

Welcome to Today's Meeting!

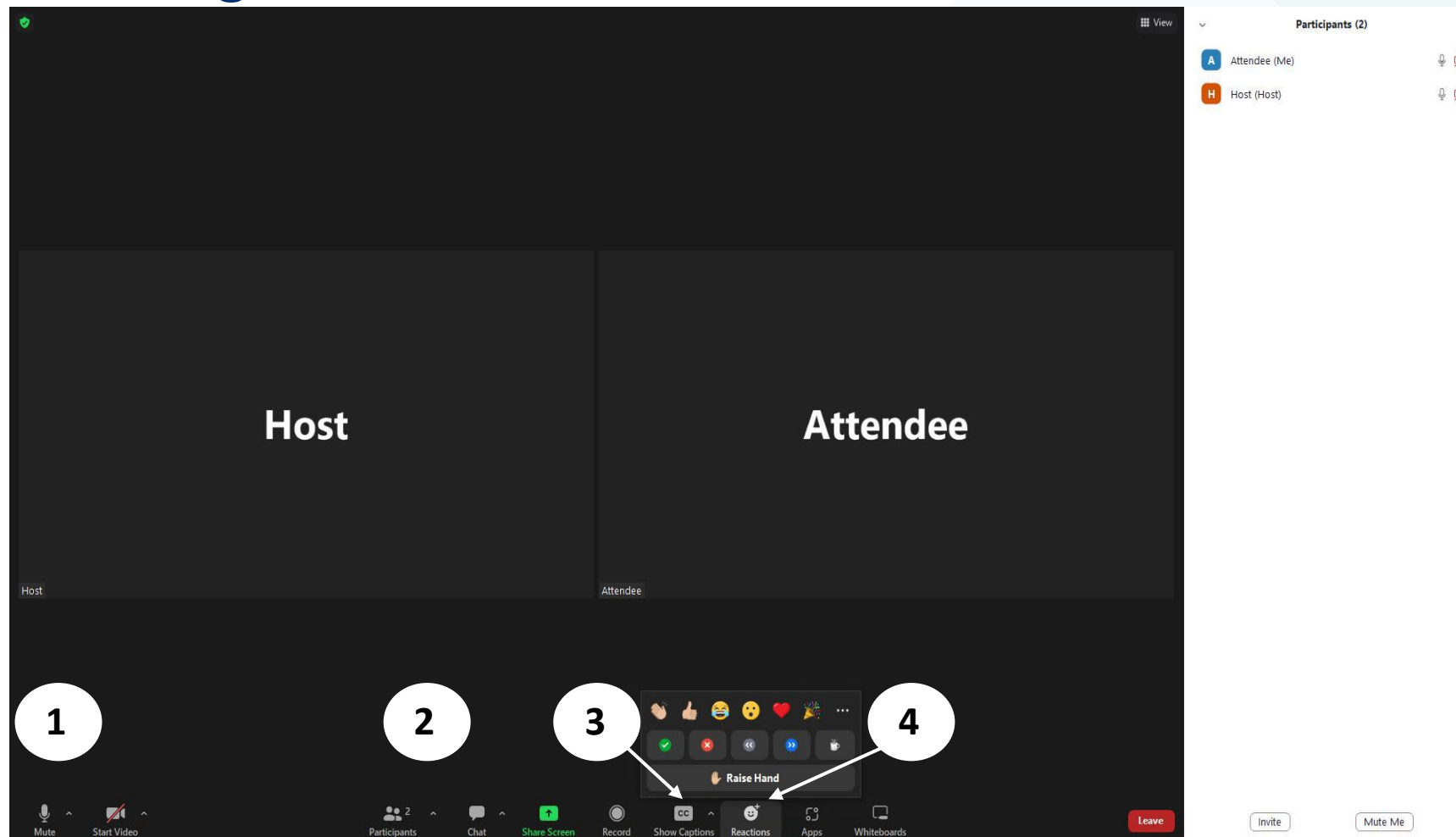
- Housekeeping reminders:
 - ▣ The system will allow you to mute/unmute yourself and turn your video on/off throughout the event
 - ▣ Please raise your hand and unmute yourself when called on
 - ▣ Please lower your hand and mute yourself following your question/comment
 - ▣ Please state your first and last name if you are a Call-In-User
 - ▣ We encourage you to keep your video on throughout the event
 - ▣ Feel free to use the chat feature to communicate with NQF staff

If you are experiencing technical issues, please contact the project team via chat on the virtual platform or at MAPPAC-LTC@qualityforum.org

Meeting Ground Rules

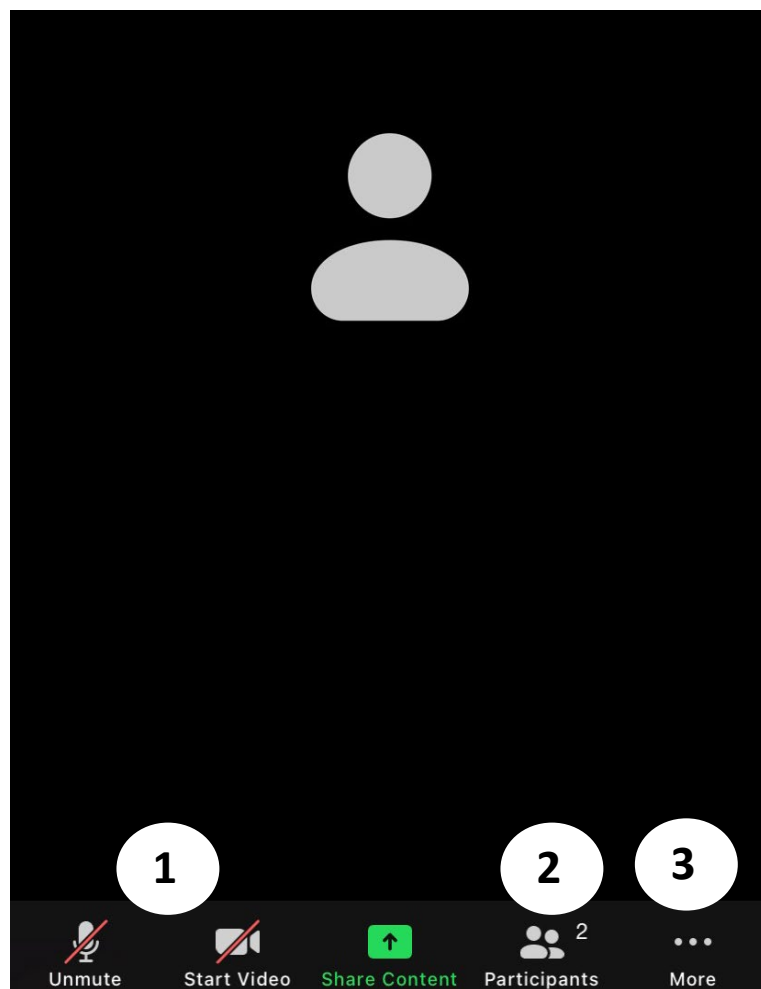
- Be prepared, having reviewed the meeting materials beforehand
- Respect all voices
- Remain engaged and actively participate
- Base your evaluation and recommendations on the measure review criteria and guidance
- Keep your comments concise and focused
- Be respectful and allow others to contribute
- Share your experiences
- Learn from others

Using the Zoom Platform

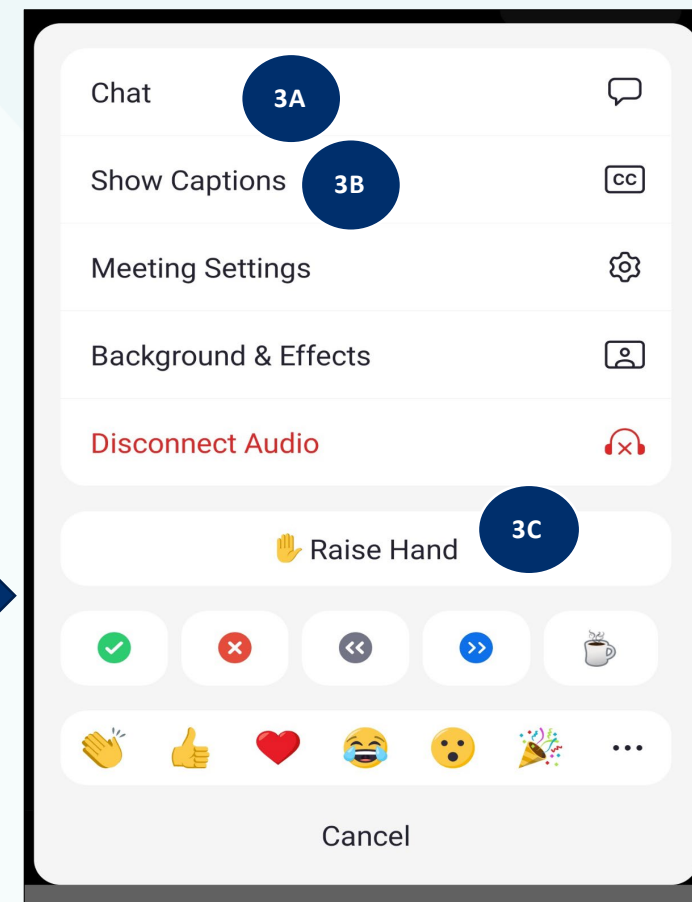


- 1 Click the lower part of your screen to mute/unmute, start or pause video
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- 3 Click on show captions to enable closed captions
- 4 To raise your hand, select the raised hand function under the reactions tab

Using the Zoom Platform (Phone View)



- 1** Click the lower part of your screen to mute/unmute, start or pause video
- 2** Click on the participant button to view the full participant list
- 3** Click on “more” button to (3A) view the chat box, (3B) show closed captions, or to (3C) raise your hand. To raise your hand, select the raised hand function under the reactions tab



Measure Applications Partnership (MAP)

Post-Acute Care/Long-Term Care (PAC/LTC) Workgroup 2022-2023 Measures Under Consideration (MUC) Review Web Meeting

December 12, 2022

Funding provided by the Centers for Medicare & Medicaid Services, Task Order HHSM-500-T0003, Option Year 4

Agenda

- Welcome, Introductions, Disclosures of Interest, and Review of Meeting Objectives
- Centers for Medicare & Medicaid Services (CMS) Opening Remarks
- Overview of MAP PAC/LTC Workgroup and CMS Programs
- Overview of Decision Categories and Voting Process
- Review Skilled Nursing Facility Value-Based Purchasing Program (SNF VBP) Measures
- Break
- Review SNF VBP Measures (Continued)
- Review New Cross-Cutting Function Measure

Agenda (continued)

- Break
- Review New Cross-Cutting COVID Measure
- Review Revised Cross-Cutting COVID Measure
- MAP PAC/LTC Programs Measure Gaps Discussion
- Public Comment
- Next Steps
- Adjourn

Welcome, Introductions, Disclosures of Interests, and Review of Meeting Objectives

Opening Remarks



Dana Gelb Safran, ScD

President and CEO, National Quality Forum (NQF)

Welcoming Remarks from Workgroup Co-Chairs



Mary Ellen DeBardleben, MBA, MPH,
CJCP
Encompass Health Corporation



Kurt Merkelz, MD, CMD
Compassus

Disclosures of Interest

- State your name, title, organization, brief bio, and acknowledge the disclosure(s) you listed in your DOI form if applicable
- Briefly note any of the following disclosures *relevant to the project*:
 - ▣ Engagement with project sponsors (*Centers for Medicare & Medicaid Services*)
 - ▣ Research funding, consulting/speaking fees, honoraria
 - ▣ Ownership interest
 - ▣ Relationships, activities, affiliations, or roles

Example: I'm Joan Smith, Chief Medical Officer of ABC Healthcare. I am also a Principal Investigator for a research project examining health disparities and health outcomes funded by XYZ Organization.

PAC/LTC Workgroup Membership

Workgroup Co-Chairs: Mary Ellen DeBardeleben, MBA, MPH, CJCP; Kurt Merkelz, MD, CMD

Organizational Members (Voting)

- AARP
- Academy of Nutrition and Dietetics
- AMDA – The Society for Post-Acute and Long-Term Care Medicine
- American Academy of Physical Medicine and Rehabilitation
- American Geriatrics Society
- American Medical Rehabilitation Providers Association
- American Occupational Therapy Association
- ATW Solutions
- LeadingAge
- National Hospice and Palliative Care Organization
- National Partnership for Healthcare and Hospice Innovation
- National Pressure Injury Advisory Panel
- National Transitions of Care Coalition
- Service Employees International Union
- SNP Alliance
- The Scan Foundation
- Society for Healthcare Epidemiology of America

PAC/LTC Workgroup Membership (continued)

Individual Subject Matter Experts (Voting)

- Gregory Alexander, PhD, RN, FAAN
- Dan Andersen, PhD
- Terrie Black, DNP, MBA, CRRN, FAHA, FAAN
- Gerri Lamb, PhD, RN, FAAN
- Paul Mulhausen, MD, MHS

Federal Government Liaisons (Non-Voting)

- Centers for Medicare & Medicaid Services (CMS)
- Department of Veterans Affairs

National Quality Forum MAP Team

- **Tricia Elliott, DHA, MBA, CPHQ, FNAHQ,** Vice President
- **Jenna Williams-Bader, MPH,** Senior Director
- **Katie Berryman, MPAP, PMP,** Director, Project Management
- **Udara Perera, DrPHc, MPH,** Director
- **Ashlan Ruth, BS IE,** Project Manager
- **Susanne Young, MPH,** Senior Manager
- **Gus Zimmerman, MPP,** Analyst
- **Joelencia LeFlore,** Analyst
- **Magdelana Stinnett,** Analyst
- **Madeline Henry,** Associate
- **Bobby Burchard,** Associate

CMS Staff

- **Kimberly Rawlings**, Task Order (TO) Contracting Officer's Representative (COR), CCSQ, CMS
- **Gequincia Polk**, Indefinite Delivery/Indefinite Quantity (IDIQ) Contracting Officer's Representative (COR), CCSQ, CMS

Meeting Objectives

1. Review the MAP PAC/LTC Workgroup programs
2. Provide an overview of the MAP decision categories and voting process
3. Review and provide input on the measures under consideration (MUCs) for the MAP PAC/LTC programs
4. Identify measure gaps for the MAP PAC/LTC programs

CMS Opening Remarks

Opening Remarks



Michelle Schreiber, MD

Deputy Director of the Center for Clinical Standards & Quality (CCSQ) for the Centers for Medicare & Medicaid Services (CMS) and the Group Director for the Quality Measurement and Value-Based Incentives Group (QMVIG)

Welcome

A sincere Thank You for your participation.

Your goal today is to provide consensus recommendations to CMS regarding whether or not the measures presented should be used in various Value Based Quality Programs.

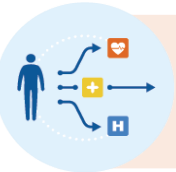
Measures in these programs help shape health system actions, support accountability and transparency, and are useful to patients/consumers.

Your recommendations are strongly considered in CMS deliberations about changes (measures removed/measures added) to these VBP programs.

While the final decision lies with CMS, your feedback is valuable and helps to represent those who will be impacted.

CMS National Quality Strategy Goals

Ensure best, safest, most effective care for all individuals



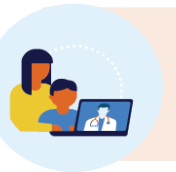
Improve quality & health outcomes across the care journey



Advance health equity & whole-person care



Target zero preventable harm



Engage individuals and communities as partners in their care

Enable a responsive, equitable, and resilient healthcare system



Enable a responsive and resilient healthcare system to improve quality



Accelerate and support the digital transition of health care



Promote innovation in science, analytics & technology



Align and coordinate quality across programs and care settings

National Quality Strategy Targets

Improve quality & health outcomes across the care journey

- Implement a universal set of impactful adult & pediatric measures across all CMS quality programs & across the care journey by 2026, benchmarked globally & stratified.

Advance health equity & whole-person care

- Implement a measurable equity component in every CMS quality program that encourages high quality care for underserved populations, beginning in 2022 with full implementation to follow in subsequent years.

Target zero preventable harm

- Improve safety metrics with a goal to return to pre-pandemic levels by 2025 & reducing harm by an additional 50% by 2030 through expanded safety metrics, targeted quality improvement & Conditions of Participation.

Engage individuals and communities as partners in their care

- Ensure individuals have a direct, significant & equitable contribution to how we evaluate quality & safety, and have the information needed to make the best health choices, with 25% of quality metrics being patient reported.

Accelerate and support the digital transition of health care

- Transition to all digital quality measures & achieve all-payer quality data collection by 2030 to reduce burden & make quality data rapidly available.

Enable a responsive and resilient healthcare system to improve quality

- Ensure support for healthcare workforce and systems and address workforce issues to reduce burnout and shortages to safeguard vital healthcare needs.

Promote innovation in science, analytics & technology

- Accelerate innovation in care delivery & incorporate technology enhancements to transform quality of care & advance value

Align and coordinate quality across programs and care settings

- Promote standardized approaches to quality metrics, quality improvement initiatives, and VBP (and other) programs through use of universal measures set and aligned quality policies

Strategic Priority Areas: Alignment for Measures and Program

CLINICAL	CROSS-CUTTING
Maternal Health	Equity
“Age Friendly” (Older Adult/Geriatrics)	Safety
Behavioral/Mental Health	Resilience
Diabetes	Interoperability/Digital Transformation
Cardiovascular, including Hypertension	Person Centered/CLAS
Kidney Care and Organ Transplantation	Alignment
Sickle Cell Disease	*
Wellness and Prevention	*
HIV and Hepatitis C	*
Cancer	*
Oral Health	*

* Indicates the table cell left intentionally blank

Considerations for Future Measure Priorities

As we continue filling priority gap areas in the CMS portfolio, measures should:

- ▣ Reflect areas of high impact where performance could lead to improvements of care for all individuals – especially in clinical priority or gap areas.
- ▣ Have no unintended consequences for rural communities/providers and no adverse impact on health equity
- ▣ Promote health equity by providing data which highlight areas of disparities or are suitable for stratification
- ▣ Be digitally specified (or “computable”), based on standardized data elements in USCDI
- ▣ Embody what is important to patients, including care aligned with goals and patient reported outcomes
- ▣ Promote safety

Alignment of Measures

Alignment is a key goal of the National Quality Strategy and Meaningful Measures Initiative. Wherever possible CMS aligns

- ▣ Within and across CMS programs
- ▣ Within and across other Federal programs
- ▣ Within and across other payers (Core Quality Measures Collaborative; Multi-payer Alignment workgroup of LAN)

Aligning measures will support a:

- ▣ Reduction of Burden
- ▣ Focus of provider attention on key clinical outcomes and metrics

The background of the slide is white with a subtle, faded pattern of snowflakes and stars in shades of blue and grey, creating a festive winter theme.

Happy holidays!

Overview of MAP PAC/LTC Workgroup and CMS Programs

MAP PAC/LTC Workgroup Charge

- To provide recommendations on matters related to the selection and coordination of measures for post-acute care (PAC) and long-term care (LTC) programs

PAC/LTC Programs

Home Health Quality
Reporting Program
(HH QRP)

Hospice Quality
Reporting Program
(HQRP)

Inpatient
Rehabilitation Facility
Quality Reporting
Program (IRF QRP)

Long-Term Care
Hospital Quality
Reporting Program
(LTCH QRP)

Skilled Nursing
Facility Quality
Reporting Program
(SNF QRP)

Skilled Nursing
Facility Value-Based
Purchasing (SNF VBP)
Program

Home Health Quality Reporting Program (HH QRP)

- **Program Type:** Pay for Performing & Public Reporting
- **Incentive Structure:** Section 484.225(i) of Part 42 of the Code of Federal Regulations (C.F.R.) provides that HHAs that meet the quality data reporting requirements are eligible to receive the full home health (HH) market basket percentage increase. HHAs that do not meet the reporting requirements are subject to a two (2%) percentage point reduction to the HH market basket increase.
- **Program Goals:** Alignment with the mission of the National Academy of Medicine (NAM) which has defined quality as having the following properties or domains: effectiveness, efficiency, equity, patient centeredness, safety, and timeliness.

Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)

- **Program Type:** Pay for reporting and public reporting
- **Incentive Structure:** IRFs that fail to submit data will have their applicable IRF Prospective Payment System (PPS) payment update reduced by 2%.
- **Program Goals:** Address the rehabilitation needs of the individual including improved functional status and achievement of successful return to the community post-discharge.

Long-Term Care Hospital Quality Reporting Program (LTCH QRP)

- **Program Type:** Pay for reporting and public reporting
- **Incentive Structure:** LTCHs that fail to submit data will have their applicable annual payment update (APU) reduced by 2%.
- **Program Goals:** Furnishing extended medical care to individuals with clinically complex problems (e.g., multiple acute or chronic conditions needing hospital-level care for relatively extended periods of greater than 25 days).

Skilled Nursing Facility Quality Reporting Program (SNF QRP)

- **Program Type:** Pay for reporting and public reporting
- **Incentive Structure:** SNFs that do not submit the required quality data will have their annual payment update reduced by 2%.
- **Program Goal:** Increase transparency so that patients are able to make informed choices.

Skilled Nursing Facility Value-Based Purchasing Program (SNF VBP)

- **Program Type:** Value-Based Purchasing
- **Incentive Structure:** The SNF VBP Program awards incentive payments to SNFs based on a single all-cause readmission measure (SNF 30-Day All-Cause Readmission Measure; NQF #2510), as mandated by Protecting Access to Medicare Act (PAMA) of 2014. SNFs' performance period risk-standardized readmission rates are compared to their own past performance to calculate an improvement score and the National SNF performance during the baseline period to calculate an achievement score. The higher of the achievement and improvement scores becomes the SNF's performance score. The Consolidate Appropriation Act (CAA) of 2021 expanded the model to include up to 9 new measures and a validation process for the measures. CMS finalized the first additional measures in the FY 2023 rule.
- **Program Goals:** Transforming how care is paid for, moving increasingly towards rewarding better value, outcomes, and innovations instead of merely volume, and linking payments to performance on a single readmission measure.

MAP PAC/LTC Workgroup Questions?

MAP Decision Categories

2022-2023 MUC Decision Categories

Support for Rulemaking

Conditional Support for Rulemaking

Do Not Support for Rulemaking with Potential for Mitigation

Do Not Support for Rulemaking

2022-2023 MUC Decision Categories Descriptions

Decision Category	Definition	Evaluation Criteria
Support for Rulemaking	MAP supports implementation of the measure as specified and has not identified any conditions that should be met prior to implementation.	The measure is fully developed and tested in the setting where it will be applied, and it meets assessments #1-6 of the MAP preliminary analysis algorithm. If the measure is in current use, it also meets assessment #7.
Conditional Support for Rulemaking	MAP supports implementation of the measure as specified but has identified certain conditions or modifications that would ideally be addressed prior to implementation.	<p>The measure meets assessments #1-3 but may need modifications. A designation of this decision category assumes at least one assessment from #4-7 is not met. MAP will provide a rationale that outlines each suggested condition (e.g., measure requires NQF review or endorsement OR there are opportunities for improvement under evaluation).</p> <p>Ideally, the modifications suggested by MAP would be made before the measure is proposed for use. However, the Secretary retains policy discretion to propose the measure. CMS may address the MAP-specified refinements without resubmitting the measure to MAP prior to rulemaking.</p>

2022-2023 MUC Decision Categories Descriptions (continued)

Decision Category	Definition	Evaluation Criteria
Do Not Support for Rulemaking with Potential for Mitigation	MAP does not support implementation of the measure as specified. However, MAP agrees with the importance of the measure concept and has suggested modifications required for potential support in the future. Such a modification would be considered a material change to the measure. A material change is defined as any modification to the measure specifications that significantly affects the measure result.	The measure meets assessments #1-3 but cannot be supported as currently specified. A designation of this decision category assumes at least one assessment from #4-7 is not met.
Do Not Support for Rulemaking	MAP does not support the measure.	The measure under consideration does not meet one or more of assessments #1-3.

MAP Decision Categories

- MAP Workgroups must reach a decision about every measure under consideration
- Decision categories are standardized for consistency
- Each decision should be accompanied by one or more statements of rationale that explains why each decision was reached

Review of Voting Process

Key Voting Principles

- **Quorum** is defined as **66 percent** of the voting members of the Workgroup and Committee present virtually for live voting to take place.
 - Quorum must be established prior to voting. The process to establish quorum is constituted of (1) taking roll call and (2) determining if a quorum is present. At this time, only if a member of the Committee questions the presence of a quorum is it necessary to reassess the presence of the quorum.
- If quorum is not established during the meeting, MAP will vote via electronic ballot after the meeting.
- MAP has established a **consensus** threshold of greater than or equal to 60 percent of voting participants voting positively AND a minimum of 60 percent of the quorum figure voting positively.
 - Abstentions do not count in the denominator.
- Every measure under consideration will receive a decision.

Key Voting Principles (continued)

- Staff will provide an overview of the process for establishing consensus through voting at the start of each in-person meeting.
- After additional introductory presentations from staff and the co-chairs to give context to each programmatic discussion, voting will begin.
- The Review Meeting agenda will organize content as follows:
 - ▣ Measures under consideration will be divided into a series of related groups for the purposes of discussion and voting.
- Each measure under consideration will have been subject to a preliminary staff analysis based on a decision algorithm approved by the Coordinating Committee.
 - ▣ MAP participants will receive a copy of the detailed preliminary analysis and staff decisions (i.e., support, do not support, or conditional support) and rationale to support how that conclusion was reached.

Voting Procedure

- **Step 1.** NQF staff will review the preliminary analysis for each measure under consideration (MUC) using the MAP selection criteria.
 - NQF staff will summarize Advisory Group discussions, public comment, and programmatic objectives.
- **Step 2.** A CMS representative will present a brief overview and/or contextual background on the MUC.
- **Step 3.** Lead discussants will review and present their findings.
 - Lead discussants will state their own point of view, whether or not it is in agreement with the preliminary recommendation or the divergent opinion.

Voting Procedure (continued)

- **Step 4.** The co-chairs will then open for discussion among the Workgroup.
 - ▣ Workgroup members should participate in the discussion to make their opinions known. However, one should refrain from repeating points already presented by others in the interest of time.
 - ▣ Measure developers will respond to the clarifying questions on the specifications of the measure.
 - ▣ NQF staff will respond to clarifying questions on the preliminary analysis.
- **Step 5.** The Workgroup will vote on acceptance of the preliminary analysis decision.
 - ▣ After discussion ends, the co-chairs will open for a vote on accepting the preliminary analysis assessment. This vote will be framed as a "yes" or "no" vote to accept the result.
 - ▣ If greater than or equal to 60% of the Workgroup members vote to accept the preliminary analysis assessment, then the preliminary analysis assessment will become the Workgroup recommendation.
 - ▣ If less than 60% of the Workgroup votes to accept the preliminary analysis assessment, discussion will continue on the measure.

Voting Procedure (continued 2)

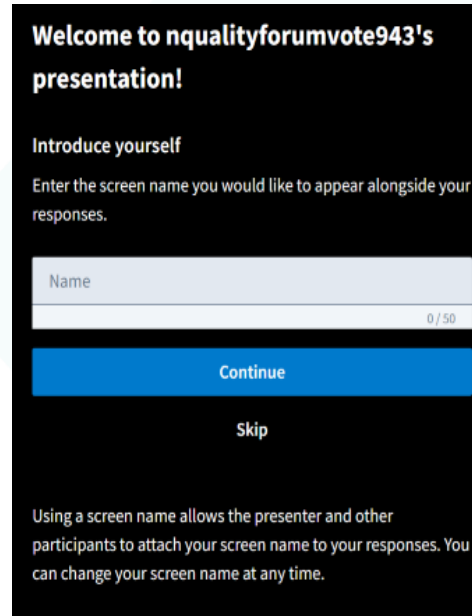
- **Step 6:** Discussion and voting on the MUC will take place if less than 60% accept the preliminary analysis assessment.
 - ▣ After discussion ends, the co-chairs will open the MUC for a vote.
 - ▣ The co-chairs will determine what decision category will be put to a vote first based on potential consensus emerging from the discussions.
 - ▣ If the co-chairs do not feel there is a consensus position to use to begin voting, the Workgroup will take a vote on each potential decision category one at a time. The first vote will be on support, then conditional support, then do not support with potential for mitigation, then do not support.
- **Step 7:** NQF staff will tally the votes.
 - ▣ If a decision category put forward by the co-chairs receives greater than or equal to 60% of the votes, the motion will pass, and the measure will receive that decision.
 - ▣ If no decision category achieves greater than 60% to overturn the preliminary analysis, the preliminary analysis decision will stand. This will be marked by staff and noted for the Coordinating Committee's consideration.

Decision Category or Voting Questions?

Voting Test

Voting Via Desktop or Laptop Computer (Poll Everywhere)

- Click on the voting link that was emailed to you. You will see a wait message until voting begins.
- When voting opens, you will see the screen below. Enter your first and last name, then click “Continue” to access voting from the options that will appear on the screen.



Welcome to nqualityforumvote943's presentation!

Introduce yourself

Enter the screen name you would like to appear alongside your responses.

Name

0 / 50

Continue

Skip

Using a screen name allows the presenter and other participants to attach your screen name to your responses. You can change your screen name at any time.

- Please alert an NQF staff member if you are having difficulty with our electronic voting system.

Measures Under Consideration (MUCs) for the MAP PAC/LTC Programs

Skilled Nursing Facility Value-Based Purchasing Program (SNF VBP) Measures

Public Comment for SNF VBP Measures

- **MUC2022-035:** Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay)
- **MUC2022-099:** Skilled Nursing Facility (SNF) Within-Stay (WS) Potentially Preventable Readmissions (PPR) Measure
- **MUC2022-113:** Number of hospitalizations per 1,000 long-stay resident days
- **MUC2022-126:** Total nursing staff turnover

MUC2022-035: Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay)

- **Description:** This one-year measure reports the percentage of long-stay residents in a nursing home who have experienced one or more falls resulting in major injury (defined as bone fractures, joint dislocations, closed head injuries with altered consciousness, or subdural hematoma) reported in the look-back period no more than 275 days before the target assessment. The long-stay nursing home population is defined as residents who have received 101 or more cumulative days of nursing home care by the end of the target assessment period. This measure uses data obtained through the Minimum Data Set (MDS) 3.0 OBRA, PPS, and/or discharge assessments during the selected quarter(s).
- **Level of Analysis:** Facility
- **Risk Adjustment:** No
- **Stratification:** No
- **Program(s) submitted to:** SNF VBP
- **NQF Recommendation:** Support for Rulemaking

MUC2022-099: Skilled Nursing Facility (SNF) Within-Stay (WS) Potentially Preventable Readmissions (PPR) Measure

- **Description:** This measure estimates the risk-standardized rate of unplanned, potentially preventable readmissions that occur during SNF stays among Medicare fee-for-service [FFS] beneficiaries. This measure applies two substantive refinements to the original measure (described in detail with the numerator and denominator), which was submitted and published to the MUC list in 2015 and finalized in the fiscal year (FY) 2017 SNF PPS final rule for use in the SNF VBP program in 2016. The measure is calculated in an identical manner using the following formula: (risk-adjusted numerator/risk-adjusted denominator)*national observed rate. The measure is calculated using two years of Medicare FFS claims data.
- **Level of Analysis:** Facility
- **Risk Adjustment:** Yes
- **Stratification:** No
- **Program(s) submitted to:** SNF VBP
- **NQF Recommendation:** Conditional Support for Rulemaking

First Break

SNF VBP Measures (Continued)

MUC2022-113: Number of hospitalizations per 1,000 long-stay resident days

- **Description:** The number of unplanned hospitalizations (including observation stays) for long-stay residents per 1,000 long-stay resident days. For this measure, long-stay resident days are all days after the resident's 100th cumulative day in the nursing home.
- **Level of Analysis:** Facility
- **Risk Adjustment:** Yes
- **Stratification:** No
- **Program(s) submitted to:** SNF VBP
- **NQF Recommendation:** Conditional Support for Rulemaking

MUC2022-126: Total nursing staff turnover

- **Description:** The percent of nursing staff that stop working in a facility within a given year.
- **Level of Analysis:** Facility
- **Risk Adjustment:** No
- **Stratification:** No
- **Program(s) submitted to:** SNF VBP
- **NQF Recommendation:** Conditional Support for Rulemaking

New Cross-Cutting Function Measure

Public Comment for New Cross-Cutting Function Measure

- **MUC2022-083:** Cross-Setting Discharge Function Score (IRF QRP)
- **MUC2022-085:** Cross-Setting Discharge Function Score (HH QRP)
- **MUC2022-086:** Cross-Setting Discharge Function Score (SNF QRP, SNF VBP)
- **MUC2022-087:** Cross-Setting Discharge Function Score (LTCH QRP)

MUC2022-083: Cross-Setting Discharge Function Score (IRF QRP)

- **Description:** This measure estimates the percentage of Inpatient Rehabilitation Facility (IRF) patients who meet or exceed an expected discharge function score.
- **Level of Analysis:** Facility
- **Risk Adjustment:** Yes
- **Stratification:** No
- **Program(s) submitted to:** HH QRP; IRF QRP; LTCH QRP; SNF QRP; SNF VBP
- **NQF Recommendation:** Conditional Support for Rulemaking

MUC2022-085: Cross-Setting Discharge Function Score (HH QRP)

- **Description:** This measure estimates the percentage of Home Health (HH) Medicare patients who meet or exceed an expected discharge function score.
- **Level of Analysis:** Facility
- **Risk Adjustment:** Yes
- **Stratification:** No
- **Program(s) submitted to:** HH QRP; IRF QRP; LTCH QRP; SNF QRP; SNF VBP
- **NQF Recommendation:** Conditional Support for Rulemaking

MUC2022-086: Cross-Setting Discharge Function Score (SNF QRP)

- **Description:** This measure estimates the percentage of Medicare Part A SNF stays that meet or exceed an expected discharge function score.
- **Level of Analysis:** Facility
- **Risk Adjustment:** Yes
- **Stratification:** No
- **Program(s) submitted to:** HH QRP; IRF QRP; LTCH QRP; SNF QRP; SNF VBP
- **NQF Recommendation:** Conditional Support for Rulemaking

MUC2022-086: Cross-Setting Discharge Function Score (SNF VBP)

- **Description:** This measure estimates the percentage of Medicare Part A SNF stays that meet or exceed an expected discharge function score.
- **Level of Analysis:** Facility
- **Risk Adjustment:** Yes
- **Stratification:** No
- **Program(s) submitted to:** HH QRP; IRF QRP; LTCH QRP; SNF QRP; SNF VBP
- **NQF Recommendation:** Conditional Support for Rulemaking

MUC2022-087: Cross-Setting Discharge Function Score (LTCH QRP)

- **Description:** This measure estimates the percentage of Long-Term Care Hospital (LTCH) patients who meet or exceed an expected discharge function score.
- **Level of Analysis:** Facility
- **Risk Adjustment:** Yes
- **Stratification:** No
- **Program(s) submitted to:** HH QRP; IRF QRP; LTCH QRP; SNF QRP; SNF VBP
- **NQF Recommendation:** Conditional Support for Rulemaking

Second Break

New Cross-Cutting COVID-19 Measure

Public Comment for New Cross-Cutting COVID Measure

- **MUC2022-089:** COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date (IRF QRP)
- **MUC2022-090:** COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date (HH QRP)
- **MUC2022-091:** COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date (LTCH QRP)
- **MUC2022-092:** COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date (SNF QRP)

MUC2022-089: COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date (IRF QRP)

- **Description:** This one quarter measure reports the percentage of patients in an inpatient rehabilitation facility (IRF) who are up-to-date on their COVID-19 vaccinations per the Centers for Disease Control and Prevention's (CDC) latest guidance. The definition of up to date may change based on the CDC's latest guidance and can be found on the CDC webpage, "Stay Up to Date with Your COVID-19 Vaccines", at <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html> (last accessed 5/18/2022). This measure is based on data obtained through the Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) discharge assessments during the selected quarter.
- **Level of Analysis:** Facility
- **Risk Adjustment:** No
- **Stratification:** No
- **Program(s) submitted to:** HH QRP; IRF QRP; LTCH QRP; SNF QRP
- **NQF Recommendation:** Conditional Support for Rulemaking

MUC2022-090: COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date (HH QRP)

- **Description:** The measure assesses the percent of home health patients that are up to date on their COVID-19 vaccinations as defined by CDC guidelines on current vaccination. Up to date as defined by CDC is outlined at <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>
- **Level of Analysis:** Facility
- **Risk Adjustment:** No
- **Stratification:** No
- **Program(s) submitted to:** HH QRP; IRF QRP; LTCH QRP; SNF QRP
- **NQF Recommendation:** Conditional Support for Rulemaking

MUC2022-091: COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date (LTCH QRP)

- **Description:** This one-quarter measure reports the percentage of patients in a long-term care hospital (LTCH) who are up-to-date on their COVID-19 vaccinations per the Centers for Disease Control and Prevention's (CDC) latest guidance. The definition of up-to-date may change based on the CDC's latest guidance and can be found on the CDC webpage, "Stay Up to Date with Your COVID-19 Vaccines", at <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html> (last accessed 5/18/2022). This measure is based on data obtained through the LTCH Continuity Assessment Record and Evaluation (CARE) Data Set (LCDS) discharge assessments during the selected quarter.
- **Level of Analysis:** Facility
- **Risk Adjustment:** No
- **Stratification:** No
- **Program(s) submitted to:** HH QRP; IRF QRP; LTCH QRP; SNF QRP
- **NQF Recommendation:** Conditional Support for Rulemaking

MUC2022-092: COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date (SNF QRP)

- **Description:** This one-quarter measure reports the percentage of patients in a Skilled Nursing Facility (SNF) who are up-to-date on their COVID-19 vaccinations per the Centers for Disease Control and Prevention's (CDC) latest guidance. The definition of up-to-date may change based on the CDC's latest guidance and can be found on the CDC webpage, "Stay Up to Date with Your COVID-19 Vaccines", at <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html> (last accessed 5/18/2022). This measure is based on data obtained through the Minimum Data Set (MDS) discharge assessments during the selected quarter.
- **Level of Analysis:** Facility
- **Risk Adjustment:** No
- **Stratification:** No
- **Program(s) submitted to:** HH QRP; IRF QRP; LTCH QRP; SNF QRP
- **NQF Recommendation:** Conditional Support for Rulemaking

Third Break

Revised Cross-Cutting COVID-19 Measure

Public Comment for Revised Cross-Cutting COVID-19 Measure

- **MUC2022-084:** COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) (2022 revision) (IRF QRP)
- **MUC2022-084:** COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) (2022 revision) (LTCH QRP)
- **MUC2022-084:** COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) (2022 revision) (SNF QRP)

MUC2022-084: COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) (2022 revision) (IRF QRP)

- **Description:** Percentage of healthcare personnel who are considered up to date with recommended COVID-19 vaccines.
- **Level of Analysis:** Facility
- **Risk Adjustment:** No
- **Stratification:** No
- **Program(s) submitted to:** IRF QRP; LTCH QRP; SNF QRP
- **NQF Recommendation:** Conditional Support for Rulemaking

MUC2022-084: COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) (2022 revision) (LTCH QRP)

- **Description:** Percentage of healthcare personnel who are considered up to date with recommended COVID-19 vaccines.
- **Level of Analysis:** Facility
- **Risk Adjustment:** No
- **Stratification:** No
- **Program(s) submitted to:** IRF QRP; LTCH QRP; SNF QRP
- **NQF Recommendation:** Conditional Support for Rulemaking

MUC2022-084: COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) (2022 revision) (SNF QRP)

- **Description:** Percentage of healthcare personnel who are considered up to date with recommended COVID-19 vaccines.
- **Level of Analysis:** Facility
- **Risk Adjustment:** No
- **Stratification:** No
- **Program(s) submitted to:** IRF QRP; LTCH QRP; SNF QRP
- **NQF Recommendation:** Conditional Support for Rulemaking

MAP PAC/LTC Programs Measure Gaps Discussion

Opportunity for Public Comment

Next Steps

Timeline of Upcoming Activities

- **Hospital Workgroup Review Meeting**
 - ▣ December 13 and 14
- **Clinician Workgroup Review Meeting**
 - ▣ December 15 and 16
- **Public Comment Period 2**
 - ▣ January 6-12
- **Coordinating Committee Review Meeting**
 - ▣ January 24 and 25, 2023
- **Recommendations Spreadsheet Published**
 - ▣ By February 1, 2023

MAP Resources

- CMS' 2022 MUC List Needs and Priorities Document
 - [2022 Needs and Priorities](#) (PDF)
- CMS' Pre-Rulemaking Overview
 - [CMS Pre-Rulemaking Webpage](#)
- MAP Member Guidebook
 - [Member Guidebook](#) (PDF)
- Measure Applications Partnership Overview
 - [National Quality Forum webpage](#)

MAP Contact Information

- PAC/LTC Workgroup project page: [PAC/LTC Workgroup webpage](#)
 - Email: MAPPAC-LTC@qualityforum.org

THANK YOU.

NATIONAL QUALITY FORUM

<https://www.qualityforum.org>

Appendix

MAP Implementation Results

2019-2020 MUC Recommendations

Support for Rulemaking (5 Measures)	
Finalized Into Rulemaking	
•	06064-C-MIPS: Risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) for Merit-based Incentive Payment System (MIPS)*
Not Finalized Into Rulemaking	
•	06077-C-PARTD: Use of Opioids at High Dosage in Persons without Cancer (OHD)
•	06076-C-PARTD: Use of Opioids from Multiple Providers in Persons without Cancer (OMP)
•	01364-C-PCHQR: National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection Outcome Measure*
•	01475-C-PCHQR: National Healthcare Safety Network (NHSN) Central Line Associated Bloodstream Infection Outcome Measure*

*Measure is CBE Endorsed

Note: Information about rulemaking and CBE endorsement status pulled from Centers for Medicare & Medicaid Services Measures Inventory Tool (CMIT), 10/06/2022



2019-2020 MUC Recommendations (continued-1)

Conditional Support for Rulemaking (11 Measures)

Finalized Into Rulemaking

- 06154-C-HIQR: Maternal Morbidity
- 06141-E-HIQR: Hospital Harm – Severe Hyperglycemia*
- 06166-C-MIPS: Hemodialysis Vascular Access: Practitioner Level Long-term Catheter Rate
- 06062-C-MIPS: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Program (MIPS) Eligible Clinician Groups
- 06159-C-PARTC: Transitions of Care between the Inpatient and Outpatient Settings including Notifications of Admissions and Discharges, Patient Engagement and Medication Reconciliation Post-Discharge
- 06156-C-PARTC: Follow-up after Emergency Department (ED) Visit for People with Multiple High-Risk Chronic Conditions
- 06111-C-HQR: Hospice Visits in the Last Days of Life (HVLDL)*
- MUC19-64: Standardized Transfusion Ratio for Dialysis Facilities*
- 06161-C-HHQR: Home Health Within-Stay Potentially Preventable Hospitalization Measure

Not Finalized Into Rulemaking

- 02816-C-MSSP: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions*
- MUC19-22: Follow-Up After Psychiatric Hospitalization

*Measure is CBE Endorsed

Note: Information about rulemaking and CBE endorsement status pulled from Centers for Medicare & Medicaid Services Measures Inventory Tool (CMIT), 10/06/2022

2019-2020 MUC Recommendations (continued-2)

Do Not Support for Rulemaking with Potential for Mitigation (1 Measure)

Not Finalized Into Rulemaking

- MUC19-37: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions; in the Medicare Shared Savings Program, the score would be at the MIPS provider (or provider group) level.

Do Not Support for Rulemaking (1 Measure)

Not Finalized Into Rulemaking

- 06078-C-PARTD: Use of Opioids from Multiple Providers and at a High Dosage in Persons without Cancer (OHDMP)

Removed from Consideration (2 Measures)

Not Finalized Into Rulemaking

- 05858-C-MIPS: Emergency Department Utilization (EDU)
- 05859-C-MIPS: Acute Hospital Utilization (AHU)

*Measure is CBE Endorsed

Note: Information about rulemaking and CBE endorsement status pulled from Centers for Medicare & Medicaid Services Measures Inventory Tool (CMIT), 10/06/2022

2020-2021 MUC Recommendations

Support for Rulemaking (2 Measures)

Finalized Into Rulemaking

- 07047-C-HIQR: Patient-Reported Outcomes Following Elective Primary Total Hip and/or Total Knee Arthroplasty: Hospital-Level Performance Measure*
- 01013-C-ESRDQIP: Standardized Hospitalization Ratio for Dialysis Facilities (SHR)*

*Measure is CBE Endorsed

Note: Information about rulemaking and CBE endorsement status pulled from Centers for Medicare & Medicaid Services Measures Inventory Tool (CMIT), 10/06/2022

2020-2021 MUC Recommendations (continued-1)

Conditional Support for Rulemaking (16 Measures)

Finalized Into Rulemaking

- 06114-C-SNFQRP: Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization
- 12735-C-HOQR: Breast Cancer Screening Recall Rates
- 06090-E-HIQR: Global Malnutrition Composite Score*
- 06090-C-PI: Global Malnutrition Composite Score*
- 08060-C-HQR: Hospice Care Index
- 08061-C-MIPS: Person-Centered Primary Care Measure Patient Reported Outcome Performance Measure (PCPCM PRO-PM)
- 08062-C-IRFQR: COVID-19 Vaccination Coverage among Healthcare Personnel
- 08062-C-LTCHQR: COVID-19 Vaccination Coverage among Healthcare Personnel
- 08062-C-SNFQRP: COVID-19 Vaccination Coverage among Healthcare Personnel
- 08062-C-ASCQR: COVID-19 Vaccination Coverage among Healthcare Personnel
- 08062-C-HOQR: COVID-19 Vaccination Coverage among Healthcare Personnel*
- 08062-C-IPFQR: COVID-19 Vaccination Coverage among Healthcare Personnel
- 08062-C-PCHQR: COVID-19 Vaccination Coverage among Healthcare Personnel
- 08062-C-HIQR: SARS-CoV-2 Vaccination Coverage among Healthcare Personnel*
- 08062-C-IRFQR: COVID-19 Vaccination Coverage among Healthcare Personnel
- 08051-E-HOQR: ST-Segment Elevation Myocardial Infarction (STEMI) Electronic Clinical Quality Measure (eCQM)*

*Measure is CBE Endorsed

Note: Information about rulemaking and CBE endorsement status pulled from Centers for Medicare & Medicaid Services Measures Inventory Tool (CMIT), 10/06/2022

2020-2021 MUC Recommendations (continued-2)

Conditional Support for Rulemaking (5 Measures)

Not Finalized Into Rulemaking

- 08058-C-MIPS: Melanoma Resection Episode-Based Cost Measure
- MUC20-0033: ACO-Level Days at Home for Patients with Complex, Chronic Conditions
- MUC20-0045: SARS-CoV-2 Vaccination by Clinicians
- 08064-C-ESRDQIP: SARS-CoV-2 Vaccination Coverage for Patients in End-Stage Renal Disease (ESRD) Facilities
- 08056-C-MIPS: Colon and Rectal Resection Episode-Based Cost Measure

*Measure is CBE Endorsed

Note: Information about rulemaking and CBE endorsement status pulled from Centers for Medicare & Medicaid Services Measures Inventory Tool (CMIT), 10/06/2022

2020-2021 MUC Recommendations (continued-3)

Do Not Support for Rulemaking with Potential for Mitigation (6 Measures)

Not Finalized into Rulemaking

- 08055-C-MIPS: Asthma/Chronic Obstructive Pulmonary Disease (COPD) Episode-Based Cost Measure
- 08057-C-MIPS: Diabetes Episode-Based Cost Measure
- 08059-C-MIPS: Sepsis Episode-Based Cost Measure
- 06162-C-MIPS: Risk-Standardized Acute Unplanned Cardiovascular-Related Admission Rates for Patients with Heart Failure for the Merit-based Incentive Payment System
- 06167-C-MIPS: Intervention for Prediabetes
- 05726-C-MIPS: Preventive Care and Wellness (composite)

*Measure is CBE Endorsed

Note: Information about rulemaking and CBE endorsement status pulled from Centers for Medicare & Medicaid Services Measures Inventory Tool (CMIT), 10/06/2022

2022 Measure Set Review Recommendations

Clinician Workgroup (14 Measures)	
Support for Retaining (6 Measures)	
<ul style="list-style-type: none"> • 00515-C-MSSP: Preventive Care and Screening: Screening for Depression and Follow-Up Plan • 05826-E-MIPS: Closing the Referral Loop: Receipt of Specialist Report • Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey • CMS eCQM ID: CMS2v11, MIPS Quality ID: 134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan • 06040-C-MSSP: Hospital-Wide, 30-day All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups • 00641-C-MIPS: Functional Outcome Assessment 	
Conditional Support for Retaining (6 Measures)	
<ul style="list-style-type: none"> • 01246-C-MSSP: Controlling High Blood Pressure • CMS eCQM ID: CMS165v10: Controlling High Blood Pressure • 02816-C-MSSP: Clinician and Clinician Group Risk-Standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions • 02381-C-MIPS: Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery • 00254-C-MIPS: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care • 05796-E-MIPS: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care 	
Conditional Support for Removal (2 Measures)	
<ul style="list-style-type: none"> • 01101-C-MIPS: Barrett's Esophagus • 05837-E-MIPS: Children Who Have Dental Decay or Cavities 	
Support for Removal (0 Measures)	

2022 Measure Set Review Recommendations (continued-1)

Hospital Workgroup (8 Measures)	
Support for Retaining (2 Measures)	
<ul style="list-style-type: none"> • 02930-C-HOQR: Hospital Visits after Hospital Outpatient Surgery • 02936-C-ASCQR: Normothermia Outcome 	
Conditional Support for Retaining (4 Measures)	
<ul style="list-style-type: none"> • 00140-C-HOQR: Magnetic Resonance Imaging (MRI) Lumbar Spine for Low Back Pain • 02599-C-HOQR: Abdomen Computed Tomography (CT) – Use of Contrast Material • 01049-C-ASCQR: Cataracts: Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery • 05735-C-PCHQR: Proportion of Patients Who Died from Cancer Not Admitted to Hospice 	
Conditional Support for Removal (1 Measure)	
<ul style="list-style-type: none"> • 00930-C-HOQR: Median time for ED Arrival to ED Departure for Discharged ED Patients 	
Support for Removal (1 Measure)	
<ul style="list-style-type: none"> • 00922-C-HOQR: Left Without Being Seen 	

2022 Measure Set Review Recommendations (continued-2)

PAC/LTC Workgroup (10 Measures)	
Support for Retaining (1 Measure)	
<ul style="list-style-type: none"> 02944-C-HHQR: Discharge to Community - Post Acute Care (PAC) Home Health (HH) Quality Reporting Program (QRP) 	
Conditional Support for Retaining (6 Measures)	
<ul style="list-style-type: none"> 00185-C-HHQR: Improvement in Bathing 00187-C-HHQR: Improvement in Dyspnea 00189-C-HHQR: Improvement in Management of Oral Medications 00196-C-HHQR: Timely Initiation of Care 00212-C-HHQR: Influenza Immunization Received for Current Flu Season 01000-C-HHQR: Improvement in Bed Transferring 	
Conditional Support for Removal (1 Measure)	
<ul style="list-style-type: none"> 03493-C-HHQR: Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) 	
Support for Removal (2 Measures)	
<ul style="list-style-type: none"> 02943-C-HHQR: Total Estimated Medicare Spending Per Beneficiary (MSPB) - Post Acute Care (PAC) HHQRP 05853-C-HHQR: Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function 	

Measures in CMS Post-Acute Care/Long-Term Care (PAC/LTC) Programs

PAC/LTC Programs

Home Health Quality
Reporting Program
(HH QRP)

Hospice Quality
Reporting Program
(HQRP)

Inpatient
Rehabilitation Facility
Quality Reporting
Program (IRF QRP)

Long-Term Care
Hospital Quality
Reporting Program
(LTCH QRP)

Skilled Nursing
Facility Quality
Reporting Program
(SNF QRP)

Skilled Nursing
Facility Value-Based
Purchasing (SNF VBP)
Program

Home Health Quality Reporting Program (HH QRP)

HH QRP: Current Program Measure Information

Type	NQF ID	Measure Title	NQF Status
Outcome	0171	Acute Care Hospitalization During the First 60 Days of Home	Endorsed
Outcome	0173	Emergency Department Use without Hospitalization During the First 60 Days of Home Health	Endorsed
Outcome	N/A	Home Health Within Stay Potentially Preventable Hospitalization	Not Endorsed
Outcome	0167	Improvement in Ambulation/Locomotion	Endorsed
Outcome	0174	Improvement in Bathing	Endorsed
Outcome	0179	Improvement in Dyspnea	Endorsement Removed
Outcome	0176	Improvement in Management of Oral Medication	Endorsed
Process	0526	Timely Initiation Of Care	Endorsement Removed
Process	0522	Influenza Immunization Received for Current Flu Season	Endorsement Removed

HH QRP: Current Program Measure Information (continued)

Type	NQF ID	Measure Title	NQF Status
Outcome	0175	Improvement in Bed Transferring	Endorsed
Outcome	0517	CAHPS Home Health Care Survey (experience with care)	Endorsed
Process	N/A	Drug Regimen Review Conducted with Follow-Up for Identified Issues-Post Acute Care (PAC) Home Health Quality Reporting Program	Not Endorsed
Cost/ Resource	N/A	Medicare Spending Per Beneficiary (MSPB)—Post Acute Care (PAC) Home Health (HH) Quality Reporting Program (QRP)	Not Endorsed
Outcome	3477	Discharge to Community-Post Acute Care (PAC) Home Health (HH) Quality Reporting Program (QRP) (will exclude baseline nursing facility residents starting CY 2021)	Endorsed
Outcome	N/A	Potentially Preventable 30-Day Post-Discharge Readmission Measure for Home Health Quality Reporting Program	Not Endorsed
Outcome	N/A	Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury	Not Endorsed

HH QRP: Current Program Measure Information (continued 2)

Type	NQF ID	Measure Title	NQF Status
Outcome	Based on 0674	Application of Percent of Residents Experiencing One or More Falls with Major Injury	Endorsed
Process	Based on 2631	Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function	Endorsed
Process	N/A	Transfer of Health Information to the Provider - Post-Acute Care (PAC) (Will be added to program in CY 2022)	Not Endorsed
Process	N/A	Transfer of Health Information to the Patient - Post-Acute Care (PAC) (Will be added to program in CY 2022)	Not Endorsed

HH QRP: Measures Identified for Removal

Type	NQF ID	Measure Title	NQF Status
Outcome	0171	Acute Care Hospitalization During the First 60 Days of Home Health (replacement planned for CY 2024)	Endorsed
Outcome	0173	Emergency Department Use without Hospitalization During the First 60 Days of Home Health (replacement planned for CY 2024)	Endorsed
Process	0520	Drug Education on All Medications Provided to Patient/Caregiver during All Episodes of Care (Removed from HH QRP via the CY21 HH Final Rule)	Endorsement Removed

HQRP: Current Program Measure Information

Type	NQF ID	Measure Title	NQF Status
Process	3235	Hospice and Palliative Care Composite Process Measure - Comprehensive Assessment at Admission	Endorsed
Process	N/A	Hospice Care Index	Not Endorsed
Process	N/A	Hospice Visits in Last Days of Life (HVLDL)	Not Endorsed
Outcome	2651	CAHPS Hospice Survey	Endorsed

Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)

IRF QRP: Current Program Measure Information

Type	NQF ID	Measure Title	NQF Status
Outcome	1717	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	Endorsed
Process	0431	Influenza Vaccination Coverage Among Healthcare Personnel	Endorsed
Outcome	0138	National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure	Endorsed
Outcome	2634	IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients	Endorsed
Outcome	2633	IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients	Endorsed
Outcome	Based on 0674	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay)	Endorsed
Process	Based on 2631	Application of Percent of Long-Term Care Hospital Patients With an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function	Endorsed
Outcome	2635	IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients	Endorsed
Outcome	2636	IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients	Endorsed

IRF QRP: Current Program Measure Information (Continued)

Type	NQF ID	Measure Title	NQF Status
Outcome	3479	Discharge to Community: Discharge to Community-Post Acute Care Inpatient Rehabilitation Facility Quality Reporting Program	Endorsed
Process	N/A	Drug Regimen Review Conducted with Follow-Up for Identified Issues	Not Endorsed
Cost/ Resource	3561	Medicare Spending Per Beneficiary-Post Acute Care Inpatient Rehabilitation Facility Quality Reporting Program	Endorsed
Outcome	N/A	Potentially Preventable 30-Day Post-Discharge Readmission Measure for Inpatient Rehabilitation Facility Quality Reporting Program	Not Endorsed
Outcome	N/A	Potentially Preventable Within Stay Readmission Measure for Inpatient Rehabilitation Facilities	Not Endorsed
Outcome	N/A	Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury	Not Endorsed
Process	N/A	Transfer of Health Information to the Provider - Post-Acute Care (PAC)	Not Endorsed
Process	N/A	Transfer of Health Information to the Patient - Post-Acute Care (PAC)	Not Endorsed
Process	N/A	COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP)	Not Endorsed

LTCH QRP: Current Program Measure Information

Type	NQF ID	Measure Title	NQF Status
Outcome	Based on 0674	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)	Not Endorsed
Process	Based on 2631	Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function	Endorsed
Process	2631	Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function	Endorsed
Outcome	2632	Functional Outcome Measure: Change in Mobility Among Long-Term Care Hospital (LTCH) Patients Requiring Ventilator Support	Endorsed
Process	N/A	Drug Regimen Review Conducted With Follow-Up for Identified Issues—Post Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)	Not Endorsed
Outcome	0138	National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection Outcome Measure	Endorsed
Outcome	0139	National Healthcare Safety Network (NHSN) Central Line-Associated Bloodstream Infection Outcome Measure	Endorsed
Outcome	1717	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	Endorsed
Process	N/A	COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP)	Not Endorsed

LTCH QRP: Current Program Measure Information

Type	NQF ID	Measure Title	NQF Status
Outcome	Based on 0674	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)	Endorsed
Process	2631	Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function	Endorsed
Outcome	2632	Functional Outcome Measure: Change in Mobility Among Long-Term Care Hospital (LTCH) Patients Requiring Ventilator Support	Endorsed
Process	N/A	Drug Regimen Review Conducted With Follow-Up for Identified Issues—Post Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)	Not Endorsed
Outcome	0138	National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection Outcome Measure	Endorsed
Outcome	0139	National Healthcare Safety Network (NHSN) Central Line-Associated Bloodstream Infection Outcome Measure	Endorsed
Outcome	1717	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	Endorsed
Process	N/A	COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP)	Not Endorsed

LTCH QRP: Current Program Measure Information (Continued)

Type	NQF ID	Measure Title	NQF Status
Process	0431	Influenza Vaccination Coverage among Healthcare Personnel	Endorsed
Cost/ Resource	3562	Medicare Spending Per Beneficiary (MSPB)—Post Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)	Endorsed
Outcome	3480	Discharge to Community—Post Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)	Endorsed
Outcome	N/A	Potentially Preventable 30-Day Post-Discharge Readmission Measure for Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)	Not Endorsed
Process	N/A	Compliance With Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay	Not Endorsed
Outcome	N/A	Ventilator Liberation Rate	Not Endorsed
Outcome	N/A	Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury	Not Endorsed
Process	N/A	Transfer of Health Information to the Provider - Post-Acute Care (PAC)	Not Endorsed
Process	N/A	Transfer of Health Information to the Patient - Post-Acute Care (PAC)	Not Endorsed

Skilled Nursing Facility Quality Reporting Program (SNF QRP)

SNF QRP: Current Program Measure Information

Type	NQF ID	Measure Title	NQF Status
Outcome	Based on 0674	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)	Endorsed
Process	Based on 2631	Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function	Endorsed
Outcome	3481	Discharge to Community-Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)	Endorsed
Process	N/A	Drug Regimen Review Conducted with Follow-Up for Identified Issues-Post-Acute Care Skilled Nursing Facility Quality Reporting Program	Not Endorsed
Cost/ Resource	N/A	Medicare Spending per Beneficiary —Post-Acute Care Skilled Nursing Facility Quality Reporting Program	Not Endorsed
Outcome	N/A	Potentially Preventable 30-Day Post-Discharge Readmission Measure for Skilled Nursing Facility Quality Reporting Program.	Not Endorsed

SNF QRP: Current Program Measure Information (continued 2)

Type	NQF ID	Measure Title	NQF Status
Process	N/A	COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP)	Not Endorsed
Outcome	N/A	Skilled Nursing Facility (SNF) Healthcare-Associated Infections (HAI) Requiring Hospitalizations	Not Endorsed
Process	0431	Influenza Vaccination Coverage Among Healthcare Personnel (HCP)	Endorsed

SNF QRP: Current Program Measure Information (continued 3)

Type	NQF ID	Measure Title	NQF Status
Process	N/A	COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP)	Not Endorsed
Outcome	N/A	Skilled Nursing Facility (SNF) Healthcare-Associated Infections (HAI) Requiring Hospitalizations	Not Endorsed

SNF VBP: Current Program Measure Information

Type	NQF ID	Measure Title	NQF Status
Outcome	2510	Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM)	Endorsed
<i>Outcome</i>	<i>N/A</i>	<i>Potentially Preventable 30-Day Post-Discharge Readmission Measure for</i>	<i>Not Endorsed</i>

Current SNF VBP program measure is the Skilled Nursing Facility 30-Day All-Cause Readmission Measure. As per PAMA legislation 2014, the SNFRM is to be replaced with a Potentially Preventable 30-Day Post-Discharge Readmission Measure when available through rulemaking.

SNF VBP: Program Measure Information (continued 2)

Type	NQF ID	Measure Title	NQF Status
Outcome	3481	Discharge to Community-Post Acute Care (PAC) Skilled Nursing Facility (SNF)	Endorsed
Outcome	N/A	Skilled Nursing Facility (SNF) Healthcare-Associated Infections (HAI) Requiring Hospitalizations	Not Endorsed
Structure	N/A	Total Staff Nursing in Skilled Nursing Facilities	Not Endorsed

On August 4, 2022, CMS published the FY 2023 SNF PPS final rule that updated policies for the SNF VBP Program. It is available in the *Federal Register* on pages [47564–47578](#). The rule finalized the addition of the Discharge to Community-Post Acute Care (PAC) Skilled Nursing Facility (SNF), Skilled Nursing Facility (SNF) Healthcare-Associated Infections (HAI) Requiring Hospitalizations and the Total Staff Nursing in Skilled Nursing Facilities with the performance period beginning FY 2024.

MAP Pre-Rulemaking Approach – Measure Selection Criteria

MAP Measure Selection Criteria (MSC)

- Identify characteristics that are associated with ideal measure sets for public reporting and payment programs
- Not absolute rules; provide general guidance and complement program-specific statutory and regulatory requirements
- Focus should be on the selection of high-quality measures that address the National Quality Strategy's (NQS) three aims, fill measurement gaps, and increase alignment
- Reference for:
 - ▢ evaluating the relative strengths and weaknesses of a program measure set
 - ▢ how the addition of an individual measure would contribute to the set
- MAP uses the MSC to guide its recommendations; MSC are the basis of the preliminary analysis algorithm

MAP Measure Selection Criterion 1:

NQF-endorsed measures are preferred for program measure sets. Measures are based on scientific evidence and meet requirements for validity, feasibility, reliability and use.

Demonstrated by a program measure set that contains measures that meet the NQF endorsement criteria, including importance to measure and report, scientific acceptability of measure properties, feasibility, usability and use, and harmonization of competing and related measures.

- **Subcriterion 1.1** Measures that are not NQF-endorsed should be submitted for endorsement if selected to meet a specific program need.
- **Subcriterion 1.2** Measures that have had endorsement removed or have been submitted for endorsement and were not endorsed should be removed from programs.
- **Subcriterion 1.3** Measures that are in reserve status (i.e., topped out) should be considered for removal from programs.

MAP Measure Selection Criterion 2:

Program measure set uses impactful measures which significantly advance healthcare outcomes for high priority areas in which there is a demonstrated performance gap or variation.

Demonstrated by a program measure set that promotes improvement in key national healthcare priorities such as CMS's Meaningful Measures Framework, emerging public health concerns and ensuring that the set addresses key improvement priorities for all providers.

MAP Measure Selection Criterion 3:

Program measure set is responsive to specific program goals and requirements, including all statutory requirements.

Demonstrated by a program measure set that is “fit for purpose” for the particular program.

- **Subcriterion 3.1** Program measure set includes measures that are applicable to and appropriately tested for the program’s intended care setting(s), level(s) of analysis, and population(s).
- **Subcriterion 3.2** Measure sets for public reporting programs should be meaningful for consumers and purchasers.
- **Subcriterion 3.3*** Measure sets for payment incentive programs should contain measures for which there is broad experience demonstrating usability and usefulness.
- **Subcriterion 3.4** Avoid selection of measures that are likely to create significant adverse consequences when used in a specific program.
- **Subcriterion 3.5** Emphasize inclusion of endorsed measures that have electronic clinical quality measure (eCQM) specifications available.

**For some Medicare payment programs, statute requires that measures must first be implemented in a public reporting program for a designated period*

MAP Measure Selection Criterion 4:

Program measure set may include a mix of measure types; however, highest priority is given to measures which are digital, or patient centered/patient reported outcomes, and/or support equity. Process measures must have a direct and proven relationship to improved outcomes in a high impact area where there are no outcome/intermediate outcome measures.

Demonstrated by a program measure set that includes an appropriate mix of process, outcome, experience of care, cost/resource use/appropriateness, composite, and structural measures necessary for the specific program.

- **Subcriterion 4.1** In general, preference should be given to measure types that address specific program needs.
- **Subcriterion 4.2** Public reporting program measure sets should emphasize outcomes that matter to patients, including patient- and caregiver-reported outcomes.
- **Subcriterion 4.3** Payment program measure sets should include outcome measures and cost measures to capture value.

MAP Measure Selection Criterion 5:

Program measure set enables measurement of person- and family-centered care and services AND are meaningful to patients and useful in making best care choices.

Demonstrated by a program measure set that addresses access, choice, self-determination, and community integration.

- ▣ **Subcriterion 5.1** Measure set addresses patient/family/caregiver experience, including aspects of communication and care coordination.
- ▣ **Subcriterion 5.2** Measure set addresses shared decision making, such as for care and service planning and establishing advance directives.
- ▣ **Subcriterion 5.3** Measure set enables assessment of the person's care and services across providers, settings, and time.

MAP Measure Selection Criterion 6:

Program measure set supports healthcare equity, helps identify gaps and disparities in care, and promotes access, culturally sensitive, and unbiased care for all.

Demonstrated by a program measure set that promotes equitable access and treatment by considering healthcare disparities. Factors include addressing race, ethnicity, socioeconomic status, language, gender, sexual orientation, age, or geographical considerations (e.g., urban vs. rural). Program measure set also can address populations at risk for healthcare disparities (e.g., people with behavioral/mental illness).

- ▣ **Subcriterion 6.1** Program measure set includes measures that directly assess healthcare disparities (e.g., interpreter services).
- ▣ **Subcriterion 6.2** Program measure set includes measures that are sensitive to disparities measurement (e.g., beta blocker treatment after a heart attack) and that facilitate stratification of results to better understand differences among vulnerable populations.

MAP Measure Selection Criterion 7:

Program measure set is aligned across programs and settings as appropriate and possible.

Demonstrated by a program measure set that supports efficient use of resources for data collection and reporting and supports alignment across programs. The program measure set should balance the degree of effort associated with measurement and its opportunity to improve quality.

- ▣ **Subcriterion 7.1** Program measure set demonstrates efficiency (i.e., minimum number of measures and the least burdensome measures that achieve program goals).
- ▣ **Subcriterion 7.2** Program measure set places strong emphasis on measures that promote alignment and can be used across multiple programs or applications.

Preliminary Analysis Algorithm

Preliminary Analysis of Measures Under Consideration

- The preliminary analysis is intended to provide MAP members with a succinct profile of each measure and to serve as a starting point for MAP discussions.
- Staff use an algorithm developed from the MAP Measure Selection Criteria to evaluate each measure considering MAP's previous guidance.
- To facilitate MAP's discussions, NQF staff will conduct a preliminary analysis of each measure under consideration.
- The preliminary analysis is an algorithm that asks a series of questions about each measure under consideration.
- This algorithm was approved by the MAP Coordinating Committee to evaluate each measure.

MAP Preliminary Analysis Algorithm

1. The measure addresses a critical quality objective not adequately addressed by the measures in the program set.
2. The measure is evidence-based and is either strongly linked to outcomes or an outcome measure.
3. The measure addresses a quality challenge.
4. The measure contributes to efficient use of measurement resources and/or supports alignment of measurement across programs.
5. The measure can be feasibly reported.
6. The measure is applicable to and appropriately specified for the program's intended care setting(s), level(s) of analysis, and population(s).
7. If a measure is in current use, no unreasonable implementation issues that outweigh the benefits of the measure have been identified.

MAP Preliminary Analysis Algorithm-1

Assessment 1: The measure addresses a critical quality objective not adequately addressed by the measures in the program set.

■ **Definition:**

- ▣ The measure addresses key healthcare improvement priorities; or
- ▣ the measure is responsive to specific program goals and statutory or regulatory requirements; or
- ▣ the measure can distinguish differences in quality, is meaningful to patients/consumers and providers, and/or addresses a high-impact area or health condition.

■ **Result:**

- ▣ Yes: The review can continue.
- ▣ No: The measure will receive a “do not support for rulemaking.”
- ▣ MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.

MAP Preliminary Analysis Algorithm-2

Assessment 2: The measure is evidence-based and is either strongly linked to outcomes or an outcome measure.

■ **Definition:**

- For process and structural measures: The measure has a strong scientific evidence-base to demonstrate that when implemented can lead to the desired outcome(s).
- For outcome measures: The measure has a scientific evidence-base and a rationale for how the outcome is influenced by healthcare processes or structures.

■ **Result:**

- Yes: The review can continue.
- No: The measure will receive a “do not support for rulemaking.”
- MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.

MAP Preliminary Analysis Algorithm-3

Assessment 3: The measure addresses a quality challenge.

■ Definition:

- ▣ The measure addresses a serious reportable event (i.e., a safety event that should never happen); or
- ▣ the measure addresses unwarranted or significant variation or a gap in care that is evidence of a quality challenge.

■ Result:

- ▣ Yes: The review can continue.
- ▣ No: The measure will receive a “do not support for rulemaking.”
- ▣ MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.

MAP Preliminary Analysis Algorithm-4

Assessment 4: The measure contributes to efficient use of measurement resources and/or supports alignment of measurement across programs.

■ **Definition:**

- ▣ The measure is either not duplicative of an existing measure or measure under consideration in the program or is a superior measure to an existing measure in the program; or
- ▣ the measure captures a broad population; or
- ▣ the measure contributes to alignment between measures in a particular program set (e.g., the measure could be used across programs) or
- ▣ the value to patients/consumers outweighs any burden of implementation.

■ **Result:**

- ▣ Yes: The review can continue.
- ▣ No: The highest rating can be “do not support for rulemaking with potential for mitigation.”
- ▣ MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.

MAP Preliminary Analysis Algorithm-5

Assessment 5: The measure can be feasibly reported.

- **Definition:**

- ▣ The measure can be operationalized (e.g., the measure is fully specified, specifications use data found in structured data fields, and data are captured before, during, or after the course of care).

- **Result:**

- ▣ Yes: The review can continue.
- ▣ No: The highest rating can be “do not support for rulemaking with potential for mitigation.”
- ▣ MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.

MAP Preliminary Analysis Algorithm-6

Assessment 6: The measure is applicable to and appropriately specified for the program's intended care setting(s), level(s) of analysis, and population(s).

■ **Definition:**

- ▣ The measure is NQF-endorsed; or
- ▣ the measure is fully developed and full specifications are provided; and
- ▣ measure specifications are provided for the level of analysis, program, and/or setting(s) for which it is being considered.

■ **Result:**

- ▣ Yes: The measure could be supported or conditionally supported.
- ▣ No: The highest rating can be “conditional support for rulemaking.”
- ▣ MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.

MAP Preliminary Analysis Algorithm-7

Assessment 7: If a measure is in current use, no unreasonable implementation issues that outweigh the benefits of the measure have been identified.

■ **Definition:**

- ▣ Feedback from end users has not identified any unreasonable implementation issues that outweigh the benefits of the measure; or
- ▣ feedback from implementers or end users has not identified any negative unintended consequences (e.g., premature discharges, overuse or inappropriate use of care or treatment, limiting access to care); and
- ▣ feedback is supported by empirical evidence.

■ **Outcome:**

- ▣ If no implementation issues have been identified: Measure can be supported or conditionally supported.
- ▣ If implementation issues are identified: The highest rating can be “conditional support for rulemaking.” MAP can also choose to not support the measure, with or without the potential for mitigation. MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.

Review of Measures Under Consideration (MUCs) by MAP Advisory Groups

MAP Health Equity Advisory Group Charge and Feedback on Measures Under Consideration (MUCs)

- Provide input on MUCs with a lens to measurement issues impacting health disparities and the over 1,000 United States critical access hospitals
- Provide input on MUCs with the goal to reduce health differences closely linked with social, economic, or environmental disadvantages
- Health Equity Advisory Group discussion will be summarized at the setting-specific Workgroup pre-rulemaking meetings in December
- Preliminary analyses (PAs) will contain a qualitative summary of Health Equity Advisory Group's discussion of the MUCs for MAP Coordinating Committee

MAP Rural Health Advisory Group Charge and Feedback on Measures Under Consideration (MUCs)

- Provide input on MUCs with emphasis on rural-specific measurement issues impacting rural populations, rural providers, and rural facilities
- Provide input on MUCs to address priority rural health issues, including the challenge of low case-volume and access
- Rural Health Advisory Group discussion will be summarized at the setting-specific Workgroup pre-rulemaking meetings in December
- Preliminary analyses (PAs) will contain a qualitative summary of Rural Health Advisory Group's discussion of the MUCs for MAP Coordinating Committee