List of Ad Hoc Measures under Consideration for the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014

February 2015

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OVERVIEW

Background

The Centers for Medicare & Medicaid Services (CMS) is issuing this ad hoc List of Measures under Consideration (MUC) (the ad hoc List) to comply with the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014. The IMPACT Act of 2014 requires the Department of Health and Human Services (DHHS) to implement quality measures that are standardized across four settings: Long-Term Care Hospitals (LTCHs), Inpatient Rehabilitation Facilities (IRFs), Skilled Nursing Facilities (SNFs), and Home Health Agencies (HHAs). These streamlined measures will facilitate the comparison of outcomes across these four post-acute care settings. The IMPACT Act requires that the Secretary specify certain quality and resource use measures by dates specified in the law. These dates range between October 1, 2016 and January 1, 2019, depending on the individual measure and the setting. CMS is making available to the public some of the measures being considered under the provisions of the IMPACT Act of 2014 so that the Measure Applications Partnership (MAP), the multi-stakeholder groups convened as required under 1890A of the Social Security Act, can provide their input.

Statutory Requirement

The IMPACT Act of 2014 requires the Secretary to implement specified clinical assessment domains using standardized data collected, to the extent possible, through assessment instruments currently required for submission by LTCH, IRF, SNF, and HHA providers. The Act further requires that CMS develop and implement quality measures from five quality measure domains using standardized assessment data. In addition, the Act requires the development and reporting of measures pertaining to resource use, hospitalization, and discharge to the community. The IMPACT Act of 2014 requires that the standardized patient assessment data and the data collected on quality measures and resource use and other measures be standardized and interoperable so as to allow for that data to (1) be exchanged among post-acute care providers and other providers and (2) provide longitudinal information that allows such providers to facilitate care coordination and improve Medicare beneficiary outcomes.

Section 3014 of the Affordable Care Act (ACA) (P.L. 111-148) created a new Section 1890A of the Social Security Act, which requires that DHHS establish a federal pre-rulemaking process for the selection of certain categories of quality and efficiency measures for use by DHHS. These categories of measures are described in section 1890(b)(7)(B) of the Act. One of the steps in the pre-rulemaking process requires that DHHS make publicly available, not later than December 1st annually, a list of quality and efficiency measures DHHS is considering adopting, through the federal rulemaking process, for use in the Medicare program. On December 1, 2014, CMS published the List of Measures under Consideration, which included 202 measures that may be implemented through the federal

rulemaking process[1]. The IMPACT Act of 2014 was enacted in October 2014, and thus, CMS is making these measures available to the public in this ad hoc List of some Measures under Consideration for the IMPACT Act of 2014, which is also being sent to the Measure Applications Partnership for their review. Additional measures required by the IMPACT Act will be made publicly available and transmitted to the MAP in the future.

The IMPACT Act requires the Secretary to specify quality measures and resource use and other measures in certain post-acute care settings Quality measures in at least 5 domains and resource use and other measures in at least 3 domains are required to be specified by certain dates. These domains are listed below:

IMPACT Act Quality Measure Domains:

- Functional status, cognitive function, and changes in function and cognitive function
- Skin integrity and changes in skin integrity
- Medication reconciliation
- Incidence of major falls
- Communicating the existence of and providing for the transfer of health information and care preferences

[1] The 2014 List of Measures under Consideration to undergo the federal rulemaking process can be found at http://www.qualityforum.org/map/.

IMPACT Act Resource Use and Other Measure Domains:

- Resource Use, including total estimated Medicare spending per beneficiary
- Discharge to community
- Measures to reflect all-condition risk-adjusted potentially preventable hospital readmission rates

The initial quality measures and resource use and other measures in this ad hoc List of Measures under Consideration are intended to address the measures that are required to be specified in FY/CY 2017. The totality of the measures considered for use for the purposes of meeting the requirements of the IMPACT Act will evolve over time in a phased approach. Therefore, to meet the immediate, statutorily required FY/CY 2017 timelines, our review and consideration was given to measures that:

- Address a current area for improvement that is tied to a stated domain within the Act
- Are, for the current post-acute care quality reporting programs, already endorsed and in place, finalized for use, or already previewed by the MAP with support, e.g., NQF #0678 *Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened; NQF # 0674 Percent of Residents Experiencing One or More Falls with Major Injury*
- Minimize added burden to the providers
- Where possible, avoid any impact on current assessment items that are already collected
- Where possible, avoid duplication of existing assessment concepts

In order to enable implementation success by post-acute care providers with measures that are meaningful and applicable, we are making publicly available and forwarding for MAP review the measures on this list in order to engage in the first phase of implementing measures under the IMPACT Act and to meet the statutory deadlines. This initial measurement implementation phase will then be followed by additional measures over time as they become available.

The pre-rulemaking process includes the following additional steps:

1. Providing the opportunity for multi-stakeholder groups to provide input annually to DHHS on the selection of quality and efficiency measures;
2. Considering the multi-stakeholder groups' input in selecting quality and efficiency measures;
3. Publishing in the Federal Register the rationale for the use of any quality and efficiency measures that are not endorsed by the entity with a contract under Section 1890 of the Act, which is currently the National Quality Forum (NQF)[2]; and
4. Assessing the quality and efficiency impact of the use of endorsed measures and making that assessment available to the public at least every three years. (The first report was released in March 2012 and is available at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-

[2] The rationale for adopting measures not endorsed by the consensus-based entity will be published in notice-and-comment rulemaking where such measures are proposed and finalized.

Instruments/QualityMeasures/Downloads/NationalImpactAssessmentofQualityMeasuresFINAL.PDF.) The next report is expected to be released in March 2015.

Fulfilling DHHS's Requirement to Make Its Measures under Consideration Publicly Available

The attached ad hoc MUC list for some of the measures required by the IMPACT Act of 2014, which is compiled by CMS, will be posted for CMS on the NQF's website (http://www.qualityforum.org/MAP/). This posting will satisfy an important requirement of the pre-rulemaking process by making public the quality and efficiency measures DHHS is considering for use in the Medicare program under the provisions of the IMPACT Act of 2014. Additionally, CMS's website will indicate that the ad hoc MUC list for the IMPACT Act of 2014 is being posted on NQF's website.

Included Measures

This ad hoc List identifies some of the quality and efficiency measures under consideration by the Secretary of DHHS for use under the Medicare program under the provisions of the IMPACT Act of 2014. Measures that appear on this ad hoc MUC List but are not selected for use under the Medicare program for the current rulemaking cycle will remain under consideration. They remain under consideration only for purposes of the particular program or other use that CMS was considering them for when they were placed

on this ad hoc List. These measures can be selected for those previously considered purposes and programs/uses in future rulemaking cycles.

Applicable Programs

The measures in this ad hoc List of Measures under Consideration are for the following programs:

1. Home Health Quality Reporting Program
2. Inpatient Rehabilitation Facility Quality Reporting Program
3. Long-Term Care Hospital Quality Reporting Program
4. Skilled Nursing Facility Quality Reporting Program

Measures List Highlights

Through publication of this ad hoc MUC List, CMS will make publicly available and seek the multi-stakeholder groups' input on 4 measures under consideration for use in the Medicare program under the provisions of the IMPACT Act of 2014.

We note several important points to consider and highlight:

- One of the 5 measure domains provided in the IMPACT Act included on this ad hoc MUC List is titled: Measures to reflect all-condition risk-adjusted potentially preventable hospital readmission rates. For this particular domain, there are 4 separate

and NQF-endorsed readmissions measures for LTCH, IRF, SNF, and HHA settings. The information for the 4 measures is presented separately in this ad hoc MUC List, but a single number and title has been assigned to all 4 measures.

- If CMS chooses not to adopt a measure under this ad hoc MUC List for the current rulemaking cycle, the measure remains under consideration by the Secretary and may be proposed and adopted in subsequent rulemaking cycles.
- This ad hoc MUC List includes measures that CMS is currently considering for the Medicare programs pursuant to the IMPACT Act of 2014. Inclusion of a measure on this ad hoc List does not require CMS to adopt the measure for the identified program.

How to Navigate the Document

Headings in this document have been bookmarked to facilitate navigation. This document consists of three tables:

- Ad Hoc List of Measures under Consideration for the IMPACT Act of 2014 (page 16)
    - This table contains the complete ad hoc list of measures under consideration with basic information about each measure and the programs for which the measure is being considered. The table is preceded by a legend defining the contents of the columns.
- Appendix A: Measure Specifications (page 21)

- This table details the numerator, denominator, and exclusions for each measure. It also includes the length of time the measure has been in use by any CMS quality reporting program, if applicable. The table is preceded by a legend defining the contents of the columns.

- Appendix B: Program-by-Program Listing (page 34)
  - These tables list measures under consideration for each program.

If you have questions or need additional information, please contact Michelle.Geppi@cms.hhs.gov.

COUNT OF MEASURES UNDER CONSIDERATION FOR THE IMPACT ACT OF 2014 BY PROGRAM[3]

CMS PROGRAM	NUMBER OF MEASURES UNDER CONSIDERATION
Home Health Quality Reporting	4
Inpatient Rehabilitation Facility Quality Reporting	4
Long-Term Care Hospital Quality Reporting	4
Skilled Nursing Quality Reporting	4

[3] A single measure may be under consideration for more than one program.

AD HOC LIST OF MEASURES UNDER CONSIDERATION FOR THE IMPACT ACT OF 2014

Table Legend for the Ad Hoc List of Measures under Consideration for the IMPACT Act of 2014

For clarity and consistency, CMS has included a list of terms used in the ad hoc List of Measures under Consideration for the IMPACT Act of 2014. They are presented below in the order in which they appear as headings in this ad hoc MUC List.

MUC ID: Gives users an identifier to refer to a measure.

- An "E" prefix indicates a measure that is currently endorsed by the NQF.
- A "D" prefix indicates a measure that was once endorsed by the NQF but has subsequently been de-endorsed.
- An "F" prefix indicates a measure that was submitted to the NQF for endorsement but was not endorsed.
- An "S" prefix indicates a measure that is currently submitted to the NQF for endorsement.
- An "X" prefix indicates a measure that has yet to be submitted to the NQF for endorsement.

Measure Title: Refers to the title of the measure.

Description: Gives users more detailed information about the measure, such as medical conditions to be measured, particular outcomes or results that could or should/should not result from the care and patient populations.

Measure Type: Refers to the domain of quality that a measure assesses:

- Process: Refers to a measure that focuses on a process that leads to a certain outcome, meaning that a scientific basis exists for believing that the process, when executed well, will increase the probability of achieving a desired outcome.
- Outcome: Refers to a measure that assesses the results that are experienced by patients who have received health care.
- Intermediate Outcome: Refers to a measure that aims to meet specific thresholds of health outcomes.
- Structure: Refers to a measure that assesses aspects of the health care infrastructure that generally are broad in scope and system wide (for example, staffing level).
- Efficiency: Refers to a measure concerning the cost of care associated with a specified level of health outcome.
- Patient Reported Outcome: Refers to a measure that focuses on a patient's report concerning observations of and participation in health care.
- Cost/Resource Use: Refers to broadly applicable and comparable measures of health services counts (in terms of units or dollars) applied to a population or event (broadly defined to include diagnoses, procedures, or encounters). A resource use measure counts the frequency of defined health system resources; some may further apply a dollar amount (for example, allowable charges, paid amounts, or standardized prices) to each unit of resource use—that is, monetizes the health service or resource use units.
- Composite: Refers to a measure that contains two or more individual measures, resulting in a single measure and a single score. Composite measures may be composed of one or more process measures and/or one or more outcome measures.

- Patient Engagement/Experience: Refers to a measure that uses feedback from patients and their families/caregivers about their experience and/or engagement in decision making around care.

Measure Steward: Refers to the primary (and secondary, if applicable) party responsible for updating and maintaining a measure.

CMS Program(s): Refers to the applicable Medicare program(s) that may adopt the measure through rulemaking in the future.

List of Ad Hoc Measures under Consideration for the IMPACT Act of 2014 Table

MUC ID	Measure Title	Description	Measure Type	Measure Steward	CMS Program(s)
E0678	(NQF 0768) Percent of Residents/Patients/ Persons with Pressure Ulcers That Are New or Worsened	This measure captures the percentage of short-stay residents, patients, and persons with new or worsening Stage II-IV pressure ulcers.	Outcome	Centers for Medicare & Medicaid Services	Home Health Quality Reporting, Inpatient Rehabilitation Facility Quality Reporting, Long-Term Care Hospital Quality Reporting, Skilled Nursing Facility Reporting
S2637	(Under NQF review) Percent of Patients/Residents/ Persons with an admission and discharge functional assessment and a care plan that addresses function	This quality measure reports the percentage of residents, patients, and persons with an admission and discharge functional assessment and a care plan that addresses function.	Process	Centers for Medicare & Medicaid Services	Home Health Quality Reporting, Inpatient Rehabilitation Facility Quality Reporting, Long-Term Care Hospital Quality Reporting, Skilled Nursing Facility Reporting
E0674	(NQF 0674)Percent of Residents/Patients/ Persons Experiencing One or More Falls with Major Injury.	This measure reports the percent of patients, residents, and persons who have experienced one or more falls that result in a major injury as reported in the target period or look-back period. "Falls that result in a major injury" are defined as: falls that result in a major injury such as bone fractures, joint dislocations, closed head injuries, subdural hematoma, and altered consciousness, among other major injuries.	Outcome	Centers for Medicare & Medicaid Services	Home Health Quality Reporting, Inpatient Rehabilitation Facility Quality Reporting, Long-Term Care Hospital Quality Reporting, Skilled Nursing Facility Reporting Program

MUC ID	Measure Title	Description	Measure Type	Measure Steward	CMS Program(s)
X4210	(NQF 2502) All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities	This measure estimates the risk-standardized rate of unplanned, all-cause readmissions for patients discharged from an inpatient rehabilitation facility (IRF) who were readmitted to a short-stay - acute-care hospital or a long-term care hospital (LTCH), within 30 days of an IRF discharge. The measure will be based on data for 24 months of IRF discharges to lower levels of care or to the community.	Outcome	Centers for Medicare & Medicaid Services	Home Health Quality Reporting, Inpatient Rehabilitation Facility Quality Reporting, Long-Term Care Hospital Quality Reporting, Skilled Nursing Facility Reporting
	(NQF 2510) Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM)	This measure estimates the risk-standardized rate of all-cause, unplanned, hospital readmissions for patients who have been admitted to a Skilled Nursing Facility (SNF) (Medicare fee-for-service [FFS] beneficiaries) within 30 days of discharge from their prior proximal hospitalization. The prior proximal hospitalization is defined as an admission to an IPPS, CAH, or a psychiatric hospital. The measure is based on data for 12 months of SNF admissions.	Outcome	Centers for Medicare & Medicaid Services	Home Health Quality Reporting, Inpatient Rehabilitation Facility Quality Reporting, Long-Term Care Hospital Quality Reporting, Skilled Nursing Facility Reporting

MUC ID	Measure Title	Description	Measure Type	Measure Steward	CMS Program(s)
	(NQF 2512) All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Long-Term Care Hospitals (LTCHs)	This measure estimates the risk-standardized rate of unplanned, all-cause readmissions for patients discharged from a long-term care hospital (LTCH) who were readmitted to a short stay- acute-care hospital or a long-term care hospital (LTCH), within 30 days of an LTCH discharge. The measure will be based on data for 24 months of LTCH discharges to lower levels of care or to the community.	Outcome	Centers for Medicare & Medicaid Services	Home Health Quality Reporting, Inpatient Rehabilitation Facility Quality Reporting, Long-Term Care Hospital Quality Reporting, Skilled Nursing Facility Reporting
	(NQF 2380) Rehospitalization During the First 30 Days of Home Health	Percentage of home health stays in which patients who had an acute inpatient hospitalization in the 5 days before the start of their home health stay were admitted to an acute care hospital during the 30 days following the start of the home health stay.	Outcome	Centers for Medicare & Medicaid Services	Home Health Quality Reporting, Inpatient Rehabilitation Facility Quality Reporting, Long-Term Care Hospital Quality Reporting, Skilled Nursing Facility Reporting

APPENDIX A: MEASURE SPECIFICATIONS

Table Legend for Measure Specifications.

CMS has included a list of terms used in the Table of Measure Specifications for clarity and consistency. They are presented below in the order in which they appear as headings in this Table.

Measure ID: Gives users an identifier to refer to a measure.

- An "E" prefix indicates a measure that is currently endorsed by the NQF.
- A "D" prefix indicates a measure that was once endorsed by the NQF but has subsequently been de-endorsed.
- An "F" prefix indicates a measure that was submitted to the NQF for endorsement but was not endorsed.
- An "S" prefix indicates a measure that is currently submitted to the NQF for endorsement.
- An "X" prefix indicates a measure that has yet to be submitted to the NQF for endorsement.

Measure Title: Refers to the title of the measure.

Numerator: The numerator reflects the subset of patients in the denominator for whom a particular service has been provided or for whom a particular outcome has been achieved.

Denominator: The lower part of a fraction used to calculate a rate, proportion, or ratio. The denominator is associated with a given patient population that may be counted as eligible to meet a measure's inclusion requirements.

Exclusions: Exclusions are patients included in an initial populations for which there are valid reasons a process or outcome of care has not occurred. These cases are removed from the denominator. When clinical judgment is allowed, these are referred to as "exceptions". Denominator exceptions fall into three general categories: medical reasons, patients' reasons, and system reasons. Exceptions must be captured in a way that they could be reported separately.

IMPACT Act Quality Measure Domains:

- Functional status, cognitive function, and changes in function and cognitive function
- Skin integrity and changes in skin integrity
- Medication reconciliation
- Incidence of major falls
- Communicating the existence of and providing for the transfer of health information and care preferences

IMPACT Act Resource Use and Other Measure Domains:

- Resource Use, including total estimated Medicare spending per beneficiary
- Discharge to community
- Measures to reflect all-condition risk-adjusted potentially preventable hospital readmission rates

Measure Specifications Table

MUC ID	Measure Title	Numerator	Denominator	Exclusions
IMPACT Act Domain: Skin Integrity and changes in skin integrity				
E0678	(NQF # 0678) Percent of Residents/ Patients/Persons with Pressure Ulcers That Are New or Worsened	Residents, patients, and persons for which a look-back scan indicates one or more new or worsening Stage II-IV pressure ulcers (e.g., discharge and admission assessment).	All residents, patients, and persons with one or more assessments that are eligible for a look-back scan, except those with exclusions.	Residents, patients, and persons are excluded if: 1. missing data on new or worsened pressure ulcers, and 2. expired during stay. Nursing homes, LTCHs and IRFs with denominator counts of less than 20 residents/patients/persons in the sample will be excluded from public reporting owing to small sample size.
IMPACT Act Domain: Functional status, cognitive function and changes in function and cognitive function				
S2637	(Under NQF review) Percent of	The numerator for this quality measure is the number of	The denominator for this quality measure is the number of	The following three exclusion criteria apply to the collection of discharge

MUC ID	Measure Title	Numerator	Denominator	Exclusions
	Patients/ Residents/Persons with an Admission and Discharge Functional Assessment and a Care Plan that addresses function	patients, residents, and persons with all three of the following: 1. a valid numeric score indicating the patient's, resident's, or person's status, or a valid code indicating the activity did not occur or could not be assessed for each of the functional assessment items on the admission assessment; AND 2. a valid numeric score, which is a discharge goal indicating the patient's, resident's, or person's expected level of independence for at least one self-care or mobility item on the admission assessment; AND 3. a valid numeric score indicating the patient's, resident's, or person's status, or a valid code indicating the activity did not occur or could not be assessed for each of the functional assessment items on the discharge assessment.	residents/patients/persons in the target population. Target Population Inclusion Criteria The population included in this measure is all patient, resident, or persons including individuals of all ages.	functional status data: 1. Patients/residents/persons with incomplete stays because of a medical emergency. 2. Patients/residents/persons who leave the setting in which care is given against medical advice. 3. No discharge functional status data are required if a patient, resident, or person dies while in the setting in which care is given.
IMPACT Act Domain: Incidence of major falls				

MUC ID	Measure Title	Numerator	Denominator	Exclusions
E0674	(NQF #0674) Percent of Residents/Patient/ Persons Experiencing One or More Falls with Major Injury.	Patients/residents/persons with one or more look-back scan assessments that indicate one or more falls that resulted in a major injury. "Falls with a major injury" are defined as: falls that result in a major injury such as bone fractures, joint dislocations, closed head injuries, subdural hematoma, and altered consciousness, among other major injuries.	All patients/residents/persons with one or more look-back scan assessments except those with exclusions.	Resident/patient/persons are excluded if one of the following is true for all of the look-back scan assessments: 1. The occurrence of falls was not assessed, OR 2. The assessment indicates that a fall occurred, and the number of falls with major injury was not assessed.
IMPACT Act Domain: All-condition risk adjusted potentially preventable hospital readmission rates Note: Each Setting currently has an existing readmissions measure implemented or under consideration for implementation and those such measures provided below are under consideration for use:				
X4210 (4)	**IRF Setting (NQF #2502):** All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities	The numerator is mathematically related to the number of patients in the target population who have the event of an unplanned readmission in the 30-day post-discharge window. The measure does not have a simple form for the numerator and denominator—that is, the risk adjustment method used does not make the observed number of readmissions the numerator and a predicted number the denominator. Instead, the numerator is the risk-adjusted	The denominator is computed with the same model used for the numerator. It is the model developed using all non-excluded IRF stays in the national data. For a particular facility the model is applied to the patient population, but the facility effect term is 0. In effect, it is the number of readmissions that would be expected for that patient population at the average IRF. The measure includes all the IRF stays in the measurement period that are observed in national Medicare	1. IRF patients who died during the IRF stay. Rationale: A post-discharge readmission measure is not relevant for patients who died during their IRF stay. 2. IRF patients less than 18 years old. Rationale: IRF patients under 18 years old are not included in the target population for this measure. Pediatric patients are relatively few and may have different patterns of care from adults. 3. IRF patients who were transferred at the end of a stay to another IRF or short-term acute care hospital.

MUC ID	Measure Title	Numerator	Denominator	Exclusions
		estimate of the number of unplanned readmissions that occurred within 30 days from discharge. This estimate includes risk adjustment for patient characteristics and a statistical estimate of the facility effect beyond patient mix.	FFS data and do not fall into an excluded category.	Rationale: Patients who were transferred to another IRF or short-term acute-care hospital are excluded from this measure because the transfer suggests that either their IRF treatment has not been completed or that their condition worsened, requiring a transfer back to the acute care setting. The intent of the measure is to follow patients deemed well enough to be discharged to a less intensive care setting (i.e., discharged to less intense levels of care or to the community). 4. Patients who were not continuously enrolled in Part A FFS Medicare for the 12 months prior to the IRF stay admission date, and at least 30 days after IRF stay discharge date. Rationale: The adjustment for certain comorbid conditions in the measure requires information on acute inpatient bills for 1 year prior to the IRF admission, and readmissions must be observable in the observation window following discharge. Patients without Part A coverage or who are enrolled in Medicare Advantage plans will not have complete inpatient claims in the system. 5. Patients who did not have a short-term acute-care stay within 30 days prior to an IRF stay admission date.

MUC ID	Measure Title	Numerator	Denominator	Exclusions
				Rationale: This measure requires information from the prior short-term acute-care stay in the elements used for risk adjustment. 6. IRF patients discharged against medical advice (AMA). Rationale: Patients discharged AMA are excluded because these patients have not completed their full course of treatment in the opinion of the facility. 7. IRF patients for whom the prior short-term acute-care stay was for nonsurgical treatment of cancer. Rationale: Consistent with the HWR Measure, patients for whom the prior short-term acute-care stay was for nonsurgical treatment of cancer are excluded because these patients were identified as following a very different trajectory after discharge, with a particularly high mortality rate. 8. IRF stays with data that are problematic (e.g., anomalous records for hospital stays that overlap wholly or in part or are otherwise erroneous or contradictory). Rationale: This measure requires accurate information from the IRF stay and prior short-term acute-care stays in the elements used for risk adjustment.

MUC ID	Measure Title	Numerator	Denominator	Exclusions
				No-pay IRF stays involving exhaustion of Part A benefits are also excluded.
	SNF Setting (NQF #2510): Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM)	This measure is designed to capture the outcome of unplanned all-cause hospital readmissions (IPPS or CAH) of SNF patients occurring within 30 days of discharge from the patient's prior proximal acute hospitalization. The numerator is more specifically defined as the risk-adjusted estimate of the number of unplanned readmissions that occurred within 30 days from discharge from the prior proximal acute hospitalization. The numerator is mathematically related to the number of SNF stays where there was hospitalization readmission, but the measure does not have a simple form for the numerator and denominator—that is, the risk adjustment method used does not make the observed number of readmissions the numerator and a predicted number the denominator. The	The denominator is computed with the same model used for the numerator. It is the model developed using all non-excluded SNF stays in the national data. For a particular facility the model is applied to the patient population, but the facility effect term is 0. In effect, it is the number of SNF admissions within 1 day of a prior proximal hospital discharge during a target year, taking denominator exclusions into account. Prior proximal hospitalizations are defined as admissions to an IPPS acute-care hospital, CAH, or psychiatric hospital.	**SNF Setting (NQF #2510):** 1. SNF stays where the patient had one or more intervening post-acute care (PAC) admissions (inpatient rehabilitation facility [IRF] or long-term care hospital [LTCH]) which occurred either between the prior proximal hospital discharge and SNF admission or after the SNF discharge, within the 30-day risk window. Also excluded are SNF admissions where the patient had multiple SNF admissions after the prior proximal hospitalization, within the 30-day risk window. Rationale: For patients who have IRF or LTCH admissions prior to their first SNF admission, these patients are starting their SNF admission later in the 30-day risk window and receiving other additional types of services as compared to patients admitted directly to the SNF from the prior proximal hospitalization. They are clinically different and their risk for readmission is different than the rest of SNF admissions. Additionally, when patients have multiple PAC admissions, evaluating quality of care coordination is confounded and even

MUC ID	Measure Title	Numerator	Denominator	Exclusions
		numerator, as defined, includes risk adjustment for patient characteristics and a statistical estimate of the facility effect beyond patient mix. Hospital readmissions that occur after discharge from the SNF stay but within 30 days of the proximal hospitalization are also included in the numerator. Readmissions identified using the Planned Readmission algorithms (see Section S.6) are excluded from the numerator. This measure does not include observation stays as a readmission (see Section S.6).		controversial in terms of attributing responsibility for a readmission among multiple PAC providers. Similarly, assigning responsibility for a readmission for patients who have multiple SNF admissions subsequent to their prior proximal hospitalization is also controversial. 2. SNF stays with a gap of greater than 1 day between discharge from the prior proximal hospitalization and the SNF admission. Rationale: These patients are starting their SNF admissions later in the 30-day risk window than patients admitted directly to the SNF from the prior proximal hospitalization. They are clinically different and their risk for readmission is different than the rest of SNF admissions. 3. SNF stays where the patient did not have at least 12 months of FFS Medicare enrollment prior to the proximal hospital discharge (measured as enrollment during the month of proximal hospital discharge and the for 11 months prior to that discharge). Rationale: FFS Medicare claims are used to identify comorbidities during the 12-month period prior to the proximal hospital discharge for risk adjustment.

MUC ID	Measure Title	Numerator	Denominator	Exclusions
				Multiple studies have shown that using look back- scans of a year or more of claims data provide superior predictive power for outcomes including rehospitalization as compared to using data from a single hospitalization (e.g., Klabunde et al., 2000; Preen et al, 2006; Zhang et al., 1999). 4. SNF stays in which the patient did not have FFS Medicare enrollment for the entire risk period (measured as enrollment during the month of proximal hospital discharge and the month following the month of discharge). Rationale: Readmissions occurring within the 30-day risk window when the patient does not have FFS Medicare coverage cannot be detected using claims. 5. SNF stays in which the principal diagnosis for the prior proximal hospitalization was for the medical treatment of cancer. Patients with cancer whose principal diagnosis from the prior proximal hospitalization was for other diagnoses or for surgical treatment of their cancer remain in the measure. Rationale: These admissions have a very different mortality and readmission risk than the rest of the Medicare population, and outcomes for these admissions do not correlate well with outcomes for

MUC ID	Measure Title	Numerator	Denominator	Exclusions
				other admissions. 6. SNF stays where the patient was discharged from the SNF against medical advice. Rationale: The SNF was not able to complete care as needed. 7. SNF stays in which the principal primary diagnosis for the prior proximal hospitalization was for "rehabilitation care; fitting of prostheses and for the adjustment of devices". Rationale: Hospital admissions for these conditions are not for acute care.
	LTCH Setting (NQF #2512): All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Long-Term Care Hospitals (LTCHs)	The numerator is mathematically related to the number of patients in the target population who have the event of an unplanned readmission in the 30-day post-discharge window. The measure does not have a simple form for the numerator and denominator—that is, the risk adjustment method used does not make the observed number of readmissions the numerator and a predicted number the denominator. Instead, the numerator is the risk-adjusted estimate of the number of unplanned readmissions that	The denominator is computed with the same model used for the numerator. It is the model developed using all non-excluded LTCH stays in the national data. For a particular facility the model is applied to the patient population, but the facility effect term is 0. In effect, it is the number of readmissions that would be expected for that patient population at the average LTCH. The measure includes all the LTCH stays in the measurement period that are observed in national Medicare FFS data and do not fall into an	1. LTCH patients who died during the LTCH stay. Rationale: A post-discharge readmission measure is not relevant for patients who died during their LTCH stay. 2. LTCH patients less than 18 years old. Rationale: LTCH patients under 18 years old are not included in the target population for this measure. Pediatric patients are relatively few and may have different patterns of care from adults. 3. LTCH patients who were transferred at the end of a stay to another LTCH or short-term acute-care hospital. Rationale: Patients who were transferred to another LTCH or short-term acute-care hospital are excluded from this measure

MUC ID	Measure Title	Numerator	Denominator	Exclusions
		occurred within 30 days from discharge. This estimate includes risk adjustment for patient characteristics and a statistical estimate of the facility effect beyond patient mix.	excluded category.	because the transfer suggests that either their LTCH treatment has not been completed or that their condition worsened, requiring a transfer back to the acute care setting. The intent of the measure is to follow patients deemed well enough to be discharged to a less intensive care setting (i.e., discharged to less intense levels of care or to the community). 4. Patients who were not continuously enrolled in Part A FFS Medicare for the 12 months prior to the LTCH stay admission date, and at least 30 days after LTCH stay discharge date. Rationale: The adjustment for certain comorbid conditions in the measure requires information on acute inpatient bills for 1 year prior to the LTCH admission, and readmissions must be observable in the observation window following discharge. Patients without Part A coverage or who are enrolled in Medicare Advantage plans will not have complete inpatient claims in the system. 5. Patients who did not have a short-term acute-care stay within 30 days prior to an LTCH stay admission date. Rationale: This measure requires information from the prior short-term acute-care stay in the elements used for

MUC ID	Measure Title	Numerator	Denominator	Exclusions
				risk adjustment. 6. LTCH patients discharged against medical advice (AMA). Rationale: Patients discharged AMA are excluded because these patients have not completed their full course of treatment in the opinion of the facility. 7. LTCH patients for whom the prior short-term acute-care stay was for nonsurgical treatment of cancer. Rationale: Consistent with the HWR Measure, patients for whom the prior short-term acute-care stay was for nonsurgical treatment of cancer are excluded because these patients were identified as following a very different trajectory after discharge, with a particularly high mortality rate. 8. LTCH stays with data that are problematic (e.g., anomalous records for hospital stays that overlap wholly or in part or are otherwise erroneous or contradictory). Rationale: This measure requires accurate information from the LTCH stay and prior short-term acute-care stays in the elements used for risk adjustment. No-pay LTCH stays involving exhaustion of Part A benefits are also excluded.

MUC ID	Measure Title	Numerator	Denominator	Exclusions
	HH Services (NQF #2380): Rehospitalization During the First 30 Days of Home Health	Number of home health stays for patients in the measure denominator who have a Medicare claim for an admission to an acute care hospital in the 30 days following the start of the home health stay.	Number of home health stays that begin during the relevant observation period for patients who had an acute (short-term) inpatient hospitalization in the five days prior to the start of the home health stay. A home health stay is a sequence of home health payment episodes separated from other home health payment episodes by at least 60 days.	First, the measure denominator for the Rehospitalization During the First 30 Days of Home Health measure excludes the following home health stays that are also excluded from the all-patient claims-based NQF 0171 Acute Care Hospitalization measure: (i) Stays for patients who are not continuously enrolled in fee-for-service Medicare during the measure numerator window; (ii) Stays that begin with a Low-Utilization Payment Adjustment (LUPA). Stays with four or fewer visits to the beneficiary qualify for LUPAs; (iii) Stays in which the patient is transferred to another home health agency within a home health payment episode (60 days); and (iv) Stays in which the patient is not continuously enrolled in Medicare fee-for-service during the previous six months. Second, to be consistent with the Hospital-Wide All-Cause Unplanned Readmission measure (as of January 2013), the measure denominator excludes stays in which the hospitalization occurring within 5 days of

MUC ID	Measure Title	Numerator	Denominator	Exclusions
				the start of home health care is not a qualifying inpatient stay. Hospitalizations that do not qualify as index hospitalizations include admissions for the medical treatment of cancer, primary psychiatric disease, or rehabilitation care, and admissions ending in patient discharge against medical advice. Third, the measure denominator excludes stays in which the patient receives treatment in another setting in the 5 days between hospital discharge and the start of home health. Finally, stays with missing payment-episode authorization strings (needed for risk-adjustment) are excluded.

APPENDIX B: PROGRAM-BY-PROGRAM LISTING

Home Health Quality Reporting

MUC ID	CMS Program	Measure Title(s)	NQS Priority	IMPACT Act Domain
E0678	Home Health Quality Reporting	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened	Making care safer	Skin Integrity and changes in skin integrity
S2637	Home Health Quality Reporting	Percent of patients/residents with an admission and discharge functional assessment and a care plan that addresses function	Making care safer, Promoting effective communication and coordination of care	Functional status, cognitive function and changes in function and cognitive function
E0674	Home Health Quality Reporting	Percent of Residents Experiencing One or More Falls with Major Injury	Making care safer, Promoting effective communication and coordination of care	Incidence of major falls
X4210	Home Health Quality Reporting	Rehospitalization During the First 30 Days of Home Health	Promoting effective communication and coordination of care	All-condition risk adjusted potentially preventable hospital readmission rates

Inpatient Rehabilitation Facility Quality Reporting

MUC ID	CMS Program	Measure Title(s)	NQS Priority	IMPACT Act Domain
E0678	Inpatient Rehabilitation Facility Quality Reporting	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened	Making care safer	Skin Integrity and changes in skin integrity
S2637	Inpatient Rehabilitation Facility Quality Reporting	Percent of patients/ residents with an admission and discharge functional assessment and a care plan that addresses function	Making care safer,, Promoting effective communication and coordination of care	Functional status, cognitive function and changes in function and cognitive function
E0674	Inpatient Rehabilitation Facility Quality Reporting	Percent of Residents Experiencing One or More Falls with Major Injury	Making care safer , Promoting effective communication and coordination of care	Incidence of major falls
X4210	Inpatient Rehabilitation Facility Quality Reporting	All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities	Promoting effective communication and coordination of care	All-condition risk adjusted potentially preventable hospital readmission rates

Long-Term Care Hospital Quality Reporting

MUC ID	CMS Program	Measure Title	NQS Priority	IMPACT Act Domain
E0678	Long-Term Care Hospital Quality Reporting	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened	Making care safer	Skin Integrity and changes in skin integrity
S2637	Long-Term Care Hospital Quality Reporting	Percent of patients/ residents with an admission and discharge functional assessment and a care plan that addresses function	Making care safer, Promoting effective communication and coordination of care	Functional status, cognitive function and changes in function and cognitive function
E0674	Long-Term Care Hospital Quality Reporting	Percent of Residents Experiencing One or More Falls with Major Injury	Making care safer , Promoting effective communication and coordination of care	Incidence of major falls
X4210	Long-Term Care Hospital Quality Reporting	All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Long-Term Care Hospitals (LTCHs)	Promoting effective communication and coordination of care	All-condition risk adjusted potentially preventable hospital readmission rates

Skilled Nursing Facility Quality Reporting

MUC ID	CMS Program	Measure Title(s)	NQS Priority	IMPACT Act Domain
E0678	Skilled Nursing Facility Quality Reporting	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened	Making care safer	Skin Integrity and changes in skin integrity
S2637	Skilled Nursing Facility Quality Reporting	Percent of patients/ residents with an admission and discharge functional assessment and a care plan that addresses function	Making care safer, Promoting effective communication and coordination of care	Functional status, cognitive function and changes in function and cognitive function
E0674	Skilled Nursing Facility Quality Reporting	Percent of Residents Experiencing One or More Falls with Major Injury	Making care safer, Promoting effective communication and coordination of care	Incidence of major falls
X4210	Skilled Nursing Facility Quality Reporting	Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM)	Promoting effective communication and coordination of care	All-condition risk adjusted potentially preventable hospital readmission rates