

Discharge Function Score (DC Function) Quality Measure Overview

GOAL

This document provides key information on the Discharge Function Score (DC Function) Quality Measure.¹ The DC Function measure is an OASIS-based outcome measure that is used in the Home Health Quality Reporting Program (HH QRP) and the expanded Home Health Value-Based Purchasing Model (HH VBP). The measure reports the percentage of patients who meet or exceed an expected discharge function score during the reporting period.

The measure:

1. considers two dimensions of function (self-care and mobility activities); and
2. accounts for missing assessment data by using statistical imputation, to ensure the validity of measure performance.

GG ITEMS & ACTIVITIES USED IN THE MEASURE

<u>GG0130 Self-Care</u>	<u>GG0170. Mobility</u>	<u>GG0170. Mobility (cont)</u>
GG0130A. Eating	GG0170A. Roll left and right	GG0170I. Walk 10 feet
GG0130B. Oral hygiene	GG0170C. Lying to sitting on side of bed	GG0170J. Walk 50 feet with two turns
GG0130C. Toileting hygiene	GG0170D. Sit to stand	GG0170R. Wheel 50 feet with two turns/GG0170S. Wheel 150 feet in a corridor or similar space (both used in place of walking activities for patients who don't walk at both SOC/ROC and discharge)
	GG0170E. Bed-to-chair transfer	
	GG0170F. Toilet transfer	

What is statistical imputation?

Statistical imputation is an approach that recodes missing start of care/resumption of care (SOC/ROC) and discharge GG item values to an estimated most likely value had the functional status self-care or mobility activity been assessed. GG items that are skipped, dashed, or that are coded with Activity Not Attempted codes are considered missing data for this measure calculation.

The DC Function measure uses information from each patient's SOC/ROC GG items plus data from groups of patients with similar characteristics to produce the estimated most likely value for each SOC/ROC and discharge GG item with a missing value.

This approach increases the accuracy of the measure's report of the percentage of HH patients who meet or exceed their expected discharge function score during the HH quality episode. In other words, this approach improves the validity of the measure.

How is risk-adjustment used?

The purpose of risk adjustment is to account for differences across home health patients that affect their functional status. Risk adjustment individualizes the expected discharge function score for each quality episode by controlling for patient SOC/ROC functional status, age, and clinical characteristics. This ensures that each quality episode is measured against an expectation that is calibrated to the patient's individual circumstances when determining the numerator for each agency.

For more information on the characteristics used in the DC Function risk adjustment model, go to the HH DC Function Technical Report, which is available on the webpage [Home Health Quality Measures | CMS](#).



1. This is a cross-setting quality measure of the post-acute care (PAC) Quality Reporting Programs (QRP), the Home Health Value-Based Purchasing (HHVBP) Model, and the Skilled Nursing Facility (SNF) VBP Program.

Where Can I Find My Agency’s Performance on the Discharge Function Score Measure?

There are several reports for the Home Health Quality Reporting Program available in iQIES to help with understanding your agency’s Discharge Function Score measure performance. The tables below indicate agency-level (Table 1) and patient-level (Table 2) information available to providers in the reports. Public reporting of this measure on Care Compare began in January 2025.

Table 1. Home Health Agency-Level Information Included, by Report

Report	Average Observed Discharge Score	Average Expected Discharge Score	Numerator	Denominator	Agency Percent	National Average
Review and Correct (DC Function added to the report April 2024)	✓		✓	✓	✓	
Outcome/Quality Measure Report (DC Function added to the report June 2024)	✓	✓	✓	✓	✓	✓
Provider Preview Report (DC Function added to the report October 2024)			✓	✓	✓	✓

Table 2. Patient-Level Information Included, by Report

Report	Patient Name	Patient ID	Admission Date	Discharge Date	Desirable Outcomes/Status	Observed Discharge Function Score
Review and Correct (DC Function added to the report April 2024)	✓	✓	✓	✓	✓	✓
Outcome Tally/Quality Measure Report (DC Function added to the report June 2024)	✓	✓	✓	✓	✓	

For more information on each report available, refer to the CMS iQIES Reports User Manual available in iQIES Reports Training Materials section of the iQIES webpage.

[Reference & Manuals](#) | [QIES Technical Support Office \(cms.gov\)](#)

When will the Discharge Function Score be included in the expanded HHVBP Model?

The Discharge Function Score quality measure will be included in the expanded HHVBP Model measure set beginning with the calendar year (CY) 2025 performance year. At that time, the measure will replace two (2) of the OASIS-based measures included in the Model measure set through CY 2024 performance year: Total Normalized Composite (TNC) Change in Mobility and TNC Self-Care.

For a home health agency (HHA) in the larger-volume nationwide cohort with sufficient data in the OASIS-based, claims-based, and HHCAHPS Survey-based measures, the DC Function measure will be used to calculate 20% of the Total Performance Score (TPS). For an HHA in the smaller-volume nationwide cohort with sufficient data in the OASIS-based and claims-based measures, the DC Function measure results will account for 28.57% of the TPS.

CMS provided feedback to HHAs via their July 2024 HHVBP Model Interim Performance Report (IPR) in iQIES. The July 2024 IPR included achievement thresholds and benchmarks for the DC Function measure and all applicable measures included in the Calendar Year (CY) 2025 performance year.