

## Home Health Quality Measures – Outcomes

Type	Measure Title	HH Compare	NQF Status	Risk Adjusted <sup>1</sup>	Measure Description	Numerator	Denominator	Measure-specific Exclusions	OASIS-C2 Item(s) Used
End Result Outcome - Functional	Stabilization in Grooming	No	Not endorsed	Yes	Percentage of home health episodes of care during which patients improved or stayed the same in ability to groom self.	Number of home health episodes of care 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 episodes of care ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health episodes of care for which the patient, at start/resumption of care, was totally unable to groom self, episodes that end with inpatient facility transfer or death, or patient is nonresponsive.	(M1800) Grooming (M1700) Cognitive Functioning (M1710) When Confused (M1720) When Anxious
End Result Outcome - Functional	Improvement in Upper Body Dressing	No	Not endorsed	Yes	Percentage of home health episodes of care during which patients improved in ability to dress upper body.	Number of home health episodes of care 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 episodes of care ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health episodes of care for which the patient, at start/resumption of care, was able to dress upper body without assistance or supervision, episodes that end with inpatient facility transfer or death, or patient is nonresponsive.	(M1810) Current Ability to Dress Upper Body (M1700) Cognitive Functioning (M1710) When Confused (M1720) When Anxious
End Result Outcome - Functional	Improvement in Lower Body Dressing	No	Not endorsed	Yes	Percentage of home health episodes of care during which patients improved in ability to dress lower body.	Number of home health episodes of care 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 episodes of care ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health episodes of care for which the patient, at start/resumption of care, was able to dress lower body without assistance or supervision, episodes that end with inpatient facility transfer or death, or patient is nonresponsive.	(M1820) Current Ability to Dress Lower Body (M1700) Cognitive Functioning (M1710) When Confused (M1720) When Anxious
End Result Outcome - Functional	Improvement in Bathing	Yes	Endorsed (0174)	Yes	Percentage of home health episodes of care during which the patient got better at bathing self.	Number of home health episodes of care 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 episodes of care ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health episodes of care for which the patient, at start/resumption of care, was able to bath self independently, episodes that end with inpatient facility transfer or death, or patient is nonresponsive.	(M1830) Bathing (M1700) Cognitive Functioning (M1710) When Confused (M1720) When Anxious
End Result Outcome - Functional	Stabilization in Bathing	No	Not endorsed	Yes	Percentage of home health episodes of care during which the patient improved or stayed the same in the ability to bathe.	Number of home health episodes of care 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 episodes of care ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health episodes of care for which the patient, at start/resumption of care, was totally dependent in bathing, episodes that end with inpatient facility transfer or death, or patient is nonresponsive.	(M1830) Bathing (M1700) Cognitive Functioning (M1710) When Confused (M1720) When Anxious
End Result Outcome - Functional	Improvement in Toilet Transferring	No	Not endorsed	Yes	Percentage of home health episodes of care during which patients improved in ability to get to and from and on and off the toilet.	Number of home health episodes of care 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 episodes of care ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health episodes of care 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, 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

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End Result Outcome - Functional	Stabilization in Toilet Transferring	No	Not endorsed	Yes	Percentage of home health episodes of care 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 episodes of care 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 episodes of care ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health episodes of care for which the patient, at start/resumption of care, was totally unable to get to and from or on and off the toilet, 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
End Result Outcome - Functional	Stabilization in Toileting Hygiene	No	Not endorsed	Yes	Percentage of home health episodes of care during which patients improved or stayed the same in ability to manage toileting hygiene.	Number of home health episodes of care 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 episodes of care ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health episodes of care for which the patient, at start/resumption of care, was totally unable to maintain toileting hygiene or supervision, 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
End Result Outcome - Functional	Improvement in Bed Transferring	Yes	Endorsed (0175)	Yes	Percentage of home health episodes of care during which the patient improved in ability to get in and out of bed.	Number of home health episodes of care 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 episodes of care ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health episodes of care for which the patient, at start/resumption of care, was able to transfer independently, episodes that end with inpatient facility transfer or death, or patient is nonresponsive.	(M1850) Transferring (M1700) Cognitive Functioning (M1710) When Confused (M1720) When Anxious
End Result Outcome - Functional	Stabilization in Bed Transferring	No	Not endorsed	Yes	Percentage of home health episodes of care during which the patient improved or stayed the same in ability to get in and out of bed.	Number of home health episodes of care 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 episodes of care ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health episodes of care for which the patient, at start/resumption of care, was totally unable to transfer in and out of bed, episodes that end with inpatient facility transfer or death, or patient is nonresponsive.	(M1850) Transferring (M1700) Cognitive Functioning (M1710) When Confused (M1720) When Anxious
End Result Outcome - Functional	Improvement in Ambulation- Locomotion	Yes	Endorsed (0167)	Yes	Percentage of home health episodes of care during which the patient improved in ability to ambulate.	Number of home health episodes of care 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 episodes of care ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health episodes of care for which the patient, at start/resumption of care, was able to ambulate independently, episodes that end with inpatient facility transfer or death, or patient is nonresponsive.	(M1860) Ambulation/ Locomotion (M1700) Cognitive Functioning (M1710) When Confused (M1720) When Anxious
End Result Outcome - Functional	Improvement in Management of Oral Medications	Yes	Endorsed (0176)	Yes	Percentage of home health episodes of care during which the patient improved in ability to take their medicines correctly (by mouth).	Number of home health episodes of care where the value recorded on the discharge assessment indicates less impairment in taking oral medications correctly at discharge than at start (or resumption) of care.	Number of home health episodes of care ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health episodes of care for which the patient, at start/resumption of care, was able to take oral medications correctly without assistance or supervision, 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
End Result Outcome - Functional	Stabilization in Management of Oral Medications	No	Not endorsed	Yes	Percentage of home health episodes of care during which the patient improved or stayed the same in ability to take their medicines correctly (by mouth).	Number of home health episodes of care 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 episodes of care ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health episodes of care for which the patient, at start/resumption of care, was totally dependent in taking oral medications, 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

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End Result Outcome - Health	Improvement in Dyspnea	Yes	Not endorsed	Yes	Percentage of home health episodes of care during which the patient became less short of breath or dyspneic.	Number of home health episodes of care where the discharge assessment indicates less dyspnea at discharge than at start (or resumption) of care.	Number of home health episodes of care ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health episodes of care for which the patient, at start/resumption of care, was not short of breath at any time, episodes that end with inpatient facility transfer or death.	(M1400) When is the patient dyspneic?
End Result Outcome - Health	Improvement in Pain Interfering with Activity	Yes	Endorsed (0177)	Yes#	Percentage of home health episodes of care during which the patient's frequency of pain when moving around improved.	Number of home health episodes of care where the value recorded on the discharge assessment indicates less frequent pain at discharge than at start (or resumption) of care.	Number of home health episodes of care ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health episodes of care for which the patient, at start/resumption of care, had no pain reported, episodes that end with inpatient facility transfer or death, or patient is nonresponsive.	(M1242) Frequency of Pain Interfering with Activity (M1700) Cognitive Functioning (M1710) When Confused (M1720) When Anxious
End Result Outcome - Health	Improvement in Status of Surgical Wounds	Yes	Endorsed (0178)	Yes#	Percentage of home health episodes of care during which the patient demonstrates an improvement in the condition of surgical wounds..	Number of home health episodes of care where the patient has a better status of surgical wounds at discharge compared to start (resumption) of care.	Number of home health episodes of care ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health episodes of care for which the patient, at start/resumption of care, did not have any surgical wounds or had only a surgical wound that was unobservable or fully epithelialized, episodes that end with inpatient facility transfer or death.	(M1340) Does this patient have a Surgical Wound? (M1342) Status of Most Problematic (Observable) Surgical Wound
End Result Outcome - Health	Improvement in Bowel Incontinence	No	Not endorsed	Yes	Percentage of home health episodes of care during which patient's bowel control improves.	Number of home health episodes of care where the patient has less frequent bowel incontinence at discharge compared to start (resumption) of care.	Number of home health episodes of care ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health episodes of care for which the patient, at start/resumption of care, was continent, OR bowel incontinence was unknown, episodes that end with inpatient facility transfer or death, or patient is nonresponsive.	(M1620) Bowel Incontinence Frequency (M1700) Cognitive Functioning (M1710) When Confused (M1720) When Anxious
End Result Outcome - Health	Improvement in Confusion Frequency	No	Not endorsed	Yes	Percentage of home health episodes of care during which patients are confused less often.	Number of home health episodes of care where the discharge assessment indicates the patient is confused less often at discharge than at start (or resumption) of care.	Number of home health episodes of care ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health episodes of care for which the patient, at start/resumption of care, was not confused at any time, episodes that end with inpatient facility transfer or death, or patient is nonresponsive.	(M1700) Cognitive Functioning (M1710) When Confused (M1720) When Anxious
Utilization Outcome	Emergency Department Use without Hospitalization During the First 60 days of Home Health	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 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. A home health stay is a sequence of home health payment episodes separated from other home health payment episodes by at least 60 days.	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

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Utilization Outcome	Emergency Department Use with Hospitalization (OASIS based)	No	Not endorsed	Yes	Percentage of home health episodes of care during which the patient needed urgent, unplanned medical care from a hospital emergency department, immediately followed by hospital admission.	Number of home health episodes where the transfer to inpatient facility assessment indicates the patient required emergency medical treatment from a hospital emergency department, with hospital admission.	Number of home health episodes of care 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 episodes of care for which the emergency department use is unknown at transfer or discharge, the episode of care ended in death at home.	(M0100) Reason for Assessment (M2301) Emergent Care
Utilization Outcome	Acute Care Hospitalization (OASIS based)	No	Not Endorsed	Yes	Percentage of home health episodes of care that ended with the patient being admitted to the hospital.	Number of home health episodes of care for which the assessment completed at the conclusion of the episode indicates the patient was admitted to a hospital for a reason other than a scheduled treatment or procedure.	Number of home health episodes of care 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 episodes of care that end in patient death.	(M0100) Reason for Assessment (M2410) Inpatient Facility Admission (M2430) Reason for Hospitalization
Utilization Outcome	Acute Care Hospitalization (Claims based) During the First 60 Days of Home Health	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 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. A home health stay is a sequence of home health payment episodes separated from other home health payment episodes by at least 60 days.	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

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Utilization Outcome	Rehospitalization During the First 30 Days of Home Health (Claims based)	Yes	Endorsed (2380)	Yes	Percentage of home health stays in which patients who had an acute inpatient hospitalization in the 5 days before the start of their home health stay were admitted to an acute care hospital during the 30 days following the start of the home health stay.	Number of home health stays for patients who have a Medicare claim for an admission to an acute care hospital in the 30 days following the start of the home health stay. .	Number of home health stays that begin during the 12-month observation period for patients who had an acute inpatient hospitalization in the five days prior to the start of the HH stay.  A home health stay is a sequence of home health payment episodes separated from other home health payment episodes by at least 60 days	<p>Numerator Exclusions: Inpatient claims for planned hospitalizations are excluded from the rehospitalization measure numerator. Planned hospitalizations are defined using the same criteria as the Hospital-Wide All-Cause Unplanned Readmission Measure as of January 2013.</p> <p>Denominator Exclusions: i) Stays for patients who are not continuously enrolled in fee-for-service Medicare during the measure numerator window; (ii) Stays that begin with a Low-Utilization Payment Adjustment (LUPA).</p> <p>Stays with four or fewer visits to the beneficiary qualify for LUPAs; (iii)</p> <p>Stays in which the patient is transferred to another home health agency within a home health payment episode (60 days); and (iv)</p> <p>Stays in which the patient is not continuously enrolled in Medicare fee-for-service during the previous six months.</p> <p>Measure denominator excludes stays in which the hospitalization occurring within 5 days of the start of home health care is not a qualifying inpatient stay.</p> <p>Measure denominator excludes stays in which the patient receives treatment in another setting in the 5 days between hospital discharge and the start of home health.</p> <p>Hospitalizations that do not qualify as index hospitalizations include admissions for the medical treatment of cancer, primary psychiatric disease, or rehabilitation care, and admissions ending in patient discharge against medical advice.</p>	None – based on Medicare FFS claims

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Utilization Outcome	Emergency Department Use without Hospital Readmission During the First 30 Days of Home Health (Claims based)	Yes	Endorsed (2505)	Yes	<p>Percentage of home health stays in which patients who had an acute inpatient hospitalization in the 5 days before the start of their home health stay used an emergency department but were not admitted to an acute care hospital during the 30 days following the start of the home health stay.</p> <p>A home health stay is a sequence of home health payment episodes separated from other home health payment episodes by at least 60 days.</p>	<p>Number of home health stays for patients who have a Medicare claim for outpatient emergency department use and no claims for acute care hospitalization in the 30 days following the start of the home health stay.</p> <p>A home health stay is a sequence of home health payment episodes separated from other home health payment episodes by at least 60 days.</p>	<p>Number of home health stays that begin during the relevant observation period for patients who had an acute inpatient hospitalization in the five days prior to the start of the home health stay.</p> <p>A home health stay is a sequence of home health payment episodes separated from other home health payment episodes by at least 60 days.</p>	<p>Numerator Exclusions: None</p> <p>Denominator Exclusions: Stays for patients who are not continuously enrolled in fee-for-service Medicare during the measure numerator window; (ii) Stays that begin with a Low-Utilization Payment Adjustment (LUPA).</p> <p>Stays with four or fewer visits to the beneficiary qualify for LUPAs; (iii) Stays in which the patient is transferred to another home health agency within a home health payment episode (60 days); and (iv) Stays in which the patient is not continuously enrolled in Medicare fee-for-service during the previous six months.</p> <p>Excludes stays in which the hospitalization occurring within 5 days of the start of home health care is not a qualifying inpatient stay. Hospitalizations that do not qualify as index hospitalizations include admissions for the medical treatment of cancer, primary psychiatric disease, or rehabilitation care, and admissions ending in patient discharge against medical advice.</p> <p>Excludes stays in which the patient receives treatment in another setting in the 5 days between hospital discharge and the start of home health</p>	None – based on Medicare FFS claims

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Utilization Outcome	Discharge to Community-Post Acute Care (PAC) Home Health (HH) Quality Reporting Program (QRP)	October 2018	Not Endorsed	Yes	HHA's risk-standardized rate of Medicare FFS patients who are discharged to the community following a HH episode, and do not have an unplanned readmission to an acute care hospital or LTCH in the 31 days following discharge to community, and who remain alive during the 31 days following discharge to community.	<p>The measure numerator is the risk-adjusted estimate of the number of patients who are discharged to the community, do not have an unplanned readmission to an acute care hospital or LTCH in the 31-day post-discharge observation window, and who remain alive during the post-discharge observation window.</p> <p>The numerator uses a model estimated on full national data specific to the post-acute setting; it is applied to the HHA's patient stays included in the measure, and includes the estimated effect of that HHA.</p>	<p>The denominator for the discharge to community measure is 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 predicted number of risk-adjusted discharges to community if the same patients were treated at the average HHA appropriate to the measure.</p>	<p>Excludes claims where</p> <ul style="list-style-type: none"> <li>Age under 18 years</li> <li>Discharges to a psychiatric hospital</li> <li>Discharges against medical advice</li> <li>Discharges to disaster alternative care sites or federal hospitals</li> <li>Discharges to court/law enforcement</li> <li>Patients discharged to hospice</li> <li>Patients not continuously enrolled in Parts A and B FFS Medicare for the 12 months prior to the PAC admission date</li> <li>Patients who have a short term acute care stay for non-surgical treatment of cancer in the 30 days prior to PAC admission</li> <li>Post-acute stays that end in transfer to the same level of care</li> <li>Stays from claims that aren't complete, or take place outside the US.</li> </ul>	None – based on Medicare FFS claims
End Result Outcome - Health	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened	October 2018	(application of NQF #0678).	Yes	Reports the percent of patients with Stage 2-4 pressure ulcers present at discharge that are new or worsened since the beginning of the quality episode.	<p>The numerator is the number of patients with a complete quality episode for which the assessment completed at the end of care indicates one or more new or worsened Stage 2-4 pressure ulcers compared to the admission assessment.</p> <p>Where on any assessment:</p> <ol style="list-style-type: none"> <li>1. Stage 2 (M1313a) &gt; [0], OR</li> <li>2. Stage 3 (M1313b) &gt; [0], OR</li> <li>3. Stage 4 (M1313c) &gt; [0].</li> </ol>	<p>The denominator is the number of patients with a complete quality episode, except those who meet the exclusion criteria. HH quality episodes are defined by pairing assessments completed at the start or resumption of care with assessments completed at the end of care</p>	<ol style="list-style-type: none"> <li>1. Patients that expire while on the service with a home health agency are excluded from this measure as they would not have a complete quality episode.</li> <li>2. Patients without an assessment completed at the start or resumption of care and an assessment completed at the end of care are excluded.</li> <li>3. Patients are excluded if none of the assessments has a usable response for M1313a, M1313b, or M1313c</li> </ol>	(M1313a) Worsening in Pressure Ulcer Status since SOC/ROC: Stage 2, (M1313b) Worsening in Pressure Ulcer Status since SOC/ROC: Stage 3, (M1313c) Worsening in Pressure Ulcer Status since SOC/ROC: Stage 4.

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Outcome: Cost/Resource Use	Medicare Spending Per Beneficiary – Post-Acute Care (PAC) Home Health Measure	October 2018	Not Endorsed	Yes	Assess the Medicare spending performed by the home health agency and other healthcare providers during an MSPB-PAC episode. The measure is calculated as the ratio of the payment-standardized, risk-adjusted MSPB-PAC Amount for each HHA divided by the episode-weighted median MSPB-PAC Amount across all HHAs	The numerator is the MSPB-PAC Amount. The MSPB-PAC Amount is the average risk-adjusted episode spending across all episodes for the attributed provider, multiplied by the national average episode spending level for all home health agencies (HHAs) depends on average of the ratio of the standardized episode spending level to the expected episode spending for each HH provider; and (2) the average standardized episode spending across all HHAs.	The denominator for MSPB-PAC measure is the episode-weighted national median of the MSPB-PAC Amounts across all HHAs.	<p>Certain services are excluded from the MSPB-PAC episodes because they are clinically unrelated to PAC treatment and/or they are Medicare services delivered by other providers during the episode window over which PAC providers may have limited to no influence</p> <p>Services determined by clinical consensus to be outside of the control of PAC providers include:</p> <p>Planned hospital admissions</p> <p>Routine management of certain preexisting chronic conditions (e.g., dialysis for end-stage renal disease (ESRD), enzyme treatments for genetic conditions, treatment for preexisting cancers, and treatment for organ transplants.</p> <p>Some routine screening and health care maintenance (e.g., colonoscopy and mammograms)</p> <p>Immune modulating medications (e.g., immunosuppressants for organ transplant or rheumatoid arthritis)</p>	None – based on Medicare FFS claims

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Utilization Outcome	Potentially Preventable 30-Day Post-Discharge Readmission Measure for Home Health (HH) Quality Reporting Program (QRP)	October 2018	No	Yes	<p>This potentially preventable readmission (PPR) measure for HHAs estimates the risk-standardized rate of unplanned, potentially preventable readmissions for patients (Medicare FFS beneficiaries) in the 30-days of a HH discharge.</p> <p>The HH admission must have occurred within up to 30 days of discharge from a prior proximal hospital stay, which is defined as an inpatient admission to an acute care hospital (including IPPS, CAH or a psychiatric hospital). Hospital readmissions include readmissions to a short-stay acute-care hospital or a LTCH, with a diagnosis considered to be unplanned and potentially preventable.</p>	The numerator is the risk-adjusted estimate of the number of unplanned readmissions that occurred within 30 days of HH discharge. This estimate starts with the observed readmissions, and is then risk-adjusted for patient characteristics and a statistical estimate of the HHA's effect, beyond patient case mix.	For the eligible HH stays at each HHA, the measure denominator is the risk-adjusted expected number of readmissions. This estimate includes risk adjustment for patient characteristics with the HHA effect removed. The "expected" number of readmissions is the predicted number of risk-adjusted readmissions if the same patients were treated at the average HHA appropriate to the measure.	<p>Age under 18 years</p> <p>Patients who died during the HH stay.</p> <p>Patients who did not have a short-term acute-care stay within 30 days prior to a HH admission date.</p> <p>Patients who were transferred at the end of a stay to another HHA or short-term acute care hospital</p> <p>Patients not continuously enrolled in Parts A and B FFS Medicare (or those enrolled in Part C Medicare Advantage) for the 12 months prior to the post-acute admission date, and at least 31 days after the post-acute discharge date.</p> <p>Patients who are not discharged to the community.</p> <p>Patients who are not discharged to the community.</p> <p>Patients for whom the prior short-term acute-care stay was for nonsurgical treatment of cancer.</p> <p>Patients who were transferred to a federal hospital from the HHA.</p> <p>Patients who received care from foreign providers may not have complete inpatient claims in the system, and these providers may not be subject to the same policy decisions related to readmissions.</p>	None – based on Medicare FFS claims

<sup>1</sup> All outcome measures are risk adjusted. 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. The outcome measures for which the predictive models did not meet the arbitrary criteria  $R^2 \geq 0.10$  or C-statistic  $\geq 0.70$  are designated with a pound sign (#) to highlight the fact that they have less robust risk adjustment.