

OASIS-BASED OUTCOME MEASURES

Home Health Quality Measures – Outcomes

Notes:

- Risk Adjustment:** Some outcome measures are risk adjusted, including most that are reported on Care Compare. The risk adjustment methodology, using a predictive model developed specifically for each measure, compensates for differences in the patient population served by different home health agencies.
- “Quality Episode” Definition:** Quality episodes are used in the calculation of the quality measures. Quality episodes are not the same as payment episodes. A quality episode begins with either a SOC (start of care) or ROC (resumption of care) and ends with a transfer, death, or discharge for a patient regardless of the length of time between the start and ending events. This is relevant for OASIS-based measures.
- Home Health Claims-Based Measures:** Home Health claims-based measures on Care Compare are typically updated annually in October.
- Quality of Patient Care Star Rating:** An asterisk (*) next to the measure name indicates the measure is included in the Quality of Patient Care star rating algorithm.
- Hospice Exclusion:** A double asterisk (**) at the end of the Measure-specific Exclusion indicates that for this quality measure, the exclusions have been updated to address quality episodes that end with a discharge/transfer to hospice. This exclusion update is effective for quality episodes that end January 1, 2023, or after.

OASIS-BASED OUTCOME MEASURES

Type	Measure Title	Posted on Care Compare	CBE Status	Risk Adjusted	Measure Description	Numerator	Denominator	Measure-specific Exclusions	OASIS-E Item(s) Used
End Result Outcome - Functional	Stabilization in Grooming	No	Not endorsed	No	Percentage of home health quality episodes during which patients improved or stayed the same in ability to groom self.	Number of home health quality episodes where the value recorded on the discharge assessment indicates the same or less impairment in grooming themselves at discharge than at start (or resumption) of care.	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes for which the patient, at start/resumption of care, was totally unable to groom self, quality episodes that end with inpatient facility transfer or death, or patient is nonresponsive.	(M1800) Grooming (M1700) Cognitive Functioning (M1710) When Confused (M1720) When Anxious (M0100) Reason for Assessment
End Result Outcome - Functional	Improvement in Upper Body Dressing	No	Not endorsed	Yes	Percentage of home health quality episodes during which patients improved in ability to dress upper body.	Number of home health quality episodes where the value recorded on the discharge assessment indicates less impairment in dressing their upper body at discharge than at start (or resumption) of care.	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes for which the patient, at start/resumption of care, was able to dress upper body without assistance or supervision, or patient is nonresponsive, episodes that end with inpatient facility transfer, death, or discharge to non-institutional /home hospice**.	(M1810) Current Ability to Dress Upper Body (M1700) Cognitive Functioning (M1710) When Confused (M1720) When Anxious (M2420) Discharge Disposition (M0100) Reason for Assessment
End Result Outcome - Functional	Improvement in Lower Body Dressing	No	Not endorsed	Yes	Percentage of home health quality episodes during which patients improved in ability to dress lower body.	Number of home health quality episodes where the value recorded on the discharge assessment indicates less impairment in dressing their lower body at discharge than at start (or resumption) of care.	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes for which the patient, at start/resumption of care, was able to dress lower body without assistance or supervision, or patient is nonresponsive, episodes that end with inpatient facility	(M1820) Current Ability to Dress Lower Body (M1700) Cognitive Functioning (M1710) When Confused (M1720) When Anxious

OASIS-BASED OUTCOME MEASURES

Type	Measure Title	Posted on Care Compare	CBE Status	Risk Adjusted	Measure Description	Numerator	Denominator	Measure-specific Exclusions	OASIS-E Item(s) Used
								transfer, death, or discharge to non-institutional/home hospice**.	(M2420) Discharge Disposition (M0100) Reason for Assessment
End Result Outcome - Functional	Improvement in Bathing*	Yes	Endorsed (0174)	Yes	Percentage of home health quality episodes during which the patient got better at bathing self.	Number of home health quality episodes where the value recorded on the discharge assessment indicates less impairment in bathing at discharge than at start (or resumption) of care.	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes for which the patient, at start/resumption of care, was able to bath self independently, or patient is nonresponsive, quality episodes that end with inpatient facility transfer, death, or discharge to non-institutional/home hospice**.	(M1830) Bathing (M1700) Cognitive Functioning (M1710) When Confused (M1720) When Anxious (M2420) Discharge Disposition (M0100) Reason for Assessment
End Result Outcome - Functional	Stabilization in Bathing	No	Not endorsed	No	Percentage of home health quality episodes during which the patient improved or stayed the same in the ability to bathe.	Number of home health quality episodes where the value recorded on the discharge assessment indicates the same or less impairment in bathing at discharge than at start (or resumption) of care.	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes for which the patient, at start/resumption of care, was totally dependent in bathing, quality episodes that end with inpatient facility transfer or death, or patient is nonresponsive.	(M1830) Bathing (M1700) Cognitive Functioning (M1710) When Confused (M1720) When Anxious (M0100) Reason for Assessment
End Result Outcome - Functional	Improvement in Toilet Transferring	No	Not endorsed	Yes	Percentage of home health quality episodes during which patients improved in ability to get to and from and on and off the toilet.	Number of home health quality episodes where the value recorded on the discharge assessment indicates less impairment in getting to and from and on and off the toilet at discharge than at start (or resumption) of care.	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes for which the patient, at start/resumption of care, was able to get to and from and on and off the toilet without assistance or supervision, or patient is nonresponsive, quality episodes that end with inpatient facility transfer, death, or a discharge to non-institutional/home hospice**.	(M1840) Toilet Transferring (M1700) Cognitive Functioning (M1710) When Confused (M1720) When Anxious (M2420) Discharge Disposition (M0100) Reason for Assessment
End Result Outcome - Functional	Stabilization in Toilet Transferring	No	Not endorsed	No	Percentage of home health quality episodes during which patients improved or stayed the same in ability to get to and from and on and off the toilet.	Number of home health quality episodes where the value recorded on the discharge assessment indicates the same or less impairment in getting to and from and on and off the toilet at discharge than at start (or resumption) of care.	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes for which the patient, at start/resumption of care, was totally unable to get to and from or on and off the toilet, quality episodes that end with inpatient facility transfer or death, or patient is nonresponsive.	(M1840) Toilet Transferring (M1700) Cognitive Functioning (M1710) When Confused (M1720) When Anxious (M2420) Discharge Disposition (M0100) Reason for Assessment

OASIS-BASED OUTCOME MEASURES

Type	Measure Title	Posted on Care Compare	CBE Status	Risk Adjusted	Measure Description	Numerator	Denominator	Measure-specific Exclusions	OASIS-E Item(s) Used
End Result Outcome - Functional	Stabilization in Toileting Hygiene	No	Not endorsed	No	Percentage of home health quality episodes during which patients improved or stayed the same in ability to manage toileting hygiene.	Number of home health quality episodes where the discharge assessment indicates the same or less impairment in toileting hygiene at discharge than at start/resumption of care.	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes for which the patient, at start/resumption of care, was totally unable to maintain toileting hygiene or supervision, quality episodes that end with inpatient facility transfer or death, or patient is nonresponsive.	(M1845) Toileting Hygiene (M1700) Cognitive Functioning (M1710) When Confused (M1720) When Anxious (M0100) Reason for Assessment
End Result Outcome - Functional	Improvement in Bed Transferring*	Yes	Endorsed (0175)	Yes	Percentage of home health quality episodes during which the patient improved in ability to get in and out of bed.	Number of home health quality episodes where the value recorded on the discharge assessment indicates less impairment in bed transferring at discharge than at start (or resumption) of care.	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes for which the patient, at start/resumption of care, was able to transfer independently, or patient is nonresponsive, quality episodes that end with inpatient facility transfer, death, or a discharge to non-institutional/home hospice**.	(M1850) Transferring (M1700) Cognitive Functioning (M1710) When Confused (M1720) When Anxious (M2420) Discharge Disposition (M0100) Reason for Assessment
End Result Outcome - Functional	Stabilization in Bed Transferring	No	Not endorsed	No	Percentage of home health quality episodes during which the patient improved or stayed the same in ability to get in and out of bed.	Number of home health quality episodes where the value recorded on the discharge assessment indicates the same or less impairment in bed transferring at discharge than at start (or resumption) of care.	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes for which the patient, at start/resumption of care, was totally unable to transfer in and out of bed, quality episodes that end with inpatient facility transfer or death, or patient is nonresponsive.	(M1850) Transferring (M1700) Cognitive Functioning (M1710) When Confused (M1720) When Anxious (M0100) Reason for Assessment
End Result Outcome - Functional	Improvement in Ambulation- Locomotion*	Yes	Endorsed (0167)	Yes	Percentage of home health quality episodes during which the patient improved in ability to ambulate.	Number of home health quality episodes where the value recorded on the discharge assessment indicates less impairment in ambulation/locomotion at discharge than at start (or resumption) of care.	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes for which the patient, at start/resumption of care, was able to ambulate independently, or patient is nonresponsive, quality episodes that end with inpatient facility transfer, death, or discharge to non-institutional/home hospice**.	(M1860) Ambulation/ Locomotion (M1700) Cognitive Functioning (M1710) When Confused (M1720) When Anxious (M2420) Discharge Disposition (M0100) Reason for Assessment
End Result Outcome - Functional	Improvement in Management of Oral Medications*	Yes	Endorsed (0176)	Yes	Percentage of home health quality episodes during which the patient improved in ability to take their medicines correctly (by mouth).	Number of home health quality episodes where the value recorded on the discharge assessment indicates less impairment in taking oral	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes for which the patient, at start/resumption of care, was able to take oral medications correctly without assistance or supervision,	(M2020) Management of Oral Medications (M1700) Cognitive Functioning (M1710) When

OASIS-BASED OUTCOME MEASURES

Type	Measure Title	Posted on Care Compare	CBE Status	Risk Adjusted	Measure Description	Numerator	Denominator	Measure-specific Exclusions	OASIS-E Item(s) Used
						medications correctly at discharge than at start (or resumption) of care.		or patient is nonresponsive, quality episodes that end with inpatient facility transfer, death, or discharge to non-institutional/home hospice**.	Confused (M1720) When Anxious (M2420) Discharge Disposition (M0100) Reason for Assessment
End Result Outcome - Functional	Stabilization in Management of Oral Medications	No	Not endorsed	No	Percentage of home health quality episodes during which the patient improved or stayed the same in ability to take their medicines correctly (by mouth).	Number of home health quality episodes where the value recorded on the discharge assessment indicates the same or less impairment in taking oral medications correctly at discharge than at start (or resumption) of care.	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes for which the patient, at start/resumption of care, was totally dependent in taking oral medications, quality episodes that end with inpatient facility transfer or death, or patient is nonresponsive, or patient has no oral medications prescribed.	(M2020) Management of Oral Medications (M1700) Cognitive Functioning (M1710) When Confused (M1720) When Anxious (M0100) Reason for Assessment
End Result Outcome - Health	Improvement in Dyspnea*	Yes	Not endorsed	Yes	Percentage of home health quality episodes during which the patient became less short of breath or dyspneic.	Number of home health quality episodes where the discharge assessment indicates less dyspnea at discharge than at start (or resumption) of care.	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes for which the patient, at start/resumption of care, was not short of breath at any time, quality episodes that end with inpatient facility transfer, death, or a discharge to non-institutional/home hospice**.	(M1400) When is the patient dyspneic? (M2420) Discharge Disposition (M0100) Reason for Assessment
End Result Outcome - Health	Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury	Yes	Not Endorsed	Yes	Percentage of quality episodes in which the patient has one or more Stage 2-4 pressure ulcers, or an unstageable ulcer/injury, present at discharge that are new or worsened since the beginning of the quality episode.	The number of completed quality episodes for patients whose assessment at discharge indicates one or more new or worsened Stage 2-4 or unstageable pressure ulcers/injuries compared to the start or resumption of care assessment	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes that end in a death at home or transfer to an inpatient facility. Home health quality episodes without an assessment completed at the start or resumption of care and an assessment completed at discharge. Home health quality episodes without a usable response (which includes a valid skip) for M1311A, M1311B, M1311C, M1311D, M1311E and M1311F on the discharge assessment.	(M1311A) Stage 2 pressure ulcers (M1311B) Stage 3 pressure ulcers (M1311C) Stage 4 pressure ulcers (M1311D) Unstageable pressure ulcers/injuries due to non-removable dressing/device (M1311E) Unstageable pressure ulcers due to slough/eschar (M1311F) Deep tissue injury (M0100) Reason for Assessment
End Result Outcome - Health	Improvement in Bowel Incontinence	No	Not endorsed	Yes	Percentage of home health quality episodes during which patient's bowel control improves.	Number of home health quality episodes where the patient has less frequent bowel incontinence at discharge compared to start (resumption) of care.	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes for which the patient, at start/resumption of care, was continent, OR bowel incontinence was unknown, or patient is nonresponsive, episodes that end with inpatient facility transfer, death, or discharge to non-	(M1620) Bowel Incontinence Frequency (M1700) Cognitive Functioning (M1710) When Confused (M1720) When Anxious (M2420) Discharge

OASIS-BASED OUTCOME MEASURES

Type	Measure Title	Posted on Care Compare	CBE Status	Risk Adjusted	Measure Description	Numerator	Denominator	Measure-specific Exclusions	OASIS-E Item(s) Used
								institutional/home hospice**.	Disposition (M0100) Reason for Assessment
End Result Outcome - Health	Improvement in Confusion Frequency	No	Not endorsed	Yes	Percentage of home health quality episodes during which patients are confused less often.	Number of home health quality episodes where the discharge assessment indicates the patient is confused less often at discharge than at start (or resumption) of care.	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes for which the patient, at start/resumption of care, was not confused at any time, or patient is nonresponsive, episodes that end with inpatient facility transfer, death, or discharge to non-institutional/home hospice**.	(M1700) Cognitive Functioning (M1710) When Confused (M1720) When Anxious (M2420) Discharge Disposition (M0100) Reason for Assessment
End Result Outcome - Health	Application of Percent of Residents Experiencing One or More Falls with Major Injury	Yes	Not endorsed in HH	No	Percentage of quality episodes in which the patient experiences one or more falls with major injury (defined as bone fractures, joint dislocations, and closed-head injuries with altered consciousness, or subdural hematoma) during the home health episode.	Number of quality episodes in which the patient experienced one or more falls that resulted in major injury during the quality episode.	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes during which the occurrence of falls was not assessed. Home health quality episodes where the assessment indicates that a fall occurred AND the number of falls with major injury was not assessed.	(J1800) Any falls since SOC/ROC (J1900) Number of falls since SOC/ROC (M0100) Reason for Assessment
End Result Outcome - Health	Discharge Function Score	No	Not endorsed	Yes	The percentage of home health patients who achieve or exceed a risk-adjusted expected function score at discharge. Functional status evaluates a patient's capacity to perform daily activities related to self-care (GG0130) and mobility (GG0170).	Number of home health quality episodes where the observed discharge function score for Section GG function items is equal to or greater than the calculated expected discharge function score.	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes that end in a transfer, death at home, or, or the quality episode is less than 3 days. Home health quality episodes where the patient is considered to be non-responsive in which the primary diagnosis or other diagnoses indicate the patient has a diagnosis of coma, persistent vegetative state, has complete tetraplegia, locked-in state, severe anoxic brain damage, cerebral edema, or compression of the brain. Home health quality episodes where the patient is discharged to hospice (home or institutional facility)**.	(GG0130A) Eating (GG0130B) Oral Hygiene (GG0130C) Toileting Hygiene (GG0170A) Roll Left and Right (GG0170C) Lying to Sitting on Side (GG0170D) Sit to Stand (GG0170E) Chair/Bed-to-Chair Transfer (GG0170F) Toilet Transfer (GG0170I) Walk 10 Feet (GG0170J) Walk 50 Feet with 2 Turns (GG0170R) Wheel 50 Feet with 2 Turns (M1021) Primary diagnosis (M1023) Other diagnoses (M1700) Cognitive functioning (M2420) Discharge Disposition (M0100) Reason for Assessment

OASIS-BASED OUTCOME MEASURES

Type	Measure Title	Posted on Care Compare	CBE Status	Risk Adjusted	Measure Description	Numerator	Denominator	Measure-specific Exclusions	OASIS-E Item(s) Used
Utilization Outcome	Discharged to Community (OASIS based)	No	Not endorsed	Yes	Percentage of home health quality episodes after which patients remained in the community.	Number of home health quality episodes where the assessment completed at the discharge indicates the patient remained in the community after discharge (M2420 Response 1 or 2).	Number of home health quality episodes ending with a discharge or transfer to inpatient facility during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes that end in patient death, or transfer to institutional hospice (M2410 Response 4), or discharge from agency where the discharge disposition was either to a non-institutional/home hospice (M2420 Response 3) or Other unknown (by M2420 Response "UK")**.	(M2410) To which Inpatient Facility has the patient been admitted? (M2420) Discharge Disposition (M0100) Reason for Assessment

CLAIMS-BASED OUTCOME MEASURES

Type	Measure Title	Care Compare	CBE Status	Risk Adjusted	Measure Description	Numerator	Denominator	Measure-specific Exclusions	OASIS-E Item(s) Used
Utilization Outcome	Acute Care Hospitalization During the First 60 Days of Home Health (Claims-based)*	Yes	Endorsed (0171)	Yes	Percentage of home health stays in which patients were admitted to an acute care hospital during the 60 days following the start of the home health stay.	Number of home health stays for patients who have a Medicare FFS claim for an unplanned admission to an acute care hospital in the 60 days following the start of the home health stay.	Number of home health stays that begin during the 12-month observation period.	Home health stays that begin with a Low Utilization Payment Adjustment (LUPA) claim. Home health stays in which the patient receives service from multiple agencies during the first 60 days. Home health stays for patients who are not continuously enrolled in fee-for-service Medicare for the 6 months prior to the home health stay. Home health stays for patients who are not continuously enrolled in fee-for-service Medicare for the 60 days following the start of the home health stay or until death.	None – based on Medicare FFS claims
Utilization Outcome	Emergency Department Use without Hospitalization During the First 60 days of Home Health (Claims-based)	Yes	Endorsed (0173)	Yes	Percentage of home health stays in which patients used the emergency department but were not admitted to the hospital during the 60 days following the start of the home health stay.	Number of home health stays for patients who have a Medicare FFS claim for outpatient emergency department use and no claims for acute care hospitalization in the 60 days following the start of the home health stay.	Number of home health stays that begin during the 12-month observation period.	Home health stays that begin with a Low Utilization Payment Adjustment (LUPA) claim. Home health stays in which the patient receives service from multiple agencies during the first 60 days. Home health stays for patients who are not continuously enrolled in fee-for-service Medicare for the 6 months prior to the home health stay. Home health stays for patients who are not continuously enrolled in fee-for-service Medicare for the 60 days following the start of the home health stay or until death.	None – based on Medicare FFS claims

CLAIMS-BASED OUTCOME MEASURES

Type	Measure Title	Care Compare	NQF Status	Risk Adjusted	Measure Description	Numerator	Denominator	Measure-specific Exclusions	OASIS-E Item(s) Used
Utilization Outcome	Discharge to Community (Claims-based)	Yes	Not Endorsed for HH	Yes	<p>Percentage of home health stays in which patients were discharged to the community and do not have an unplanned admission to an acute care hospital or LTCH in the 31 days and remain alive in the 31 days following discharge to community.</p> <p>The term "community," for this measure, is defined as home/self-care, without home health services, based on Patient Discharge Status Codes 01 and 81 on the Medicare FFS claim.</p>	The risk-adjusted prediction of the number of HH stays resulting in a discharge to the community (Patient Discharge Status codes equal to 01 or 81), without an unplanned admission to an ACH/LTCH or death in the 31-day post-discharge observation window. For DTC-PAC, an HH stay is a sequence of HH payment episodes separated by two or fewer days. A separation between HH payment episodes greater than two days results in separate HH stays.	The risk-adjusted expected number of discharges to community. This estimate includes risk adjustment for patient characteristics with the HHA effect removed. The "expected" number of discharges to community is the projected number of risk-adjusted discharges to community if the same patients were treated at the average HHA appropriate to the measure. Numerator over denominator times the national observed DTC-PAC rate equals the reported risk-standardized rate.	<p>Denominator Exclusions: Excludes claims for patients who are:</p> <ul style="list-style-type: none"> Under 18 years of age Discharged to a psychiatric hospital Discharged against medical advice. Discharged to disaster alternative care sites or federal hospitals. Discharged to court/law enforcement. Discharged to hospice. Patient was enrolled in hospice during the post-discharge observation window. Not continuously enrolled in Parts A and B FFS Medicare for the 12 months prior to the PAC admission date, and at least 31 days after post-acute discharge date, or are ever enrolled in Part C Medicare Advantage during this period. Experience a short-term acute care stay or psychiatric stay for non-surgical treatment of cancer in the 30 days prior to PAC admission. Discharged to another home health agency. Baseline nursing facility residents that return to their nursing home as a place of residence. 	None – based on Medicare FFS claims

CLAIMS-BASED OUTCOME MEASURES

Type	Measure Title	Care Compare	NQF Status	Risk Adjusted	Measure Description	Numerator	Denominator	Measure-specific Exclusions	OASIS-E Item(s) Used
Outcome: Cost/Resource Use	Medicare Spending Per Beneficiary - Post-Acute Care (MSPB-PAC) Home Health Measure (Claims based)	Yes	Not Endorsed for HH	Yes	<p>The assessment of the Medicare spending of a home health agency's MSPB-PAC HH episodes, relative to the Medicare spending of the national median home health agency's MSPB-PAC HH episodes across the same performance period.</p> <p>Note: An MSPB-PAC HH measure score of less than 1 indicates that a given home health agency's resource use is less than that of the national median home health agency during the same performance period.</p>	<p>The numerator is called the MSPB-PAC Amount. This is the average observed over expected (as predicted through risk adjustment) Medicare spending for a home health agency's MSPB-PAC HH's episodes, multiplied by the national average MSPB-PAC HH spending.</p> <p>MSPB-PAC HH episodes include the Medicare spending for Parts A and B services during the episode window, subject to certain exclusions for clinically unrelated services. These exclusions are for services that are clinically unrelated to post-acute care treatment or services over which home health agencies may have limited to no influence (e.g., routine management of certain preexisting chronic conditions).</p> <p>The episode window consists of a treatment period (days 1-60 of the home health Medicare FFS claim, or day 1 to discharge for a claim subject to a PEP adjustment) and an associated services period (day 1 of the home health claim through to 30 days after the end of the treatment period).</p>	<p>The denominator is the episode-weighted national median MSPB-PAC Amount across all home health agencies for the two-year observation period.</p>	<p>Episodes triggered by a claim outside the 50 states, D.C., Puerto Rico, and U.S. territories.</p> <p>Episodes where the claim(s) constituting the attributed HHA's treatment have a standard allowed amount of zero or where the standard allowed amount cannot be calculated.</p> <p>Episodes where the patient is not continuously enrolled in Medicare FFS for the 90 days before the episode trigger (lookback period) through to the end of the episode window or is enrolled in Part C for any part of this period. This includes cases where the beneficiary dies during this period.</p> <p>Episodes in which a patient has a primary payer other than Medicare during the 90-day lookback period or episode window.</p> <p>Episodes where the claim(s) constituting the attributed HHA's treatment include a non-PPS related condition code.</p> <p>Episodes triggered by a RAP claim.</p> <p>Episodes with outlier residuals below the 1st percentile or above the 99th percentile of the residual distribution.</p>	None – based on Medicare FFS claims

CLAIMS-BASED OUTCOME MEASURES

Type	Measure Title	Care Compare	NQF Status	Risk Adjusted	Measure Description	Numerator	Denominator	Measure-specific Exclusions	OASIS-E Item(s) Used
Utilization Outcome	Potentially Preventable 30-Day Post-Discharge Readmission Measure (Claims based)	Yes	Not Endorsed	Yes	Percentage of home health stays in which patients who had an acute inpatient discharge within the 30 days before the start of their home health stay and were admitted to an acute care hospital or LTCH for unplanned, potentially preventable readmissions in the 30-day window beginning two days after home health discharge.	<p>The risk-adjusted prediction of the number of HH stays with a Medicare FFS claim for unplanned, potentially preventable readmissions in the 30-day window beginning two days after home health discharge.</p> <p>For PPR, an HH stay is a sequence of HH payment episodes separated by two or fewer days that begin during the 3-year observation period for patients who had an acute inpatient hospital discharge within the 30 days prior to the start of the HH stay and were discharged to the community from HH. A separation between HH payment episodes greater than two days results in separate HH stays.</p>	<p>The risk-adjusted expected number of HH stays with a Medicare FFS claim for unplanned, potentially preventable readmissions in the 30-day window beginning two days after home health discharge. This estimate includes risk adjustment for patient characteristics with the HHA effect removed. The "expected" number is the projected number of HH stays with a Medicare FFS claim for unplanned, potentially preventable readmissions if the same patients were treated at the average HHA appropriate to the measure.</p> <p>Numerator over denominator times the national observed PPH rate equals the reported risk-standardized rate.</p>	<p>Excludes claims for patients who:</p> <ul style="list-style-type: none"> Are under the age of 18 years. Died during the home health stay. Did not have a short-term acute-care stay within 30 days prior to a HH admission date. Are transferred at the end of a stay to another HHA or short-term acute care hospital. Are not continuously enrolled in Parts A and B FFS Medicare for the 12 months prior to the post-acute admission date, and at least 31 days after the post-acute discharge date, or are ever enrolled in Part C Medicare Advantage during this period. Are not discharged to the community. Are discharged against medical advice (AMA). The prior short-term acute-care stay was for nonsurgical treatment of cancer. Are transferred to a federal hospital from the HHA. 	None – based on Medicare FFS claims

CLAIMS-BASED OUTCOME MEASURES

Type	Measure Title	Care Compare	NQF Status	Risk Adjusted	Measure Description	Numerator	Denominator	Measure-specific Exclusions	OASIS-E Item(s) Used
Utilization Outcome	Home Health Within-Stay Potentially Preventable Hospitalization	October 2023 or as soon as technically feasible	Not Endorsed	Yes	Home health agency-level rate of risk-adjusted potentially preventable hospitalization (PPH) or potentially preventable observation stays (PPOBS) that occur within a home health stay for all eligible stays.	The risk-adjusted prediction of the number of HH stays with at least one potentially preventable hospitalization (i.e., in an ACH/LTCH) or observation stay. For PPH, an HH stay is a sequence of HH payment episodes separated by two or fewer days. A separation between HH payment episodes greater than two days results in separate HH stays.	The risk-adjusted expected number of hospitalizations or observation stays. This estimate includes risk adjustment for patient characteristics with the HHA effect removed. The "expected" number of hospitalizations or observation stays is the projected number of risk-adjusted hospitalizations or observation stays if the same patients were treated at the average HHA appropriate to the measure. Numerator over denominator times the national observed PPH rate equals the reported risk-standardized rate.	<p>1) Stays where the patients are less than 18 years old.</p> <p>2) Stays where the patients were not continuously enrolled in Part A FFS Medicare for the 12 months prior to the HH admission date through the end of the home health stay.</p> <p>3) Stays that begin with a Low Utilization Payment Adjustment (LUPA) claim.</p> <p>4) Stays where the patient receives service from multiple agencies during the home health stay.</p> <p>5) Stays where the information required for risk adjustment is missing.</p> <p>If one of the four conditions occur, the stays will be excluded:</p> <ul style="list-style-type: none"> • Missing beneficiary's birth date information. • Beneficiary has gender other than male or female. • Missing payment authorization code information. • Beneficiary has Medicare Status Code other than the following: <ul style="list-style-type: none"> o Aged without ESRD o Aged with ESRD o Disabled without ESRD o Disabled with ESRD o ESRD only 	None – based on Medicare FFS claims