

Chapter	Section	Page Number	Step(s)	HH QRP Measure Calculations and Reporting User's Manual V1.0 (Addendum)	HH QRP Measure Calculations and Reporting User's Manual V2.0	Description of Change
1	N/A	1	N/A	Table 1-1 Measure Reference Name: Influenza Immunization	Table 1-1 Measure reference name: Influenza Immunization Received for Current Flu Season	Updated name to provide official reference name instead of short name
1	N/A	1	N/A	Table 1-1 Measure Reference Name: Drug Regimen Review	Table 1-1 Measure Reference Name: Drug Regimen Review Conducted With Follow-Up for Identified Issues- Post Acute Care (PAC) HH QRP	Updated name to provide official reference name instead of short name
1	N/A	1	N/A	Table 1-1 Measure Reference Name: Application of Functional Assessment/Care Plan	Table 1-1 Measure Reference Name: Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function	Updated name to provide official reference name instead of short name
1	N/A	1	N/A	Table 1-1 Measure Reference Name: Falls with Major Injury	Table 1-1 Measure Reference Name: Application of Percent of Residents Experiencing One or More Falls with Major Injury	Updated name to provide official reference name instead of short name
1	N/A	1	N/A	Table 1-1 Measure Reference Name: Changes in Skin Integrity: Pressure Ulcer/Injury	Table 1-1 Measure Reference Name: Changes in Skin Integrity Post Acute Care: Pressure Ulcer/Injury	Updated name to provide official reference name instead of short name
1	N/A	1	N/A	Table 1-1 QM Description: Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function	Table 1-1 QM Description: How often a patient's functional abilities were assessed at admission and discharge and functional goals were included in their care plan	Utilize the current description as outlined on Care Compare.
1	N/A	1	N/A	Table 1-1 QM Description: Application of Percent of Residents Experiencing One or More Falls with Major Injury	Table 1-1 QM Description: How often patients experienced one or more falls with major injury	Utilize the current description as outlined on Care Compare.
1	N/A	1	N/A	Table 1-1 QM Description: Changes in Skin Integrity Post Acute Care: Pressure Ulcer/Injury	Table 1-1 QM Description: How often patients have pressure ulcers/pressure injuries that are new or worsened.	Utilize the current description as outlined on Care Compare.
1	N/A	1	N/A	N/A	In Table 1-1, added the Transfer of Health Information to the Patient QM	Add new QM added to HH QRP in 2023
1	N/A	1	N/A	N/A	In Table 1-1, added the Transfer of Health Information to the Provider QM	Add new QM added to HH QRP in 2023
1	N/A	1	N/A	From Table 1-1, removed QMs Depression Assessment Conducted, Multifactor fall risk assessment conducted for all patients who can ambulate, Diabetic foot care and patient education implemented, Pneumococcal polysaccharide vaccine ever received, and Improvement in Status of Surgical Wounds	N/A	QMs removed from the QRP public reporting as of July 2021
1	N/A	2	N/A	N/A	To Table 1-2, Added the Drug Education QM	QM slated for removal from HH QRP public reporting in October 2023.
1	N/A	4	N/A	N/A	To Table 1-3, added the Home Health Within-Stay Potentially Preventable Hospitalization QM	QM added to HH QRP and slated for reporting in October 2023
1	N/A	4	N/A	Table 1-3 Discharge to Community CMS ID: 0181-10	Table 1-3 Discharge to Community CMS ID: 2944-10	Corrected CMS ID
2	N/A	6,7	N/A	N/A	Home Health Within-Stay Potentially Preventable Hospitalization (CMS ID: XXXX)	Added QM description for new Home Health Within-Stay Potentially

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					<p>This measure reports a home health agency (HHA)-level rate of risk-adjusted potentially preventable hospitalization (PPH) or potentially preventable observation stays (PPOBS) that occur within a home health (HH) stay for all eligible stays at each agency. A HH stay is a sequence of HH payment episodes separated from other HH payment episodes by at least two days.</p> <p>This measure calculates a risk-adjusted PPH rate for each HHA. This is derived by first calculating a standardized risk ratio – the predicted number of unplanned, potentially preventable hospital admissions or observation stays at the HHA divided by the expected number of admissions or observation stays for the same patients if treated at the average HHA. The standardized risk ratio is then multiplied by the mean potentially preventable admission or observation stay rate in the population (i.e., all Medicare fee-for-service (FFS) patients included in the measure) to generate the HHA-level standardized hospitalization rate of potentially preventable hospitalization. Specifications for this measure can be found on the CMS website:</p>	Preventable Hospitalization QM to claims-based QMs description
3	N/A	8	N/A	N/A	<p>QUALITY EPISODES</p> <p>Quality episodes are used in the calculation of the assessment-based quality measures. Quality episodes are not the same as certification periods or Patient-Driven Groupings Model (PDGM) payment periods. A quality episode begins with either a Start of Care or Resumption of Care assessment and ends with a Transfer, Death at home, or Discharge assessment.</p> <p>A quality episode does not include Recertification (follow-up) or Other Follow-up assessments and may be longer or shorter than the payment periods.</p> <p>A quality episode is measured from:</p> <ul style="list-style-type: none"> • Start of Care to Transfer OR • Start of Care to Death at Home OR • Start of Care to the Discharge OR • Resumption of Care to Transfer OR • Resumption of Care to Death at Home OR • Resumption of Care to Discharge 	Added language to provide a high level description of HH quality episodes.
4	N/A	10		<ul style="list-style-type: none"> • The iQIES QM Reports for HH QRP 	<ul style="list-style-type: none"> • The iQIES QM Reports for HH QRP 	Supplemented language about the

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				measures15F are provided monthly and separated into two reports: Outcome and Process. Each has two versions: one containing measure information at the agency-level and another at the patient-level (aka "tally" report). The agency-level reports have two reporting periods, current and prior, to allow comparison of agency performance between the two periods. The intent of these reports is to enable tracking of quality measure data regardless of quarterly submission deadline ("freeze") dates.	measures15F are on-demand reports that provide up to 12 rolling months of measure results and are separated into two reports: Outcome and Process. Each has two versions: one containing measure information at the agency-level and another at the patient-level (a.k.a., "tally" reports). These reports provide data on multiple reporting periods/rates to allow for comparisons of measure performance, The agency-level Process Measures reports have three comparison rates: current, prior, and national observed rate. . The agency-level Outcome reports have four comparison rates: current, adjusted prior, Care Compare risk adjusted rate (if applicable), and the national observed rate. The intent of these reports is to enable tracking of quality measure data regardless of quarterly submission deadline ("freeze") dates.	nature of the iQIES reports.
4	N/A	N/A	10	o The assessment-based (OASIS) measures are updated monthly, at the agency- and patient-level, as data becomes available. The performance data contains the current quarter (may be partial) and the past three quarters, updated based on the schedule presented in Table 4-2.	o The assessment-based (OASIS) measures data are updated twice month, at the agency- and patient-level, as data becomes available. The performance data contains a rolling 12-months of data, updated based on the schedule presented in Table 4-2.	Updated references to the iQIES reports regarding frequency of updating and availability.
4	1	N/A	12	Table 4-1 reflected 2020 public reporting refresh dates.	Updated Table 4-1 to reflect January 2023-October 2024 public reporting dates and corresponding data report impacts.	Updated data to reflect more recent public reporting examples.
4	2	N/A	13	Table 4-2 reflects 2019 iQIES report calculation dates	Updated Table 4-2 to reflect 2022 and 2023 report calculation dates.	Updated data to reflect more recent iQIES report calculation time frames.
4	3	N/A	14	References to Home Health Compare	References changed to Care Compare	Reflects the new term used for public reporting website that presents HH QRP data.
5	1	N/A	15	Example QM: Drug Education	Example QM: Percent of Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function	Changed example measure to Function Process QM that will not be retired this calendar year.
6	1	N/A	18	N/A	Removed Improvement in Surgical Wounds from listing of outcome QMs	QM removed from HH QRP public reporting in July 2021
6	3	N/A	19	N/A	Footnote: Except for Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury, if the observed rate equals 100 percent, then the risk adjusted rate is set to 100 percent. For Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury, if the observed rate equals 0 percent, then the risk adjusted rate is set to 0 percent.	Footnote added to address special rules for managing adjusted rates of outcome QMs based on observed rate at 100 or zero percent.
6	3	3	20	N/A	Each risk factor flagged in Step 2 was	Text added to explain how flagged

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					reviewed to determine which one of the two groups its content focus group resided. Either its content focus group was explicitly tiered by increasing severity or it was not. This classification determined which risk factors covariates were kept and which were dropped from the final risk adjustment specification.	covariates are reviewed and categorized.
7	N/A	22	N/A	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 M1028, M1060, M1311 (at Discharge only), GG0100, GG0110, GG0130, GG0170, M2001, M2003, M2005, D0150, J1800 and J1900.	Added item D0150 to the list of OASIS items that can be dashed.
7	N/A	N/A	N/A	Measure tables listed for: Multifactor fall risk assessment conducted for all patients who can ambulate, Diabetic foot care and patient education implemented, Pneumococcal polysaccharide vaccine ever received, and Improvement in Status of Surgical Wounds	N/A	Measure tables for QMs removed since QMs are no longer QMs publicly reported in the HH QRP.
7	N/A	31	N/A	N/A	Specification table: Transfer of Health Information to the Patient added	The Transfer of Health Information to the Patient QM has been added to the HH QRP in 2023. This table outlines the specifications
7	N/A	32	N/A	N/A	Specification table: Transfer of Health Information to the Provider added	The Transfer of Health Information to the Provider QM has been added to the HH QRP in 2023. This table outlines the specifications
7	N/A	N/A	N/A	N/A	Denominator exclusion added to OASIS outcome-based QMs (Improvement in Ambulation– Locomotion, Improvement in Bed Transferring, Improvement in Bathing, Improvement in Management of Oral Medications, Improvement in Dyspnea) to exclude patients discharged to a non - institutional hospice. The version number for the QMs were incremented to "11".	This update implements a long-standing request from stakeholders to exclude patients discharged to hospice care.
7	N/A	38		N/A	Denominator exclusion coding explanation for Application of Percent of Residents Experiencing One or More Falls with Major Injury QM: Note that '^' indicates the item was skipped due to a skip pattern, and that '-' indicates the item was not assessed/no information.	Provide additional explanation for the use of the '^' and the '-' in coding of the this QM.
7	N/A	39	N/A	N/A	Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury measure version number incremented to "11" to address modification of calculating average for the measure.	Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury measure version number incremented to "11" to address modification of calculating average for the measure.
Appendix	Table A-1	41-51	N/A	N/A	Table A-1 Description of Risk Factors: Removed risk factors no longer available	Table A-1 Description of Risk Factors: Removed risk factors no longer

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					with OASIS-E. The table also added the PHQ-2 to 9 data elements to code a new, patient mood screening risk factor group. The table additionally transitions to use of Hierarchical Condition Categories (HCCs) instead of ICD-10 coding.	available with OASIS-E. The table also added the PHQ-2 to 9 data elements to code a new, patient mood screening risk factor group. The table also transitions to use of Hierarchical Condition Categories (HCCs) instead of ICD-10 coding.
Appendix	Table A-2	52	N/A	N/A	Revised Table A-2: Summary of Number of Risk Factors and Model Fit Statistics	Table A-2 was updated to account for new risk adjustment models based on only OASIS-E items.
Appendix	Table A-3	53-59	N/A	N/A	Revised Table A-3: Estimated Coefficients	Table A-3 was updated to reflect new estimated coefficients based on data available with the transition to OASIS-E and usage of Hierarchical Condition Categories