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National Consensus Development and Strategic Planning for Health Care Quality Measurement

Spring 2025 Cycle Endorsement and Maintenance (E&M) Technical Report

ADVANCED ILLNESS AND POST-ACUTE CARE

November 2025

Prepared by:
Battelle
505 King Avenue, Columbus, Ohio 43201

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Executive Summary

For over 2 decades, the United States (U.S.) has focused on improving health care quality for Americans. One of the ways this has been done is by developing and implementing clinical quality measures to quantify the quality of care provided by health care providers and organizations. These clinical quality measures are based on standards related to the effectiveness, safety, efficiency, person-centeredness, and timeliness of care.[1]

At Battelle, we have a strong collective interest in ensuring that the health care system works as well as it can. Health care professionals use quality measures to support health care improvement, benchmarking, and accountability of health care services and to identify weaknesses, opportunities, and differences in care delivery and outcomes.[1,2]

Battelle is a certified consensus-based entity (CBE) funded through the Centers for Medicare & Medicaid Services (CMS) National Consensus Development and Strategic Planning for Health Care Quality Measurement Contract. As a CMS-certified CBE, we facilitate the review of quality measures for endorsement. Battelle's Partnership for Quality Measurement (PQM) members support consensus-based processes by serving on committees, ensuring informed and thoughtful reviews of quality measures across a range of focus areas aligned with a person's journey through the health care system. Battelle engages PQM members to carry out the consensus-based E&M process, which relies on robust and focused discourse, efficient information exchange, effective engagement, and inclusion of a multitude of voices that represent the health care community (Figure 1).

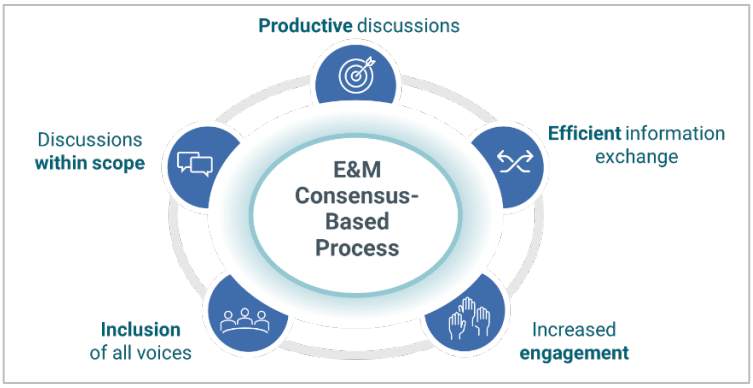

Figure 1. E&M Consensus-Based Process

One of those focus areas is advanced illness and post-acute care, which includes measures that focus on home- and community-based services (HCBS), dialysis, and home health. Across the United States, 6 million people are currently in enrolled in Medicaid HCBS,[3] and 3 million utilize home health services.[4] Both HCBS and home health care are cost-effective options designed to maximize patient comfort and support individuals in remaining at home rather than entering a facility.[5] Chronic kidney disease (CKD) has a high prevalence in the United States, and numbers are continuing to grow, with approximately 35.5 million people affected,[6] and about 555,000 on dialysis[7] as of 2024. By monitoring and improving care for these populations we can reduce health care costs; improve care outcomes, including reducing unplanned hospitalizations;[8] and improve the patient experience.

For this measure review cycle, developers submitted 13 measures to the Advanced Illness and Post-Acute Care Committee for endorsement consideration (Table 1). Of the 13 measures reviewed by the committee (Figure 2), the committee endorsed nine measures with conditions but did not endorse four measures based on the PQM Measure Evaluation Rubric from version 2.1 of the E&M Guidebook.

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Table 1. Measures Reviewed by the Advanced Illness and Post-Acute Care Committee

CBE Number	Measure Title	New/ Maintenance	Developer/ Steward	Final Endorsement Decision
0258-1	ICH CAHPS Survey: Rating of Dialysis Center	Maintenance	Research Triangle Institute (RTI)/ CMS	Endorse with Conditions
0258-2	ICH CAHPS: Rating of Dialysis Center Staff	Maintenance	RTI/CMS	Endorse with Conditions
0258-3	ICH CAHPS: Providing Information to Patients Measure (PIP)	Maintenance	RTI/CMS	Endorse with Conditions
0258-4	ICH CAHPS: Quality of Dialysis Center Care and Operations Measure (QDCCO)	Maintenance	RTI/CMS	Endorse with Conditions
0517-1	CAHPS Home Health Care Survey Care of Patients	Maintenance	RTI/CMS	Endorse with Conditions
0517-2	CAHPS Home Health Care Survey Communications Between Providers and Patients	Maintenance	RTI/CMS	Endorse with Conditions
0517-3	CAHPS Home Health Care Survey Review Medicines	Maintenance	RTI/CMS	Endorse with Conditions
0517-4	CAHPS Home Health Care Survey Talk about Home Safety	Maintenance	RTI/CMS	Endorse with Conditions
0517-5	CAHPS Home Health Care Survey Talk About Medicine Side Effects	Maintenance	RTI/CMS	Endorse with Conditions
5105-1	RTCOM Outcome Measure for HCBS Recipients [Instrument: Employment] – Experiences Seeking Employment	New	Institute on Community Integration	Not Endorsed due to No Consensus
5105-2	RTCOM Outcome Measure for HCBS Recipients [Instrument: Employment] – Job Experiences	New	Institute on Community Integration	Not Endorsed due to No Consensus
5120	RTCOM Composite Measure for Home- and Community-Based Services (HCBS) Recipients - Meaningful Community-based Activity	New	Institute on Community Integration	Not Endorsed due to No Consensus
5125	RTCOM Composite Measure for Home- and Community-Based Services (HCBS) Recipients - Social Connectedness	New	Institute on Community Integration	Not Endorsed due to No Consensus

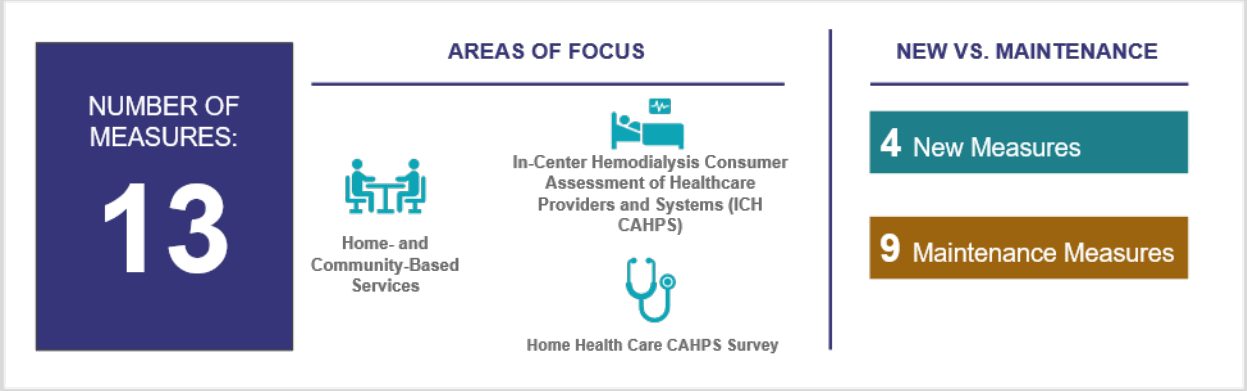

Figure 2. Spring 2025 Measures for Committee Review

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Endorsement and Maintenance (E&M) Overview

Battelle's E&M process ensures that measures submitted for endorsement are evidence based, scientifically sound, and both safe and effective. This means that the use of the measure will increase the likelihood of desired health outcomes, will not increase the likelihood of unintended adverse health outcomes, and is consistent with current professional knowledge.

We organize measures for E&M by five project areas. Each project topical area has a committee that evaluates, discusses, and assigns endorsement decisions for measures under endorsement review. These E&M committees are composed of diverse PQM members, representing all facets of the health care system. Each E&M committee is divided into an Advisory Group and a Recommendation Group (Figure 3).

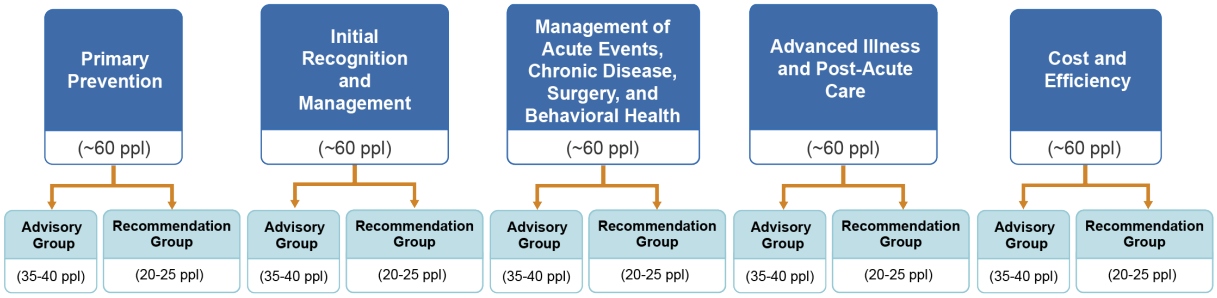

Figure 3. E&M Committee Structure

The goal is to create inclusive committees that balance experience, expertise, and perspectives. The E&M process convenes and engages interested parties throughout the cycle. The interested parties include those who are impacted or affected by quality and cost/resource use measures who come from a variety of places and represent multiple perspectives (Figure 4).

Figure 4. E&M Interested Parties

For the Advanced Illness and Post-Acute Care committee, membership for the Spring 2025 cycle consisted of 10 patient partners (i.e., patients, caregivers, advocates) and 13 clinicians, with specialties in occupational therapy, palliative care, oncology, nephrology, and others (Figure 5). The committee also included four population health experts.

While a list of committee members is provided in

Appendix A, full committee rosters and bios are on the respective project pages on the PQM website.

Committee members complete a measure-specific disclosure of interest (MS-DOI) form identifying potential conflicts with the measures under endorsement review for the respective E&M cycle. Members are recused from voting on measures potentially affected by a perceived conflict of interest (COI) based on Battelle's COI policy.

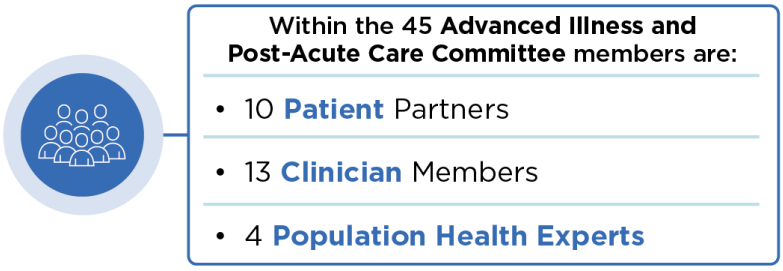

Figure 5. Advanced Illness and Post-Acute Care Committee Members

Each E&M cycle (i.e., Fall or Spring) has a designated Intent to Submit deadline, when measure developers/stewards must submit key information (e.g., measure title, type, description, specifications) about the measure. One month after the Intent to Submit deadline (Table 2), measure developers/stewards submit the full measure information by the respective Full Measure Submission deadline.

Table 2. Intent to Submit and Full Measure Submission Deadlines by Cycle

E&M Cycle	Intent to Submit*	Full Measure Submission*
Fall	October 1	November 1
Spring	April 1	May 1

**Deadlines are set at 11:59 p.m. (ET) of the day indicated. If the deadline falls on a weekend or holiday, the deadline will be the next immediate business day.*

We then publish measures to the PQM website for a 30-day public comment period, which occurs prior to the endorsement meeting and concurrently with the development of the staff preliminary assessments. The intent of this 30-day comment period is to solicit both supportive and non-supportive comments with respect to the measures under endorsement review. Any interested party may submit a comment on any of the measures up for endorsement review for a given cycle (i.e., Fall or Spring). Prior to the close of the public comment period, we hosted a Public Comment Listening Session to gather additional public comments on the measures. Any interested party may attend to give a brief spoken statement on one or more of the measures.

We post all public comments received during this 30-day period, including those shared during the Public Comment Listening Session, to the respective measure page on the PQM website. A summary of the comments received for the measures submitted to the Advanced Illness and Post-Acute Care Committee for the Spring 2025 cycle is below.

Following the Public Comment Listening Session, we convene the Advisory Group of each E&M project during a public virtual meeting. The purpose of these meetings is to gather initial feedback and questions about the measures under endorsement review. Developers/stewards are given the opportunity to share written responses to Advisory Group feedback after these meetings. They can also provide written responses to any public comments received, directly on the measure's webpage. This process ensures comprehensive input and engagement from

all involved stakeholders. For the Advanced Illness and Post-Acute Care Committee, the Advisory Group convened on June 4, 2025, and we published a summary of the member feedback and developer/steward responses on the PQM website.

Prior to the Recommendation Group endorsement meeting, we share the full measure submission details, including all attachments, the PQM Measure Evaluation Rubric, the staff preliminary assessments, the public comments, Advisory Group feedback, and the developer/steward responses with the Recommendation Group for review. The Advanced Illness and Post-Acute Care Recommendation Group convened on August 7 and 8, 2025. Brief summaries of the Recommendation Group deliberations and voting results are below, while a detailed meeting summary is available on the PQM website.

During the endorsement meeting, the Recommendation Group focuses their discussions on key themes identified from the public comments, the Advisory Group meetings, the associated developer/steward responses, independent reviews, and the staff preliminary assessments. Measure developers/stewards attend endorsement meetings to provide a measure overview and answer questions from the Recommendation Group.

The Recommendation Group then considers the various inputs and renders a final endorsement decision via a vote. If the Recommendation Group has 20 or more members, consensus is reached when there is 75% or greater agreement among all active, non-recused Recommendation Group members (Table 3). If the group has fewer than 20 members, the threshold for agreement is 70%. Maintenance measures that fail to reach the 75% consensus threshold but receive between 60% and 74% of votes to retain endorsement (i.e., endorse and/or endorse with conditions) are reconsidered at the end of the endorsement meeting. If the consensus threshold is 70%, maintenance measures are reconsidered if they receive between 60% and 69% of votes to retain endorsement. If the Recommendation Group does not reach consensus via vote after the reconsideration discussion, then the measure loses endorsement.

Table 3. Endorsement Decision Outcomes

Decision Outcome	Description	Maintenance Expectations
Endorsed	**Applies to new and maintenance measures.** When 20 voting members or more: the E&M committee agrees by 75% or more to endorse the measure. When fewer than 20 voting members: the E&M committee agrees by 70% or more to endorse the measure.	Measures undergo maintenance of endorsement reviews every 5 years with a status report review at 3 years (*see Evaluations for Maintenance Endorsement for more details*).± Developers/stewards may request an extension of up to 1 year (two consecutive cycles), except if it has been more than 6 years since the measure's date of last endorsement.
Endorsed with Conditions*	**Applies to new and maintenance measures**. The E&M committee agrees by 75% or greater (when 20 members or more) or 70% or greater	Measures undergo maintenance of endorsement reviews every 5 years with a status report

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Decision Outcome	Description	Maintenance Expectations
	(when fewer than 20 voting members) that the measure can be endorsed as it meets the criteria, but committee reviewers have conditions they would like addressed when the measure comes back for maintenance. If these recommendations are not addressed, the developer/steward should provide a rationale for consideration by the E&M committee review.	at 3 years, unless the condition requires the measure to be reviewed earlier (*see Evaluations for Maintenance Endorsement for more details*). The E&M committee evaluates whether conditions have been met, in addition to all other maintenance endorsement minimum requirements.
Not Endorsed°	**Applies to new measures only**. The E&M committee agrees by 75% or greater (when 20 members or more) or 70% or greater (when fewer than 20 voting members) to not endorse the measure.	None
Endorsement Removed°	**Applies to maintenance measures only.** • The E&M committee agrees by 75% or greater (when 20 members or more) or 70% or greater (when fewer than 20 voting members) to remove endorsement; or • A measure steward retires a measure (i.e., no longer pursues endorsement); or • A measure steward never submits a measure for maintenance, and the steward does not respond after targeted outreach; or • There is no longer a meaningful gap in care, or the measure has topped out (i.e., no significant change in measure results for accountable entities over time).	None

±Maintenance measures may be up for endorsement review earlier if an emergency/off-cycle review is needed (see Emergency/Off-Cycle Reviews for more details).

**The E&M committee determines the conditions, with the consideration of what is feasible and appropriate for the developer/steward to execute by the time of maintenance endorsement review.*

°Measures that fail to reach the consensus threshold are not endorsed.

The "Endorsed with Conditions" category serves as a means of endorsing a measure but with conditions recommended by the Recommendation Group. These conditions take into consideration what is feasible and appropriate for the developer/steward to execute by the time of maintenance endorsement review.

After the E&M endorsement meeting, committee endorsement decisions are posted to the PQM website for 3 weeks, which serves as the appeals period. During this time, any interested party may request an appeal regarding any E&M committee endorsement decision.

interested party may request an appeal regarding any E&M committee endorsement decision. If a measure's endorsement, including an "Endorsed with Conditions" decision, is being appealed, the appeal must:

- Cite evidence of the appellant's interests that are directly and materially affected by the measure, and provide evidence that the CBE's endorsement of the measure has had, or will have, an adverse effect on those interests; and
- Cite the existence of a CBE procedural error or information that was available by the cycle's Intent to Submit deadline but was not considered by the E&M committee at the time of the endorsement decision, which is reasonably likely to affect the outcome of the original endorsement decision.

In the case of a measure not being endorsed, the appeal must be based on one of two rationales:

- The CBE's measure evaluation criteria were not applied appropriately. For this rationale, the appellant must specify the evaluation criteria they believe were misapplied.
- The CBE's E&M process was not followed. The appellant must specify the process step, how it was not followed properly, and how this resulted in the measure not being endorsed.

If Battelle determines that an appeal is eligible, we convene the Appeals Committee, consisting of the co-chairs from all five E&M project committees (n=10), to review and discuss the appeal. The Appeals Committee concludes its review of an appeal by voting to uphold (i.e., overturn a committee endorsement decision) or deny (i.e., maintain the endorsement decision) the appeal. Consensus is determined to be 75% or greater agreement via a vote among members.

For the Spring 2025 cycle, the appeals period opened on August 27 and closed on September 16, 2025. The measures reviewed by the Advanced Illness and Post-Acute Care Committee did not receive any appeals.

Advanced Illness and Post-Acute Care Measure Evaluation

For this measure review cycle, the Advanced Illness and Post-Acute Care Committee evaluated four new measures and nine measures undergoing maintenance review against standard measure evaluation criteria. During the Recommendation Group endorsement meeting, the committee voted to endorse nine measures with conditions, and to not endorse four measures (Table 4).

Table 4. Number of Spring 2025 Advanced Illness and Post-Acute Care Measures Submitted and Reviewed

	Maintenance	New	Total
Number of measures submitted for endorsement review	9	4	13
Number of measures withdrawn from consideration*	0	0	0
Number of measures reviewed by the committee	9	4	13
Number of measures endorsed	0	0	0
Number of measures endorsed with conditions	9	0	9
Number of measures not endorsed/ endorsement removed	0	4	4

**Measure developers/stewards can withdraw a measure from measure endorsement review at any point before the committee endorsement meeting.*

Public Comments Received Prior to Committee Evaluation

Battelle accepts comments on measures through the PQM website. For this evaluation cycle, the public comment period opened on May 14, 2025, and closed on June 13, 2025, during which time we hosted a Public Comment Listening Session on May 28, 2025. The measures received one public comment in total, and we published the comment to the respective measure page on the PQM website. If the measure received any comments, the measure's evaluation summary includes a summary of these comments. Developer/steward responses to the public comments can be found under the "Comments" tab of each measure page on the PQM website.

Summary of Potential High-Priority Gaps

During the committee's evaluation of the measures, committee members identified gap areas that are summarized below for future development and endorsement considerations.

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Patient Experience with In-Home Dialysis

A public comment from The American Society of Nephrology highlighted a need for an in-home dialysis patient experience measure. A patient partner raised concerns that in-home dialysis surveys may face resistance from some dialysis centers due to financial disincentives and reluctance to promote home modalities.

HCBS Measures

The Advisory and Recommendation Groups emphasized that the HCBS concepts (i.e., employment, meaningful community-based activity, and social connectedness) addressed in CBE #5105-1, CBE #5105-2, CBE #5120, and CBE #5125 fill an important measurement gap. However, the Recommendation Group did not endorse these measures due to concerns about feasibility, usability, and validity.

Summary of Major Concerns

Survey Feasibility

During discussions for CBE #5105-1, CBE #5105-2, CBE #5120, and CBE #5125 the Recommendation Group highlighted a need for developers to thoroughly assess the burden related to survey measures, particularly surrounding cost of administration and data collection. For example, organizations will need to train staff to administer the survey, ensure that the person administering the survey is not involved in the individual's care, and administer the survey every 4 to 6 months. This echoed the staff assessment rating of "Not Met" for Feasibility, given that the data collection does not occur during routine care and requires additional, potential disruptive steps.

Survey Usability

In addition to the staff assessment finding that Use and Usability was "Not Met," Recommendation Group members raised concerns about the actionability of survey results for CBE #5105-1, CBE #5105-2, CBE #5120, and CBE #5125, requesting more clarity on how scores would drive quality improvement. The developer noted plans to collaborate with organizations to assess whether the data are meaningful and can be translated into actionable ideas but provided limited detail on specific improvement strategies.

Summary of Methodological Issues

The following brief summary of measure evaluation highlights a methodological issue considered by the committee.

Survey Validity

The Advisory and Recommendation Groups noted validity concerns CBE #5105-1, CBE #5105-2, CBE #5120, and CBE #5125, as the factor analysis did not uphold the hypothesis and align with the conceptual design of the instruments. Recommendation Group members suggested separating experience and outcome-focused items into distinct surveys and conducting further psychometric evaluation.

Measure Evaluation Summaries

CBE #0258[1] – In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) Survey [Research Triangle Institute (RTI)/CMS] – Maintenance

Specifications

Description: The ICH CAHPS Survey is designed to measure the experiences of people receiving in-center hemodialysis care from Medicare-certified dialysis centers. The survey is designed to meet the following three broad goals:

- Produce comparable data from the patient's perspective that will allow objective and meaningful comparisons between dialysis centers on domains that are important to consumers.
- Create incentives for dialysis centers to improve their quality of care.
- Enhance public accountability in health care by increasing the transparency of the quality of care provided in return for public investment.

Specifically, the survey measures patients' experiences on topics that are important from the perspective of patients and help them make more informed choices when selecting a dialysis center as well as helping dialysis centers improve the quality of dialysis care for their patients.

The survey is administered semiannually to patients who have received in-center hemodialysis for at least 3 months from Medicare-certified dialysis centers. Data collection for each survey period is 12 weeks. The survey is available in mail-only, phone-only, and mail with phone follow-up.

Survey results publicly reported include two ratings and two measures:

- Global rating of dialysis center staff
- Global rating of dialysis center
- Quality of Dialysis Center Care and Operations measure (QDCCO, calculated from 13 survey questions)
- Providing Information to Patients measure (PIP, calculated from nine survey questions)

Discussion Topic/Theme	Committee Discussion Summary
Importance and Patient-Centeredness	• The Advisory Group and Recommendation Groups highlighted the importance and value of the survey in addressing patient

[1] Developers and stewards submit information on both the instrument/survey as well as any instrument-derived measures (IDMs). The Advisory and Recommendation Groups discuss the instrument/survey before the relevant measures to explore cross-cutting themes. However, the CBE does not endorse instruments or surveys, only the IDMs.

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Discussion Topic/Theme	Committee Discussion Summary
	concerns and guiding facility improvements. A nephrologist on the committee explained that the survey is taken seriously in their workplace. • Committee members emphasized the importance of the patient-centered focus of the survey, ensuring response methods, readability, and accessibility are tailored for patients.
Survey Design	• The Advisory Group asked clarifying questions about the design of the survey, including exclusions for individuals with cognitive impairments and proxy responses. The Recommendation Group further discussed how patients who are unable to complete the survey are excluded, and the developer responded that appropriate coding is in place to capture any such exclusions.
Response Fatigue	• The Advisory Group, public comments, and Recommendation Groups discussed at length the issues surrounding survey fatigue and response rates. The developer responded that reducing respondent burden by shortening the survey was a key reason for updating it with fewer questions. • A patient partner highlighted that many patients avoid surveys due to a lack of perceived meaningful change and suggested that more direct conversations with patients might yield more honest feedback.
Logic Model	• In response to the staff assessment and Advisory Group feedback regarding limited evidence and improvement actions, the Recommendation Group discussed and expressed concerns about the vagueness of the logic model. The developer explained their focus on direct patient input (e.g., through focus groups) and noted the challenges in identifying universally applicable improvement actions due to patient diversity. They requested clearer guidance from PQM on expectations for logic models of patient-reported experience measures.

Additional Recommendations for the Developer/Steward: A few Recommendation Group members suggested ways to improve the survey's actionability, including reducing the turnaround time for survey results to enable timely facility responses and exploring strategies to disaggregate results by patient type or characteristic (where privacy permits) to better target improvements.

CBE #0258-1 – ICH CAHPS Survey: Rating of Dialysis Center [RTI/CMS] – Maintenance

Specifications

Description: The global rating of the dialysis center captures the patient's perspective on how they rate their dialysis center, on a scale of 0 (worst) to 10 (best).

The rating is from question 23 and the wording is as follows: Using any number from 0 to 10, where 0 is the worst dialysis center possible and 10 is the best dialysis center possible, what number would you use to rate this dialysis center?

Committee Vote: Endorse with Conditions

Conditions: When the measure returns for maintenance (5 years), the measure developer will provide a robust logic model illustrating the actions accountable entities can take to improve the patient experience (e.g., focus groups, rapid feedback from vendors to facilities).

Vote Count: Endorse (8 votes; 47%), Endorse with Conditions (9 votes; 53%), Remove Endorsement (0 votes; 0%); Recusals (0).

Summary of Public Comments: Battelle received one public comment for this measure. The American Society of Nephrology expressed concern about the low response rates limiting the measure's utility, introducing bias, and reducing representativeness, especially for disadvantaged groups. They noted that survey implementation is a challenge for dialysis facilities. They highlighted a need for an in-home dialysis patient experience measure.

Summary of Measure Evaluation: This maintenance measure was last reviewed for endorsement in the Spring 2019 cycle. CMS's End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) currently uses the measure.

Discussion Topic/Theme	Committee Discussion Summary
Cross-Cutting Themes	• The discussion for #0258 is applicable to this measure. • Based on this discussion, the Recommendation Group imposed a condition upon the measure for the developer to **provide a robust logic model illustrating the actions accountable entities can take to improve the patient experience (e.g., focus groups, rapid feedback from vendors to facilities) when the measure returns for maintenance (5 years)**.

Appeals: None.

Additional Recommendations for the Developer/Steward: None.

CBE #0258-2 – ICH CAHPS Survey: Rating of Dialysis Center Staff [RTI/CMS] – Maintenance

Specifications

Description: The global rating of the dialysis center staff captures the patient's perspective on how they rate the staff at their dialysis center, on a scale of 0 (worst) to 10 (best).

This is Question 20 in the survey and the question and scale are as follows:

Using any number from 0 to 10, where 0 is the worst dialysis center staff possible and 10 is the best dialysis center staff possible, what number would you use to rate your dialysis center staff?

Committee Vote: Endorse with Conditions

Conditions: When the measure returns for maintenance (5 years), the measure developer will provide a robust logic model illustrating the actions accountable entities can take to improve the patient experience (e.g., focus groups, rapid feedback from vendors to facilities).

Vote Count: Endorse (9 votes; 53%), Endorse with Conditions (8 votes; 47%), Remove Endorsement (0 votes; 0); Recusals (0).

Summary of Public Comments: Battelle received one public comment for this measure. The American Society of Nephrology expressed concern about the low response rates limiting the measure's utility, introducing bias, and reducing representativeness especially for disadvantaged groups. They noted that survey implementation is a challenge for dialysis facilities. They highlighted a need for an in-home dialysis patient experience measure.

Summary of Measure Evaluation: This maintenance measure was last reviewed for endorsement in the Spring 2019 cycle. CMS's ESRD QIP currently uses the measure.

Discussion Topic/Theme	Committee Discussion Summary
Cross-Cutting Themes	• The discussion for CBE #0258 is applicable to this measure. • Based on this discussion, the Recommendation Group imposed a condition upon the measure for the developer **to provide a robust logic model illustrating the actions accountable entities can take to improve the patient experience (e.g., focus groups, rapid feedback from vendors to facilities) when the measure returns for maintenance (5 years).**
Importance	• A patient partner supported the staffing measure, noting both positive experiences and challenges such as delayed responses and staffing shortages. They emphasized that improving staffing is difficult but necessary. The developer agreed that staffing is a broader health care challenge, but it is still important to measure.

Appeals: None.

Additional Recommendations for the Developer/Steward: None.

CBE #0258-3 – ICH CAHPS Survey: Providing Information to Patients Measure (PIP) [RTI/CMS] – Maintenance

Specifications

Description: The ICH CAHPS Providing Information to Patients (PIP) measure captures whether patients feel that their kidney doctors and dialysis center staff gave them the information they needed to take care of their health. For example, how to care for a graft, fistula, or catheter, patient rights, right treatment options, and how to get off a machine if there is an emergency. The measure includes the following questions:

- Q10: The dialysis center staff can connect you to the dialysis machine through a graft, fistula, or catheter. Do you know how to take care of your graft, fistula, or catheter?
- Q17: As a patient you have certain rights. For example, you have the right to be treated with respect and the right to privacy. Did this dialysis center ever give you any written

information about your rights as a patient?

- Q18: Did dialysis center staff at this center ever review your rights as a patient with you?
- Q19: Has dialysis center staff ever told you what to do if you experience a health problem at home?
- Q20: Has any dialysis center staff ever told you how to get off the machine if there is an emergency at the center?
- Q25: You can treat kidney disease with dialysis at a center, a kidney transplant, or with dialysis at home. In the last 12 months, did your kidney doctors or dialysis center staff talk to you as much as you wanted about which treatment is right for you?
- Q27: In the last 12 months, has a doctor or dialysis center staff explained to you why you are not eligible for a kidney transplant?
- Q28: Peritoneal dialysis is dialysis given through the belly and is usually done at home. In the last 12 months, did either your kidney doctors or dialysis center staff talk to you about peritoneal dialysis?
- Q29: In the last 12 months, were you as involved as much as you wanted in choosing the treatment for kidney disease that is right for you?

Committee Vote: Endorse with Conditions

Conditions: When the measure returns for maintenance (5 years), the measure developer will provide a robust logic model illustrating the actions accountable entities can take to improve the patient experience (e.g., focus groups, rapid feedback from vendors to facilities).

Vote Count: Endorse (10 votes; 59%), Endorse with Conditions (7 votes; 41%), Remove Endorsement (0 votes; 0%); Recusals (0).

Summary of Public Comments: This measure did not receive any public comments.

Summary of Measure Evaluation: This maintenance measure was last reviewed for endorsement in the Spring 2019 cycle. CMS's ESRD QIP currently uses the measure.

Discussion Topic/Theme	Committee Discussion Summary
Cross-Cutting Themes	• The discussion for CBE #0258 is applicable to this measure. • Based on this discussion, the Recommendation Group imposed a condition upon the measure for the developer to provide a robust logic model illustrating the actions accountable entities can take to improve the patient experience (e.g., focus groups, rapid feedback from vendors to facilities) when the measure returns for maintenance (5 years).
Importance	• Both the Advisory and Recommendation Groups noted the importance of this measure for patients. A patient partner shared that new patients often feel overwhelmed and forget key details, making the survey a valuable tool for highlighting information gaps.

Appeals: None.

Additional Recommendations for the Developer/Steward: None.

CBE #0258-4 – ICH CAHPS Survey: Quality of Dialysis Center Care and Operations Measure (QDCCO) [RTI/CMS] – Maintenance

Specifications

Description: The ICH CAHPS Quality of Dialysis Center Care and Operations (QDCCO) measure captures whether dialysis patients feel that their dialysis center staff communicated well, kept patients as comfortable and pain-free as possible, behaved in a professional manner, and kept the center clean. The questions included in this measure are:

- Q3. In the last 3 months, how often did the dialysis center staff listen carefully to you?
- Q4. In the last 3 months, how often did the dialysis center staff explain things in a way that was easy for you to understand?
- Q5. In the last 3 months, how often did the dialysis center staff show respect for what you had to say?
- Q6. In the last 3 months, how often did the dialysis center staff spend enough time with you?
- Q7. In the last 3 months, how often did dialysis center staff make you as comfortable as possible during dialysis?
- Q8. In the last 3 months, did you feel comfortable asking the dialysis center staff everything you wanted about dialysis care?
- Q11. In the last 3 months, how often did dialysis center staff check you as closely as you wanted while you were on the dialysis machine?
- Q13. In the last 3 months, how often was the dialysis center staff able to manage problems during your dialysis?
- Q14. In the last 3 months, how often did dialysis center staff behave in a professional manner?
- Q15. In the last 3 months, how often did dialysis center staff explain blood test results in a way that was easy to understand?
- Q21. In the last 3 months, when you arrived on time, how often did you get put on the dialysis machine within 15 minutes of your appointment or shift time?
- Q22. In the last 3 months, how often was the dialysis center as clean as it could be?
- Q31. In the last 12 months, how often were you satisfied with the way they handled these problems?

Committee Vote: Endorse with Conditions

Conditions: When the measure returns for maintenance (5 years), the measure developer will provide a robust logic model illustrating the actions accountable entities can take to improve the patient experience (e.g., focus groups, rapid feedback from vendors to facilities).

Vote Count: Endorse (9 votes; 53%), Endorse with Conditions (8 votes; 47%), Remove Endorsement (0 votes; 0%); Recusals (0).

Summary of Public Comments: Battelle received one public comment for this measure. The American Society of Nephrology expressed concern about the low response rates limiting the

measure's utility, introducing bias, and reducing representativeness especially for disadvantaged groups. They noted that survey implementation is a challenge for dialysis facilities. They highlighted a need for an in-home dialysis patient experience measure.

Summary of Measure Evaluation: This maintenance measure was last reviewed for endorsement in the Spring 2019 cycle. CMS's ESRD QIP currently uses the measure.

Discussion Topic/Theme	Committee Discussion Summary
Cross-Cutting Themes	• The discussion for CBE #0258 is applicable to this measure. • Based on this discussion, the Recommendation Group imposed a condition upon the measure for the developer to **provide a robust logic model illustrating the actions accountable entities can take to improve the patient experience (e.g., focus groups, rapid feedback from vendors to facilities) when the measure returns for maintenance (5 years).**
Usability	• A patient partner supported the measure but noted responses are strongly shaped by perceptions of regular staff, especially technicians. They questioned the data's usability due to many influencing factors and encouraged continued efforts, such as focus groups, to improve response rates and usefulness.

Appeals: None.

Additional Recommendations for the Developer/Steward: None.

CBE #0517[1] – Home Health Care CAHPS Survey (HHCAHPS) [RTI/CMS] – Maintenance

Specifications

Description: The updated Consumer Assessment of Healthcare Providers and Systems® (CAHPS) Home Health Care Survey, also referred as "HHCAHPS," is a 25-item instrument. This is a standardized survey instrument and data collection methodology for measuring home health patients' perspectives on their home health care in Medicare-certified home health care agencies. The survey is administered monthly to patients who recently received or are receiving home health care from Medicare-certified home health agencies. It is offered as mail-only, phone-only or mixed mode (mail with telephone follow-up). The survey instrument consists of 17 core questions about various aspects of their care experience, 6 demographic questions, and 2 questions determining whether a proxy respondent completed the mail survey.

The HHCAHPS Survey is part of the CAHPS family of experience of care surveys. English and other translations of this survey are available at https://homehealthcahps.org/. CMS initiated national implementation of the HHCAHPS Survey in October 2009 with agencies participating on a voluntary basis prior to when quality reporting requirements for the home health annual payment update (APU) began in the third quarter of calendar year 2010. The Centers for Medicare & Medicaid Services (CMS) began publicly reporting results from the HHCAHPS Survey on Home Health Compare on the Medicare.gov website in April of 2012. HHCAHPS was linked to the quality reporting requirement for the CY 2012 APU.

Summary of Measure Evaluation: This maintenance measure was last reviewed for endorsement in the Fall 2019 cycle. CMS's Home Health Quality Reporting Program currently uses the measure.

Discussion Topic/Theme	Committee Discussion Summary
Terminology: Staff	• The Advisory Group discussed the use of the term "staff," with some members concerned about misattribution and lack of professional recognition associated with the term. Other Advisory and Recommendation Group members supported the term, noting that it includes individuals that patients may interact with who are not clinicians.
Reliability	• Based on the staff assessment rating of "Not Met" for reliability across all measures derived from this instrument (CBE #0517-1, CBE #0517-2, CBE #0517-3, CBE# 0517-4, and CBE# 0517-5) and feedback within committee independent reviews, the Recommendation Group discussed reliability at length. The developer attributed the low reliability scores to the limited sample size used in testing (100 agencies over one quarter) and conducted additional testing, demonstrating that a minimum sample size of 45 patients per agency was sufficient to meet the accepted reliability threshold of 0.6. Although the Recommendation Group considered requiring simulation analyses to further support this finding, they ultimately preferred to review actual implementation data during measure maintenance and did not place a condition specific to this issue.
Evidence and Logic Model	• In response to staff preliminary assessment comments and Advisory Group concerns about limited evidence and improvement actions, the Recommendation Group discussed the logic model's vagueness. One member recommended that future models focus on the lived experience of receiving care at home, emphasizing trust, respect, and perceived quality. • The developer prioritized input from home health patients over the literature review in the logic model, emphasizing patient perspectives as most critical.

Additional Recommendations for the Developer/Steward: None.

CBE #0517-1 – CAHPS Home Health Care Survey Care of Patients [RTI/CMS] – Maintenance

Specifications

Description: Care of Patients is a multi-item measure derived from the updated CAHPS® Home Health Care Survey, also referred as "HHCAHPS." This composite measure is based on responses collected over a 12-month period with the oldest quarter dropping off and the newest quarter being added each public reporting period. The Care of Patients measure is composed of responses to the following survey items:

- Q6. In the last 2 months of care, how often did home health staff from this agency seem to

be aware of all the care or treatment you were getting at home?

Never, Sometimes, Usually, Always

- Q7. In the last 2 months of care, how often did home health staff from this agency treat you with care – for example, when moving you around or changing a bandage?

  Never, Sometimes, Usually, Always
- Q10. In the last 2 months of care, how often did home health staff from this agency treat you with courtesy and respect?

  Never, Sometimes, Usually, Always
- Q11. In the last 2 months of care, how often did you feel that home health staff from the agency cared about you as a person?

  Never, Sometimes, Usually, Always
- Q13. In the last 2 months of care, how often have the services you received from this agency helped you take care of your health?

  Never, Sometimes, Usually, Always

Committee Vote: Endorse with Conditions

Conditions: When the measure returns for maintenance (5 years), the measure developer will provide a robust logic model illustrating the actions accountable entities can take to improve the patient experience (e.g., focus groups, rapid feedback from vendors to facilities).

Vote Count: Endorse (8 votes; 50%), Endorse with Conditions (8 votes; 50%), Remove Endorsement (0 votes; 0%); Recusals (0).

Summary of Public Comments: This measure did not receive any public comments.

Summary of Measure Evaluation: This maintenance measure was last reviewed for endorsement in the Fall 2019 cycle. CMS's Home Health Quality Reporting Program currently uses the measure.

Discussion Topic/Theme	Committee Discussion Summary
Cross-Cutting Themes	• The discussion for CBE #0517 is applicable to this measure. • Based on this discussion, the Recommendation Group imposed a condition upon the measure for the developer to **provide a robust logic model illustrating the actions accountable entities can take to improve the patient experience (e.g., focus groups, rapid feedback from vendors to facilities) when the measure returns for maintenance (5 years).**
Staff Training	• A patient partner emphasized the importance of requiring intensive training for home health workers to ensure they are prepared to care for vulnerable populations, including older adults and patients with dementia. They shared personal experiences highlighting a lack of empathy and trust in care settings and noted that without proper worker training, patients may feel unsafe or disrespected. They urged that discussions must lead to action, or the system will remain stagnant.

Appeals: None.

Additional Recommendations for the Developer/Steward: None.

CBE #0517-2 – CAHPS Home Health Care Survey Communications Between Providers and Patients [RTI/CMS] – Maintenance

Specifications

Description: Communications Between Providers and Patients is a multi-item measure derived from the updated CAHPS® Home Health Care Survey, also referred as "HHCAHPS." This composite measure is based on responses collected over a 12-month period with the oldest quarter dropping off and the newest quarter being added each public reporting period. The Communications Between Providers and Patients measure is composed of responses to the following survey items:

- Q5. In the last 2 months of care, how often did home health staff from this agency keep you informed about when they would arrive at your home?

  Never, Sometimes, Usually, Always
- Q8. In the last 2 months of care, how often did home health staff from this agency explain things in a way that was easy to understand?

  Never, Sometimes, Usually, Always
- Q9. In the last 2 months of care, how often did home health staff from this agency listen carefully to you?

  Never, Sometimes, Usually, Always
- Q12. In the last 2 months of care, did home health staff from this agency provide your family or friends with information or instructions about your care as much as you wanted?

  Yes, No, I don't know, I did not want or need this
- Q16. When you contacted this agency's office, did you get the help or advice you needed?

  Yes, No

Committee Vote: Endorse with Conditions

Conditions: When the measure returns for maintenance (5 years), the measure developer will provide a robust logic model illustrating the actions accountable entities can take to improve the patient experience (e.g., focus groups, rapid feedback from vendors to facilities).

Vote Count: Endorse (7 votes; 44%), Endorse with Conditions (9 votes; 56%), Remove Endorsement (0 votes; 0%); Recusals (0).

Summary of Public Comments: This measure did not receive any public comments.

Summary of Measure Evaluation: This maintenance measure was last reviewed for endorsement in the Fall 2019 cycle. CMS's Home Health Quality Reporting Program currently uses the measure.

Discussion Topic/Theme	Committee Discussion Summary
Cross-Cutting Themes	• The discussion for #0517 is applicable to this measure. • Based on this discussion, the Recommendation Group imposed a condition upon the measure for the developer to **provide a robust logic model illustrating the actions accountable entities can take to improve the patient experience (e.g., focus groups, rapid feedback from vendors to facilities) when the measure returns for maintenance (5 years).**
Question Intent	• In response to a question posed by an Advisory Group member about the intent of question #5 on the survey, the Recommendation Group discussed the meaningfulness of the question, believing that it does reflect the important components of patient care. One member noted that in regions such as the Deep South, staffing instability can affect patient experience, and the member suggested addressing regional variation through logic model adaptations.

Appeals: None.

Additional Recommendations for the Developer/Steward: None.

CBE #0517-3 – CAHPS Home Health Care Survey Review Medicines [RTI/CMS] – Maintenance

Specifications

Description: Review Medicines is a single-item measure derived from the updated CAHPS® Home Health Care Survey, also referred as "HHCAHPS."

This single-item measure is based on responses collected over a 12-month period with the oldest quarter dropping off and the newest quarter being added each public reporting period. The Review Medicines measure is composed of responses to the following survey item:

- Q3. Has someone from the agency ever reviewed the prescribed and over-the-counter medicines you were taking? For example, they might have asked you to show them your medicines and talked with you about how and when to take each one.

  Yes, No, I don't know, I don't take any medicines

Committee Vote: Endorse with Conditions

Conditions: When the measure returns for maintenance (5 years), the measure developer will provide a robust logic model illustrating the actions accountable entities can take to improve the patient experience (e.g., focus groups, rapid feedback from vendors to facilities).

Vote Count: Endorse (6 votes; 38%), Endorse with Conditions (10 votes; 63%), Remove Endorsement (0 votes; 0%); Recusals (0).

Summary of Public Comments: This measure did not receive any public comments.

Summary of Measure Evaluation: This maintenance measure was last reviewed for endorsement in the Fall 2019 cycle. CMS's Home Health Quality Reporting Program currently uses the measure.

Discussion Topic/Theme	Committee Discussion Summary
Cross-Cutting Themes	• The discussion for CBE #0517 is applicable to this measure. • Based on this discussion, the Recommendation Group imposed a condition upon the measure for the developer to **provide a robust logic model illustrating the actions accountable entities can take to improve the patient experience (e.g., focus groups, rapid feedback from vendors to facilities) when the measure returns for maintenance (5 years).**
Medication Management During Care Transitions	• Patient partners raised concerns that the survey question overlooks high-risk periods for medication errors during care transitions. A committee member responded that comprehensive medication reviews are required at the start of care and periodically, with clinicians often checking medications informally to prevent rehospitalization.

Appeals: None.

Additional Recommendations for the Developer/Steward: None.

CBE #0517-4 – CAHPS Home Health Care Survey Talk About Home Safety [RTI/CMS] – Maintenance

Specifications

Description: Talk About Home Safety is a single-item measure derived from the updated CAHPS® Home Health Care Survey, also referred as "HHCAHPS." This single-item measure is based on responses collected over a 12-month period with the oldest quarter dropping off and the newest quarter being added each public reporting period. The Talk About Home Safety measure is composed of responses to the following survey item:

- Q2. When you first started getting home health care from this agency, did someone from the agency talk about ways to help make your home safer? For example, they may have suggested adding grab bars in the shower or removing tripping hazards.

  Yes, No, I don't know, I did not need help with home safety

Committee Vote: Endorse with Conditions

Conditions: When the measure returns for maintenance (5 years), the measure developer will provide a robust logic model illustrating the actions accountable entities can take to improve the patient experience (e.g., focus groups, rapid feedback from vendors to facilities).

Vote Count: Endorse (5 votes; 31%), Endorse with Conditions (11 votes; 69%), Remove Endorsement (0 votes; 0%); Recusals (0).

Summary of Public Comments: This measure did not receive any public comments.

Summary of Measure Evaluation: This maintenance measure was last reviewed for endorsement in the Fall 2019 cycle. CMS's Home Health Quality Reporting Program currently uses the measure.

Discussion Topic/Theme	Committee Discussion Summary
Cross-Cutting Themes	• The discussion for CBE #0517 is applicable to this measure. • Based on this discussion, the Recommendation Group imposed a condition upon the measure for the developer to **provide a robust logic model illustrating the actions accountable entities can take to improve the patient experience (e.g., focus groups, rapid feedback from vendors to facilities) when the measure returns for maintenance (5 years).**
Interpretation of Safety	• The Advisory and Recommendation Groups discussed whether the term "safety," as used in the measure, would be interpreted accurately by respondents. The developer explained that patients were involved in the survey design process and cognitive testing showed that providing examples—such as grab bars—helped clarify the intent for patients.

Appeals: None.

Additional Recommendations for the Developer/Steward: None.

CBE #0517-5 – CAHPS Home Health Care Survey Talk About Medicine Side Effects [RTI/CMS] – Maintenance

Specifications

Description: Talk About Medicine Side Effects is a single-item measure derived from the updated CAHPS® Home Health Care Survey, also referred as "HHCAHPS." This single-item measure is based on responses collected over a 12-month period with the oldest quarter dropping off and the newest quarter being added each public reporting period. The Talk About Medicine Side Effects measure is composed of responses to the following survey item:

- Q4. In the last 2 months of care, did home health staff from this agency talk with you about any side effect of your medicines?

  Yes, No, I don't know, I don't take any medicines

Committee Vote: Endorse with Conditions

Conditions: When the measure returns for maintenance (5 years), the measure developer will provide a robust logic model illustrating the actions accountable entities can take to improve the patient experience (e.g., focus groups, rapid feedback from vendors to facilities).

Vote Count: Endorse (8 votes; 50%), Endorse with Conditions (8 votes; 50%), Remove Endorsement (0 votes; 0%); Recusals (0).

Summary of Public Comments: This measure did not receive any public comments.

Summary of Measure Evaluation: This maintenance measure was last reviewed for endorsement in the Fall 2019 cycle. CMS's Home Health Quality Reporting Program currently uses the measure.

Discussion Topic/Theme	Committee Discussion Summary
Cross-Cutting Themes	• The discussion for CBE #0517 is applicable to this measure. • Based on this discussion, the Recommendation Group imposed a condition upon the measure for the developer to **provide a robust logic model illustrating the actions accountable entities can take to improve the patient experience (e.g., focus groups, rapid feedback from vendors to facilities) when the measure returns for maintenance (5 years).**

Appeals: None.

Additional Recommendations for the Developer/Steward: None.

CBE #5105[1] – RTCOM Instrument for Home- and Community-Based Services (HCBS) Recipients - Employment [Institute on Community Integration] – New

Specifications

Description: This instrument assesses an individual's experiences in paid employment as well as their experiences searching for paid employment. The target population for this instrument is adults with disabilities who receive HCBS or HCBS-like services. This is a self-contained instrument that can be administered independently of other RTCOM instruments. The instrument is administered through an in-person or video-conferencing interview where an interviewer guides an individual through a series of questions (i.e., items). The responses for each item are scored on a Likert scale. The available research supports measure administration every four to six months.

Summary of Measure Evaluation: The committee reviewed this new measure for initial endorsement. The developer noted that the measure is planned for use in quality improvement with benchmarking external to the organization and quality improvement internal to the organization.

Discussion Topic/Theme	Committee Discussion Summary
Survey Structure	• Both Advisory and Recommendation Groups raised concerns about the survey's structure, noting misalignment between factor analysis and intended domains, and the mix of outcomes and experience constructs.
Importance	• The Advisory and Recommendation Groups agree that the focus on employment within the HCBS population is an important concept to measure.
Feasibility,	• In addition to the staff assessment finding Feasibility "Not Met," Advisory and Recommendation Groups raised burden and cost

Discussion Topic/Theme	Committee Discussion Summary
Burden, and Cost	concerns, citing survey length, data collection processes, and possible need for contracting. The developer noted plans for electronic administration but acknowledged variability in resources; committee members questioned scalability without clearer implementation guidance.
Actionability	• In addition to the staff assessment finding that Use and Usability was "Not Met," Recommendation Group members raised concerns about the actionability of survey results, requesting more clarity on how scores would drive quality improvement. The developer noted plans to collaborate with organizations but provided limited detail on specific improvement strategies.

Appeals: None.

Additional Recommendations for the Developer/Steward: Committee members recommended 1) conducting further evaluation of implementation cost and burden; 2) splitting the instrument into two distinct surveys—one for service experience, another for outcomes—with appropriate psychometric evaluation; and 3) clarifying and enhancing the logic model to show how survey results can lead to specific, actionable quality improvements.

CBE #5105-1 – RTCOM Outcome Measure for HCBS Recipients [Instrument: Employment] - Experiences Seeking Employment [Institute on Community Integration] – New

Specifications

Description: The Experiences Seeking Employment measure is one of two proposed measures in the RTC/OM suite of measures focused on employment. This measure assesses individuals in their experiences looking for employment and is comprised of 13 items:

- G1. You had bad experiences looking for paid work in the past.
- G2. To keep a job (or the job you have), you would need more support than you currently have.
- G3. You could find a job (or a different job) if you want one.
- S1. Are you currently looking for a job (or a different job) that pays you?
- S2. Have you given up looking because you could not find a job [if employed, different job]?
- S3. You have had the training/education you need to find a paid job.
- S4. In the past, you got the support you needed to keep working.
- S5. [If Employed Ask:] You are able to get to work on time. [If Unemployed Ask:] You would be able to get to work on time if you had a job.
- S6. [If employed, read:] You would like to continue to work for pay. [If unemployed, read:] You would like to work for pay.
- S7. You do not have opportunities to get a job that pays you.
- S8. You have opportunities to work at the type of paid jobs you would like.

- S9. You might lose important services if you are paid for work.
- S10. [If employed, read:] Too much of the money you earn is used to pay for your staff [If unemployed, read:] Too much of the money you earn would be used to pay for your staff.

The items "G1", "S3", "S4", and "S5" are scored 0 to 3 on a frequency scale with response options: "Never/Rarely," "Sometimes," "Often," "Almost Always/Always"

The items "G2", "G3", and "S6" through "S10" are scored 0 to 3 on an agreement scale with response options: "Strongly Disagree," "Disagree," "Agree," "Strongly Agree"

Finally, the two items "S1" and "S2" are scored on a binary 0/1 scale.

For item "S1," 1 = "Yes"

For item "S2," 1 = "No"

Committee Vote: Not Endorse due to No Consensus

Vote Count: Endorse (2 votes; 13%), Endorse with Conditions (7 votes; 44%), Not Endorse (7 votes; 44%); Recusals (0).

Summary of Public Comments: This measure did not receive any public comments.

Summary of Measure Evaluation: The committee reviewed this new measure for initial endorsement. The developer noted that the measure is planned for use in quality improvement with benchmarking external to the organization and quality improvement internal to the organization

Discussion Topic/Theme	Committee Discussion Summary
Cross-Cutting Themes	• The discussion for CBE #5105 applies to this measure. • Based on this discussion, the Recommendation Group considered imposing conditions upon the measure for the developer, at a maintenance time of 3 years, to explore the administration cost and implementation burden with accountable entities, including smaller or rural entities; explore the usability of the measure with accountable entities (e.g., activities entities can take to improve patience experience); and explored further validity testing to evaluate the survey's conceptual structure (e.g., the mixture of experience and outcome-related items). **Conditions were not applied due to the measure not being endorsed.**

Appeals: None.

Additional Recommendations for the Developer/Steward: The additional recommendations for CBE #5105 apply to this measure.

CBE #5105-2 – RTCOM Outcome Measure for HCBS Recipients [Instrument: Employment] - Job Experiences [Institute on Community Integration] – New

Specifications

Description: The Job Experiences measure is one of two proposed measures in the RTC/OM suite of measures focused on employment. This measure assesses individuals' perspectives and attitudes on their current place of employment and is comprised of 13 items:

- G1. You are happy with your current job.
- G2. Your staff helped you get paid work.
- G3. Your staff help you keep working.
- S1. How long have you worked at your current job?
- S3. You work the number of hours you want to work.
- S4. Your pay from work helps you buy the things you need.
- S5. You get to learn new skills at your job that are valuable to you.
- S6. You feel respected by the people you work for.
- S7. You feel accepted by your coworkers.
- S8. You have the accommodations you need to succeed at your job.
- S9. Most of the people you work with have a disability
- S10. You are happy with the benefits, such as paid time off, vacation time, and health insurance, you receive from your job.
- S11. You have chances for advancement or promotion at your job.

The items "G1" through "G3", and "S3" through "S8" are scored 0 to 3 on a frequency scale with response options: "Never/Rarely," "Sometimes," "Often," "Almost Always/Always"

The items "S9" through "S11" are scored 0 to 3 on an agreement scale with response options: "Strongly Disagree," "Disagree," "Agree," "Strongly Agree"

The item "S1" is scored 0 to 4 with the response options: "Less than 3 months," "3-6 months," "Between 6-12 months," "1-3 years," "More than 3 years"

Committee Vote: Not Endorsed due to No Consensus

Vote Count: Endorse (0 votes; 0%), Endorse with Conditions (7 votes; 44%), Not Endorse (9 votes; 56%); Recusals (0).

Summary of Public Comments: This measure did not receive any public comments.

Summary of Measure Evaluation: The committee reviewed this new measure for initial endorsement. The developer noted that the measure is planned for use in quality improvement with benchmarking external to the organization and quality improvement internal to the organization.

Discussion Topic/Theme	Committee Discussion Summary
Cross-Cutting Themes	• The discussion for CBE #5105 applies to this measure. • Based on this discussion, the Recommendation Group considered imposing conditions upon the measure for the developer, at a maintenance time of 3 years, to explore the administration cost and implementation burden with accountable entities, including smaller or rural entities; explore the usability of the measure with accountable

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Discussion Topic/Theme	Committee Discussion Summary
	entities (e.g., activities entities can take to improve patience experience); and explored further validity testing to evaluate the survey's conceptual structure (e.g., the mixture of experience and outcome-related items). **Conditions were not applied due to the measure not being endorsed**.
Usability	• A patient partner questioned the usability and actionability of the measure for individuals re-entering the workforce, noting that while the questions are meaningful, outcomes may reflect systemic barriers rather than provider performance, limiting its value for quality improvement.

Appeals: None.

Additional Recommendations for the Developer/Steward: The additional recommendations for CBE #5105 apply to this measure.

CBE #5120 – RTCOM Composite Measure for Home- and Community-Based Services (HCBS) Recipients - Meaningful Community-based Activity [Institute on Community Integration] – New

Specifications

Description: This outcome measure assesses individuals on the activities that are meaningful to them. The target population for this measure is adults with disabilities who receive HCBS or HCBS-like services. This is a self-contained measure that can be administered independently of other RTCOM measures. The measure is administered through an in-person or video-conferencing interview where an interviewer guides an individual through a series of questions (i.e., items) on the measure. Items on the measure ask participants about different kinds of activities (e.g., social activities), if that particular activity is meaningful to the participant, if the participant participates in the activity as much as they want to, and if the participant receives enough support to participate in these activities. The 26 items on the instrument are:

- G1. You participate in activities that are meaningful to you.
- G2. You get enough support to participate in activities that are meaningful to you.
- S1. Social activities are meaningful to you.
- S2. You participate in social activities as much as you want to.
- S3. Recently, you have enjoyed doing social activities.
- S4. You get enough help to do social activities.
- S5. Professional activities are meaningful to you.
- S6. You participate in professional activities as much as you want to.
- S7. Recently, you have enjoyed doing professional activities.
- S8. You get enough help to do professional activities.
- S9. Educational activities are meaningful to you.
- S10. You participate in educational activities as much as you want to

- S11. Recently, you have enjoyed doing educational activities.
- S12. You get enough help to do educational activities.
- S13. Activities that involve physical exercise are meaningful to you.
- S14. You participate in activities that involve physical exercise as much as you want to.
- S15. Recently, you have enjoyed doing activities that involve physical exercise.
- S16. You get enough help to do activities that involve physical exercise.
- S17. Relaxing activities are meaningful to you.
- S18. You participate in relaxing activities as much as you want to.
- S19. Recently, you have enjoyed doing relaxing activities.
- S20. You get enough help to do relaxing activities.
- S21. Everyday life tasks are meaningful to you.
- S22. You participate in everyday life tasks as much as you want to.
- S23. Recently, you have enjoyed doing everyday life tasks.
- S24. You get enough help to do everyday life tasks.

The two items "G1" and "G2" are scored 0 to 3 on a frequency scale with response options: "Never/Rarely," "Sometimes," "Often," "Almost Always/Always"

The remaining items "S1" through "S24" are scored 0 to 3 on an agreement scale with response options: "Strongly Disagree," "Disagree," "Agree," "Strongly Agree"

Committee Vote: Not Endorsed due to No Consensus

Vote Count: Endorse (1 votes; 6%), Endorse with Conditions (8 votes; 50%), Not Endorse (7 votes; 44%); Recusals (0).

Summary of Public Comments: This measure did not receive any public comments.

Summary of Measure Evaluation: This new measure is being reviewed for initial endorsement. The developer has noted that the measure is planned for use in quality improvement with benchmarking external to the organization and quality improvement internal to the organization.

Discussion Topic/Theme	Committee Discussion Summary
Survey Structure	• Both Advisory and Recommendation Groups raised concerns about the survey's structure, noting concerns with the number of items, potential complexity, misalignment between factor analysis and intended domains, and the mix of outcomes and experience constructs, similar to the discussion from CBE #5105. • Based on this discussion, the Recommendation Group considered a condition that, when the measure returns for maintenance at 3 years, the developer should have explored further validity testing to evaluate the survey's conceptual structure (e.g., the mixture of experience and outcome-related items). **Conditions were not applied due to the measure not being endorsed.**

Discussion Topic/Theme	Committee Discussion Summary
Feasibility, Cost, and Burden	• In addition to the staff assessment finding Feasibility "Not Met," burden and cost concerns were raised across Advisory and Recommendation Groups, similar to the discussion from CBE #5105. • Based on this discussion, the Recommendation Group considered a condition that, when the measure returns for maintenance at 3 years, the developer should have explored the administrative cost and implementation burden with accountable entities, including smaller or rural entities. **Conditions were not applied due to the measure not being endorsed.**
Use and Actionability	• In addition to the staff assessment finding that Use and Usability was "Not Met," the Recommendation Group questioned the actionability of survey results and requested greater clarity on how scores would drive quality improvement, similar to the discussion from CBE #5105. • Based on this discussion, the Recommendation Group considered a condition that, when the measure returns for maintenance at 3 years, the developer should have explored the usability of the measure with accountable entities (e.g., activities entities can take to improve patient experience). **Conditions were not applied due to the measure not being endorsed.**

Appeals: None.

Additional Recommendations for the Developer/Steward: Committee members recommended: 1) using a grid format to simplify the survey; 2) conducting further evaluation of implementation cost and burden; 3) splitting the instrument into distinct surveys for experience and outcomes with appropriate psychometric evaluation; and 4) clarifying and enhancing the logic model to show how survey results can lead to specific, actionable quality improvements.

CBE #5125 – RTCOM Composite Measure for Home- and Community-Based Services (HCBS) Recipients - Social Connectedness [Institute on Community Integration] – New

Specifications

Description: This outcome measure assesses an individual's level of social inclusion and to what degree they are connected to others in their community. The target population for this measure is adults with disabilities who receive HCBS or HCBS-like services. This is a self-contained measure that can be administered independently of other RTCOM measures. The measure is administered through an in-person or video-conferencing interview where an interviewer guides an individual through a series of questions (i.e., items) on the measure. All items, with one exception, are scored 0 to 3 on a frequency scale with response options: "Never/Rarely," "Sometimes," "Often," "Almost Always/Always." Item "S7" is scored 0 to 1 on a binary "No"/"Yes" scale.

There are 14 items on this measure:

- G1. You feel you are part of your community.

- G2. You feel lonely.
- G3. You would like more support to keep in contact with people who are important to you.
- S1. People in your community are friendly to you.
- S2. You have people to go to when you need information about something.
- S3. You have people to go to when you need a favor. (Examples: need to borrow $10, a ride to the doctor, take care of a pet)
- S4. You have people in your life who help you feel better.
- S5. You have people you can talk to.
- S6. You spend time with friends when you want to.
- S7. You have as many close friends who are not your family members or staff as you want.
- S8. Your friends come to you when they need help.
- S9. You keep in contact with your family members as much as you want to.
- S10. You have the help you need to meet with people who are important to you.
- S11. You have the help you need to meet people you might want to be friends with.

Committee Vote: Not Endorsed due to No Consensus

Vote Count: Endorse (2 votes; 13%), Endorse with Conditions (5 votes; 31%), Not Endorse (9 votes; 56%); Recusals (0).

Summary of Public Comments: This measure did not receive any public comments.

Summary of Measure Evaluation: The committee reviewed this new measure for initial endorsement. The developer noted that the measure is planned for use in quality improvement with benchmarking external to the organization and quality improvement internal to the organization.

Discussion Topic/Theme	Committee Discussion Summary
Importance	• Patient representatives on the Advisory Group emphasized the importance of social connectedness and expressed appreciation for the measure, noting its potential benefit for other populations as well.
Survey Structure	• The Recommendation Groups raised concerns about the survey's structure, noting concerns with the mix of outcomes and experience constructs, similar to the discussion from CBE #5105 and CBE #5120. One member considered this measure to be a patient-reported outcome measure rather than an experience-of-care measure. • Based on this discussion, the Recommendation Group considered a condition that, when the measure returns for maintenance at 3 years, the developer should have explored further validity testing to evaluate the survey's conceptual structure (e.g., the broad focus of the survey). **Conditions were not applied due to the measure not being endorsed.**
Feasibility,	• In addition to the staff assessment finding Feasibility "Not Met," the Advisory Group and Recommendation Group raised concerns around

Discussion Topic/Theme	Committee Discussion Summary
Burden, and Cost	burden and cost, similar to the discussion from CBE #5105 and CBE #5120. • Based on this discussion, the Recommendation Group considered a condition that, when the measure returns for maintenance at 3 years, the developer should have explored the administration cost and implementation burden with accountable entities, including smaller or rural entities. **Conditions were not applied due to the measure not being endorsed.**
Actionability	• In addition to the staff assessment finding that Use and Usability was "Not Met," the Recommendation Group questioned the actionability of survey results, similar to the discussion from CBE #5105 and CBE #5120. • Based on this discussion, the Recommendation Group considered a condition that, when the measure returns for maintenance at 3 years, the developer should have explored the usability of the measure with accountable entities (e.g., activities entities can take to improve patient experience), including the timing of administration. **Conditions were not applied due to the measure not being endorsed.**

Appeals: None.

Additional Recommendations for the Developer/Steward: Committee members suggested: 1) paring down the survey to fewer key topics; and 2) considering use as a real-time clinical tool to identify at-risk individuals (particularly considering the potential risk of suicidality because of social isolation).

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Appendix A: Advanced Illness and Post-Acute Care Committee Roster

Spring 2025 Cycle

Member	Affiliation/ Organization	Primary Perspective	Advisory/ Recommendation Group
Daniel Van Leeuwen *(Patient Representative Co-Chair)*	Health Hats	Patient Partner	Recommendation Group
Gerri Lamb *(Non-Patient Representative Co-Chair)*	Arizona State University	Clinician	Recommendation Group
Samira Beckwith	Hope Healthcare	Facility/Institution	Advisory Group
Karen Campos	American College of Physicians	Other Interested Party	Advisory Group
Sheila Clark *(inactive)*	California Hospice and Palliative Care Association	Population Health Expert	Recommendation Group
Lea Dooley *(inactive)*	Nationwide Children's Hospital	Patient Partner	Recommendation Group
Kathleen Dwyer	Legacy Healthcare Services	Clinician	Advisory Group
Lama El Zein *(inactive)*	EMBLEMHEALTH	Purchaser/Plan	Recommendation Group
Karie Fugate *(inactive)*	Retired, The Boeing Company	Patient Partner	Recommendation Group
Sara Galantowicz	Human Services Research Institute	Other Interested Party	Advisory Group
Paul Galchutt	M Health Fairview	Patient Partner	Advisory Group
Kimberly Geoffrey	ICAP at Columbia University	Patient Partner	Advisory Group
Brenda Groves	KFMC Health Improvement	Patient Partner	Advisory Group
Morris Hamilton	KPMG LLP	Other Interested Party	Advisory Group
Dorothy Hiersteiner	Human Services Research Institute	Other Interested Party	Advisory Group
Andrea Jersey	Ethica	Clinician	Advisory Group
Raymond Jones	University of Alabama at Birmingham	Researcher	Advisory Group
Warren Jones	The Jones Group of Mississippi	Population Health Expert	Advisory Group

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Member	Affiliation/ Organization	Primary Perspective	Advisory/ Recommendation Group
Raina Josberger	New York State Department of Health	Purchaser/Plan	Recommendation Group
Soojin Jun *(inactive)*	Patients for Patient Safety US	Patient Partner	Recommendation Group
Nicole Keane *(inactive)*	Abt Associates	Other Interested Party	Recommendation Group
Lisa Kitko	The University of Rochester	Health Services Researcher	Advisory Group
Yaakov Liss	Optum Tristate	Clinician	Recommendation Group
Elizabeth Marfeo	Tufts University	Clinician	Advisory Group
Emily Martin	University of California, Los Angeles	Clinician	Advisory Group
Kyle Matthews	National Kidney Foundation	Patient Partner	Recommendation Group
Shelby Moore	Heartlinks	Facility/Institution	Recommendation Group
Jonathan Nicolla	Palliative Care Quality Collaborative	Other Interested Party	Recommendation Group
Silvia Perez-Protto	Cleveland Clinic, Anesthesiology Institute	Clinician	Advisory Group
Lori Piltz	Populytics	Patient Partner	Advisory Group
Tipu Puri	University Of Chicago Medicine Nephrology	Clinician	Advisory Group
Heather Raygoza	Saint Joseph Hospital-CommonSpirit	Clinician	Advisory Group
Eric Rosenberg	University of Florida College of Medicine	Clinician	Advisory Group
Andrea Schweiger	Martha T. Berry MCF	Other Interested Party	Advisory Group
Kristin Seidl	University of Maryland Medical Center & University of Maryland School of Nursing	Clinician	Recommendation Group
Carol Siebert	The Home Remedy	Population Health Expert	Recommendation Group
Alicia Staley	Medidata	Patient Partner	Advisory Group
Donna Sternberg *(inactive)*	Hampton University Proton Therapy Institute	Clinician	Recommendation Group

Member	Affiliation/ Organization	Primary Perspective	Advisory/ Recommendation Group
Rebecca Swain-Eng	SEA Healthcare & The Quality Collaborative	Other Interested Party	Recommendation Group
Sarah Thirlwell	Chapters Health System	Facility/Institution	Recommendation Group
Heather Thompson	LHC Group	Facility/Institution	Advisory Group
Ronald Walters	The University of Texas MD Anderson Cancer Center	Clinician	Advisory Group
Stephen Weed	Ventura Unified School District	Patient Partner	Recommendation Group
Milli West	Intermountain Health	Facility/Institution	Recommendation Group
Stephanie Wladkowski	Bowling Green State University	Researcher	Advisory Group

Partnership for Quality Measurement Organizations

Battelle

Measure Stewards

Centers for Medicare & Medicaid Services

Measure Developers

Research Triangle Institute

Institute for Community Integration

Appendix B: Acronyms

Please note: The following list encompasses acronyms that Battelle commonly encounters and uses in its work as a CBE. Not all the acronyms will appear in this document.

Acronym	Definition
ACA	Affordable Care Act
ACC	American College of Cardiology
ACO	Accountable Care Organization
AGC	After Government Contract
AHIP	Formerly known as American Health Insurance Partnership
AHRQ	Agency for Healthcare Research and Quality
AI Pilot	Artificial Intelligence Pilot
AIPAC	Advanced Illness and Post-Acute Care
AIR	American Institutes for Research
ANOVA	Analysis of Variance
ASCO	American Society of Clinical Oncology
ASCQR	Ambulatory Surgical Center Quality Reporting Program
ASCs	Ambulatory Surgical Centers
C&E	Cost and Efficiency
CAH	Critical Access Hospital
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CBE	Consensus-Based Entity
CBE ID	Consensus-Based Entity Identification
CDC	Centers for Disease Control and Prevention
CDS	Clinical Decision Support
CDSS	Clinical Decision Support System
CIS	Clinical Information Systems
CMIT	CMS Measures Inventory Tool
CMMI	Center for Medicare and Medicaid Innovation
CMS	Centers for Medicare & Medicaid Services
CO	Contracting Officer
COIs	Conflicts of Interest
COR	Contracting Officer's Representative
CPG	Clinical Practice Guidelines
CQL	Clinical Quality Language

Acronym	Definition
CQM	Clinical Quality Measure
CQMC	Core Quality Measures Collaborative
CSAC	Consensus Standards Approval Committee
DEL	CMS Data Element Library
Del.	Deliverable
DOI	Disclosure of Interest
dQMs	Digital Quality Measures
DRC	Direct Reference Code
E&M	Endorsement and Maintenance
EC	Electronic Copy
eCQI	Electronic Clinical Quality Improvement
eCQM	Electronic Clinical Quality Measures
ED	Emergency Department
EHR	Electronic Health Record
EPC	Evidence-Based Practice Center
ESRD QIP	End-Stage Renal Disease Quality Improvement Program
EVI	Expected Value of Information
FAQs	Frequently Asked Questions
FFS	Fee-For-Service
FHIR	Fast Healthcare Interoperability Resources
FMS	Full Measure Submission
FY	Fiscal Year
HACRP	Hospital-Acquired Conditions Reduction Program
HCBS	Home and Community-Based Services
HCD	Human-Centered Design
HEDIS	Healthcare Effectiveness Data and Information Set
HH QRP	Home Health Quality Reporting Program
HH VBP	Home Health Value-Based Purchasing
HHS	Department of Health and Human Services
HIQR	Hospital Inpatient Quality Reporting
HOPD	Hospital Outpatient Department
HOPE	Hospice Outcomes and Patient Evaluation
HOQR	Hospital Outpatient Quality Reporting
HQMF	Health Quality Measurement Format

Acronym	Definition
HQR	Hospice Quality Reporting
HQRP	Hospice Quality Reporting Program
HRRP	Hospital Readmission Reduction Program
HSAG	Health Services Advisory Group
HTML	Hypertext Markup Language
HVBP	Hospital Value-Based Purchasing
IAW	In Accordance With
ICD	International Classification of Diseases (International Statistical Classification of Diseases and Related Health Problems)
IHI	Institute for Healthcare Improvement
IMPACT Act	Improving Medicare Post-Acute Care Transformation Act
IPF	Inpatient Psychiatric Facilities
IPF QRP	Inpatient Psychiatric Facility Quality Reporting Program
IPPS	Inpatient Prospective Payment System
IQR	Inpatient Quality Reporting
IR	Initial Recognition
IRF	Inpatient Rehabilitation Facilities
IRF QRP	Inpatient Rehabilitation Facility Quality Reporting Program
IT	Information Technology
ITS	Intent to Submit
LLMs	Large Language Models
LTACH	Long-Term Acute Care Hospitals
LTCH	Long-Term Care Hospital
LTCH QRP	Long-Term Care Hospital Quality Reporting Program
MA	Medicare Advantage
MACRA	Medicare Access and CHIP Reauthorization Act
MACS	Medicaid: Adult Core Set
MAQIP	Medicare Advantage Quality Improvement Program
MAT	Measure Authoring Tool
MCCS	Medicaid: Child Core Set
MCO	Managed Care Organization
MERIT	Measures Under Consideration Entry/Review Tool
MIPPA	Medicare Improvement for Patients and Providers Act of 2008
MIPS	Merit-based Incentive Payment System

Acronym	Definition
MLTSS	Managed Long-Term Service and Support
MMS	Measures Management System
MS-DOI	Measure-Specific Disclosure of Interest
MSR	Measure Set Review
MSSP	Medicare Shared Savings Program
MUC	Measures Under Consideration
n	Sample Size
NCDC	National Consensus Development and Strategic Planning for Health Care Quality Measurement Contract
NCQA	National Committee for Quality Assurance
NHDNG	Novel Hybrid Delphi and Nominal Groups
NHQI	Nursing Home Quality Initiative
NLP	Natural Language Processing
NQF	National Quality Forum
NQS	CMS National Quality Strategy
NTTAA	National Technology Transfer and Advancement Act
OMB	Office of Management and Budget
OP	Option Period
OY	Option Year
PA	Preliminary Assessment
PAC/LTC	Post-Acute Care/Long-Term Care
PaLS	Patient Life Goals Survey
PAM	Patient Activation Measure
PCHQR	PPS-Exempt Cancer Hospital Quality Reporting
PDF	Portable Document Format
PIE Form	Pre-Meeting Initial Evaluation Form
PL	Project Leader
PM	Project Manager
PMP	Project Management Plan
POC	Point of Contact
PPS	Prospective Payment System
PQA	Pharmacy Quality Alliance
PQM	Partnership for Quality Measurement
PRA	Paperwork Reduction Act

Acronym	Definition
PRMR	Pre-Rulemaking Measure Review
PRO	Patient-Reported Outcome
PROM	Patient-Reported Outcome Measure
PRO-PMs	Patient-Reported Outcome Performance Measures
Q&A	Question & Answer
QC	Quality Control
QCDR	Qualified Clinical Data Registries
QDM	Quality Data Model
QI	Quality Improvement
QMDSA	Quality Measure Developer and Steward Agreement
QPP	Quality Payment Program
REHQR	Rural Emergency Hospital Quality Reporting (Program)
SDOH	Social Determinants of Health
SES	Socioeconomic Status
SLIN	Subline Item Number
SMEs	Subject Matter Experts
SMP	Scientific Measures Panel
SNF	Skilled Nursing Facilities
SNF QRP	Skilled Nursing Facility Quality Reporting Program
SNF VBP	Skilled Nursing Facility Value-Based Purchasing
SOP	Standard Operating Procedure
SOW	Statement of Work
SSA	Social Security Administration
STAR	Submission Tool and Repository
SUD	Substance Use Disorder
TBD	To Be Determined
TEP	Technical Expert Panel
TL	Task Lead
UMLS	Unified Medical Language System
USCDI	United States Core Data for Interoperability
VSAC	Value Set Authority Center
Yale CORE	Yale Center for Outcomes Research and Evaluation

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