

MEASURE APPLICATIONS PARTNERSHIP

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MAP 2015  
Considerations for  
Selection of Measures  
for Federal Programs:  
Post-Acute Care/  
Long-Term Care

FINAL REPORT  
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NATIONAL  
QUALITY FORUM

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# GUIDANCE ON CROSS-CUTTING ISSUES

## Summary

- Emphasize harmonization of measures to promote patient-centered care across PAC/LTC programs.
- Coordinate efforts between patient assessment instruments used in PAC/LTC settings to maintain competencies and quality of data.
- Align performance measurement across PAC/LTC settings as well as with other settings to ensure comparability of performance and to facilitate information exchange.

The Measure Applications Partnership (MAP) reviewed measures under consideration for five setting-specific federal programs addressing post-acute care (PAC) and long-term care (LTC): the Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP), the Long-Term Care Hospital Quality Reporting Program (LTCH QRP), the End-Stage Renal Disease Quality Incentive Program (ESRD QIP), the Skilled Nursing Facility Value-Based Purchasing Program (SNF VBP), and the Home Health Quality Reporting Program (HH QRP). MAP has previously provided input on measures for the Hospice Quality Reporting Program (Hospice QRP). However, in 2014-2015 there were no measures under consideration for this program as the Centers for Medicare & Medicaid Services (CMS) is launching the new Hospice Item Set. Instead, MAP provided recommendations on additional measurement priorities that could potentially enhance the current program measure set.

MAP's pre-rulemaking recommendations for measures in these programs reflect the MAP Measure Selection Criteria, how well the measures address the identified program goals, and NQF's prior work to identify families of measures. MAP also drew upon its [Coordination Strategy for Post-Acute Care and Long-Term Care Performance Measurement](#) as a guide to inform pre-rulemaking review of measures for the PAC/LTC programs. In

the PAC/LTC coordination strategy, MAP defined high-leverage areas for performance measurement and identified 13 core measure concepts to address each of the high-leverage areas.

### PAC/LTC Highest-Leverage Measurement Areas and Core Measure Concepts

Highest-Leverage Areas for Performance Measurement	Core Measure Concepts
Function	<ul style="list-style-type: none"> <li>• Functional and cognitive status assessment</li> <li>• Mental health</li> </ul>
Goal Attainment	<ul style="list-style-type: none"> <li>• Establishment of patient/family/caregiver goals</li> <li>• Advanced care planning and treatment</li> </ul>
Patient Engagement	<ul style="list-style-type: none"> <li>• Experience of care</li> <li>• Shared decisionmaking</li> </ul>
Care Coordination	<ul style="list-style-type: none"> <li>• Transition planning</li> </ul>
Safety	<ul style="list-style-type: none"> <li>• Falls</li> <li>• Pressure ulcers</li> <li>• Adverse drug events</li> </ul>
Cost/Access	<ul style="list-style-type: none"> <li>• Inappropriate medicine use</li> <li>• Infection rates</li> <li>• Avoidable admissions</li> </ul>

Through the discussion of the individual measures across the five programs, MAP identified several overarching issues. These themes are explored below.

## OVERARCHING THEMES ACROSS ALL PROGRAMS

### Implementation of the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014

The IMPACT Act is a bipartisan bill that was passed in September 2014. Under section 1899 (B) Title XVIII of the Social Security Act, PAC providers are now required to report standardized patient assessment data as well as data on quality, resource use, and other measures. The IMPACT Act is an important step toward measurement alignment and shared accountability across the healthcare continuum which MAP has emphasized over the past several years.

According to the IMPACT Act, the data is required to be interoperable to allow for its exchange among PAC and other providers to facilitate care coordination and improve Medicare beneficiary outcomes. The IMPACT Act affects PAC programs including: 1) HHA Quality Reporting Program; 2) newly required Skilled Nursing Facility Quality Reporting Program; 3) IRF Quality Reporting Program; and 4) LTCH Quality Reporting Program. The legislation calls for modification of PAC assessment instruments used by the above programs to enable the submission of standardized patient assessment data and comparison of assessment data across all such providers.

The new quality measures will address several domains including functional status and changes in function, skin integrity and changes in skin integrity, medication reconciliation, incidence of major falls, and the accurate communication of health information and care preferences when a patient is transferred. The IMPACT Act also requires the implementation of measures to address resource use and efficiency such as total Medicare spending per beneficiary, discharge to community, and risk-adjusted hospitalization rates of potentially preventable admissions and readmissions. The Act

also directs the Secretary of the U.S. Department of Health and Human Services to provide confidential feedback reports to PAC providers on their performance with respect to required measures as well as to arrange for public reporting of performance results.

MAP was generally supportive of standardizing patient assessment data across post-acute care settings; however, it noted the importance of aligning measurement with other settings such as long-term care and home- and community-based services. MAP supported a coordinated approach to measurement across settings using standardized data elements while noting the importance of preventing duplicate efforts, maintaining data integrity, and reducing the burden of maintaining data on different scales.

Due to the need for the rapid implementation of the IMPACT Act, MAP has been asked to conduct an “off-cycle” review of measures authorized by the Act for four PAC settings including IRF, SNF, LTCH, and HH in February 2015. The off-cycle review will be on an expedited timeline and must be accomplished within a 30-day period to allow CMS to incorporate MAP’s recommendations into the proposed federal rules for these PAC settings slated to publish in early spring of 2015. MAP’s recommendations from its off-cycle review will be included in its March 6, 2015 report.

### Ensuring a Person-Centered Approach to PAC/LTC Care

MAP stressed harmonization of measures to promote patient-centered care across PAC/LTC programs. Recognizing the heterogeneity of populations served in each setting, MAP recommended that measures be specified and applicable to specific populations. MAP also reemphasized the need to integrate person-centered goals and outcomes to measurement

approaches, noting these may vary across settings. MAP stressed that following a person across the care continuum from facility to home-based care or beyond will allow for a better assessment of a person's outcomes and experience across time and settings.

### Aligning Across Settings

MAP emphasized the need to align performance measurement across PAC/LTC settings as well as with acute care and outpatient settings to ensure comparability of performance and to facilitate information exchange. To ensure timely receipt of appropriate healthcare services by populations served in PAC/LTC settings, MAP encouraged care coordination and shared accountability among PAC/LTC facilities and other settings. This would allow for a better assessment of a person's outcomes and experience across time

and settings. In particular, MAP noted alignment is needed to allow for better communication and information exchange between PAC/LTC settings. One suggestion was to take advantage of opportunities to encourage cooperation on measurement and sharing mutually important measurement data across settings and providers.

One public commenter supported MAP's recommendations to align performance measurement across care settings; however, this commenter cautioned that it could be challenging to align the disparate information systems used in these settings. Another commenter recognized the lack of health information technology infrastructure in post-acute care settings, noting that this leaves wide variations in level of access and utilization. The commenter noted that financial support is necessary to help build a better HIT infrastructure in these settings.

## CONSIDERATIONS FOR SPECIFIC PROGRAMS

### Inpatient Rehabilitation Facility Quality Reporting Program

The Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP) is a pay-for-reporting and public reporting program that addresses the rehabilitation needs of individuals including improved functional status and return to the community post-discharge. Inpatient Rehabilitation Facility providers (IRFs) must submit data on quality measures to CMS to receive annual payment updates. Failure to report quality data will result in a 2 percent reduction in the annual increase factor for discharges occurring during that fiscal year.<sup>1</sup> The data must be made publicly available, with IRF providers having an opportunity to review the data prior to its release.<sup>2</sup>

MAP previously noted that the program measure set is too limited and could be enhanced by addressing core measure concepts not currently addressed in the set, such as care coordination, functional status, medication reconciliation, and high-incidence safety issues such as MRSA, falls, CAUTI, and *C. difficile*.<sup>3</sup>

MAP reviewed and conditionally supported five measures under consideration that addressed patient safety and functional status. MAP recommended submission of the NQF #0371 Venous Thromboembolism Prophylaxis measure to NQF for endorsement after it is expanded and specified for use in IRFs. MAP also noted several concerns about the measure including its exclusions of stroke patients and patients with length of stay longer than 120 days, noting concerns that stroke patients frequently receive care in IRFs and that rehabilitation patients may require longer stays than patients in the acute care hospital setting for which the measures are currently specified. MAP conditionally supported four functional outcome measures under consideration for this program. MAP noted

that the measures are meaningful to patients and actionable; however, some MAP members questioned whether these measures may be redundant with each other and with information currently collected from the IRF-PAI. MAP ultimately concluded that the two different types of measures under consideration will present a more thorough picture of a patients' progression over the course of their rehab as well as the important change from admission to discharge. MAP raised concerns regarding the potential burden of maintaining data on two scales and recommended coordination of the scales to maintain staff competency and the quality of the data generated.

One public commenter raised concerns about having experienced challenges when submitting data to meet the IPF QRP requirements. The commenter recommended that MAP withhold its support from additional measures for this program until these data submission concerns have been resolved.

### Long-Term Care Hospital Quality Reporting Program

The Long-Term Care Hospital Quality Reporting Program (LTCH QRP) is a pay-for-reporting and public reporting program that aims to provide extended medical care to individuals with clinically complex problems (e.g., multiple, acute, or chronic conditions needing hospital-level care for periods of greater than 25 days).<sup>4</sup> LTCH providers must submit data on quality measures to CMS to receive full annual payment updates. Failure to report quality data will result in a 2 percent reduction in the annual payment update.<sup>5</sup> The data must be made publicly available, with LTCHs having an opportunity to review the data prior to its release.

MAP previously recommended that functional status assessment in LTCHs should cover a broad

range of mobility issues, such as position changes, locomotion, poor mobility, picking up objects, and chair-to-bed transfers.<sup>6</sup> Additionally, increased attention should be given to pain, agitation, and delirium among the ventilated population, as these factors are the biggest impediments to mobility.<sup>7</sup> MAP also recommended adding measures to the program set that address cost, cognitive status assessment (e.g., dementia identification), medication management (e.g., use of antipsychotic medications), and advance directives.<sup>8</sup>

MAP reviewed three measures under consideration for this program that addressed patient safety priorities for LTCHs. MAP conditionally supported the NQF #0371 Venous Thromboembolism Prophylaxis, which was also under consideration for IRF QRP, and made similar recommendations such as expanding the measure to the LTCH setting and submitting for NQF endorsement. Additionally, MAP encouraged continued development of two measures addressing ventilator issues, emphasizing the importance of ventilator care and successful weaning to improve quality of life and decrease morbidity, mortality, and resource use among patients.

## End-Stage Renal Disease Quality Incentive Program

The End-Stage Renal Disease Quality Incentive Program (ESRD QIP) is a pay-for-performance and public reporting program that aims to improve the quality of dialysis care and produce better outcomes for Medicare beneficiaries.<sup>9</sup> Under this program, payments to dialysis facilities are reduced if facilities do not meet or exceed the required total performance score, which is the sum of the scores for established individual measures during a defined performance period. Payment reductions will be on a sliding scale, which could amount to a maximum of 2 percent per year.<sup>10</sup> Facility performance in the ESRD QIP is publicly reported through three mechanisms: the Performance Score Certificate, the Dialysis Facility Compare website, and ESRD QIP Dialysis Facility

Performance Information.

In prior years, MAP recommended expanding the program measure set beyond dialysis procedures to include cross-cutting and person-centered care measurement areas such as care coordination, medication reconciliation, functional status, patient engagement, pain, falls, measures covering comorbid conditions such as depression, and measures to assess the pediatric population.<sup>11</sup> MAP also recommended exploring whether the clinically focused measures could be combined in a composite measure for assessing optimal dialysis care.<sup>12</sup> Importantly, as the program evolves, outcome measures are preferred over structural or process measures.

MAP reviewed seven measures under consideration for this program. MAP conditionally supported the three dialysis adequacy measures pending NQF endorsement as they addressed both adult and pediatric populations, favoring the composite measure over the individual measures to encourage parsimony. MAP did not support four measures that addressed the cross-cutting measurement areas of cultural competency and medication documentation. MAP acknowledged the need for medication documentation but raised concerns about the feasibility of this measure in the dialysis facility setting. MAP members encouraged putting efforts into the development of a measure addressing medication reconciliation rather than documentation. Additionally, MAP recognized the importance of cultural competency to increase patient engagement but raised concerns that this measure has limited testing in the dialysis facility setting.

## Skilled Nursing Facility Value-Based Purchasing Program

The Protecting Access to Medicare Act (PAMA) of 2014 directs the Secretary of HHS to establish a value-based purchasing program for skilled nursing facilities (SNFs). The SNF VBP establishes incentive payments for SNFs based on performance on the measures in the program

beginning in fiscal year 2019. The Secretary is required to specify two time-limited measures:

- An SNF all-cause, all-condition hospital readmission measure, or any successor to such a measure, no later than October 1, 2015
- A resource measure to reflect an all-condition, risk-adjusted potentially preventable hospital readmission rate for SNFs no later than October 1, 2016

The Secretary must also provide confidential feedback reports to SNFs on their performance with respect to the measure specified for this program, beginning October 1, 2016 and every quarter thereafter. The Secretary must establish procedures for making information publicly available on the performance of SNFs by posting on the Nursing Home Compare Medicare website (or a successor website) beginning not later than October 1, 2017.

This was the first year that MAP was tasked with reviewing a measure under consideration for the newly established SNF VBP. MAP supported a measure addressing hospital readmissions for SNFs, NQF #2510 Skilled Nursing Facility All-Cause 30 Day Post Discharge Readmission Measure, noting that this measure was recently NQF-endorsed and is well aligned with readmission measures used in other settings. However, some MAP members raised concerns about potential unintended consequences, such as discouraging needed hospitalization and the exclusion of cancer patients from the measure.

## Home Health Quality Reporting Program

The Home Health Quality Reporting Program (HH QRP) is a pay-for-reporting and public reporting program that aims to improve the quality of care provided to patients. CMS has adopted home health quality goals based on the IOM definition of quality as having the following domains: effectiveness, efficiency, equity, patient

centeredness, safety, and timeliness.<sup>13</sup> The incentive structure is designed to require that Medicare-certified<sup>14</sup> home health agencies (HHAs) collect and submit quality data through the Outcome and Assessment Information Set (OASIS) and Home Health CAHPS. HHAs that do not submit data will incur a 2 percent reduction in their annual HH market basket percentage increase.<sup>15</sup> Subsets of the quality measures generated from OASIS are reported on the Home Health Compare website, which provides information about the quality of care provided by HHAs throughout the country.<sup>16</sup>

In the 2013-2014 pre-rulemaking cycle, MAP noted that the large measure set reflects the heterogeneity of the home health population, but that it could benefit from more parsimony.<sup>17</sup> To enhance the program measure set, CMS is planning to conduct a thorough analysis to identify priority gap areas, measures that are topped out, and opportunities to improve the existing measures.

MAP reviewed one measure under consideration that addressed pressure ulcers, a required measurement domain under the IMPACT Act. MAP conditionally supported this measure as it is harmonized with NQF #0678 Percent of Residents or Patients with Pressure Ulcers that are New or Worsened which is used in the SNF, LTCH, and IRF settings. MAP offered recommendations to enhance the measure such as focusing on consequences of not detecting a pressure ulcer rather than the number of patients that might develop one and excluding hospice patients with ulcers that may be unlikely to heal.

## Hospice Quality Reporting Program

The Hospice Quality Reporting Program (HQRP) is a pay-for-reporting and public reporting program that uses an interdisciplinary approach to deliver medical, nursing, social, psychological, emotional, and spiritual services through the use of a broad spectrum of professional and other caregivers and volunteers. The goal of hospice care is to make



the hospice patient as physically and emotionally comfortable as possible, with minimal disruption to normal activities, while remaining primarily in the home environment.<sup>18</sup> Under this program, hospice providers are required to submit data on quality measures to CMS. Failure to report quality data will result in a 2 percent reduction to the market basket percentage increase for that fiscal year.<sup>19</sup> The data must be made publicly available, with hospice programs having an opportunity to review the data prior to its release.<sup>20</sup>

CMS finalized the Hospice Item Set (HIS) in last year's rule to meet the quality reporting requirements for hospices for the FY 2016 payment determination. The Hospice Item Set will collect and report data on six NQF-endorsed measures and one modified version of an NQF-endorsed measure that MAP supported in the previous pre-rulemaking cycles. Additionally,

hospice providers are required to participate in the CAHPS Hospice Survey which will be implemented on January 1, 2015 for the FY 2017 annual payment update.

In previous pre-rulemaking cycles, MAP recommended the inclusion of measures in the program that addressed concepts such as goal attainment, patient engagement, care coordination, depression, caregiver roles, and timely referral to a hospice.<sup>21</sup> This year, MAP reiterated top priority measurement areas for this program, including an appropriate outcome measure for pain and measures that address timeliness/responsiveness of care, access to the healthcare team on a 24-hour basis, and composite measures on communication, access, and care coordination. MAP also emphasized the need for inclusion of the family and caregivers in the hospice survey.

## ENDNOTES

1 CMS website. IRF Quality Reporting. Baltimore, MD:2014. Available at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/index.html> Last accessed December 2014.

2 CMS website. IRF Quality Reporting. Baltimore, MD:2014. Available at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/index.html> Last accessed December 2014.

3 NQF. *MAP 2014 Recommendations on Measures for More Than 20 Federal Programs*. Washington, DC: NQF, 2014. Available at [http://www.qualityforum.org/Publications/2014/01/MAP\\_Pre-Rulemaking\\_Report\\_\\_2014\\_Recommendations\\_on\\_Measures\\_for\\_More\\_than\\_20\\_Federal\\_Programs.aspx](http://www.qualityforum.org/Publications/2014/01/MAP_Pre-Rulemaking_Report__2014_Recommendations_on_Measures_for_More_than_20_Federal_Programs.aspx). Last accessed December 2014.

4 Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long Term Care Hospital Prospective Payment System and Fiscal Year 2013 Rates; Hospitals' Resident Caps for Graduate Medical Education Payment Purposes; Quality Reporting Requirements for Specific Providers and for Ambulatory Surgical Centers; Corrections. FY 2012 IPPS/LTCH PPS final rule. *Fed Registr.* 2013;78:15882-15883.. Available at <http://www.oifr.gov/inspection.aspx?AspxAut oDetectCookieSupport=1>. Last accessed December 2014.

5 CMS website. LTCH Quality Reporting. Baltimore, MD:2014. Available at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/index.html?redirect=/LTCH-Quality-Reporting/>. Last accessed December 2014.

6 NQF. *MAP 2014 Recommendations on Measures for More Than 20 Federal Programs*. Washington, DC: NQF, 2014. Available at [http://www.qualityforum.org/Publications/2014/01/MAP\\_Pre-Rulemaking\\_Report\\_\\_2014\\_Recommendations\\_on\\_Measures\\_for\\_More\\_than\\_20\\_Federal\\_Programs.aspx](http://www.qualityforum.org/Publications/2014/01/MAP_Pre-Rulemaking_Report__2014_Recommendations_on_Measures_for_More_than_20_Federal_Programs.aspx). Last accessed December 2014.

7 NQF. *MAP 2014 Recommendations on Measures for More Than 20 Federal Programs*. Washington, DC: NQF, 2014. Available at [http://www.qualityforum.org/Publications/2014/01/MAP\\_Pre-Rulemaking\\_Report\\_\\_2014\\_Recommendations\\_on\\_Measures\\_for\\_More\\_than\\_20\\_Federal\\_Programs.aspx](http://www.qualityforum.org/Publications/2014/01/MAP_Pre-Rulemaking_Report__2014_Recommendations_on_Measures_for_More_than_20_Federal_Programs.aspx). Last accessed December 2014.

8 NQF. *MAP Pre-Rulemaking Report: 2013 Recommendations on Measures Under Consideration by HHS*. Washington, DC: NQF, 2013. Available at [http://www.qualityforum.org/Publications/2013/02/MAP\\_Pre-Rulemaking\\_Report\\_-\\_February\\_2013.aspx](http://www.qualityforum.org/Publications/2013/02/MAP_Pre-Rulemaking_Report_-_February_2013.aspx). Last accessed December 2014.

- 9** Centers for Medicare & Medicaid Services (CMS). ESRD QIP Frequently Asked Questions. Available at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/Downloads/ESRD-QIP-FAQ.pdf>. Last accessed December 2014.
- 10** CMS website. ESRD Quality Incentive Program. Baltimore, MD:2014. Available at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/>. Last accessed December 2014.
- 11** NQF. *MAP 2014 Recommendations on Measures for More Than 20 Federal Programs*. Washington, DC: NQF, 2014. Available at [http://www.qualityforum.org/Publications/2014/01/MAP\\_Pre-Rulemaking\\_Report\\_\\_2014\\_Recommendations\\_on\\_Measures\\_for\\_More\\_than\\_20\\_Federal\\_Programs.aspx](http://www.qualityforum.org/Publications/2014/01/MAP_Pre-Rulemaking_Report__2014_Recommendations_on_Measures_for_More_than_20_Federal_Programs.aspx). Last accessed December 2014.
- 12** NQF. *MAP Pre-Rulemaking Report: 2013 Recommendations on Measures Under Consideration by HHS*. Washington, DC: NQF, 2013. Available at [http://www.qualityforum.org/Publications/2013/02/MAP\\_Pre-Rulemaking\\_Report\\_-\\_February\\_2013.aspx](http://www.qualityforum.org/Publications/2013/02/MAP_Pre-Rulemaking_Report_-_February_2013.aspx). Last accessed December 2014.
- 13** CMS website. Home Health Quality Initiative. Baltimore, MD:2014. Available at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/index.html?redirect=/homehealthqualityinits/>. Last accessed December 2014.
- 14** “Medicare-certified” means the home health agency is approved by Medicare and meets certain federal health and safety requirements.
- 15** CMS website. Home Health Quality Initiative. Baltimore, MD:2014. Available at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/index.html?redirect=/homehealthqualityinits/>. Last accessed December 2014.
- 16** Medicare.gov website. What is Home Health Compare? Available at <http://www.medicare.gov/HomeHealthCompare/About/What-Is-HHC.html>. Last accessed December 2014.
- 17** NQF. *MAP Pre-Rulemaking Report: 2013 Recommendations on Measures Under Consideration by HHS*. Washington, DC: NQF, 2013. Available at [http://www.qualityforum.org/Publications/2013/02/MAP\\_Pre-Rulemaking\\_Report\\_-\\_February\\_2013.aspx](http://www.qualityforum.org/Publications/2013/02/MAP_Pre-Rulemaking_Report_-_February_2013.aspx). Last accessed December 2014.
- 18** Medicare Program; FY 2015 Hospice Wage Index and Payment Rate Update; Hospice Quality Reporting Requirements and Process and Appeals for Part D Payment for Drugs for Beneficiaries Enrolled in Hospice. *Fed Registr.* 2014;79:50451-50510. Available at <https://www.federalregister.gov/articles/2014/08/22/2014-18506/medicare-program-fy-2015-hospice-wage-index-and-payment-rate-update-hospice-quality-reporting>. Last accessed December 2014.
- 19** CMS website. Hospice Quality Reporting. Baltimore, MD:2014. Available at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/index.html>. Last accessed December 2014.
- 20** CMS website. Hospice Quality Reporting. Baltimore, MD:2014. Available at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/index.html>. Last accessed December 2014.
- 21** NQF. *MAP Pre-Rulemaking Report: 2013 Recommendations on Measures Under Consideration by HHS*. Washington, DC: NQF, 2013. Available at [http://www.qualityforum.org/Publications/2013/02/MAP\\_Pre-Rulemaking\\_Report\\_-\\_February\\_2013.aspx](http://www.qualityforum.org/Publications/2013/02/MAP_Pre-Rulemaking_Report_-_February_2013.aspx). Last accessed December 2014.

## APPENDIX A: Program Summaries

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### Inpatient Rehabilitation Facilities Quality Reporting Program

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#### Program Type

Pay for Reporting, Public Reporting

#### Incentive Structure

For fiscal year of 2014, and each year thereafter, Inpatient Rehabilitation Facility providers (IRFs) must submit data on quality measures to the Centers for Medicare & Medicaid Services (CMS) to receive annual payment updates. Failure to report quality data will result in a 2 percent reduction in the annual increase factor for discharges occurring during that fiscal year.<sup>1</sup> The data must be made publicly available, with IRF providers having an opportunity to review the data prior to its release. No date has been specified to begin public reporting of quality data.<sup>2</sup>

#### Program Goals

Address the rehabilitation needs of the individual including improved functional status and achievement of successful return to the community post-discharge.<sup>3</sup>

#### Program Update

- IRF Prospective Payment System for Federal Fiscal Year 2015 final rule:<sup>4</sup>
  - For the FY 2017 adjustments to the IRF PPS annual increase factor, in addition to retaining the previously finalized measures, CMS adopted two new quality measures:
    - » Measure NQF#1717 NHSN Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure (supported by MAP in the 2014 pre-rulemaking report)
    - » Measure NQF #1716 NHSN Facility-wide Inpatient Hospital-onset

Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure (conditionally supported by MAP in the 2014 pre-rulemaking report)

#### MAP's Suggested Critical Program Objectives *Statutory Requirements*

- Measures should align with the National Quality Strategy (NQS), be relevant to the priorities of IRFs (such as patient safety, reducing adverse events, better coordination of care, and person- and family-centered care).<sup>5</sup>
- The Improving Medicare Post-Acute Care Transformation Act of 2014, a.k.a. "IMPACT ACT of 2014" provisions for PAC programs<sup>6</sup>:
  - Require post-acute care (PAC) providers to report standardized patient assessment data, data on quality measures, and data on resource use and other measures
  - Require the data to be interoperable to allow for its exchange among PAC and other providers to give them access to longitudinal information so as to facilitate coordinated care and improve Medicare beneficiary outcomes
  - Modify PAC assessment instruments applicable to PAC providers for the submission of standardized patient assessment data on such providers and enable assessment data comparison across all such providers
  - Applicable PAC programs are defined as: 1) HHA Quality Reporting Program; 2) newly required SNF Quality Reporting Program; 3) IRF Quality Reporting Program; and 4) LTCH Quality Reporting Program
  - Specifies requirements for the creation and

reporting of new quality measures which will be implemented in a staggered time frame by PAC providers.

- » New quality measures will address, at a minimum, the following domains:
  - functional status and changes in function;
  - skin integrity and changes in skin integrity;
  - medication reconciliation;
  - incidence of major falls; and
  - accurately communicating health information and care preferences when a patient is transferred
- » Resource use measures will address the following:
  - efficiency measures to include total Medicare spending per beneficiary;
  - discharge to community; and
  - risk adjusted hospitalization rates of potentially preventable admissions and readmissions.
- Directs the Secretary to: (1) provide confidential feedback reports to PAC providers on their performance with respect to required measures by October 1, 2017 for SNF, IRF, and LTCH and January 1, 2018 for HHA ; and (2) arrange for public reporting of PAC provider performance on quality, resource use, and other measures by October 1, 2018 for SNF, IRF, and LTCH and January 1, 2019 for HHA.

#### *MAP Previous Recommendation*

- Program measure set is too limited and could be enhanced by addressing core measure concepts not currently addressed in the set such as care coordination, functional status, and medication reconciliation and the safety issues that have high incidence in IRFs, such as MRSA, falls, CAUTI, and C. difficile.<sup>7</sup>

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## Long-Term Care Hospitals Quality Reporting Program

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### Program Type

Pay for Reporting, Public Reporting

### Incentive Structure

For fiscal year 2014, and each year thereafter, Long-Term Care Hospital providers (LTCHs) must submit data on quality measures to the Centers for Medicare & Medicaid Services (CMS) to receive full annual payment updates; failure to report quality data will result in a 2 percent reduction in the annual payment update.<sup>8</sup> The data must be made publicly available, with LTCH providers having an opportunity to review the data prior to its release. No date has been specified to begin public reporting of quality data.<sup>9</sup>

### Program Goals

Furnishing extended medical care to individuals with clinically complex problems (e.g., multiple acute or chronic conditions needing hospital-level care for relatively extended periods of greater than 25 days).<sup>10</sup>

### Program Update

- Hospital Inpatient Prospective Payment System for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System FY 2015 Final Rule:<sup>11</sup>
  - For the FY 2018 payment determination and subsequent years, in addition to retaining the previously finalized measures, CMS adopted three new quality measures:
    - » Percent of LTCH patients with an admission and discharge functional assessment and a care plan that addresses function (conditionally supported by MAP in the 2014 pre-rulemaking report )
    - » Functional Outcome Measure: change in mobility among patients requiring ventilator support (conditionally supported by MAP in the 2014 pre-rulemaking report)

- » Ventilator-Associated Event (supported by MAP in the 2014 pre-rulemaking report)

### MAP's Suggested Critical Program Objectives

#### *Statutory Requirements*

- Measures should align with the National Quality Strategy (NQS), promote enhanced quality with regard to the priorities most relevant to LTCHs (such as patient safety, better coordination of care, and person- and family-centered care).<sup>12</sup>
- The Improving Medicare Post-Acute Care Transformation Act of 2014, a.k.a. "IMPACT ACT of 2014" provisions for PAC programs<sup>13</sup>:
  - Require post-acute care (PAC) providers to report standardized patient assessment data, data on quality measures, and data on resource use and other measures
  - Require the data to be interoperable to allow for its exchange among PAC and other providers to give them access to longitudinal information so as to facilitate coordinated care and improve Medicare beneficiary outcomes
  - Modify PAC assessment instruments applicable to PAC providers for the submission of standardized patient assessment data on such providers and enable assessment data comparison across all such providers
  - Applicable PAC programs are defined as: 1) HHA Quality Reporting Program; 2) newly required SNF Quality Reporting Program; 3) IRF Quality Reporting Program; and 4) LTCH Quality Reporting Program
  - Specifies requirements for the creation and reporting of new quality measures which will be implemented in a staggered time frame by PAC providers.
    - » New quality measures will address, at a minimum, the following domains:
      - functional status and changes in function;

- skin integrity and changes in skin integrity;
- medication reconciliation;
- incidence of major falls; and
- accurately communicating health information and care preferences when a patient is transferred
- » Resource use measures will address the following:
  - efficiency measures to include total Medicare spending per beneficiary;
  - discharge to community; and
  - risk adjusted hospitalization rates of potentially preventable admissions and readmissions.
- Directs the Secretary to: (1) provide confidential feedback reports to PAC providers on their performance with respect to required measures by October 1, 2017 for SNF, IRF, and LTCH and January 1, 2018 for HHA ; and (2) arrange for public reporting of PAC provider performance on quality, resource use, and other measures by October 1, 2018 for SNF, IRF, and LTCH and January 1, 2019 for HHA.

#### *MAP Previous Recommendation*

- Functional status assessment should cover a broad range of mobility issues, such as position changes, locomotion, poor mobility, picking up objects, and chair-to-bed transfers.<sup>14</sup>
- Increased attention should be given to pain, agitation, and delirium among the ventilated population, as these factors are the biggest impediments to mobility.<sup>15</sup>
- Add measures to address cost, cognitive status assessment (e.g., dementia identification), medication management (e.g., use of antipsychotic medications), and advance directives.<sup>16</sup>

## End Stage Renal Disease Quality Incentive Program

### Program Type

Pay for Performance, Public Reporting

### Incentive Structure

Under this program, payments to dialysis facilities are reduced if facilities do not meet or exceed the required total performance score, which is the sum of the scores for established individual measures during a defined performance period. Payment reductions are on a sliding scale, which could amount to a maximum of two percent per year.<sup>17</sup> Facility performance in the End Stage Renal Disease Quality Incentive Program (ESRD QIP) is publicly reported through three mechanisms: Performance Score Certificate, the Dialysis Facility Compare website, and ESRD QIP Dialysis Facility Performance Information.<sup>18</sup>

### Program Goals

Improve the quality of dialysis care and produce better outcomes for beneficiaries.<sup>19</sup>

### Program Update

- Final rule for End-Stage Renal Disease (ESRD) prospective payment system (PPS) for calendar year (CY) 2015: **20**
  - Final measure set for the PY 2017 ESRD QIP
    - » Continue using measures finalized for the PY 2016 program measure set except one measure: the Hemoglobin Greater than 12 g/dl, which CMS has finalized to remove because it is topped out.
    - » Adopt the Standardized Readmission Ratio (SRR) clinical measure, which is currently under review by NQF (NQF#2496) and addresses care coordination. MAP had supported the direction of the measure concept in the 2013 pre-rulemaking.
  - Final measure set for the PY 2018 ESRD QIP
    - » Continue using measures finalized for the PY 2017 program measure set with the exception of the ICH CAHPS reporting measure, which will be converted to a clinical measure, 0258 In-center hemodialysis CAHPS Survey.
    - » Adopt three new measures which are based on NQF-Endorsed measures that MAP supported in 2014 (NQF #0420, NQF #0418, NQF #0431). CMS is finalizing to adopt the following measures as a reporting measure until such time that they can collect the baseline data needed to score it as a clinical measure:
      - Pain Assessment and Follow-Up, a reporting measure.
      - Depression Screening and Follow-Up, a reporting measure
      - NHSN Healthcare Personnel Influenza Vaccination, a reporting measure
        - » Adopt two additional new measures including: *Percentage of pediatric peritoneal dialysis patient-months with spKt/V greater than or equal to 1.8*, which was conditionally supported by MAP in 2014, and *Standard Transfusion Ratio* which MAP had supported the direction of in the 2013 pre-rulemaking.
  - Dialysis Facility Compare Star Ratings<sup>21</sup>
    - CMS has finalized the methodology for its Dialysis Facility Compare (DFC) Star Rating Program and is providing all Medicare-participating dialysis facilities a 15 day review period to review their data and star rating before they are posted on Dialysis Facility Compare in January 2015.
    - The DFC Star Rating is based on the following nine measures, which will be grouped into three domains for evaluation purposes:



- » Standardized Mortality Ratio (SMR) (NQF #0369)
  - » Standardized Hospitalization Ratio (SHR) (NQF#1463)
  - » Standardized Transfusion Ratio (STR)
  - » Percentage of adult hemodialysis (HD) patients who had enough wastes removed from their blood during dialysis (NQF #0249)
  - » Percentage of pediatric hemodialysis (HD) patients who had enough wastes removed from their blood during dialysis (NQF #1423)
  - » Percentage of adult peritoneal dialysis (PD) patients who had enough wastes removed from their blood during dialysis (NQF #0318)
  - » Percentage of adult dialysis patients who had hypercalcemia (NQF #1454)
  - » Percentage of adult dialysis patients who received treatment through arteriovenous fistula (NQF #0257)
  - » Percentage of adult patients who had a catheter left in vein longer than 90 days for their regular hemodialysis treatment (NQF #0256)
- CMS will stop publicly reporting two quality measures from the DFC website, the URR dialysis adequacy measure and the Hemoglobin greater than 12 g/dl. These measures no longer provide meaningful information because they are topped out.

### MAP'S Suggested Critical Program Objectives Statutory Requirements

- Program measure set should include measures of anemia management that reflect labeling approved by the Food and Drug Administration (FDA), dialysis adequacy, patient satisfaction, iron management, bone mineral metabolism,

and vascular access.<sup>22</sup>

#### MAP Previous Recommendation

- Measure set expand beyond dialysis procedures to include nonclinical aspects of care such as care coordination, medication reconciliation, functional status, patient engagement, pain, falls, and measures covering comorbid conditions such as depression.<sup>23</sup>
- Explore whether the clinically focused measures could be combined in a composite measure for assessing optimal dialysis care.<sup>24</sup>

#### Future direction of the Program

- Outcome measures are preferred
- Inclusion of pediatric measures to assess the pediatric population that has been largely excluded from the existing measures
- Identify appropriate data elements and sources to support measures

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## Nursing Home Quality Initiative

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### Program Type:

Public Reporting

### Incentive Structure

Skilled nursing facilities (SNFs) and nursing facilities (NFs) are required to be in compliance with the requirements in 42 CFR Part 483, Subpart B, to receive payment under the Medicare or Medicaid programs. Part of this requirement includes completing the Minimum Data Set (MDS), a clinical assessment of all residents in Medicare- or Medicaid-certified nursing facilities. Quality measures are reported on the Nursing Home Compare website using a Five-Star Quality Rating System, which assigns each nursing home a rating of 1 to 5 stars, with 5 representing highest standard of quality, and 1 representing the lowest.<sup>25</sup>

### Program Goals

The overall goal of NHQI is to improve the quality of care in nursing homes using CMS' informational tools. The objective of these informational tools

is to share quality information with consumers, health care providers, intermediaries and other key stakeholders to help them make informed decisions about nursing home care (e.g., Nursing Home Compare, Nursing Home Checklist).<sup>26</sup>

### Program Update

None

### MAP's Suggested Critical Program Objectives

#### Statutory Requirements

- The Improving Medicare Post-Acute Care Transformation Act of 2014, a.k.a “IMPACT ACT of 2014” provisions for PAC programs<sup>27</sup>:
  - Require post-acute care (PAC) providers to report standardized patient assessment data, data on quality measures, and data on resource use and other measures
  - Require the data to be interoperable to allow for its exchange among PAC and other providers to give them access to longitudinal information so as to facilitate coordinated care and improve Medicare beneficiary outcomes
  - Modify PAC assessment instruments applicable to PAC providers for the submission of standardized patient assessment data on such providers and enable assessment data comparison across all such providers
  - Applicable PAC programs are defined as: 1) HHA Quality Reporting Program; 2) newly required SNF Quality Reporting Program; 3) IRF Quality Reporting Program; and 4) LTCH Quality Reporting Program
  - Establishes a new “SNF Quality Reporting Program” at the start of FY 2019 and directs the Secretary to reduce by 2% the update to the market basket percentage for skilled nursing facilities which do not report assessment and quality data under this program.
- Specifies requirements for the creation and reporting of new quality measures which will be implemented in a staggered time frame by PAC providers.
  - » New quality measures will address, at a minimum, the following domains:
    - functional status and changes in function;
    - skin integrity and changes in skin integrity;
    - medication reconciliation;
    - incidence of major falls; and
    - accurately communicating health information and care preferences when a patient is transferred
  - » Resource use measures will address the following:
    - efficiency measures to include total Medicare spending per beneficiary;
    - discharge to community; and
    - risk adjusted hospitalization rates of potentially preventable admissions and readmissions.
- Directs the Secretary to: (1) provide confidential feedback reports to PAC providers on their performance with respect to required measures by October 1, 2017 for SNF, IRF, and LTCH and January 1, 2018 for HHA; and (2) arrange for public reporting of PAC provider performance on quality, resource use, and other measures by October 1, 2018 for SNF, IRF, and LTCH and January 1, 2019 for HHA.
- The Protecting Access to Medicare Act of 2014 (PAMA)<sup>28</sup>:
  - Directs the Secretary to establish a skilled nursing facility value-based purchasing (SNF VBP) program under which value-based incentive payments are made in a fiscal year to skilled nursing facilities, beginning in fiscal year 2019.



1. Readmission measure - Not later than October 1, 2015, the Secretary shall specify a skilled nursing facility all-cause all-condition hospital readmission measure (or any successor to such a measure).
  2. Resource use measure - Not later than October 1, 2016, the Secretary shall specify a measure to reflect an all-condition risk-adjusted potentially preventable hospital readmission rate for skilled nursing facilities.
- Directs the Secretary to: (1) provide confidential feedback reports to SNFs on their performance with respect to a measure specified for this program [under paragraph (1) or (2)], beginning October 1, 2016 and every quarter thereafter; and (2) establish procedures for making available to the public by posting on the Nursing Home Compare Medicare website (or a successor website) information on the performance of SNF with respect to a measure specified under paragraph (1) and a measure specified under paragraph (2) beginning not later than October 1, 2017.

### MAP Previous Recommendation

- Determine whether (1) there are opportunities to combine the long-stay and short-stay measures using risk adjustment and/or stratification to account for patient variations and (2) any of the measures could be applied to other PAC/LTC programs to align measures across settings.<sup>29</sup>
- Add measures that assess discharge to the community and the quality of transition planning.<sup>30</sup>
- Include Nursing Home-CAHPS measures in the program to address patient experience.<sup>31</sup>

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## Home Health Quality Reporting Program

### Program Type

Pay for Reporting, Public Reporting

### Incentive Structure

Medicare-certified<sup>32</sup> home health agencies (HHAs) are required to collect and submit the Outcome and Assessment Information Set (OASIS). The OASIS is a group of data elements that represent core items of a comprehensive assessment for an adult home care patient and form the basis for measuring patient outcomes for purposes of outcome-based quality improvement.<sup>33</sup> Home health agencies meet their quality data reporting requirements through the submission of OASIS assessments and Home Health CAHPS. HHAs that do not submit data will receive a 2 percentage point reduction in their annual HH market basket percentage increase.<sup>34</sup> Subsets of the quality measures generated from OASIS are reported on the Home Health Compare website, which provides information about the quality of care provided by HHAs throughout the country.<sup>35</sup>

### Program Goals

As home health quality goals, CMS has adopted the mission of The Institute of Medicine (IOM) which has defined quality as having the following properties or domains: effectiveness, efficiency, equity, patient centeredness, safety, and timeliness.<sup>36</sup>

### Program Update

- Updates listed in the CY 2015 Home Health Final Rule:<sup>37</sup>
  - Specified the adoption of two claims based measures in the CY 2014 HH PPS final rule and the beginning date of CY 2014 for reporting. These claims based measures supported by MAP in the past pre-rulemaking cycle are: (1) Rehospitalization during the first 30 days of HH; and (2) Emergency Department Use without Hospital Readmission during the first 30 days of HH. These measures will be added to HH Compare for public reporting in CY 2015.

- Set a date of October 2014 for removal of the 9 episode stratified process measures in the CASPER reports. In addition, five short stay measures which had previously been reported on HH Compare were recently removed from public reporting and replaced with non-stratified “all episodes of care” versions of these measures.
- Finalized a new pay-for-reporting performance requirement for OASIS reporting. For episodes beginning on or after July 1st, 2015 and before June 30th, 2016, HHAs must score at least 70 percent on the Quality Assessments Only (QAO) metric of pay-for-reporting performance requirement or be subject to a 2 percentage point reduction to their market basket update for CY 2017.
- Will continue to require HHCAHPS

#### **MAP’s Suggested Critical Program Objectives** *Statutory Requirements*

- Home health is a covered service under the Part A Medicare benefit. It consists of part-time, medically necessary skilled care (nursing, physical therapy, occupational therapy, and speech-language therapy) that is ordered by a physician.<sup>38</sup>
- Two categories of quality measures used in HH QRP are outcome measures and process measures. There are three types of outcome measures used including:<sup>39</sup>
  - Improvement measures (i.e., measures describing a patient’s ability to get around, perform activities of daily living, and general health);
  - Measures of potentially avoidable events (i.e., markers for potential problems in care); and
  - Utilization of care measures (i.e., measures describing how often patients access other health care resources either while home health care is in progress or after home health care is completed).
- The Improving Medicare Post-Acute Care Transformation Act of 2014, a.k.a “IMPACT ACT of 2014” provisions for PAC programs<sup>40</sup>:
  - Require post-acute care (PAC) providers to report standardized patient assessment data, data on quality measures, and data on resource use and other measures
  - Require the data to be interoperable to allow for its exchange among PAC and other providers to give them access to longitudinal information so as to facilitate coordinated care and improve Medicare beneficiary outcomes
  - Modify PAC assessment instruments applicable to PAC providers for the submission of standardized patient assessment data on such providers and enable assessment data comparison across all such providers
  - Applicable PAC programs are defined as: 1) HHA Quality Reporting Program; 2) newly required SNF Quality Reporting Program; 3) IRF Quality Reporting Program; and 4) LTCH Quality Reporting Program
  - Specifies requirements for the creation and reporting of new quality measures which will be implemented in a staggered time frame by PAC providers.
    - » New quality measures will address, at a minimum, the following domains:
      - functional status and changes in function;
      - skin integrity and changes in skin integrity;
      - medication reconciliation;
      - incidence of major falls; and
      - accurately communicating health information and care preferences when a

patient is transferred

- » Resource use measures will address the following:
  - efficiency measures to include total Medicare spending per beneficiary;
  - discharge to community; and
  - risk adjusted hospitalization rates of potentially preventable admissions and readmissions.
- Directs the Secretary to: (1) provide confidential feedback reports to PAC providers on their performance with respect to required measures by October 1, 2017 for SNF, IRF, and LTCH and January 1, 2018 for HHA ; and (2) arrange for public reporting of PAC provider performance on quality, resource use, and other measures by October 1, 2018 for SNF, IRF, and LTCH and January 1, 2019 for HHA.

#### *MAP Previous Recommendation*

- MAP noted that the large measure set reflects the heterogeneity of home health population; however, the measure set could be more parsimonious.<sup>41</sup>

#### Future Direction of the Program

- CMS will conduct a thorough analysis of the measure set to identify priority gap areas, measures that are topped out, and opportunities to improve the existing measures.

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## Hospice Quality Reporting Program

### Program Type

Pay for Reporting, Public Reporting

### Incentive Structure

Failure to submit required quality data, beginning in FY 2014 and for each year thereafter, shall result in a 2 percentage point reduction to the market basket percentage increase for that fiscal year.<sup>42</sup> The data must be made publicly available, with

Hospice Programs having an opportunity to review the data prior to its release. No date has been specified to begin public reporting of hospice quality data.<sup>43</sup>

### Program Goals

Hospice care uses an interdisciplinary approach to deliver medical, nursing, social, psychological, emotional, and spiritual services through the use of a broad spectrum of professional and other caregivers and volunteers. The goal of hospice care is to make the hospice patient as physically and emotionally comfortable as possible, with minimal disruption to normal activities, while remaining primarily in the home environment.<sup>44</sup>

### Program Update

- FY 2015 Hospice Final Rule:<sup>45</sup>
  - CMS finalized the Hospice Item Set (HIS) in last year's rule to meet the quality reporting requirements for hospices for the FY 2016 payment determination (data submission takes effect on or after July 1, 2014) and each subsequent year. HIS to be used by all hospices to collect and submit standardized data items about each patient admitted to hospice.
  - The CAHPS Hospice Survey has a Jan 1, 2015 implementation date. (Participation requirements for the survey begin January 1, 2015 for the FY 2017 annual payment update.)

### MAP's Suggested Critical Program Objectives

#### *Statutory Requirements*

- As of July 1, 2014, all Medicare-certified hospices are required to submit an HIS-Admission record and HIS-Discharge record for each patient admission to their hospice.<sup>46</sup>
  - The HIS is a patient-level data collection tool developed as part of the HQR, which can be used to collect data to calculate 6 National Quality Forum-endorsed (NQF) Measures and 1 modified NQF Measure:<sup>47</sup>

1. NQF #1617 Patients Treated with an Opioid who are Given a Bowel Regimen
2. NQF #1634 Pain Screening
3. NQF #1637 Pain Assessment
4. NQF #1638 Dyspnea Treatment
5. NQF #1639 Dyspnea Screening
6. NQF #1641 Treatment Preferences
7. Modified NQF #1647 Beliefs/Values Addressed (if desired by the patient)

#### *MAP Previous Recommendation*

- Include measures addressing concepts such as goal attainment, patient engagement, care coordination, depression, caregiver's role, and timely referral to hospice.<sup>48</sup>

#### *Future Direction of the Program*

- Develop an outcome measure addressing pain.
- Select measures that address care coordination, communication, timeliness/responsiveness of care, and access to the healthcare team on a 24-hour basis.

## ENDNOTES

**1** For more information, see <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/index.html>. Last accessed January 2015.

**2** For more information, see <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/index.html>. Last accessed January 2015.

**3** For the full text of this federal rule, see <https://www.federalregister.gov/articles/2011/08/05/2011-19516/medicare-program-inpatient-rehabilitation-facility-prospective-payment-system-for-federal-fiscal>. Last accessed January 2015.

**4** For the full text of this federal rule, see <https://www.federalregister.gov/articles/2014/08/06/2014-18447/medicare-program-inpatient-rehabilitation-facility-prospective-payment-system-for-federal-fiscal>. Last accessed January 2015.

**5** For the full text of this federal rule, see <https://www.federalregister.gov/articles/2011/08/05/2011-19516/medicare-program-inpatient-rehabilitation-facility-prospective-payment-system-for-federal-fiscal>. Last accessed January 2015.

**6** For the full text of this legislation, see <https://www.congress.gov/bill/113th-congress/senate-bill/2553>. Last accessed January 2015.

**7** National Quality Forum (NQF). *MAP Pre-rulemaking Report: 2014 Recommendations on Measures for More Than 20 Federal Programs*. Washington, DC: NQF; 2014. Available at <http://www.qualityforum.org/Publications/2014/01/>

*MAP\_Pre-Rulemaking\_Report\_\_2014\_Recommendations\_on\_Measures\_for\_More\_than\_20\_Federal\_Programs.aspx*. Last accessed January 2015.

**8** For more information on this program, see <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/index.html?redirect=/LTCH-Quality-Reporting/>. Last accessed January 2015.

**9** For more information on this program, see <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/index.html?redirect=/LTCH-Quality-Reporting/>. Last accessed January 2015.

**10** For the full text of this rule, see <https://www.federalregister.gov/articles/2014/08/22/2014-18545/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the>. Last accessed January 2015.

**11** For the full text of this rule, see <https://www.federalregister.gov/articles/2014/08/22/2014-18545/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the>. Last accessed January 2015.

**12** For the full text of this rule, see <https://www.federalregister.gov/articles/2014/08/22/2014-18545/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the>. Last accessed January 2015.

**13** For the full text of this legislation, see <https://www.congress.gov/bill/113th-congress/senate-bill/2553>. Last accessed January 2015.

- 14** National Quality Forum (NQF). *MAP Pre-rulemaking Report: 2014 Recommendations on Measures for More Than 20 Federal Programs*. Washington, DC: NQF; 2014. Available at [http://www.qualityforum.org/Publications/2014/01/MAP\\_Pre-Rulemaking\\_Report\\_\\_2014\\_Recommendations\\_on\\_Measures\\_for\\_More\\_than\\_20\\_Federal\\_Programs.aspx](http://www.qualityforum.org/Publications/2014/01/MAP_Pre-Rulemaking_Report__2014_Recommendations_on_Measures_for_More_than_20_Federal_Programs.aspx). Last accessed January 2015.
- 15** National Quality Forum (NQF). *MAP Pre-rulemaking Report: 2014 Recommendations on Measures for More Than 20 Federal Programs*. Washington, DC: NQF; 2014. Available at [http://www.qualityforum.org/Publications/2014/01/MAP\\_Pre-Rulemaking\\_Report\\_\\_2014\\_Recommendations\\_on\\_Measures\\_for\\_More\\_than\\_20\\_Federal\\_Programs.aspx](http://www.qualityforum.org/Publications/2014/01/MAP_Pre-Rulemaking_Report__2014_Recommendations_on_Measures_for_More_than_20_Federal_Programs.aspx). Last accessed January 2015.
- 16** National Quality Forum (NQF). *MAP Pre-Rulemaking Report: 2013 Recommendations on Measures Under Consideration by HHS*. Washington, DC: NQF; 2013. Available at [http://www.qualityforum.org/Publications/2013/02/MAP\\_Pre-Rulemaking\\_Report\\_-\\_February\\_2013.aspx](http://www.qualityforum.org/Publications/2013/02/MAP_Pre-Rulemaking_Report_-_February_2013.aspx). Last accessed January 2015.
- 17** For more information on this program, see <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/>. Last accessed January 2015.
- 18** For additional information, see <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/Downloads/ESRD-QIP-FAQ.pdf>. Last accessed January 2015.
- 19** For additional information, see <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/Downloads/ESRD-QIP-FAQ.pdf>. Last accessed January 2015.
- 20** For the full text of this rule, see <https://www.federalregister.gov/articles/2014/11/06/2014-26182/medicare-program-end-stage-renal-disease-prospective-payment-system-quality-incentive-program-and>. Last accessed January 2015.
- 21** For more information, see <http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2014-Fact-sheets-items/2014-11-07.html>. Last accessed January 2015.
- 22** For the full text of this rule, see <https://www.federalregister.gov/articles/2014/11/06/2014-26182/medicare-program-end-stage-renal-disease-prospective-payment-system-quality-incentive-program-and>. Last accessed January 2015.
- 23** National Quality Forum (NQF). *MAP Pre-rulemaking Report: 2014 Recommendations on Measures for More Than 20 Federal Programs*. Washington, DC: NQF; 2014. Available at [http://www.qualityforum.org/Publications/2014/01/MAP\\_Pre-Rulemaking\\_Report\\_\\_2014\\_Recommendations\\_on\\_Measures\\_for\\_More\\_than\\_20\\_Federal\\_Programs.aspx](http://www.qualityforum.org/Publications/2014/01/MAP_Pre-Rulemaking_Report__2014_Recommendations_on_Measures_for_More_than_20_Federal_Programs.aspx). Last accessed January 2015.
- 24** National Quality Forum (NQF). *MAP Pre-Rulemaking Report: 2013 Recommendations on Measures Under Consideration by HHS*. Washington, DC: NQF; 2013. Available at [http://www.qualityforum.org/Publications/2013/02/MAP\\_Pre-Rulemaking\\_Report\\_-\\_February\\_2013.aspx](http://www.qualityforum.org/Publications/2013/02/MAP_Pre-Rulemaking_Report_-_February_2013.aspx). Last accessed January 2015.
- 25** For more information, see [https://www.cms.gov/CertificationandCompliance/13\\_FSQRS.asp#TopOfPage](https://www.cms.gov/CertificationandCompliance/13_FSQRS.asp#TopOfPage). Last accessed January 2015.
- 26** For more information, see [http://hpm.org/en/Surveys/CMWF\\_New\\_York\\_-\\_USA/02/Nursing\\_Home\\_Quality\\_Initiatives.html](http://hpm.org/en/Surveys/CMWF_New_York_-_USA/02/Nursing_Home_Quality_Initiatives.html). Last accessed January 2015.
- 27** For the full text of the legislation, see <https://www.congress.gov/bill/113th-congress/senate-bill/2553>. Last accessed January 2015.
- 28** For the full text of the legislation, see <https://www.govtrack.us/congress/bills/113/hr4302/text>. Last accessed January 2015.
- 29** National Quality Forum (NQF). *MAP Pre-Rulemaking Report: 2013 Recommendations on Measures Under Consideration by HHS*. Washington, DC: NQF; 2013. Available at [http://www.qualityforum.org/Publications/2013/02/MAP\\_Pre-Rulemaking\\_Report\\_-\\_February\\_2013.aspx](http://www.qualityforum.org/Publications/2013/02/MAP_Pre-Rulemaking_Report_-_February_2013.aspx). Last accessed January 2015.
- 30** National Quality Forum (NQF). *MAP Pre-Rulemaking Report: 2013 Recommendations on Measures Under Consideration by HHS*. Washington, DC: NQF; 2013. Available at [http://www.qualityforum.org/Publications/2013/02/MAP\\_Pre-Rulemaking\\_Report\\_-\\_February\\_2013.aspx](http://www.qualityforum.org/Publications/2013/02/MAP_Pre-Rulemaking_Report_-_February_2013.aspx). Last accessed January 2015.
- 31** National Quality Forum (NQF). *Pre-Rulemaking Report: Input on Measures Under Consideration by HHS for 2012 Rulemaking*. Washington, DC: NQF; 2012. Available at [http://www.qualityforum.org/Publications/2012/02/MAP\\_Pre-Rulemaking\\_Report\\_\\_Input\\_on\\_Measures\\_Under\\_Consideration\\_by\\_HHS\\_for\\_2012\\_Rulemaking.aspx](http://www.qualityforum.org/Publications/2012/02/MAP_Pre-Rulemaking_Report__Input_on_Measures_Under_Consideration_by_HHS_for_2012_Rulemaking.aspx). Last accessed January 2015.
- 32** “Medicare-certified” means the home health agency is approved by Medicare and meets certain federal health and safety requirements.

**33** For more information, see [http://www.cms.gov/OASIS/O2\\_Background.asp#TopOfPage](http://www.cms.gov/OASIS/O2_Background.asp#TopOfPage). Last accessed January 2015.

**34** For more information on this program, see <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Home-Health-Quality-Reporting-Requirements.html>. Last accessed January 2015.

**35** For more information on this program, see <http://www.medicare.gov/HomeHealthCompare/About/Whats-HHC.html>. Last accessed January 2015.

**36** For more information, see <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/index.html?redirect=/homehealthqualityinits/>. Last accessed January 2015.

**37** For the full text of this federal rule, see <https://www.federalregister.gov/articles/2014/11/06/2014-26057/medicare-and-medicaid-programs-cy-2015-home-health-prospective-payment-system-rate-update-home>. Last accessed January 2015.

**38** For more information, see <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/index.html>. Last accessed January 2015.

**39** For more information, see <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/index.html>. Last accessed January 2015.

**40** For the full text of this legislation, see <https://www.congress.gov/bill/113th-congress/senate-bill/2553>. Last accessed January 2015.

**41** National Quality Forum (NQF). *MAP Pre-Rulemaking Report: 2013 Recommendations on Measures Under Consideration by HHS*. Washington, DC: NQF; 2013. Available at [http://www.qualityforum.org/Publications/2013/02/MAP\\_Pre-Rulemaking\\_Report\\_-\\_February\\_2013.aspx](http://www.qualityforum.org/Publications/2013/02/MAP_Pre-Rulemaking_Report_-_February_2013.aspx). Last accessed January 2015.

**42** For more information on this program, see <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/index.html>. Last accessed January 2015.

**43** For more information on this program, see <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/index.html>. Last accessed January 2015.

**44** For the full text of this rule, see <https://www.federalregister.gov/articles/2014/08/22/2014-18506/medicare-program-fy-2015-hospice-wage-index-and-payment-rate-update-hospice-quality-reporting>. Last accessed January 2015.

**45** For the full text of this rule, see <https://www.federalregister.gov/articles/2014/08/22/2014-18506/medicare-program-fy-2015-hospice-wage-index-and-payment-rate-update-hospice-quality-reporting>. Last accessed January 2015.

**46** For more information on this program, see <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Item-Set-HIS.html>. Last accessed January 2015.

**47** For more information on this program, see <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Item-Set-HIS.html>. Last accessed January 2015.

**48** National Quality Forum (NQF). *MAP Pre-Rulemaking Report: 2013 Recommendations on Measures Under Consideration by HHS*. Washington, DC: NQF; 2013. Available at [http://www.qualityforum.org/Publications/2013/02/MAP\\_Pre-Rulemaking\\_Report\\_-\\_February\\_2013.aspx](http://www.qualityforum.org/Publications/2013/02/MAP_Pre-Rulemaking_Report_-_February_2013.aspx). Last accessed January 2015.



## APPENDIX B: Measure Applications Partnership (MAP) Rosters

### MAP Post-Acute Care/Long-Term Care Workgroup

#### COMMITTEE CHAIR (VOTING)

---

**Carol Raphael, MPA**

#### ORGANIZATIONAL MEMBERS (VOTING)

---

##### **Aetna**

Joseph Agostini, MD

##### **American Medical Rehabilitation Providers Association**

Suzanne Snyder Kauserud, PT

##### **American Occupational Therapy Association**

Pamela Roberts, PhD, OTR/L, SCFES, CPHQ, FAOTA

##### **American Physical Therapy Association**

Roger Herr, PT, MPA, COS-C

##### **American Society of Consultant Pharmacists**

Jennifer Thomas, PharmD

##### **Caregiver Action Network**

Lisa Winstel

##### **Johns Hopkins University School of Medicine**

Bruce Leff, MD

##### **Kidney Care Partners**

Allen Nissenson, MD, FACP, FASN, FNKF

##### **Kindred Healthcare**

Sean Muldoon, MD

##### **National Consumer Voice for Quality Long-Term Care**

Robyn Grant, MSW

##### **National Hospice and Palliative Care Organization**

Carol Spence, PhD

##### **National Pressure Ulcer Advisory Panel**

Arthur Stone, MD

##### **National Transitions of Care Coalition**

James Lett, II, MD, CMD

##### **Providence Health & Services**

Dianna Reely

#### **Visiting Nurses Association of America**

Margaret Terry, PhD, RN

#### INDIVIDUAL SUBJECT MATTER EXPERTS (VOTING)

---

**Louis Diamond, MBChB, FCP(SA), FACP, FHIMSS**

**Gerri Lamb, PhD**

**Marc Leib, MD, JD**

**Debra Saliba, MD, MPH**

**Thomas von Sternberg, MD**

#### FEDERAL GOVERNMENT LIAISONS (NON-VOTING)

---

##### **Centers for Medicare & Medicaid Services (CMS)**

Alan Levitt, MD

##### **Office of the National Coordinator for Health Information Technology (ONC)**

Elizabeth Palena Hall, MIS, MBA, RN

##### **Substance Abuse and Mental Health Services Administration (SAMHSA)**

Lisa C. Patton, PhD

#### DUAL ELIGIBLE BENEFICIARIES WORKGROUP LIAISON (NON-VOTING)

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##### **Consortium of Citizens with Disabilities**

Clarke Ross, DPA

#### MAP COORDINATING COMMITTEE CO-CHAIRS MEMBERS (VOTING, EX-OFFICIO)

---

##### **HealthPartners**

George J. Isham, MD, MS

##### **Kaiser Permanente**

Elizabeth A. McGlynn, PhD, MPP

## MAP Coordinating Committee

### COMMITTEE CO-CHAIRS (VOTING)

---

**George J. Isham, MD, MS**

**Elizabeth A. McGlynn, PhD, MPP**

### ORGANIZATIONAL MEMBERS (VOTING)

---

#### AARP

Joyce Dubow, MUP

#### Academy of Managed Care Pharmacy

Marissa Schlaifer, RPh, MS

#### AdvaMed

Steven Brotman, MD, JD

#### AFL-CIO

Shaun O'Brien

#### American Board of Medical Specialties

Lois Margaret Nora, MD, JD, MBA

#### American College of Physicians

Amir Qaseem, MD, PhD, MHA

#### American College of Surgeons

Frank G. Opelka, MD, FACS

#### American Hospital Association

Rhonda Anderson, RN, DNSc, FAAN

#### American Medical Association

Carl A. Sirio, MD

#### American Medical Group Association

Sam Lin, MD, PhD, MBA

#### American Nurses Association

Marla J. Weston, PhD, RN

#### America's Health Insurance Plans

Aparna Higgins, MA

#### Blue Cross and Blue Shield Association

Trent T. Haywood, MD, JD

#### Catalyst for Payment Reform

Shaudi Bazzaz, MPP, MPH

#### Consumers Union

Lisa McGiffert

#### Federation of American Hospitals

Chip N. Kahn, III

#### Healthcare Financial Management Association

Richard Gundling, FHFMA, CMA

#### Healthcare Information and Management Systems Society

To be determined

#### The Joint Commission

Mark R. Chassin, MD, FACP, MPP, MPH

#### LeadingAge

Cheryl Phillips, MD, AGSF

#### Maine Health Management Coalition

Elizabeth Mitchell

#### National Alliance for Caregiving

Gail Hunt

#### National Association of Medicaid Directors

Foster Gesten, MD, FACP

#### National Business Group on Health

Steve Wojcik

#### National Committee for Quality Assurance

Margaret E. O'Kane, MHS

#### National Partnership for Women and Families

Alison Shippy

#### Pacific Business Group on Health

William E. Kramer, MBA

#### Pharmaceutical Research and Manufacturers of America (PhRMA)

Christopher M. Dezii, RN, MBA, CPHQ

### INDIVIDUAL SUBJECT MATTER EXPERTS (VOTING)

---

**Bobbie Berkowitz, PhD, RN, CNAA, FAAN**

**Marshall Chin, MD, MPH, FACP**

**Harold A. Pincus, MD**

**Carol Raphael, MPA**

### FEDERAL GOVERNMENT LIAISONS (NON-VOTING)

---

**Agency for Healthcare Research and Quality (AHRQ)**

Richard Kronich, PhD/Nancy J. Wilson, MD, MPH

**Centers for Disease Control and Prevention (CDC)**

Chesley Richards, MD, MH, FACP

**Centers for Medicare & Medicaid Services (CMS)**

Patrick Conway, MD, MSc

**Office of the National Coordinator for Health Information Technology (ONC)**

Kevin Larsen, MD, FACP



## MAP Clinician Workgroup

### COMMITTEE CHAIR (VOTING)

---

#### Mark McClellan, MD, PhD

The Brookings Institution, Engelberg Center for Health Care Reform

### ORGANIZATIONAL MEMBERS (VOTING)

---

#### The Alliance

Amy Moyer, MS, PMP

#### American Academy of Family Physicians

Amy Mullins, MD, CPE, FAAFP

#### American Academy of Nurse Practitioners

Diane Padden, PhD, CRNP, FAANP

#### American Academy of Pediatrics

Terry Adirim, MD, MPH, FAAP

#### American College of Cardiology

*\*Representative to be determined*

#### American College of Emergency Physicians

Jeremiah Schuur, MD, MHS

#### American College of Radiology

David Seidenwurm, MD

#### Association of American Medical Colleges

Janis Orłowski, MD

#### Center for Patient Partnerships

Rachel Grob, PhD

#### Consumers' CHECKBOOK

Robert Krughoff, JD

#### Kaiser Permanente

Amy Compton-Phillips, MD

#### March of Dimes

Cynthia Pellegrini

#### Minnesota Community Measurement

Beth Averbek, MD

#### National Business Coalition on Health

Bruce Sherman, MD, FCCP, FACOEM

#### National Center for Interprofessional Practice and Education

James Pacala, MD, MS

#### Pacific Business Group on Health

David Hopkins, MS, PhD

#### Patient-Centered Primary Care Collaborative

Marci Nielsen, PhD, MPH

#### Physician Consortium for Performance Improvement

Mark L. Metersky, MD

#### Wellpoint

*\*Representative to be determined*

### INDIVIDUAL SUBJECT MATTER EXPERTS (VOTING)

---

#### Luther Clark, MD

Subject Matter Expert: Disparities

Merck & Co., Inc

#### Constance Dahlin, MSN, ANP-BC, ACHPN, FPCN, FAAN

Subject Matter Expert: Palliative Care

Hospice and Palliative Nurses Association

#### Eric Whitacre, MD, FACS; Surgical Care

Subject Matter Expert: Surgical Care

Breast Center of Southern Arizona

### FEDERAL GOVERNMENT LIAISONS (NON-VOTING)

---

#### Centers for Disease Control and Prevention (CDC)

Peter Briss, MD, MPH

#### Centers for Medicare & Medicaid Services (CMS)

Kate Goodrich, MD

#### Health Resources and Services Administration (HRSA)

Girma Alemu, MD, MPH

### DUAL ELIGIBLE BENEFICIARIES WORKGROUP LIAISON (NON-VOTING)

---

#### Humana, Inc.

George Andrews, MD, MBA, CPE, FACP, FACC, FCCP

### MAP COORDINATING COMMITTEE CO-CHAIRS MEMBERS (VOTING, EX-OFFICIO)

---

#### HealthPartners

George J. Isham, MD, MS

#### Kaiser Permanente

Elizabeth A. McGlynn, PhD, MPP

## MAP Hospital Workgroup

### COMMITTEE CHAIRS (VOTING)

---

**Frank G. Opelka, MD, FACS (Chair)**

**Ronald S. Walters, MD, MBA, MHA, MS (Vice-Chair)**

### ORGANIZATIONAL MEMBERS (VOTING)

---

#### Alliance of Dedicated Cancer Centers

Karen Fields, MD

#### American Federation of Teachers Healthcare

Kelly Trautner

#### American Hospital Association

Nancy Foster

#### American Organization of Nurse Executives

Amanda Stefancyk Oberlies, RN, MSN, MBA, CNML, PhD(c)

#### America's Essential Hospitals

David Engler, PhD

#### ASC Quality Collaboration

Donna Slosburg, BSN, LHRM, CASC

#### Blue Cross Blue Shield of Massachusetts

Wei Ying, MD, MS, MBA

#### Children's Hospital Association

Andrea Benin, MD

#### Memphis Business Group on Health

Cristie Upshaw Travis, MHA

#### Mothers against Medical Error

Helen Haskell, MA

#### National Coalition for Cancer Survivorship

Shelley Fuld Nasso

#### National Rural Health Association

Brock Slabach, MPH, FACHE

#### Pharmacy Quality Alliance

Shekhar Mehta, PharmD, MS

#### Premier, Inc.

Richard Bankowitz, MD, MBA, FACP

#### Project Patient Care

Martin Hatlie, JD

#### Service Employees International Union

Jamie Brooks Robertson, JD

#### St. Louis Area Business Health Coalition

Louise Y. Probst, MBA, RN

### INDIVIDUAL SUBJECT MATTER EXPERTS (VOTING)

---

**Dana Alexander, RN, MSN, MBA**

**Jack Fowler, Jr., PhD**

**Mitchell Levy, MD, FCCM, FCCP**

**Dolores L. Mitchell**

**R. Sean Morrison, MD**

**Michael P. Phelan, MD, FACEP**

**Ann Marie Sullivan, MD**

### FEDERAL GOVERNMENT LIAISONS (NON-VOTING)

---

#### Agency for Healthcare Research and Quality (AHRQ)

Pamela Owens, PhD

#### Centers for Disease Control and Prevention (CDC)

Daniel Pollock, MD

#### Centers for Medicare & Medicaid Services (CMS)

Pierre Yong, MD, MPH

### DUAL ELIGIBLE BENEFICIARIES WORKGROUP

#### LIAISON (NON-VOTING)

---

#### University of Pennsylvania School of Nursing

Nancy Hanrahan, PhD, RN, FAAN

### MAP COORDINATING COMMITTEE CO-CHAIRS

#### MEMBERS (VOTING, EX-OFFICIO)

---

#### HealthPartners

George J. Isham, MD, MS

#### Kaiser Permanente

Elizabeth A. McGlynn, PhD, MPP

## MAP Dual Eligible Beneficiaries Workgroup

### COMMITTEE CHAIRS (VOTING)

**Alice R. Lind, RN, MPH (Chair)**  
**Jennie Chin Hansen, RN, MS, FAAN (Vice-Chair)**

### ORGANIZATIONAL MEMBERS (VOTING)

**AARP Public Policy Institute**  
Susan Reinhard, RN, PhD, FAAN

**American Federation of State,  
County and Municipal Employees**  
Sally Tyler, MPA

**American Geriatrics Society**  
Gregg Warshaw, MD

**American Medical Directors Association**  
Gwendolen Buhr, MD, MHS, Med, CMD

**America's Essential Hospitals**  
Steven R. Counsell, MD

**Center for Medicare Advocacy**  
Kata Kertesz, JD

**Consortium for Citizens with Disabilities**  
E. Clarke Ross, DPA

**Humana, Inc.**  
George Andrews, MD, MBA, CPE

**iCare**  
Thomas H. Lutzow, PhD, MBA

**National Association of Social Workers**  
Joan Levy Zlotnik, PhD, ACSW

**National PACE Association**  
Adam Burrows, MD

**SNP Alliance**  
Richard Bringewatt

### INDIVIDUAL SUBJECT MATTER EXPERTS (VOTING)

**Mady Chalk, MSW, PhD**  
**Anne Cohen, MPH**  
**James Dunford, MD**  
**Nancy Hanrahan, PhD, RN, FAAN**  
**K. Charlie Lakin, PhD**  
**Ruth Perry, MD**  
**Gail Stuart, PhD, RN**

### FEDERAL GOVERNMENT LIAISONS (NON-VOTING)

**Administration for Community Living (ACL)**  
Jamie Kendall, MPP

**Centers for Medicare & Medicaid Services (CMS)**  
Venesa J. Day

**Office of the Assistant Secretary for Planning  
and Evaluation**  
D.E.B. Potter, MS



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