

Acute Hospital Care at Home

sbx-qualitynet.cms.gov/acute-hospital-care-at-home/qims-tool

Section 1: AHCAH Waiver Validation

1. AHCAH waiver number * (ex: AHCAH-XXXXX)

AHCAH:

2. CMS Certification Number (CCN) *

Reset and verify again

☒

Waiver verified for Stone Springs Hospital (CCN: 123456).

3. Hospital Name *

☐

Our program is not actively admitting patients at this time

Section 2: Patient Information

4. Medicare Beneficiary ID

5. Medicaid ID

Enter at least one: Medicare Beneficiary ID or Medicaid ID.
Medicaid ID is required if a patient is dually eligible for both Medicare and Medicaid.

6. State of Residence *

Validate Beneficiary Information

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Validate Beneficiary Information

7. Admission Date *
mm/dd/yyyy

8. Discharge Date (if applicable)
mm/dd/yyyy

9. Admitting ("Principal Diagnosis Related Group (DRG)" code) for the Hospital at Home Admission *
This is the code for the reason the patient is in the hospital. Example: 470.

10. Total Inpatient Episode Length of Stay (LOS) for this patient encounter: (# of Days) *

11. Total Hospital at Home Length of Stay (LOS) for this encounter: (# of Days) *

12. Origin of Admission/Transfer to Hospital at Home: *
Select an option

13. Discharge Disposition: *
Select an option

Clinical staff and consultation services

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Total Number of Clinician Visits
Enter positive integers (0 or higher) for each field.

Advanced Practice Provider (APP)	14. In-person (#) *	15. Virtual (#) *
Certified Paramedic (CP) Practitioner	16. In-person (#) *	17. Virtual (#) *
Mobile Integrated Health (MIH)	18. In-person (#) *	19. Virtual (#) *
Occupational Therapy (OT)	20. In-person (#) *	21. Virtual (#) *
Physical Therapy (PT)	22. In-person (#) *	23. Virtual (#) *
Physician	24. In-person (#) *	25. Virtual (#) *
Registered Nurse (RN)	26. In-person (#) *	27. Virtual (#) *
Speech Language Pathology (SLP)	28. In-person (#) *	29. Virtual (#) *

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30. Did the patient receive ancillary services or support service consult from any of the following during this hospital at home encounter? *

Select all that apply.

- Case Management
- Chaplain
- Dietician/Nutrition
- Occupational Therapy
- Physical Therapy
- Respiratory Therapy

31. Did the patient receive clinical sub-specialty consultation(s) during this hospital at home encounter? *

Select all that apply.

- Cardiology
- Endocrinology
- Hematology
- Hepatology
- Infectious Disease
- Nephrology

▼ Diagnostic Services

32. Did the patient receive laboratory services during this Hospital at Home encounter? *

☐ No

☐ Yes

33. Did the patient receive imaging during this Hospital at Home encounter? *

☐ Yes

☐ No

▼ Medication and Therapeutics

34. Did the patient receive oral (PO) medications during this Hospital at Home encounter? *

☐ No

☐ Yes

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35. Did the patient receive intravenous (IV) medications during this Hospital at Home encounter? *

☐ No

☐ Yes

36. Did the patient receive intravenous infusions during this Hospital at Home encounter? *

☐ No

☐ Yes

37. Did the patient receive aerosol/nebulized medications during this Hospital at Home encounter? *

☐ No

☐ Yes

38. Did the patient receive oxygen therapy during this Hospital at Home encounter? *

☐ Yes

☐ No

39. Did the patient receive Durable Medical Equipment (DME) during this Hospital at Home encounter? *

☐ Yes

☐ No

▼ Transportation Services

40. What method of transportation was used to transport the patient from the hospital to the home upon admission/transfer to the Hospital at Home service? *

Select an option

41. What method of transportation was used to transport the patient to the hospital from home for the purpose of diagnostic testing? *

Select an option

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42. What method of transportation was used to transport the patient to the hospital from home for the purpose of escalation (higher level of care)? *

Select an option

43. If the patient was escalated back to the brick-and-mortar hospital, what level of response was used for the patient's transportation? *

Select an option

Other Services

44. Did the patient receive remote patient monitoring during this Hospital at Home encounter? *

☐ Yes

☐ No

45. Did the patient receive additional in-home services for support of Activities of Daily Living (ADLs) during this Hospital at Home encounter? *

☐ Yes

☐ No

46. Did the patient receive additional in-home services for support of mobility during this Hospital at Home encounter? *

☐ Yes

☐ No

47. Did the patient receive meals during this Hospital at Home encounter? *

Select an option

☐ I'm not a robot

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