



April 13, 2018

To: Patient Experience and Function Standing Committee
From: NQF staff
Re: Post-comment web meeting to discuss public comments received and NQF member expression of support

Purpose of the Call

The Patient Experience and Function Standing Committee will meet via web meeting on April 20, 2018 from 2:00-4:00 pm ET. The purpose of this call is to:

- Review and discuss comments received during the post-evaluation public and member comment period;
- Provide input on proposed responses to the post-evaluation comments;
- Review and discuss NQF members' expression of support of the measures under consideration; and
- Determine whether reconsideration of any measures or other courses of action are warranted.

Standing Committee Actions

1. Review this briefing memo and [draft report](#).
2. Review and consider the full text of all comments received and the proposed responses to the post-evaluation comments.
3. Review the NQF members' expressions of support of the submitted measures.
4. Be prepared to provide feedback and input on proposed post-evaluation comment responses.

Conference Call Information

Please use the following information to access the conference call line and webinar:

Speaker dial-in #: (844) 293-9369 (*NO CONFERENCE CODE REQUIRED*)
Web Link: <http://nqf.commpartners.com/se/Rd/Mt.aspx?579667>

Background

Ensuring that all patient and family members are engaged partners in healthcare is one of the core priorities of the National Quality Strategy and NQF. The current healthcare system lacks necessary measures to support the new paradigm in which patients are empowered to participate actively in their own care. In this new healthcare paradigm, high-quality, performance measures are essential to provide information and insight on how providers are responding to the needs and preferences of patients and families, and how healthcare organizations can create effective care practices that support positive patient experience and improved function.

Patient Experience and Function is a newly formed NQF measure topic area encompassing many of the measures previously assigned to the Person-and Family-Centered Care and Care Coordination topic areas. Measures included in this portfolio assess patient function and experience of care as they relate to health-related quality of life and the many factors that impact these principles, including communication, care coordination, transitions of care, and use of health information technology.

The 24-member [Patient Experience and Function Standing Committee](#) has been charged with overseeing the NQF patient experience and function measure portfolio, evaluating both newly submitted and previously endorsed measures against NQF's measure evaluation criteria, identifying gaps in the measurement portfolio, providing feedback on how the portfolio should evolve, and serving on any ad hoc or expedited projects in its designated topic areas.

On January 31, 2018, the Patient Experience and Function Standing Committee evaluated four newly submitted measures and one measure undergoing maintenance review. The Standing Committee recommended the measure submitted for maintenance review for endorsement and did not recommend the four newly submitted measures for endorsement. The measure recommended for endorsement is:

- 1741 Consumer Assessment of Healthcare Providers and Systems (CAHPS)[®] Surgical Care Survey Version 2.0

The measures not recommended for endorsement are:

- 3319 Long Term Services and Supports (LTSS) Comprehensive Assessment and Update
- 3324 Long Term Services and Supports (LTSS) Comprehensive Care Plan and Update
- 3325 Long Term Services and Supports (LTSS) Shared Care Plan with Primary Care Practitioner
- 3326 Long Term Services and Supports (LTSS) Re-Assessment/Care Plan Update after Inpatient Discharge

Comments Received

NQF solicits comments on measures undergoing review in various ways and at various times throughout the evaluation process. First, NQF solicits comments on endorsed measures on an ongoing basis through the Quality Positioning System (QPS). Second, NQF solicits member and public comments during a 16-week comment period via an online tool on the project webpage.

Pre-evaluation Comments

NQF solicits comments prior to the evaluation of the measures via an online tool on the project webpage. For this evaluation cycle, the commenting period opened on December 5, 2017 and closed on April 6, 2018. As of January 18, 2018, three comments were submitted and shared with the Committee prior to the measure evaluation meeting.

Post-evaluation Comments

The draft report was posted on the project webpage for public and NQF member comment on March 8, 2018 for 30 calendar days. During this commenting period, NQF received 28 comments from 7 member organizations and 3 non-member organizations:

Member Council	# of Member Organizations Who Commented
Consumer	0
Health Plan	2
Health Professional	2
Provider Organization	1
Public/Community Health Agency	0
Purchaser	0
QMRI	2
Supplier/Industry	0

We have included all comments that we received (both pre- and post-evaluation) in the comment table (excel spreadsheet) posted to the Committee SharePoint site. This comment table contains the commenter's name, comment, associated measure, topic (if applicable), and—for the post-evaluation comments—draft responses (including measure steward/developer responses) for the Committee's consideration. Please review this table in advance of the meeting and consider the individual comments received and the proposed responses to each.

Comments and their Disposition

Themed Comments

Two major themes were identified in the post-evaluation comments, as follows:

1. General comments on the report and the portfolio
2. Measure-specific comments

Theme 1 - General Comments on the Report and the Portfolio

Nine comments were received on the general draft report. Three of the comments are general in-support of the Committee's work, and do not require a formal response. Six of these comments were submitted by the Mathematica – NCQA developer, and are directed to NQF staff. Mathematica – NCQA developer submitted a total of 19 comments which also correspond to a memo that was shared with NQF. The comments from there memo were broken into two parts due to character limits, and submitted three times each on behalf of different members of the project team. For the sake of clarity, NQF has moved all of the measure specific comments to their corresponding sections. There was one general comment in the memo specific to the *Overarching Project Themes and Discussion* suggesting additional information be included on Office of the National Coordinator (ONC) LTSS standardized data elements. NQF staff have

included draft responses below in the table for each comment, and, in response to some of the comments, will revise the final report to include additional information.

Proposed NQF Response:

Thank you for your comment on Overarching Project Themes and Discussion. The electronic Long-Term Services and Supports (eLTSS) initiative supported by the Office of the National Coordination for Health Information Technology (ONC) is critical in facilitating and promoting the adoption of standardized data elements. The PEF Standing Committee agrees that as health plans adopt the ONC eLTSS certified technology, it will become easier to construct the four LTSS.

Proposed Committee Response:

Thank you for your comment, the Committee will discuss during the post-comment call on April 20, 2019.

Action Item:

The report will be edited to reflect the Committee's full discussion on these measures.

Measure-Specific Comments

1741: Consumer Assessment of Healthcare Providers and Systems (CAHPS)[®] Surgical Care Survey Version 2.0

Two comments were received on this measures during the post-meeting commenting period. One comment expressed general support for the measure's endorsement and does not require a response. The other comment also expressed support for the measure's endorsement, but noted concern over the ability of survey tools for patient satisfaction to measure performance, particularly for surgeons. The commenter also questioned the validity of survey tools for patient satisfaction given that "collection of data is frequently so far removed from the actual patient interaction." The measure developers responded to this comment (below).

Measure Steward/Developer Response:

We greatly appreciate the sentiments expressed by AANS. Indeed, these sentiments were among the reasons why the CAHPS Surgical Care Survey was developed. We believe this measure represents a step in the right direction to move towards meaningful, patient-centered surgical care. Future iterations of this measure are in development, and we look forward to continued AANS support.

Proposed Committee Response:

Thank you for your comment and support.

Action Item:

None

3319: Long Term Services and Supports (LTSS) Comprehensive Assessment and Update

Fifteen comments were received on this measure during the post-meeting comment period. Five comments raised concerns with the measure specific to evidence, fact-to-face encounters,

data availability and stratification; and also supported the Committee's decision not to recommend. These five comments were forwarded to the developer for responses (below). Thirteen of the comments were from the developer in response to the draft report and are specific to details outlining the discussion on the measure. These comments have been responded to by NQF staff.

Measure Steward/Developer Response:

- 1) We appreciate the comments regarding the measure's specification that an assessment must include a face-to-face discussion with the member in the home (unless there is documentation of a member refusing in-home assessment) and will consider potential changes to the measure in the future.

We also appreciate the suggestion to include social support as a required core element. We will consider these potential changes to the measure in the future.

Regarding data availability, the measure was developed in part to help propel the process of standardizing reporting and data collection systems forward. To date, the lack of a standardized measure to assess the degree to which assessments among the MLTSS enrollee population are comprehensive has precluded the collection of comparable data across plans.

Thank you for your suggestions regarding stratification on demographic characteristics. We will consider these potential changes to the measure in the future.

- 2) We appreciate the comments regarding the measure's specification of the face-to-face requirement and will consider potential changes to the measure in the future.

Thank you as well for your comment regarding variation in new state MLTSS implementations; in the future, we will consider the possibility of incorporating flexibility into the measure's specified 90-day timeframe to account for new state MLTSS implementations that are not staggered.

- 3) Thank you for your comments. Although there was a mix in the inter-rater reliability of both core and supplemental elements included in the two rates, the overall score-level reliability was high. Our submission documents that the inter-class correlation coefficient (ICC) (the ratio of the subject variance to the total variance) for both Rate 1 and 2 exceeded 0.9, indicating almost perfect agreement between the samples, and showing a significant association at $p < 0.05$.

The Technical Expert Panel (TEP) voted on the potential of the measure to distinguish performance among health plans as a result of standardizing expectations regarding the key components of a high-quality, person-centered care plan. The majority of the TEP supported the measure (62 percent agreed or strongly agreed that high performance on this measure indicates that a health plan is

providing higher quality care), and an even greater proportion (69%) of the TEP agreed that performance scores on this measure will distinguish between good and poor performance in the future.

- 4) We appreciate the comments regarding the measure's specification of face-to-face care plan development and will consider potential changes to the measure in the future.

Thank you for your comment regarding variation in new State MLTSS implementations; in the future, we will consider the possibility of incorporating flexibility into the measure's specified 90-day timeframe to account for new State MLTSS implementations that are not staggered.

We appreciate your comment regarding the balance between medical and non-medical/quality of life core elements specified in this measure. Over time, we anticipate that elements from the “supplemental” requirements will move to the “core” requirements as performance improves. In the meantime, the currently proposed “core” rates can fill a long-standing measurement gap while generating results that are both meaningful and usable to stakeholders.

Thank you for your comments regarding stratification on additional demographic characteristics; we will consider this potential change to the measure in the future as rates increase.

- 5) We appreciate your comments about the measure's specification regarding the face-to-face LTSS Assessment in the member's home unless there is documentation of a member refusing in-home assessment.

Proposed NQF Response:

- 1) Thank you for your comment in regards to NQF#3319, Comprehensive Assessment and Update (p.10), we agree with your revision and will update the sentence to include the your recommended addition of “all core elements” to the completion of comprehensive assessments.
- 2) Thank you for your comment in regards to #3319, Comprehensive Assessment and Update (p.10). We agree that the statement does not accurately reflect the committees assessment of the testing results and have revised the sentence to reflect your feedback: “However the Committee expressed concern in regards to the amount of flexibility around how the comprehensive assessment is captured, as well as the low reliability of some of the data elements, and suggested that the overall reliability was high because the performance is so low.”
- 3) Thank you for your comment in regards to #3319, Comprehensive Assessment and Update (p.10) on low performance rates. The concern of the Committee was specific to the measure may not adequately distinguish between good and poor

performance in accountability programs. We agree that the overall low performance rates can indicate substantial room for improvement.

- 4) Thank you for your comment in regards to #3319 Comprehensive Assessment and Update (p.11) on removal and/or modification of data elements. We will update the statement to: "The developer also noted that the number and mix of data elements was revised after reviewing testing results. Updated data elements reflected those that had higher frequency in testing, corresponded to elements used in plan assessment forms, and were recommended by the developers Technical Expert Panel (TEP) members. Due to resource limitations, the measure was not retested following these modifications".
- 5) Thank you for your comment in regards to #3319 Comprehensive Assessment and Update (p.11) on the Committee's support of further analysis and resubmission of the measure. We agree with your suggestion and have updated the statement to: "However, the Committee strongly supported further analysis and development of the measure and encouraged the developer to resubmit a version of the measure with fewer data elements that have strong reliability".
- 6) Thank you for your comment in regards to NQF#3319, Comprehensive Assessment and Update (p. 22), we agree with your revision and will update the sentence to: "Committee members expressed shock at the low number of comprehensive assessments completed with all nine required core elements, agreeing that comprehensive assessments are a vitally important tool and a foundation of developing a care plan and providing care".
- 7) Thank you for your comment in regards to NQF#3319, Comprehensive Assessment and Update (p. 22), we agree with your revision and will update the sentence to: "Committee members expressed shock at the low number of comprehensive assessments completed with all nine required core elements, agreeing that comprehensive assessments are a vitally important tool and a foundation of developing a care plan and providing care".
- 8) Thank you for your comment in regards to NQF#3319, Comprehensive Assessment and Update (p. 22) on care plans. We appreciate your suggestion, but it was not included in the conversation or mentioned by the Committee so we will not include it as part of the discussion.
- 9) Thank you for your comment in regards to NQF#3319, Comprehensive Assessment and Update (p. 22) on Committee concerns on approach to measuring assessment completion. We agree with your suggestion and will take out the last sentence.
- 10) Thank you for your comment in regards to NQF#3319, Comprehensive Assessment and Update (p. 22) on assessment variation. We will update the sentence to more accurately reflect your response: "Committee members asked why the measure does not ask who does the assessment, or require that assessments be done by certain types of providers, and the developer explained that health plans use a

variety of qualified professionals, including nurses, social workers, and other members of a care management team to perform these assessments”.

- 11) Thank you for your comment in regards to NQF#3319, Comprehensive Assessment and Update (p. 22) on standardized assessments. We have revised the statement to: “Also in response to questions, the developer reminded the Committee that the measure focuses on the documentation of data elements, and further explained the list of standardized assessments are only suggestions”
- 12) Thank you for your comment in regards to NQF#3319, Comprehensive Assessment and Update (p. 23) on the committees concern on the reliability results. We have revised the statement to: “The Committee expressed concern in regards to the amount of flexibility around how the comprehensive assessment is captured, as well as the low reliability of some of the data elements, and suggested that the overall reliability was high because the performance is so low”.
- 13) Thank you for your comment in regards to NQF#3319, Comprehensive Assessment and Update (p. 23) on measure modification post testing. We have revised the statement to reflect your input: “The developer also noted that following the low data element testing results, the measure was pared down to include data elements that had higher frequency in testing, corresponded to elements used in plan assessment forms, and were recommended by the developers Technical Expert Panel (TEP) members”.

Proposed Committee Response:

Thank you for your comment, the Committee will discuss during the post-comment call on April 20, 2019.

Action Item:

The report will be edited to reflect the Committee’s full discussion on these measures.

3324: Long Term Services and Supports (LTSS) Comprehensive Care Plan and Update

Seven comments were received on this measure during the post-meeting comment period. Four comments raised concerns with the measure regarding fact-to-face encounters, non-standardized data, stratification, and the low agreement rates found during reliability testing; and also included support of the Committee’s decision not to recommend. These four measures were forwarded to the developer for responses (below). Three of the comments were from the developer in response to the draft report and are specific to details outlining the discussion on the measure. These comments have been responded to by NQF staff.

Measure Steward/Developer Response:

- 1) We appreciate the comments regarding the measure's specification of face-to-face care plan development and caregiver involvement in the development of the care plan. We will consider these potential changes to the measure in the future.

Regarding data availability, the measure was developed in part to help propel the process of standardizing reporting and data collection systems forward. To date, the lack of a standardized measure to assess the degree to which care plan updates among the MLTSS enrollee population are comprehensive has precluded the collection of comparable data across plans.

The clarification of ""substantial update"" is included in the description of the measure. The current measure includes MLTSS plan members who had a comprehensive LTSS care plan with seven core elements (and at least four supplemental elements for rate number 2) documented within 120 days of enrollment.

Thank you for your comments regarding stratification on demographic characteristics. We will consider potential changes to the measure in the future. "

- 2) We appreciate the comments regarding the measure's specification of the face-to-face requirement and will consider potential changes to the measure in the future.
- 3) We appreciate your comments. The Technical Expert Panel (TEP) voted on the potential of the measure to distinguish performance among health plans as a result of standardizing expectations regarding the key components of a high-quality, person-centered care plan. The majority of the TEP supported the measure (54 percent agreed or strongly agreed that high performance on this measure indicates that a health plan is providing higher quality care), and an even greater proportion (62%) of the TEP agreed that performance scores on this measure will distinguish between good and poor performance in the future.

Thank you for your comments regarding the measure's scientific acceptability.

- 4) We appreciate the comments regarding the measure's specification of face-to-face care plan development and caregiver involvement in the development of the care plan. We will consider potential changes to the measure in the future.

Thank you for your comments regarding stratification on additional demographic characteristics; we will consider this potential change to the measure in the future as rates increase.

Proposed NQF Response:

- 1) Thank you for your comment in regards to #3324 LTSS Comprehensive Care Plan and Update (p.11) on the nature of TEP support on the measure. We will update the sentence to "The Committee noted that the majority of the measure developer's TEP supported the measure: 62 percent agreed that performance scores on the measure in the future will distinguish between good and poor performance; and 54 percent agreed or strongly agreed that high performance on this measure indicates that a health plan is providing higher quality care".

- 2) Thank you for your comment in regards to #3324 LTSS Comprehensive Care Plan and Update (p.11 & 12) on revising and resubmitting the measure with a smaller number of elements. We have verified this comment and it pertains to the discussion on the measure during the web evaluation meeting on February 5, 2018.
- 3) Thank you for your comment in regards to NQF#3324 LTSS Comprehensive Care Plan and Update (p.25) on the Committee's concerns on evidence. We will include the following developer response to reflect your comment: "The developer addressed the Committee's concerns on provider burden with a clarification that the level of analysis for this measure is health plans, specifically those that participate in Medicaid managed long-term services and supports programs. These plans are under contract with, and paid by, states to manage care for Medicaid beneficiaries receiving LTSS. The burden for data collection would not fall to individual physicians and home health workers; these functions are performed by the health plan and health plan-paid staff".

Proposed Committee Response:

Thank you for your comment, the Committee will discuss during the post-comment call on April 20, 2019. **Action Item:**

The report will be edited to reflect the Committee's full discussion on these measures.

3325: Long Term Services and Supports (LTSS) Shared Care Plan with Primary Care Practitioner

Six comments were received on this measure during the post-meeting comment period. Four of these comments raise concerns with the measure, specifically the denominator exclusions and transmission of information; and also support the Committee's decision not to recommend. These four comments were forwarded to the developer for responses. Two of the comments were from the developer in response to the draft report and are specific to details outlining the discussion on the measure. These comments have been responded to by NQF staff.

Measure Steward/Developer Response:

- 1) Thank you for your comments. Regarding the measure's denominator exclusion, the current technical specifications exclude members that have documentation of refusal to allow care plan sharing. Additionally, the specified denominator for the measure includes only MLTSS plan members with a care plan.

We recognize that standardization of these measure elements is in progress. The measure was developed in part to help propel the process of standardizing reporting and data collection systems forward. To date, the lack of a standardized measure to assess the degree to which care plan updates among the MLTSS enrollee population are shared within a timely fashion with the PCP has precluded the collection of comparable data across plans.

Thank you for your comments regarding stratification on demographic characteristics. We will consider these potential changes to the measure in the future. "

- 2) We appreciate your comment regarding additional denominator exclusions; the specified measure's denominator only includes MLTSS plan members with a care plan. Regarding members who declined to choose a PCP, we will consider changing the measure's specification to include these potential exclusions in the future.

- 3) Thank you for your comments. We would like to clarify that the Interclass Correlation Coefficient (ICC) (the ratio of the subject variance to the total variance) for the measure rate exceeded 0.9, indicating almost perfect agreement between the samples for the single data element indicating that the care plan was shared, and showing a significant association at $p < 0.01$. However, the other elements in the LTSS Shared Care Plan with Primary Care Practitioner measure were assessed too infrequently among the 144 paired assessments (< 30) to allow for inter-rater reliability analysis. We have updated the measure specifications to help improve reliability of certain elements.
- 4) Thank you for your comments regarding additional denominator exclusions for enrollees who could not be reached, who refused to participate in the development of a comprehensive care plan, or who declined to choose a PCP. We will consider changing the measure's specification to reflect these potential exclusions in the future. We appreciate your comment about stratification on additional demographic characteristics; we will consider this potential change to the measure in the future as rates increase.

Proposed NQF Response:

- 1) Thank you for your comment in regards to #3325 LTSS Shared Care Plan with PCP (p. 12) on interpretation of care plans and updates. We will revise the sentence to: "The Committee suggested that the reliability issues might be attributed to inherent ambiguity in care plans, including differences in interpretation of what constitutes a care plan, or an update to a care plan, as well as the timing of a transmission. The developer noted that since the care plans may be lengthy, the numerator counts sharing important parts of the care plan when it is updated".
- 2) Thank you for your comment in regards to NQF# 3325 LTSS Shared Care Plan with PCP (P.27) on reliability. We have updated the statement to reflect your feedback: "The Committee suggested that the reliability issues might be attributed to inherent ambiguity in care plans, including differences in interpretation of what constitutes a care plan, or an update to a care plan, as well as the timing of a transmission. The developer noted that since the care plans may be lengthy, the numerator counts sharing important parts of the care plan when it is updated".

Proposed Committee Response:

Thank you for your comment, the Committee will discuss during the post-comment call on April 20, 2019.

Action Item:

The report will be edited to reflect the Committee's full discussion on these measures.

3326: Long Term Services and Supports (LTSS) Re-Assessment/Care Plan Update after Inpatient Discharge

Four comments were received on this measure during the post-meeting comment period. Three of these comments raise concerns with the measure, agree with the Committee's decision not to recommend, and were forwarded to the developer for responses (below). In addition, one comment was directed to NQF staff and raised concerns about the evaluation process, noting that the Committee did not formally vote on the measure but had concerns about the measure passing the importance and scientific acceptability criteria. The commenter was concerned that the measure was not fully assessed against the criteria as per NQF's standard process.

Measure Steward/Developer Response:

- 1) Thank you for your comments. We recognize that standardization of these measure elements is in progress. The measure was developed in part to help propel the process of standardizing reporting and data collection systems forward. To date, the lack of a standardized measure to assess the degree to which re-assessments/care plan updates among the MLTSS enrollee population are completed in a timely fashion has precluded the collection of comparable data across plans.

We appreciate the comment that this measure should be clarified to capture a re-assessment by the MLTSS health plan upon discharge to the member's place of residence. We will consider this as a potential change to the measure in the future.

This measure is currently specified such that any discharges from unplanned stays at inpatient facilities should result in a re-assessment or both a re-assessment and care plan update within 30 days of discharge. A face-to-face discussion with the member must be conducted using a structured or semi-structured tool that addresses the member's health status and needs and includes at a minimum nine core elements, as specified in 3319: Long Term Services and Supports (LTSS) Comprehensive Assessment and Update. The assessment may additionally include supplemental elements. Furthermore a care plan updated to identify member needs, preferences, risks, and contains a list of the services and supports planned to meet those needs while reducing risks.

Thank you for your input regarding denominator exclusions. The stakeholders who advised us during measure development did not consider that a member could not be reached as a valid denominator exclusion; while the member was in the hospital, the plan would know where to reach them. In the future, we will revisit the possibility of adding member refusal of care planning as a denominator exclusion.

Thank you for your comments regarding caregiver involvement, and stratification on demographic characteristics. We will consider these as potential changes to the measure in the future.

- 2) Thank you for your comment regarding access to non-aligned dually-eligible enrollees' data; in the future, we will consider potential changes to the measure's specified timeframe to account for plans' access to the required data elements.

We appreciate the comment that this measure should be clarified to capture a re-assessment by the MLTSS health plan upon discharge to the member's place of residence. We will consider this as a potential change to the measure in the future.

The measure excludes MLTSS plan members who refused to participate in an assessment or development of a comprehensive LTSS care plan. We appreciate your comments regarding excluding members who could not be contacted and will consider this as a potential change to the measure specifications in the future. Thank you for your comment regarding access to non-aligned dually-eligible enrollees' data; in the future, we will consider potential changes to the measure's specified timeframe to account for plans' access to the required data elements.

We appreciate the comment that this measure should be clarified to capture a re-assessment by the MLTSS health plan upon discharge to the member's place of residence. We will consider this as a potential change to the measure in the future.

The measure excludes MLTSS plan members who refused to participate in an assessment or development of a comprehensive LTSS care plan. We appreciate your comments regarding excluding members who could not be contacted and will consider this as a potential change to the measure specifications in the future.

- 3) Thank you for your comment regarding access to non-aligned dually-eligible enrollees' data; in the future, we will consider potential changes to the measure's specified timeframe to account for plans' access to the required data elements.

We appreciate the comment that this measure should be clarified to capture a re-assessment by the MLTSS health plan upon discharge to the member's place of residence. We will consider potential changes to the measure in the future.

Thank you for your input regarding additional denominator exclusions for enrollees who could not be reached or who refuse care planning; we will take this into consideration.

Regarding caregiver involvement, we appreciate your suggestion to document the availability of informal caregivers separately from documentation of such caregivers' involvement. We will consider this potential change to the measure specification.

We also appreciate your comment about stratification on additional demographic characteristics; we will consider this potential change to the measure in the future as rates increase.

Proposed NQF Response:

Thank you for your comment and concern. Due to the nature of the four LTSS measures (as a set of very similar measures that build on each other), the Committee's discussion of the measures overlapped and crossed; therefore, many of the issues with the measure, as you note, had been discussed by the time this measure was up for review. Staff summaries of measure discussions are slotted into the appropriate section in the report, rather than written out chronologically, so a discussion may appear at a later

point in Appendix A than it did in the actual discussion. The MLTSS measures were all tested in the same way and were assessed by the Committee to have similar reliability and validity issues, so the issues with the reliability and validity of 3326 were discussed during earlier sections. In addition, because this measure builds on assessment and care plan processes measured in #3319 and #3324 (in order to be re-assessed, an assessment must have taken place; in order for a care plan to be updated, there must be a care plan in place). , the Committee agreed there was no point to formally evaluating the measure based on the related measures not passing. NQF Committees often receive measure sets, or related groups of measures, and it is within a Committee's purview to request a measure vote may be "carried" across similar measures: a measure can pass or fail criteria using this method.

Proposed Committee Response:

Thank you for your comment, the Committee will discuss during the post-comment call on April 20, 2019.

Action Item:

The report will be edited to reflect the Committee's full discussion on these measures.

NQF Member Expression of Support

Throughout the 16-week continuous public commenting period, NQF members had the opportunity to express their support ('support' or 'do not support') for each measure submitted for endorsement consideration to inform the Committee's recommendations. Two NQF members provided their expressions of support: See Appendix A.