

Health Equity Confidential Feedback Reports

POST-ACUTE CARE QUALITY REPORTING PROGRAMS (PAC QRPs)

GOAL: Compare measure outcomes between Fee-for-Service Medicare-Medicaid dually enrolled patients (duals) and non-duals, as well as between Non-White and White patients.*



STRATIFICATION involves the calculation of certain outcomes separately for different populations. Stratified measure outcomes can provide valuable insight on how different patient populations perform on a given measure.

Starting in Fall 2023, The Centers for Medicare & Medicaid Services (CMS) is releasing two new annual **Health Equity Confidential Feedback Reports** to PAC providers in the Home Health (HH), Inpatient Rehabilitation Facility (IRF), Long-Term Care Hospital (LTCH), and Skilled Nursing Facility (SNF) settings through the Internet Quality Improvement & Evaluation System (iQIES) reports folders: the Discharge to Community (DTC) Health Equity Confidential Feedback Report and the Medicare Spending Per Beneficiary (MSPB) Health Equity Confidential Feedback Report. The PAC Health Equity Confidential Feedback Reports will stratify the **DTC** and **MSPB** measures by **dual-enrollment status** and **race/ethnicity**.

HOW ARE RESULTS CALCULATED?

- ➔ Results for the Fall 2023 Health Equity Confidential Feedback Reports are calculated using Medicare Fee-For-Service (FFS) Part A and B claims for stays/episodes in **FY 2021-2022** for **IRF/LTCH/SNF settings**, and stays/episodes in **CY 2021-2022** for the **HH setting**.
- ➔ Results for each of the following **race/ethnicity groups** are shown in the report: White, Asian American/Native Hawaiian/Pacific Islander (AA and NHPI), Black, and Hispanic patients. The report also includes results for an aggregated “Non-White” patient group, which consists of AA and NHPI, Black, Hispanic, and American Indian/Alaska Native patients. CMS is using the **Medicare Bayesian Improved Surname Geocoding Version 2.1.1 (MBISG 2.1.1)** to impute patient race/ethnicity.

For each of the comparisons, your facility/agency will receive a categorization to describe whether your patient populations are performing statistically significantly “**Better than**,” “**No different from**,” or “**Worse than**” the comparison group.



ACROSS-PROVIDER COMPARISONS

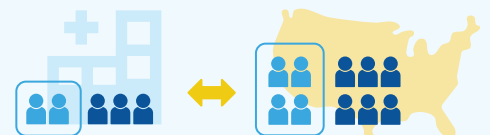
COMPARISON TO THE NATIONAL PERFORMANCE AMONG ALL PATIENTS

GOAL Compare the measure outcome for your facility/agency’s patient population to the **national performance across all patients** in your care setting.
(e.g., your LTCH’s duals’ DTC rate versus the national DTC rate across all LTCH patients).



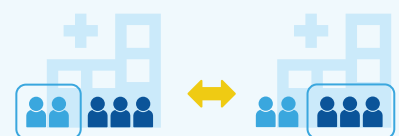
COMPARISON TO THE NATIONAL PERFORMANCE AMONG THE SAME POPULATION

GOAL Compare the measure outcome for your facility/agency’s patient population to the **national performance among the same population** in your care setting.
(e.g., your LTCH’s duals’ DTC rate versus the national DTC rate among all duals in LTCHs nationwide).



WITHIN-PROVIDER COMPARISON

GOAL Compare measure outcomes between **patient populations within the same facility/agency**.
(e.g., your LTCH’s duals’ DTC rate versus your LTCH’s non-duals’ DTC rate).



This document uses LTCHs in the examples, but the same concepts apply to HH, IRF, and SNF providers. Please refer to the Fall 2023 PAC Health Equity Confidential Feedback Report Education webinar and other upcoming resources on [HH QRP Training page](#); [IRF QRP Training page](#); [LTCH QRP Training page](#); [SNF QRP Training page](#). If you would like to request a 508 compliant version of your PAC Health Equity Confidential Feedback Report, or if you have questions about the report, please email: HomeHealthQualityQuestions@cms.hhs.gov, IRF.questions@cms.hhs.gov, LTCHQualityQuestions@cms.hhs.gov, SNFQualityQuestions@cms.hhs.gov.

* In this document, we use “patients” to refer to patients in the HH, IRF, and LTCH settings, and residents in the SNF setting.

