#	Chapter	Section	Page Number	Step(s)	HH QRP Measure Calculations and Reporting User's Manual V1.0	HH QRP Measure Calculations and Reporting User's Manual V1.0 (Addendum)	Description of Change
	1	N/A	1	N/A	**Chapter 4** describes the three types of Certification and Survey Provider Enhanced Reports (CASPER) data reports for the OASIS-based quality measures: CASPER Review and Correct reports, CASPER Quality Measure (QM) reports and preview reports for Home Health Compare. CASPER QM Reports are separated into two, one containing measure information at the agency-level and another at the patient-level.	**Chapter 4** describes the three types of Internet Quality Improvement and Evaluation System (iQIES) data reports for the OASIS-based quality measures: iQIES Review and Correct reports, iQIES Quality Measure (QM) reports and preview reports for Home Health Compare. iQIES QM Reports are separated into two, one containing measure information at the agency-level and another at the patient-level.	Updated language to reflect change in system for reports from Certification and Survey Provider Enhanced Reports (CASPER) to Internet Quality Improvement and Evaluation System (iQIES)
	1	N/A	2	N/A	Table 1-1 includes Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay).	Deleted.	Edited table to reflect removal of pressure ulcer measure.
		N/A	2	N/A	In Table 1-1, Drug Education measure reflects previous CMS ID 0978.10.	In Table 1-1, Drug Education measure reflects updated CMS ID 2705.10.	Reflects changes in CMS ID.
	1	N/A	2	N/A	In Table 1-1, includes Improvement in Pain Interfering with Activity	Deleted.	Edited table to reflect removal of Improvement in pain interfering with activity measure.
	1	N/A	3	N/A	N/A	In Table 1-2, reflects addition of Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay).	Added New or Worsened PU QM to table.
	1	N/A	3	N/A	N/A	In Table 1-2, reflects addition of Improvement in Pain Interfering with Activity	Added Improvement in Pain QM to table.
	1	N/A	4	N/A	N/A	Added Table 1-3. Home Health Claims-based Quality Measures Reference: HH QRP.	Added table to reflect current claims-based QMs in the HH QRP.
	2	N/A	5	N/A	This is derived by first calculating a standardized risk ratio -- the predicted number of readmissions at the PAC provider (facility) divided by the expected number of readmissions for the same residents if treated at the average PAC provider.	This is derived by first calculating a standardized risk ratio -- the predicted number of readmissions at the PAC provider (HHA) divided by the expected number of readmissions for the same patients if treated at the average PAC provider.	Changed reference to facility to HHA and changed reference to resident to patient.
	3	N/A	7	N/A	• FAC_INT_ID: Facility internal ID	• PRVDR_ID: Facility internal ID	Outlined new facility internal ID name used in iQIES system.
	3	N/A	7	N/A	• RES_INT_ID: Unique patient ID	• iQIES_PTNT_ID: Unique patient ID	Outline new unique patient ID name used in iQIES system.
	3	N/A	7		During this process, a unique patient ID (RES_INT_ID) and ASSESSMENT_ID are	During this process, a unique patient ID (iQIES_PTNT_ID) and ASSESSMENT_ID are	Updated references to resident ID. Clarified language

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					assigned to each assessment. Episodes of care for which either the beginning or end assessment is missing, or for which assessments are out of sequence, are not included. Quality episodes are not created for patients who meet the following generic exclusions for OASIS-based measures: patients who 1) have a home care payment source other than Medicare (traditional fee-for-service, Medicare (HMO/managed care/Advantage plan), Medicaid (traditional fee-for-service), or Medicaid (HMO/managed care); 2) are less than 18 years;	assigned to each assessment. Episodes of care for which either the beginning or end assessment is missing, or for which assessments are out of sequence, are not included. Quality episodes are not created for patients who meet the following generic exclusions for OASIS-based measures: patients who 1) do not have as a payment source Medicare (traditional fee-for-service, Medicare (HMO/managed care/Advantage plan), Medicaid (traditional fee-for-service), or Medicaid (HMO/managed care); 2) are less than 18 years old;	to address payment source.
	3	N/A	7		When working with assessment records from the National Submissions Database, the unique home health agency ID is a combination of the two position STATE_CD and FAC_INT_ID, and the unique patient ID is a combination of STATE_CD and RES_INT_ID.	When working with assessment records from the National Submissions Database, the unique home health agency ID is a combination of the two position STATE_CD and PRVDR_ID, and the unique patient ID is a combination of STATE_CD and iQIES_PTNT_ID.	Updated language to account for facility internal id and unique patient id.
	3	N/A	7	N/A	N/A	8-Note that quality episodes are defined differently than payment episodes/periods.	Added footnote to clarify what is a quality episode.
	3	N/A	7	N/A	N/A	9- PRVDR_ID was formerly FAC_INT_ID in QIES prior to 2020.	Added footnote to clarify a change in provider ID.
	3	N/A	7	N/A	RES_INT_ID and ASSESSMENT_ID are assigned to each assessment during processing; the provider does not submit this information.	11- iQIES_PTNT_ID is assigned to each assessment during processing; the provider does not submit this information. iQIES_PTNT_ID was formerly RES_INT_ID in QIES prior to 2020.	Added footnote to clarify a change in provider ID.
	3	N/A	7	N/A	N/A	12- ASSESSMENT_ID is assigned to each assessment during processing; the provider does not submit this information.	Added footnote to clarify use of assessment ID.
	3	N/A	7	N/A	Note that quality episodes are not the same as payment, or Prospective Payment System (PPS) episodes.	Note that quality episodes are defined differently than payment episodes/periods.	Updated footnote to remove reference to PPS.
	3	N/A	8	2	2. Sort assessments by FAC_INT_ID, RES_INT_ID, STATE_CD in descending order based on EFCTV_DT (i.e., latest to earliest assessment).	2. Sort assessments by PRVDR_ID, iQIES_PTNT_ID, STATE_CD in descending order based on EFCTV_DT (i.e., latest to earliest assessment).	Updated language to reflect change in patient and facility id.

#	Chapter	Section	Page Number	Step(s)	HH QRP Measure Calculations and Reporting User's Manual V1.0	HH QRP Measure Calculations and Reporting User's Manual V1.0 (Addendum)	Description of Change
	3	N/A	8	3	3. For each set of assessments having the same combination of FAC_INT_ID, RES_INT_ID, STATE_CD, step through the assessments to find the latest assessment with M0100_ASSMT_REASON = 06, 07, 08, or 09.	3. For each set of assessments having the same combination of PRVDR_ID, iQIES_PTNT_ID, STATE_CD, step through the assessments to find the latest assessment with M0100_ASSMT_REASON = 06, 07, 08, or 09.	Updated language to reflect change in patient and facility id.
	3	N/A	8	7	7. Create an episode of care record with the following attributes: • FAC_INT_ID • RES_INT_ID	7. Create an episode of care record with the following attributes: • PRVDR_ID • iQIES_PTNT_ID	Updated language to reflect change in patient and facility id.
	4	1-3	9-12	N/A	CASPER	iQIES	Updated language referring to CASPER to language referring to iQIES.
	4	1	10	N/A	Row outlining October 2019 refresh dates	Row outlining October 2020 refresh dates	Removed references to October 2019 refresh and added October 2020 refresh
	5	2	13	N/A	The examples in the steps below use Q1 2018 through Q4 2018 as the reporting period.	The examples in the steps below use Q1 2019 through Q4 2019 as the reporting period.	Updated target period.
	5	2	13	1	All HHA OASIS records with effective dates on or before the end of Q4 2018 are selected.	All HHA OASIS records with effective dates on or before the end of Q4 2019 are selected.	Updated target period.
	5	2	13	5	For all quality measures, the HHA-level observed (unadjusted) quality measure scores are calculated using the [0] and [1] values stored for each quality episode. These are the measures reported via CASPER that are not risk-adjusted	For all quality measures, the HHA-level observed (unadjusted) quality measure scores are calculated using the [0] and [1] values stored for each quality episode. These are the measures reported via iQIES that are not risk-adjusted.	Updated language referring to CASPER to language referring to iQIES.
	6	1	15	N/A	In order to fairly compare providers, changes in outcomes due to care provision need to be disentangled from the natural progression of disease and disability.	In order to fairly compare providers, changes in outcomes due to care provision need to be disentangled from the natural progression of disease and disability or recovery.	Updated language to address recovery in addition to decline.
	6	1	15	N/A	Currently nine of the assessment-based quality measures for the HH setting are adjusted using quality episode-level covariates for HH QRP	Currently seven of the assessment-based quality measures for the HH setting are adjusted using quality episode-level covariates for HH QRP	Update the number of assessment-based QMs that are risk adjusted.
	6	2	16	N/A	A. Calculate the agency observed score (steps 1 through 3) Step 1. Calculate the denominator count: Calculate the total number of quality	A. Calculate the agency observed score for each month (steps 1 through 3) Step 1. Calculate the denominator count: Calculate the total number of quality	Update risk adjustment description to specify calculation of monthly observed rate in subsection A,

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					episodes with a selected target OASIS assessment in the measure time window that do not meet the exclusion criteria following each measure's specifications. Step 2. Calculate the numerator count: Calculate the total number of quality episodes in the denominator whose OASIS assessments indicates meeting numerator criteria, following each measure's specifications. Step 3. Calculate the agency's observed rate: Divide the agency's numerator count by its denominator count to obtain the agency's observed rate; that is, divide the result of step 2 by the result of step 1. B. Calculate the predicted rate for each quality episode (steps 4 and 5) Step 4. Determine presence or absence of the risk factors for each patient (technical specifications for risk factors are in Section III): If dichotomous risk factor covariates are used, assign covariate values, either '0' for covariate condition not present or '1' for covariate condition present, for each quality episode for each of the covariates as reported at SOC/ROC, as described in the section above. Step 5. Calculate the predicted rate for each quality episode with the following formula: [1] Episode-level predicted QM rate = 1/ [1+e-x]	episodes with a selected target OASIS assessment each month that do not meet the exclusion criteria following each measure's specifications. Step 2. Calculate the numerator count: Calculate the total number of quality episodes in the denominator whose OASIS assessments indicates meeting numerator criteria for each month, following each measure's specifications. Step 3. Calculate the agency's monthly observed rate: Divide the agency's numerator count by its denominator count to obtain the agency's observed rate; that is, divide the result of step 2 by the result of step 1. B. Calculate the predicted rate for each quality episode (steps 4 and 5) Step 4. Determine presence or absence of the risk factors for each patient (technical specifications for risk factors are in Section III): If dichotomous risk factor covariates are used, assign covariate values, either '0' for covariate condition not present or '1' for covariate condition present, for each quality episode for each of the covariates as reported at SOC/ROC, as described in the section above. Step 5. Calculate the predicted rate for each quality episode with the following formula: [1] Episode-level predicted QM rate = 1/ [1+e-x]	step 3.
	7	N/A	20	N/A	Some OASIS items used to calculate or risk-adjust HH QRP measures can be dashed at one or more data collection time points. These include M1311, M1313, GG0130, GG0170, M2001, M2003, M2005, J1800 and J1900. A dash (–) value indicates that no information is available. In general,	Some OASIS items used to calculate or risk-adjust HH QRP measures can be dashed at one or more data collection time points. These include M1028, M1060, M1311 (at Discharge only), GG0100, GG0110, GG0130, GG0170, M2001, M2003, M2005, J1800 and J1900. A dash (–) value indicates that no information is available. In general, CMS	Updated listing assessment items that can be dashed.

#	Chapter	Section	Page Number	Step(s)	HH QRP Measure Calculations and Reporting User's Manual V1.0	HH QRP Measure Calculations and Reporting User's Manual V1.0 (Addendum)	Description of Change
					CMS expects dash use to be a rare occurrence. If an item used in the measure calculation is dashed, the measure value cannot be calculated unless otherwise noted.	expects dash use to be a rare occurrence. If an item used in the measure calculation, including risk adjustment, is dashed, the measure value cannot be calculated unless otherwise noted.	
	7	N/A	21	N/A	the same as the physician-ordered date: M0030[1] ≤ M0102[1]	the same as the physician-ordered date: M0030[1] = M0102[1]	Updated the timely initiation of care numerator statement to correct error in specification.
	7	N/A	23	N/A	Number of home health quality episodes in which the physician-ordered plan of care includes regular monitoring for the presence of skin lesions on the lower extremities and patient education on proper diabetic foot care.	Number of home health quality episodes in which patients had a multi-factor fall risk assessment at start/resumption of care.	Updated the multifactor fall risk numerator statement to correct error in specification.
	7	N/A	32	N/A	Home health quality episodes for which the response on the discharge assessment indicates less impairment in ambulation compared to start (or resumption) of care	Home health quality episodes for which the response on the discharge assessment indicates less impairment in ambulation/locomotion compared to start (or resumption) of care	Updated Improvement in ambulation-locomotion numerator statement to include full QM description
	7	N/A	34	N/A	Home health quality episodes for which the patient, at start/resumption of care, had no pain reported (M1830[1]= 00), or the patient was nonresponsive:	Home health quality episodes for which the patient, at start/resumption of care, was able to bathe independently (M1830[1]= 00), or the patient was nonresponsive:	Updated denominator exclusion for Improvement in Bathing QM to address omission of
	7	N/A			Pressure Ulcers that are New or Worsened (Short Stay)	Deleted	Reflects removal of pressure ulcer measure.
	7	N/A	38	N/A	https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Downloads/HH QRP_Measure_Specifications_Function_Falls_SkinIntegrity.pdf	https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Downloads/Home-Health-QRP_Measure-Specifications_Function_Falls_Skin-Integrity.pdf	Updated broken link for Changes in Skin Integrity QM