

Home Health Quality Measures – Outcomes

Notes:

- Risk Adjustment:** All outcome measures are risk adjusted. The risk adjustment methodology, using a predictive model developed specifically for each measure, compensates for differences in the patient population served by different home health agencies. The outcome measures for which the predictive models did not meet the arbitrary criteria $R^2 \geq 0.10$ or C-statistic ≥ 0.70 are designated with a pound sign (#) to highlight the fact that they have less robust risk adjustment.
- “Quality Episode” Definition:** Quality episodes are used in the calculation of the quality measures. Quality episodes are not the same as payment, or Prospective Payment System (PPS) episodes. A quality episode begins with either a SOC or ROC and ends with a transfer, death, or discharge for a patient regardless of the length of time between the start and ending events.
- “Home Health Stay” Definition:** A home health stay is a sequence of home health payment episodes separated from other home health payment episodes by at least 60 days.

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

OASIS-BASED OUTCOME MEASURES

Type	Measure Title	HH Compare	NQF Status	Risk Adjusted	Measure Description	Numerator	Denominator	Measure-specific Exclusions	OASIS-C2 Item(s) Used
End Result Outcome - Functional	Stabilization in Bathing	No	Not endorsed	Yes	Percentage of home health quality episodes during which the patient improved or stayed the same in the ability to bathe.	Number of home health quality episodes where the value recorded on the discharge assessment indicates the same or less impairment in bathing at discharge than at start (or resumption) of care.	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes for which the patient, at start/resumption of care, was totally dependent in bathing, episodes that end with inpatient facility transfer or death, or patient is nonresponsive.	(M1830) Bathing (M1700) Cognitive Functioning (M1710) When Confused (M1720) When Anxious
End Result Outcome - Functional	Improvement in Toilet Transferring	No	Not endorsed	Yes	Percentage of home health quality episodes during which patients improved in ability to get to and from and on and off the toilet.	Number of home health quality episodes where the value recorded on the discharge assessment indicates less impairment in getting to and from and on and off the toilet at discharge than at start (or resumption) of care.	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes for which the patient, at start/resumption of care, was able to get to and from and on and off the toilet without assistance or supervision, episodes that end with inpatient facility transfer or death, or patient is nonresponsive.	(M1840) Toilet Transferring (M1700) Cognitive Functioning (M1710) When Confused (M1720) When Anxious
End Result Outcome - Functional	Stabilization in Toilet Transferring	No	Not endorsed	Yes	Percentage of home health quality episodes during which patients improved or stayed the same in ability to get to and from and on and off the toilet.	Number of home health quality episodes where the value recorded on the discharge assessment indicates the same or less impairment in getting to and from and on and off the toilet at discharge than at start (or resumption) of care.	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes for which the patient, at start/resumption of care, was totally unable to get to and from or on and off the toilet, episodes that end with inpatient facility transfer or death, or patient is nonresponsive.	(M1840) Toilet Transferring (M1700) Cognitive Functioning (M1710) When Confused (M1720) When Anxious
End Result Outcome - Functional	Stabilization in Toileting Hygiene	No	Not endorsed	Yes	Percentage of home health quality episodes during which patients improved or stayed the same in ability to manage toileting hygiene.	Number of home health quality episodes where the discharge assessment indicates the same or less impairment in toileting hygiene at discharge than at start/resumption of care.	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes for which the patient, at start/resumption of care, was totally unable to maintain toileting hygiene or supervision, episodes that end with inpatient facility transfer or death, or patient is nonresponsive.	(M1845) Toileting Hygiene (M1700) Cognitive Functioning (M1710) When Confused (M1720) When Anxious
End Result Outcome - Functional	Improvement in Bed Transferring	Yes	Endorsed (0175)	Yes	Percentage of home health quality episodes during which the patient improved in ability to get in and out of bed.	Number of home health quality episodes where the value recorded on the discharge assessment indicates less impairment in bed transferring at discharge than at start (or resumption) of care.	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes for which the patient, at start/resumption of care, was able to transfer independently, episodes that end with inpatient facility transfer or death, or patient is nonresponsive.	(M1850) Transferring (M1700) Cognitive Functioning (M1710) When Confused (M1720) When Anxious
End Result Outcome - Functional	Stabilization in Bed Transferring	No	Not endorsed	Yes	Percentage of home health quality episodes during which the patient improved or stayed the same in ability to get in and out of bed.	Number of home health quality episodes where the value recorded on the discharge assessment indicates the same or less impairment in bed transferring at discharge than at start (or resumption) of care.	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes for which the patient, at start/resumption of care, was totally unable to transfer in and out of bed, episodes that end with inpatient facility transfer or death, or patient is nonresponsive.	(M1850) Transferring (M1700) Cognitive Functioning (M1710) When Confused (M1720) When Anxious

OASIS-BASED OUTCOME MEASURES

Type	Measure Title	HH Compare	NQF Status	Risk Adjusted	Measure Description	Numerator	Denominator	Measure-specific Exclusions	OASIS-C2 Item(s) Used
End Result Outcome - Functional	Improvement in Ambulation- Locomotion	Yes	Endorsed (0167)	Yes	Percentage of home health quality episodes during which the patient improved in ability to ambulate.	Number of home health quality episodes where the value recorded on the discharge assessment indicates less impairment in ambulation/locomotion at discharge than at start (or resumption) of care.	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes for which the patient, at start/resumption of care, was able to ambulate independently, episodes that end with inpatient facility transfer or death, or patient is nonresponsive.	(M1860) Ambulation/ Locomotion (M1700) Cognitive Functioning (M1710) When Confused (M1720) When Anxious
End Result Outcome - Functional	Improvement in Management of Oral Medications	Yes	Endorsed (0176)	Yes	Percentage of home health quality episodes during which the patient improved in ability to take their medicines correctly (by mouth).	Number of home health quality episodes where the value recorded on the discharge assessment indicates less impairment in taking oral medications correctly at discharge than at start (or resumption) of care.	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes for which the patient, at start/resumption of care, was able to take oral medications correctly without assistance or supervision, episodes that end with inpatient facility transfer or death, or patient is nonresponsive, or patient has no oral medications prescribed.	(M2020) Management of Oral Medications (M1700) Cognitive Functioning (M1710) When Confused (M1720) When Anxious
End Result Outcome - Functional	Stabilization in Management of Oral Medications	No	Not endorsed	Yes	Percentage of home health quality episodes during which the patient improved or stayed the same in ability to take their medicines correctly (by mouth).	Number of home health quality episodes where the value recorded on the discharge assessment indicates the same or less impairment in taking oral medications correctly at discharge than at start (or resumption) of care.	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes for which the patient, at start/resumption of care, was totally dependent in taking oral medications, episodes that end with inpatient facility transfer or death, or patient is nonresponsive, or patient has no oral medications prescribed.	(M2020) Management of Oral Medications (M1700) Cognitive Functioning (M1710) When Confused (M1720) When Anxious
End Result Outcome - Health	Improvement in Dyspnea	Yes	Not endorsed	Yes	Percentage of home health quality episodes during which the patient became less short of breath or dyspneic.	Number of home health quality episodes where the discharge assessment indicates less dyspnea at discharge than at start (or resumption) of care.	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes for which the patient, at start/resumption of care, was not short of breath at any time, episodes that end with inpatient facility transfer or death.	(M1400) When is the patient dyspneic?
End Result Outcome - Health	Improvement in Pain Interfering with Activity	Yes	Endorsed (0177)	Yes#	Percentage of home health quality episodes during which the patient's frequency of pain when moving around improved.	Number of home health quality episodes where the value recorded on the discharge assessment indicates less frequent pain at discharge than at start (or resumption) of care.	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes for which the patient, at start/resumption of care, had no pain reported, episodes that end with inpatient facility transfer or death, or patient is nonresponsive.	(M1242) Frequency of Pain Interfering with Activity (M1700) Cognitive Functioning (M1710) When Confused (M1720) When Anxious
End Result Outcome - Health	Improvement in Status of Surgical Wounds	Yes	Endorsed (0178)	Yes#	Percentage of home health quality episodes during which the patient demonstrates an improvement in the condition of surgical wounds.	Number of home health quality episodes where the patient has a better status of surgical wounds at discharge compared to start (resumption) of care.	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes for which the patient, at start/resumption of care, did not have any surgical wounds or had only a surgical wound that was unobservable or fully epithelialized, episodes that end with inpatient facility transfer or death.	(M1340) Does this patient have a Surgical Wound? (M1342) Status of Most Problematic (Observable) Surgical Wound

OASIS-BASED OUTCOME MEASURES

		Compare	Status	Adjusted					
End Result Outcome - Health	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened	January 2019	(application of NQF #0678).	Yes	Percentage of home health quality episodes in which patients with a Stage 2-4 pressure ulcers present at discharge that are new or worsened since the beginning of the quality episode.	The number of quality episodes for which the assessment completed at the end of care (discharge) indicates one or more new or worsened Stage 2-4 pressure ulcers compared to the most recent SOC/ROC assessment. Where the discharge assessment: 1. Stage 2 (M1313a) > [0], OR 2. Stage 3 (M1313b) > [0], OR 3. Stage 4 (M1313c) > [0].	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Patients that expire while on the service with a home health agency Patients without an assessment completed at the start or resumption of care and an assessment completed at the end of care Patients are excluded if none of the assessments has a usable response for M1313a, M1313b, or M1313c	(M1313a) Worsening in Pressure Ulcer Status since SOC/ROC: Stage 2, (M1313b) Worsening in Pressure Ulcer Status since SOC/ROC: Stage 3, (M1313c) Worsening in Pressure Ulcer Status since SOC/ROC: Stage
End Result Outcome - Health	Improvement in Bowel Incontinence	No	Not endorsed	Yes	Percentage of home health quality episodes during which patient's bowel control improves.	Number of home health quality episodes where the patient has less frequent bowel incontinence at discharge compared to start (resumption) of care.	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes for which the patient, at start/resumption of care, was continent, OR bowel incontinence was unknown, episodes that end with inpatient facility transfer or death, or patient is nonresponsive.	(M1620) Bowel Incontinence Frequency (M1700) Cognitive Functioning (M1710) When Confused (M1720) When Anxious
End Result Outcome - Health	Improvement in Confusion Frequency	No	Not endorsed	Yes	Percentage of home health quality episodes during which patients are confused less often.	Number of home health quality episodes where the discharge assessment indicates the patient is confused less often at discharge than at start (or resumption) of care.	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes for which the patient, at start/resumption of care, was not confused at any time, episodes that end with inpatient facility transfer or death, or patient is nonresponsive.	(M1700) Cognitive Functioning (M1710) When Confused (M1720) When Anxious
Utilization Outcome	Emergency Department Use with Hospitalization (OASIS based)	No	Not endorsed	Yes	Percentage of home health quality episodes during which the patient needed urgent, unplanned medical care from a hospital emergency department, immediately followed by hospital admission.	Number of home health quality episodes where the transfer to inpatient facility assessment indicates the patient required emergency medical treatment from a hospital emergency department, with hospital admission.	Number of home health quality episodes ending with a discharge or transfer to inpatient facility during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes for which the emergency department use is unknown at transfer or discharge, the episode of care ended in death at home.	(M0100) Reason for Assessment (M2301) Emergent Care
Utilization Outcome	Acute Care Hospitalization (OASIS based)	No	Not Endorsed	Yes	Percentage of home health quality episodes that ended with the patient being admitted to the hospital.	Number of home health quality episodes for which the assessment completed at the conclusion of the episode indicates the patient was admitted to a hospital for a reason other than a scheduled treatment or procedure.	Number of home health quality episodes ending with a discharge or transfer to inpatient facility during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes that end in patient death.	(M0100) Reason for Assessment (M2410) Inpatient Facility Admission (M2430) Reason for Hospitalization

OASIS-BASED OUTCOME MEASURES

		Compare	Status	Adjusted					
Utilization Outcome	Discharged to Community (OASIS based)	No	Not endorsed	Yes	Percentage of home health episode after which patients remained at home.	Number of home health episodes where the assessment completed at the discharge indicates the patient remained in the community after discharge.	Number of home health quality episodes ending with a discharge or transfer to inpatient facility during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes that end in patient death.	(M0100) Reason for Assessment (M2420) Discharge Disposition

CLAIMS-BASED OUTCOME MEASURES

Type	Measure Title	HH Compare	NQF Status	Risk Adjusted	Measure Description	Numerator	Denominator	Measure-specific Exclusions	OASIS-C2 Item(s) Used
Utilization Outcome	Acute Care Hospitalization During the First 60 Days of Home Health (Claims-based)	Yes	Endorsed (0171)	Yes	Percentage of home health stays in which patients were admitted to an acute care hospital during the 60 days following the start of the home health stay.	Number of home health stays for patients who have a Medicare claim for an unplanned admission to an acute care hospital in the 60 days following the start of the home health stay.	Number of home health stays that begin during the 12-month observation period.	<p>Home health stays that begin with a Low Utilization Payment Adjustment (LUPA) claim.</p> <p>Home health stays in which the patient receives service from multiple agencies during the first 60 days.</p> <p>Home health stays for patients who are not continuously enrolled in fee-for-service Medicare for the 6 months prior to the home health stay</p> <p>Home health stays for patients who are not continuously enrolled in fee-for-service Medicare for the 60 days following the start of the home health stay or until death.</p>	None – based on Medicare FFS claims
Utilization Outcome	Emergency Department Use without Hospitalization During the First 60 days of Home Health (Claims-based)	Yes	Endorsed (0173)	Yes	Percentage of home health stays in which patients used the emergency department but were not admitted to the hospital during the 60 days following the start of the home health stay.	Number of home health stays for patients who have a Medicare claim for outpatient emergency department use and no claims for acute care hospitalization in the 60 days following the start of the home health stay.	Number of home health stays that begin during the 12-month observation period.	<p>Home health stays that begin with a Low Utilization Payment Adjustment (LUPA) claim.</p> <p>Home health stays in which the patient receives service from multiple agencies during the first 60 days.</p> <p>Home health stays for patients who are not continuously enrolled in fee-for-service Medicare for the 6 months prior to the home health stay.</p> <p>Home health stays for patients who are not continuously enrolled in fee-for-service Medicare for the 60 days following the start of the home health stay or until death.</p>	None – based on Medicare FFS claims

CLAIMS-BASED OUTCOME MEASURES

Type	Measure Title	HH Compare	NQF Status	Risk Adjusted	Measure Description	Numerator	Denominator	Measure-specific Exclusions	OASIS-C2 Item(s) Used
Utilization Outcome	Rehospitalization During the First 30 Days of Home Health (Claims-based)	Yes	Endorsed (2380)	Yes	Percentage of home health stays in which patients who had an acute inpatient discharge within the 5 days before the start of their home health stay were admitted to an acute care hospital during the 30 days following the start of the home health stay.	Number of home health stays for patients who have a Medicare claim for an admission to an acute care hospital in the 30 days following the start of the home health stay.	Number of home health stays that begin during the 3-year observation period for patients who had an acute inpatient hospital discharge within the 5 days prior to the start of the HH stay.	<p>Numerator Exclusions:</p> <p>Inpatient claims for planned hospitalizations are excluded from the rehospitalization measure numerator. Planned hospitalizations are defined using the same criteria as the Hospital-Wide All-Cause Unplanned Readmission Measure as of January 2013.</p> <p>Denominator Exclusions:</p> <p>Stays for patients who are not continuously enrolled in fee-for-service Medicare during the measure numerator window (30 days following the start of the home health stay) or until death;</p> <p>Stays that begin with a Low-Utilization Payment Adjustment (LUPA);</p> <p>Stays in which the patient receives services from multiple HHAs in the first 30 days;</p> <p>Stays in which the patient is not continuously enrolled in Medicare fee-for-service during the previous six months;</p> <p>Stays in which the patient receives treatment in another setting in the 5 days between hospital discharge and the start of home health;</p> <p>Stays in which the hospitalization occurring within 5 days of the start of home health care is not a qualifying inpatient stay. Hospitalizations that do not qualify as index hospitalizations include admissions for the medical treatment of cancer, primary psychiatric disease, or rehabilitation care, and admissions ending in patient discharge against medical advice.</p>	None – based on Medicare FFS claims

CLAIMS-BASED OUTCOME MEASURES

Type	Measure Title	HH Compare	NQF Status	Risk Adjusted	Measure Description	Numerator	Denominator	Measure-specific Exclusions	OASIS-C2 Item(s) Used
Utilization Outcome	Emergency Department Use without Hospital Readmission During the First 30 Days of Home Health (Claims-based)	Yes	Endorsed (2505)	Yes	Percentage of home health stays in which patients who had an acute inpatient discharge within the 5 days before the start of their home health stay used an emergency department but were not admitted to an acute care hospital during the 30 days following the start of the home health stay.	Number of home health stays for patients who have a Medicare claim for outpatient emergency department use and no claims for acute care hospitalization in the 30 days following the start of the home health stay.	Number of home health stays that begin during the 3-year observation period for patients who had an acute inpatient discharge within the 5 days prior to the start of the home health stay.	<p>Stays for patients who are not continuously enrolled in fee-for-service Medicare during the measure numerator window or until death;</p> <p>Stays that begin with a Low-Utilization Payment Adjustment (LUPA);</p> <p>Stays in which the patient receives services from multiple HHAs in the first 30 days;</p> <p>Stays in which the patient receives treatment in another setting in the 5 days between hospital discharge and the start of home health;</p> <p>Stays in which the hospitalization occurring within 5 days of the start of home health care is not a qualifying inpatient stay. Hospitalizations that do not qualify as index hospitalizations include admissions for the medical treatment of cancer, primary psychiatric disease, or rehabilitation care, and admissions ending in patient discharge against medical advice.</p>	None – based on Medicare FFS claims

CLAIMS-BASED OUTCOME MEASURES

		Compare	Status	Adjusted					Used
Utilization Outcome	Discharge to Community (Claims-based)	January 2019	Not Endorsed	Yes	<p>Percentage of home health stays in which patients were discharged to the community and do not have an unplanned readmission to an acute care hospital or LTCH in the 31 days and remain alive in the 31 days following discharge to community.</p> <p>The term "community," for this measure, is defined as home/self-care, without home health services, based on Patient Discharge Status Codes 01 and 81 on the Medicare FFS claim.</p>	Number of home health stays for patients who have a Medicare claim with Patient Discharge Status codes 01 and 81, do not have an unplanned readmission to an acute care hospital or LTCH in the 31-day post-discharge observation window, and who remain alive during the post-discharge observation window.	Number of home health stays that begin during the 2-year observation period.	<p>Denominator Exclusions: Excludes claims for patients who are:</p> <ul style="list-style-type: none"> Under 18 years of age Discharged to a psychiatric hospital Discharged against medical advice Discharged to disaster alternative care sites or federal hospitals Discharged to court/law enforcement Discharged to hospice Not continuously enrolled in Parts A and B FFS Medicare for the 12 months prior to the PAC admission date, and at least 31 days after post-acute discharge date Experience a short term acute care stay for non-surgical treatment of cancer in the 30 days prior to PAC admission Transferred to another home health agency Received care from an agency/facility located outside of the United States, Puerto Rico or a U.S. territory 	None – based on Medicare FFS claims

CLAIMS-BASED OUTCOME MEASURES

Type	Measure Title	HH Compare	NQF Status	Risk Adjusted	Measure Description	Numerator	Denominator	Measure-specific Exclusions	OASIS-C2 Item(s) Used
Outcome: Cost/Resource Use	Medicare Spending Per Beneficiary - Post-Acute Care (MSPB-PAC) Home Health Measure (Claims based)	January 2019	Not Endorsed	Yes	<p>The assessment of the Medicare spending of a home health agency's MSPB-PAC HH episodes, relative to the Medicare spending of the national median home health agency's MSPB-PAC HH episodes across the same performance period.</p> <p>Note: An MSPB-PAC HH measure score of less than 1 indicates that a given home health agency's resource use is less than that of the national median home health agency during the same performance period.</p>	<p>The numerator is called the MSPB-PAC Amount. This is the average observed over expected (as predicted through risk adjustment) Medicare spending for a home health agency's MSPB-PAC HH's episodes, multiplied by the national average MSPB-PAC HH spending.</p> <p>MSPB-PAC HH episodes include the Medicare spending for Parts A and B services during the episode window, subject to certain exclusions for clinically unrelated services. These exclusions are for services that are clinically unrelated to post-acute care treatment or services over which home health agencies may have limited to no influence (e.g., routine management of certain preexisting chronic conditions).</p> <p>The episode window consists of a treatment period (days 1-60 of the home health Medicare FFS claim, or day 1 to discharge for a claim subject to a PEP adjustment) and an associated services period (day 1 of the home health claim through to 30 days after the end of the treatment period).</p>	<p>The denominator is the episode-weighted national median MSPB-PAC Amount across all home health agencies.</p>	<p>Episodes triggered by a claim outside the 50 states, D.C., Puerto Rico, and U.S. territories</p> <p>Episodes where the claim(s) constituting the attributed HHA's treatment have a standard allowed amount of zero or where the standard allowed amount cannot be calculated</p> <p>Episodes where the patient is not continuously enrolled in Medicare FFS for the 90 days before the episode trigger (lookback period) through to the end of the episode window, or is enrolled in Part C for any part of this period. This includes cases where the beneficiary dies during this period.</p> <p>Episodes in which a patient has a primary payer other than Medicare during the 90-day lookback period or episode window</p> <p>Episodes where the claim(s) constituting the attributed HHA's treatment include a non-PPS related condition code</p> <p>Episodes triggered by a RAP claim</p> <p>Episodes with outlier residuals below the 1st percentile or above the 99th percentile of the residual distribution</p>	None – based on Medicare FFS claims

CLAIMS-BASED OUTCOME MEASURES

Type	Measure Title	HH Compare	NQF Status	Risk Adjusted	Measure Description	Numerator	Denominator	Measure-specific Exclusions	OASIS-C2 Item(s) Used
Utilization Outcome	Potentially Preventable 30-Day Post-Discharge Readmission Measure (Claims based)	January 2019	No	Yes	Percentage of home health stays in which patients who had an acute inpatient discharge within the 30 days before the start of their home health stay and were admitted to an acute care hospital or LTCH for unplanned, potentially preventable readmissions in the 30-day window beginning two days after home health discharge.	Number of home health stays for patients who have a Medicare claim for unplanned, potentially preventable readmissions in the 30-day window beginning two days after home health discharge.	Number of home health stays that begin during the 3-year observation period for patients who had an acute inpatient hospital discharge within the 30 days prior to the start of the HH stay and were discharged to the community from HH.	Denominator Exclusions: Excludes claims for patients who: Are under the age of 18 years Died during the home health stay Did not have a short-term acute-care stay within 30 days prior to a HH admission date. Are transferred at the end of a stay to another HHA or short-term acute care hospital Are not continuously enrolled in Parts A and B FFS Medicare (or those enrolled in Part C Medicare Advantage) for the 12 months prior to the post-acute admission date, and at least 31 days after the post-acute discharge date. Are not discharged to the community. Are discharged against medical advice (AMA). The prior short-term acute-care stay was for nonsurgical treatment of cancer. Are transferred to a federal hospital from the HHA. Received care from a provider located outside of the United States, Puerto Rico, or a U.S. territory.	None – based on Medicare FFS claims