e: Ail data entry fields are required. D-10 Guidance:						
ICD Code is 3-8 characters in length						
Position 1 is signal Position 2 is numeric						
Position 3 is algita or numeric (not case sen	(Bve)					
Position 5-8 are alpha or numeric (not case	eenisidwel)					
10 - 31						
ares Acad HPad3 Waterie Accessibility Web the is a U.S. Government computer system subject	Policies File Formats and F to Facilitati law	tapina Sales	Of Behavior System Re	guitements FAQ		CMS



Make **Root Cause Analysis** selections (Table III-136). To upload an attachment, select "Browse" and then choose a document.



Table III-136

Select Next to advance to the Data Entry – Unexpected Deaths – Verify page (Table III-137). Review information. Select Back to make corrections, or Submit.

Table III-137

HPMS Health Plan Management Syste	m			TEST USER User A Last logged in at 18:	kooxrcss Log Out IA A 35 AM on February 21, 28
Contract Vanagement Plan Dids	Plan Formalaries	Voriforing	Quality and Performance	Flak Adjustment	Date Entract Facility
ares - PACE Guelly Monitoring - Data Ster,	· Unixpicite/Doates				
Data Entry			PA	CE	+
Inexpected Deaths - Verify					
Contract Number: 20001 Contract Name: EXAMPLE CONTRA Site Name: Example Site Name Nets Collection Period: 2nd Quarter	CT 1 2018 (Apr Jun.)				
Account N	lanager:				
Age	Range: 70 to 74				
10	Gender: Female				
Enrolline	nt Date: 2/1/2018				
Incide	nt Date: 2/8/2018				
Incident L	ocation: Participant Home	2			
Was the Participant Hospi	talized? Yos - Admitted				
Participant's Current	Status: Medical Examine	or Post-Moriem Exam			
Center Atte	ndance: 2 Days per Wee	a .			
Adverse O	utcome: • w33.3				
Significant Di	ignosia: • ott.4				
Root Cause Analysis					
Contributing	Factors: Alcohol Use				
Action	Taken: • Education - St	stt			
Ongoing Improv	ementa: • Education - St	m			
New Atta	chment: 1est1 pd1				
Rack Submit					
Home About HPMG Histolis Accessibility V	No Policies File Formats and Ptug	ine Ruise Of Dehavior Syste	m Requirements FAQ		E
This is a U.S. Government comparise system is at	ect to Federal bee				(CMS

A **Control Number** generates for each **Unexpected Deaths** record (Table III-138). To edit a record, select the radio button next to the appropriate control number, and select **Edit**. To delete a record, select the radio button next to the appropriate control number, and select **Delete**. Select **Back** to return to the **Data Entry – Quality Indicator Selection** screen.

Table III-138

e = PACE	Quality N	Monitoring > Data						Performance	Risk Adjustment 0	ata Extract Facility
			Entry = Unei	xpected Dea	the .			-		
ta En	try							PAC	3	+
expect	ed De	eaths								
ect Con	itrol	Account Manager	Age Range	Gender	Enrollment	Incident Date	Incident Location	Taken to Hospital?	Participant's Curren Status	RCA Complete
1031	U	Inassigned	70 to 74	Female	2/1/2018	2/8/2018	Participant Home	Yes - Admitted	Medical Examiner Post- Mortem Exam	Yes

IV. UPLOAD DATA

The HPMS PACE Quality Monitoring module provides PACE Org. users with the ability to upload certain NON-RCA indicator data in BULK, via the Upload Data functionality.

For detailed instructions on preparing your files for upload, please refer to the "Upload Instructions" and "Upload Templates and Record Layouts" documentation available under the Documentation section within the HPMS PACE Quality Monitoring module.

To process the uploads once your file(s) are prepared, on the **PACE Start Page** (Table II-2), select on the **Upload Data** link on the Right-hand menu to advance to the **Upload Data** – **Selection Criteria** screen (Table IV-1).

SELECTION CRITERIA

The **Upload Data** – **Selection Criteria** screen (Table IV-1) displays the list of H Numbers assigned to the user based on the PACE Organization affiliation. The user selects the H Number for which they would like to upload data; the screen will auto-populate with the site names tied to that H number. Select the site name for which the data is to be uploaded; the collection period will auto-populate. Select the data collection quarter.

Generally, only the current data collection quarter will be displayed for selection. However, previous periods may be displayed under some circumstances.

ontract Management Plan Bic	Is Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Data Extract Facili
ene » PACE Quality Monitoring » Up/cad I	Data		1.5	-	
pload Data			PA	CE	
election Criteria					
elect a Contract					
Z0001 - EXAMPLE CONTRACT 1 Z0002 - EXAMPLE CONTRACT 2 Z0003 - EXAMPLE CONTRACT 3 Z0004 - EXAMPLE CONTRACT 3					
20005 - EXAMPLE CONTRACT 5 20006 - EXAMPLE CONTRACT 6 20007 - EXAMPLE CONTRACT 7 20008 - EXAMPLE CONTRACT 8					
elect a Site Example Site Na * Example Site Na Example Site Na * Example Site Na *					
elect a Collection Period 2nd Quarter, 2018 (Apr Jun.) 1st Quarter, 2018 (Jan Mer.)					
Next					

Table IV-1

UPLOAD DATA

From the **Upload Data** screen (Table IV-2) follow the on-screen instruction for uploading data. Consult the "Upload Instructions" link under **Documentation** on the **PACE Start Page** screen for more detailed instructions.

ontract Managom	ent Plan Bids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Data Extract Facili
te = PACE Quality	Monitoring + Upload Data			_		
oload Data	a			PA	CE	6
p 1: Select a P	ACE Quality Indicator a	nd create a upload file usin	g the File Template.	Use the Excel File/Sa	ve As menu option and	the Save as Type:
p 1: Select a P vn to save it as p 2: Enter the r p 3: Click on th p 4: Wait until 1	ACE Quality Indicator a a tab delimited text file. name of the file that you re "Upload" button to se the file validation is com	nd create a upload file usin would like to upload, if you nd the file to HPMS, plete. Your browser will au	g the File Template. a are unsure of the fil tomatically be redired	Use the Excel File/Sa e name and/or location ted to the appropriate	ve As menu option and n, click on the "Browse" page once the file is re	the Save as Type i button to locate the icelved.
 1: Select a P n to save it as 2: Enter the r 3: Click on th 4: Wait until 1 Select 	ACE Quality Indicator a a tab delimited text file name of the file that you ie "Upload" button to se the file validation is com	nd create a upload file usin would like to upload. If you nd the file to HPMS. plete Your browser will au PACE Quality Indicator	ig the File Template. I are unsure of the fil tomatically be redired	Use the Excel File/Sa e name and/or locatio ted to the appropriate	ve As menu option and n, click on the "Browse" page once the file is re	the Save as Type. button to locate the iceived
1: Select a P n to save it as 2: Enter the r 3: Click on th 4: Wait until t Select	ACE Quality Indicator a a tab delimited text file name of the file that you te "Upload" button to se the file validation is com Appeals	nd create a upload file usin would like to upload. If you nd the file to HPMS, plete. Your browser will au PACE Quality Indicator	ig the File Template. I are unsure of the fil tomatically be redirer	Use the Excel File/Sa e name and/or location ted to the appropriate	ve As menu option and n, click on the "Browse" page once the file is re	the Save as Type. button to locate the
1: Select a P n to save it as 2: Enter the u 3: Click on th 4: Wait until 1 Select C C	ACE Quality Indicator a a tab delimited text file, name of the file that you is "Upload" button to se the file validation is com Appeals Emergency Room \	nd create a upload file usin would like to upload, If you nd the file to HPMS, plete. Your browser will au PACE Quality Indicator fisits	ig the File Template. I are unsure of the fil tomatically be redired	Use the Excel File/Sa e name and/or location ted to the appropriate	ve As menu option and n, click on the "Browse" page once the file is re	the Save as Type
a 1: Select a P n to save it as 2: Enter the i 3: Cick on th 4: Wait until 1 Select C C C	ACE Quality Indicator a a tab delimited text file, name of the file that you is "Upload" button to se the file validation is com Appeals Emergency Room V Denials (of Prospec	nd create a upload file usin would like to upload, If you nd the file to HPMS, plote. Your browser will au PACE Quality Indicator fisits twe Enrollees)	g the File Template. I are unsure of the fil tomatically be redired	Use the Excel File/Se e name and/or location ted to the appropriate	ve As menu option and n, click on the "Browse" page once the file is re	the Save as Type." button to locate the
p 1: Select a P n to save it as p 2: Enter the 1 p 3: Click on th p 4: Wait until 1 Select C C C C	ACE Quality Indicator a a tab delimited text file, name of the file that you is "Upload" button to see the file validation is com Appeals Emergency Room N Denials (of Prospec Falls Without Injury	nd create a upload file usin would like to upload, If you nd the file to HPMS. plete. Your browser will au PACE Quality Indicator fisits tive Enrollees)	ig the File Template.	Use the Excel File/Sa e name and/or location ted to the appropriate	ve As menu option and n, click on the "Browse" page once the file is re	the Save as Type 1
p 1: Select a P n to save it as p 2: Enter the 1 p 3: Click on th p 4: Wait until 1 Select C C C C C	ACE Quality Indicator a a tab delimited text file, name of the file that you be "Upload" button to see the file validation is com Appeals Emergency Room \ Denials (of Prospec Falls Without Injury Grievances	nd create a upload file usin would like to upload, If you nd the file to HPMS. plete. Your browser will au PACE Quality Indicato fisits tive Enrollees)	g the File Template.	Use the Excel File/Sa e name and/or location ted to the appropriate	ve As menu option and n, click on the "Browse" page once the file is re	the Save as Type." button to locate the
p 1: Select a P in to save it as p 2: Enter the i p 3: Click on th p 4: Wait until 1 Select C C C C C C C	ACE Quality Indicator a a tab delimited text file, name of the file that you is "Upload" button to see the file validation is com Appeals Emergency Room V Denials (of Prospec Falls Without Injury Grievances Medication Adminis	nd create a upload file usin would like to upload, If you nd the file to HPMS. plote. Your browser will au PACE Quality Indicator fisits twe Enrollees) tration Errors	g the File Template.	Use the Excel File/Se e name and/or location ted to the appropriate	ve As menu option and n, click on the "Browse" page once the file is re	the Save as Type." button to locate the

FILE UPLOADED SUCCESSFULLY

When an upload is successful the user will receive a screen similar to Table IV-3. The relevant items on this screen are the Contract Number and the Valid Rows. The number of Valid Rows should match the number of rows, absent the header row, in the text file which was uploaded.

Contract Management	Plan Bids	Plan Formularies	Monitoring	Guality and Performance	Risk Adjustment	Data Extract Facility
tons - PACE Guality Mondo Upload Data Appeals File Uploa Upload Statistics:	ing = tiplead Data aded Successi	fully		PA	CE	+
Contract Number: 2000 Valid Rows: 1						

UPLOAD FILE VALIDATION ERROR

A screen similar to Table IV-4 will display when an upload fails. It indicates the line number(s) and field(s) where the error occurred, the text of the field with the invalid data, and an error message. Note that a file with a single error will be rejected in its entirety.

			Та	able IV-4			
HP Health	MS Plan Management Sys	tem	-			TEST USER User R Last logged in a	esources [Log Out] A A A 1 8:08 PM on March 2, 2018
Contract Mana	gement Plan Bi	ds	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Data Extract Facility
Home + PACE Q	ulity Monitoring + Upload	Data					
Upload D	ata				PA	CE	+
Anneals							
- pp							
Upload File V The following Please correct	alidation Error errors must be corr t the errors and uplo	ected befor ad your file	e the upload file can be again.	e submitted. Only	the first 100 errors	are displayed.	
Invalid Entry	¢.						
Line Number	Field	Field Text	Error Message				
3	Contract Number (2)	x	Invalid contract number				
Back							
Home About Hi Très is a U.S. Go	MS Website Accessibility vernment computer system s	Web Policios ubject to Federa	File Formats and Plug-Ins Rul I law	ies Of Behavior System	Requirements FAQ		(CMS
CV 127.048							2 Million March Martines

V. REQUEST EXTENSION

The HPMS PACE Quality Reporting Module allows for the reporting of data for a quarter 45 days after the close of the quarter. In certain cases, it may be required to request an extension to allow further time to report.

On the **PACE Quality Monitoring Start Page** (Table II-2), select the **Request Extension** link on the right-hand menu to advance to the **Request Extension – Selection Criteria** screen (Table V-1).

SELECTION CRITERIA

The **Request Extension** – **Selection Criteria** screen (Table V-1) displays the list of H Numbers assigned to the user based on the PACE Organization affiliation. The user selects the H Number for which they would like to request an extension. Once the H number has been selected, the Select a Site field auto-populates with the site names associated with the H number. The user will then select the site name for which they wish to request an extension and select **Next**.





REQUEST EXTENSION

At the **Request Extension** screen (Table V-2) select the checkbox next to each Collection Period that is to be included in this extension request. **Extension Request** date is the date to which you wish to extend the reporting period. The extension date must be a future date from the **End Data Collection** date. Enter the reasons for the extension in the **Reason for Extension Request** text box; select **Next**. The user will advance to the **Request Extension – Extension Request – Confirmation** screen (Table V-3).

Select **Back** to return to the **Request Extension** screen.

Table V-2

Contract Management	Plan Dide	Plan Formulation	Manitorian	Quality and	Risk Adjournment	Data Cattary Excilin
				Performance		
one a polit gaan ennom	d = undarior roceduro	2				
Request Extensi	on			PA	CE.	
Contract Number: 20001 Contract Name: EXAMPL lite Name: Example Site	E CONTRACT 1 Name					
elect the checkbox beside of a checkbox is disabled i lan Manager for further inform	e each Collection Ism those sheety an alion.)	Period that is to be inclu at-an extension request ene	ded in this Extension ding renew (Please cont	Request. actyour CMB		
Select Collection Period	Beg	in Data Collection End	Data Collection			
 3rd Quarter, 2016 	(Jul - Sep.) 7/1/	2015 10/3	91/2015			
4th Quarter, 2015	(Oct - Dec.) 10/1	/2015 1/31	1/2016			
1st Quarter, 2016	(Jan Mar.) 1/1/	2016 4/30	2016			
 2nd Quarter, 2018 	(Apr Jun.) 4/17	2016 7/31	1/2016			
" 3rd Quarter, 2016	(Jul Sep.) 7/1/	2016 10/2	11/2016			
4th Quarter, 2018	(Oct - Dec) 10/1	(2016 1/31	1/2017			
 1st Quarter, 2017 ((Jan Mar.) 1/1/	2017 5/15	5/2017			
2nd Quarter, 2017	(Apr Jun.) 4/1/	2017 8/15	92017			
Extension Request						
Reason for Extension Re	zeups					
Back Next						
Back Next						

On the **Request Extension – Extension Request – Confirmation** screen (Table V-3) review the information. Select **Back** to make a correction, or select **Submit**.

Subsequent to the submission, the user will receive an HPMS email informing them that the extension request has been received by CMS.

Contract management	Plan Bids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Data Extract Facility
one . PACE Quality Monitor	ing « Request Extension					
equest Extens	ion			PA	CE	
xtension Request	- Confirmation					
ite Name: Example Site he End Date of the Data collection Period	e Name s Collection Period will Begin Data Cr	be adjusted for the Peri bilection End Data Col (current value	iods listed below. lection e)			
nd Quarter, 2018 (Apr.	- Jun.) 4/1/2018	8/15/2018				
Resubmission Reques	st - End Data Collecti sion Request: Extens	on Date: 3/5/2018 ion Requested Example	a.			



CMS APPROVAL

Once the user has submitted the extension request, CMS will review the submission and determine if it is approved. Each user will be notified of its approval status by CMS via an HPMS email. If CMS approves the request for extension, the users will have until the CMS approved date to submit all data.

VI. PACE REPORTS

The **PACE Reports** allow users to access and view the Comparative Data Report – Quality Indicator Section 1, Comparative Data Report – Quality Indicator Section 2, Root Cause Analysis Report, Site Data Report, and Status Report. The reports provide easy and quick reference for data comparison across PACE Organizations, the review of site data, and the data entry status of each quality indicator for each PACE site.

On the **PACE Quality Monitoring Start Page** (Table II-2), select the **PACE Reports** link on the right-hand menu to advance to the **HPMS PACE Reports – Select a Report** screen (Table VI-1). This screen displays a list of the reports available to PACE Organizations. To view a PACE report, select the report name and then select **Next**.

Please Note: The reports contain, except for the comparative reports, only data submitted by the user's PACE Organization. No data, other than contact information, is viewable by other PACE Organizations.

	and the second	Constraint and	Performance	Risk Augustinian	Data Extract Facility
me » PACE Quality Monitoring »	» PACE Reports		_	2000	
ACE Reports			PA	CE	+
elect a Report PACE Comparative Data Re	eport - Quality Ind	icator Section 1			
ACE Comparative Data R ACE Sile Data Report	eport - Quality Ind	cator Section 2			
ACE Status Report					
2000					
Tank Bland					

Table VI-1

PACE COMPARATIVE DATA REPORT – QUALITY INDICATOR SECTION 1

The **Comparative Data Report – Quality Indicator Section 1** displays comparative data of like organizations without revealing identifiable information.

Select the Reporting Period(s), Region(s), and Reporting Section for which you wish to run the report, and select **Next** (Table VI-2). To choose a different PACE report, select **Back**.

Table VI-2

duact manageneent	Plan Bids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Data Extract Fac
+ » PACE Quality Monitor	ing = PACE Reports =	PACE Comparative Data Report	1		1 132	.l.
CE Compara	tive Data R	eport - Quality In	dicator Section	on 1 PA	CE	
Relect one or more l	Reporting Period	(s)				
1st Quarter, 2018 (J	an Mar 1-	(3)				
4th Quarter, 2017 (C	Act Dec.)					
2nd Quarter, 2017 (J 2nd Quarter, 2017 (J	Apr Jun.)					
1st Quarter, 2017 (J 4th Outerter, 2016 (C	an Mar.))ct - Dec.) vi					
101 400 101, 2010 (0	ALC DOLLY A					
elect one or more l	Region(s)					
All Regions	-					
01 - Boston						
02 - New York 03 - Philadelphia						
04 - Atlanta	<u>.</u>					
elect a Report Sec	tion					
All Non-Immuniz	ation Totals					
Immunizations -	Pneumococcal					
Immunizations - I	nfluenza					

Select **Generate Report** to view the report, or select **Back** to choose a different Reporting Period, Region, or Report Section (Table VI-3).

Table VI-3



The **PACE Comparative Data Report – Quality Indicator Section 1** will display (Table VI-4). Select **Download to Excel** to export the report contents to Excel, or select **Back** to return to the previous screen.



port Title: port Date: porting Pe d Quarter, 3 gion(s): Allanta port Sectio arrza Imm.	PACE Comparative 3/4/2018 riod(s): 2018 (Apr Jun.) on: mizations Section	Data Report - I	Quality Indic	ator Section 1								
Contract	Contract Name	Site Name	-				Influen	iza Immunizati	ons			
Number			Total Eligible	Received Vaccine	Reaction to Vaccine	Vaccine Score	Reaction Score	Medically Contra- Indicated	DID NOT Receive Prior Immunization	Refused	ion (by Reason Vaccine Unavailable) Misser Opportur
20001	EXAMPLE CONTRACT 1	Example Site Name	0	0	0	0 %	0%	0	0	0	0	0
20001	EXAMPLE CONTRACT 1	Example Site Name	0	0	0	0 %	0%	0	0	0	0	0
Z0001	EXAMPLE CONTRACT 1	Example Site Name	0	0	0	0 %	0%	0	0	0	0	0
20001	EXAMPLE CONTRACT 1	Example Site Name	0	0	0	0 %	0%	0	0	0	0	0
20001	EXAMPLE CONTRACT 1	Example Site Name	0	0	0	0%	0%	0	0	0	0	0
20001	EXAMPLE CONTRACT 1	Example Site Name	0	0	0	0 %	0%	0	0	0	0	0
			S	S	S	S	S	S	S	S	S	S
			s	5	5	S	S	5	5	S	s	S
			S	5	S	S	S	S	S	S	S	S
			S	5	5	S	S	5	\$	S	S	S
			5	S	S	5	S	S	S	5	S	5
			8	8	5	5	8	8	6	8	5	0
								0				

PACE COMPARATIVE DATA REPORT – QUALITY INDICATOR SECTION 2

The **Comparative Data Report – Quality Indicator Section 2** displays comparative data of like organizations without revealing identifiable information.

Select the Reporting Period(s) and Region(s) for which you wish to run the report, and select **Next** (Table VI-5). To choose a different PACE report, select **Back**.



Select **Generate Report** to view the report, or select **Back** to choose a different Reporting Period or Region (Table VI-6).



The **PACE Comparative Data Report – Quality Indicator Section 2** will display (Table VI-7). Select **Download to Excel** to export the report contents to Excel, or select **Back** to return to the previous screen.

비	PMS	pommet Syste																	Prive Car let Date: 3407
eport Tr sport Dr sporting (Quarte sgion(s) - Atiant	tle: PACE Co itle: 342018 3 Period(s): 1, 2018 (Jan - 1: 0	mpanative D Mar.)	latla Reg	ort - Gualify	indicadori Se	ction 2													
ontract	Contract	5.04	alexa.								Total	incidenta							
lumber	Name	Name	Abuse	Adverse Drug Reaction	Adverse Outcome	Durns 2nd Degree or Higher	Experient	Equipment- Related Occurrences	Falls with hijury	Fires/Other Disasters	Foodborne Outbreak	Infectious Disease Durbreak	Media- Related Event	Medication- Related Decumences	Notor Vehicle Accidenta	Pressure	Restaint Use	Buicide Attempt/Suicide	Unexpecte Death
20001	EXAMPLE CONTRACT	Example Site Name	0	0	0	1.0	0	0		0	0	Ø.,	0	.0	0		0	.0	0
Z0001	EXAMPLE CONTRACT	Example Site Name	0	0	0		8	0	0	8	0	0	0	0	0		8	0	0
20001	EXAMPLE CONTRACT	Example Site Name	0	0	0	0	.0	0	0	0	0	0	0	0	0	0	0	0	0
29001	EXAMPLE CONTRACT	Example Site Name	0	0	0	. 0.	0	0	.0	.0	0	0	.0	0	0	.0	0	0	0
70001	EXAMPLE	Example Site Name	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0
20001	EXAMPLE	Example Site Name	. 1	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0
			5	5	-5	5	8	\$	5	5	\$	5	5	5	5	5	\$	8	5
			5	5	- 15	5	-5	- 5	.5	5	5	5	5	5	5	.5	5	5	5
			8	8	В	8	8	8	. 6	8	8	8	8	8	8	6	18	8	5
			8	8	8	5	8	8	8	8	8	8	8	8	8	8	8	8	8
			8	8	8	8	8	5	5	6	5	8	8	8	8	8	8	8	6
			5	5.	s	5	.5	5	5	5	5	5	.5	5	5.	5	s	S	5
			5	5	5	5	5	5	5	5	5	5	5	S	5	5	5	5	5
Ren	second Bear	Trend Co.		D.	Dana 10	9		5		3		8	- 8	. 8	5		B.		
Dow	nicular to Excel			and Long 1	and the														

PACE SITE DATA REPORT

The PACE Site Data Report displays the monitoring data for the twenty-six PACE quality indicators by Site.

Select the Reporting Period(s), and select Next (Table VI-8). To choose a different PACE report, select Back. Table VI-8

Contract Management	Plan Bids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Data Extract Facility
PACE Quality Monitor	ng = PACE Reports = / Report	PACE Sile Data Report		PA	CE	+
1st Quarter, 2018 (. 4th Quarter, 2017 (. 3rd Quarter, 2017 (. 2nd Quarter, 2017 (. 1st Quarter, 2017 (. 4th Quarter, 2016 (.	lan - Mar) Oct - Dec.) Jul - Sep.) Apr Jun.) Ian Mar) Oct Dec.)					
Back Next						

Select the Contract Number and Site for which you wish to run the report, and select **Next** (Table VI-9). To choose a different Reporting Period, select **Back**.

Iome • PACE Quality Mostering • PACE Reports • PACE Site Data Report PACE Site Data Report Reporting Period: 2nd Quarter, 2018 (Apr Jun.) Select a Contract Number Select a Site Z0001 - EXAMPLE CONTRACT 1 Z0002 - EXAMPLE CONTRACT 2 Z0003 - EXAMPLE CONTRACT 2 Z0003 - EXAMPLE CONTRACT 2	Contrast management	Plan Bids	Plan Formularies	Monitor	ing	Performance.	Risk Adjustment	Data Extract Facil
Select a Contract Number Select a Site Z0001 - EXAMPLE CONTRACT 1 Example Site Name Z0002 - EXAMPLE CONTRACT 2 Example Site Name 2 Z0002 - EXAMPLE CONTRACT 3 Example Site Name 2	PACE Quality Mositoring PACE Site Data R Reporting Period: 2nd) = PACE Reports = Report I Quarter, 2018 (/	PAGE Site Data Report Apr Jun.)			PA	CE	
Z0001 - EXAMPLE CONTRACT 1 Example Site Name Z0002 - EXAMPLE CONTRACT 2 Example Site Name 2 Example Site Name 2		Select a Contra	oct Number			5	elect a Site	
Z0004 - EXAMPLE CONTRACT 4 Example Site Name 3 Z0005 - EXAMPLE CONTRACT 5 Example Site Name 4 Z0006 - EXAMPLE CONTRACT 5 Z0007 - EXAMPLE CONTRACT 5 Z0008 - EXAMPLE CONTRACT 7 Example Site Name 4	20001 - EXAMPLE CC 20002 - EXAMPLE CC 20003 - EXAMPLE CC 20004 - EXAMPLE CC 20005 - EXAMPLE CC 20005 - EXAMPLE CC 20007 - EXAMPLE CC 20008 - EXAMPLE CC	ONTRACT 1 ONTRACT 2 ONTRACT 3 ONTRACT 4 ONTRACT 6 ONTRACT 6 ONTRACT 7 ONTRACT 8			Example Site Example Site Example Site Example Site	a Name 9 Name 2 9 Name 3 9 Name 4		
Select **Generate Report** to view the report, or select **Back** to choose a different Contract Number or Site (Table VI-10).





The **PACE Site Data Report** will display (Table VI-11). Select **Download to Excel** to export the report contents to Excel, or select **Back** to return to the previous screen.

Table VI-11



PACE Quality Monitoring User Guide

PACE STATUS REPORT

The PACE Status Report displays the PACE site quality indicators for which data has not been submitted.

Select the Reporting Period(s) for which you wish to run the report, and select **Next** (Table VI-12). To choose a different PACE report, select **Back**.

Contract Management	Plan Bids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Data Extract Facility
ACE Status R	nng = PACE Reports = eport Period	PAGE Status Report		PA	CE	+
1st Quarter, 2018 (4th Quarter, 2017 (3rd Quarter, 2017 (2nd Quarter, 2017 (1st Quarter, 2017 (4th Quarter, 2016 (Jan Mar.) • Oct Dec.) Jul Sep.) (Apr Jun.) Jan Mar.) Oct Dec.) •					
_						

Select the Contract Number and Site for which you wish to run the report, and select **Next** (Table VI-13). To choose a different Reporting Period, select **Back**.



ontract Management	Plan Bids	Plan Formularies	Monitoring	Performance	Risk Adjustment	Data Extract Facili
e + PACE Quality Monito	ring = PACE Reports =	PACE Status Report			05	
ICE Status R	eport			РА	GE	
Reporting Period: 2	2nd Quarter, 2018 (Apr Jun.)				
	Select a Contra	ict Number			ielect a Site	
Z0001 - EXAMPLE	CONTRACT 1		Example	e Site Name		
Z0002 - EXAMPLE Z0003 - EXAMPLE	CONTRACT 3		Exampl	e Site Name 3		
Z0004 - EXAMPLE Z0005 - EXAMPLE	CONTRACT 4 CONTRACT 5		Exampl	e Site Name 4		
Z0006 - EXAMPLE Z0007 - EXAMPLE	CONTRACT 6					
Z0008 - EXAMPLE	CONTRACT 8		2			
Alexet						
ick Next						



The **PACE Status Report** will display (Table VI-14). Select **Download to Excel** to export the report contents to Excel, or select **Back** to return to the previous screen.

1 able v 1-14	Tabl	e	VI-	14	1
---------------	------	---	-----	----	---

HPMS Health Plan Mar	rogement System				TEST USER User R Last logged in at	esources Log Out A A A 4:34 PM on March 26, 2018
Contract Management	Plan Bids	Plan Formularies	Monitoring	Quality and Performance	Risk Adjustment	Data Extract Facility
Home + PACE Quality Monito	oring + PACE Reports + i	PAGE Status Report				
PACE Status R	leport			PA	CE	+)
Report Date: 3	27/2018					
Reporting Period: 1	st Quarter, 2018 (Jar	n Mar.)				
Contract(s): Z	0001 - EXAMPLE C	ONTRACT 1				
		Z0001 - EXAMPLE C	CONTRACT 1			
PACE Site		Indicato	r Information Not Su	ubmitted		
Example Site Nat	me Appeals					
Back Download	S TO EXCEN de Accessibility (Web Pole imputer system subject to Fr	cies File Formats and Plug-Ins oderal law	Rules Of Denievior Syste	m Requirements (FAQ		(CMS

APPENDIX I: HPMS CONTACT INFORMATION

Subject Matter	Name	Phone	Email Address
HPMS Technical Help	HPMS Help Desk	800-220-2028	hpms@cms.hhs.gov
HPMS Password Reset Requests	CMS IT Help Desk	410-786-2580	N/A
HPMS User Access Questions	HPMS User Access Mailbox	N/A	hpms_access@cms.hhs.gov
HPMS PACE Monitoring Related Questions	CMS DMAO Mailbox	N/A	DMAO.lmi.org
General HPMS PACE Monitoring Module Inquiries	Timothy Hoogerwerf	410-786-9962	Timothy.hoogerwerf@cms.hhs.gov