Comments due by 11:59 pm EST, Tuesday, April 10th, 2018. We ask that you kindly review the following Group 1 measures and provide your edits and/or comments via track changes. Please e-mail your feedback to Asmaa Albaroudi (asmaaa@npaonline.org).

Please register for the “NPA Performance Measures Review” webinar on Thursday, Mar 29th, 2018 at 2:00 PM EST:
https://attendee.gotowebinar.com/register/2736964106762916867

NPA, in collaboration with the Performance Measures Subcommittee of the Quality Committee, will provide an overview of the proposed Group 1 PACE performance measures. Attendees are encouraged to ask questions and provide comments.

All comments related to the Group 1 measures must be submitted to NPA by 11:59 pm EST, Tuesday, April 10th, 2018.

Background: The NPA Performance Measures Subcommittee has identified a core set of PACE performance measures to evaluate quality of care, value, and utilization of services in PACE programs. The Subcommittee considered measures reported by PACE organizations (POs) internally (i.e., measures reported at a PO for internal quality assurance), NPA developed measures, NQF endorsed measures, and CMS measures. The Subcommittee considered the following for measure development selection criteria:
- High Impact (i.e., high prevalence, high cost, nationally identified high priority area)
- Relevance of the measure to PACE
- Availability of the data source, or potential availability of data source
- Ease of data collection
- Usable for purposes of quality improvement and accountability (public reporting and merit-based purchasing)
- Importance of measure

Below are 16 measures, dubbed “Group 1 Measures”, which we are soliciting comments on. Following the comment period, the Performance Measures Subcommittee will finalize the measures and encourage PO reporting of the measures to NPA (additional information will be provided once measures are finalized). The Performance Measures Subcommittee will continue its work in developing a core set of PACE performance measures through consideration of Group 2 measures.

Disclaimer: Parts or all of the measure specifications come directly from CMS documents (e.g., Level I and II guidance, etc.), NQF measure specifications, and/or Econometrica proposed measures. To remain in alignment with the national initiative underway (CMS/Econometrica PACE measure development), the Subcommittee incorporates any finalized or measures currently under consideration into its core set of measures. Further, some wording may have been modified to provide clarity.

DO NOT DISTRIBUTE
<table>
<thead>
<tr>
<th>Measure Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Measure Title:</strong> PACE Participant Emergency Department (ED) Use Without Hospitalization</td>
</tr>
<tr>
<td><strong>Description of Measure:</strong> Percentage of PACE participant ED visits that did not result in being admitted to the hospital.</td>
</tr>
<tr>
<td><strong>Numerator Statement:</strong> Number of PACE participant ED visits with no subsequent acute care hospitalization during the reporting quarter.</td>
</tr>
<tr>
<td><strong>Denominator Statement:</strong> Number of PACE participant ED visits during the quarter.</td>
</tr>
<tr>
<td><strong>Inclusions:</strong> <strong>Denominator:</strong></td>
</tr>
<tr>
<td>▪ Include ED visits of participants who were enrolled in PACE for at least one (1) day in the reporting quarter, regardless of enrollment status at the end of the quarter.</td>
</tr>
<tr>
<td>▪ Include ED visits of participants who died during the quarter, but were enrolled as PACE participants for at least one (1) day in the reporting quarter.</td>
</tr>
<tr>
<td><strong>Exclusions:</strong> <strong>Numerator:</strong></td>
</tr>
<tr>
<td>▪ Exclude ED visits that resulted in a hospitalization.</td>
</tr>
<tr>
<td>▪ Exclude ED visits that resulted in an observation stay*.</td>
</tr>
<tr>
<td><strong>Frequency of Reporting:</strong> Data reported quarterly by PACE organizations.</td>
</tr>
<tr>
<td><strong>Measure Type:</strong> Outcome</td>
</tr>
<tr>
<td><strong>Measure Domain:</strong> Utilization of Services</td>
</tr>
<tr>
<td><strong>Data Source:</strong> Files submitted to NPA – Admission and Enrollment files</td>
</tr>
</tbody>
</table>

**Supplemental Information**

*ED visits with an observation stay are those that have documentation of an order for observation services written by the medical doctor/advanced practice registered nurse/physician assistant regardless of where those services are provided in the hospital or the ED.

The percent of Emergency Department Utilization is calculated as:
1. The numerator is the sum of PACE participant ED visits (with no subsequent acute care hospitalization) for the quarter.
2. The denominator is the sum of PACE participant ED visits during the quarter.
3. Percent calculation: divide the numerator by the denominator and multiply by 100.

<table>
<thead>
<tr>
<th>Measure Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Measure Title:</strong> Rate of Grievances</td>
</tr>
<tr>
<td><strong>Description of Measure:</strong> A grievance is defined as a complaint, either written or oral, expressing dissatisfaction with the service delivery or the quality of care furnished.</td>
</tr>
<tr>
<td><strong>Numerator Statement:</strong> The number of resolved grievances in a quarter.</td>
</tr>
<tr>
<td><strong>Denominator Statement:</strong> The number of enrolled participants during a quarter.</td>
</tr>
</tbody>
</table>
### Measure Information

<table>
<thead>
<tr>
<th>Measure Title:</th>
<th>Percent of Grievances Resolved Within 1-15 Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Measure:</td>
<td>A grievance is defined as a complaint, either written or oral, expressing dissatisfaction with the service delivery or the quality of care furnished.</td>
</tr>
<tr>
<td>Numerator Statement:</td>
<td>The number of resolved grievances within 1-15 days.</td>
</tr>
<tr>
<td>Denominator Statement:</td>
<td>The number of resolved grievances within a quarter.</td>
</tr>
<tr>
<td>Frequency of Reporting:</td>
<td>Data reported quarterly by PACE organizations.</td>
</tr>
<tr>
<td>Measure Type:</td>
<td>Patient Engagement/Experience</td>
</tr>
<tr>
<td>Measure Domain:</td>
<td>Person and Caregiver-Centered Experience</td>
</tr>
<tr>
<td>Data Source:</td>
<td>Audit data</td>
</tr>
</tbody>
</table>

**Supplemental Information**

The Percent of Grievances Resolved within 1-15 days is calculated as:

1. The numerator is the sum of grievances resolved within 1-15 days in a quarter.
2. The denominator is the sum of grievances resolved during the quarter.
3. Percent calculation: divide the numerator by the denominator and multiply by 100.
<table>
<thead>
<tr>
<th>Frequency of Reporting:</th>
<th>Data reported quarterly by PACE organizations.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure Type:</td>
<td>Patient Engagement/Experience</td>
</tr>
<tr>
<td>Measure Domain:</td>
<td>Person and Caregiver-Centered Experience</td>
</tr>
<tr>
<td>Data Source:</td>
<td>Audit data</td>
</tr>
</tbody>
</table>

**Supplemental Information**

The Percent of Grievances Resolved within 16-30 days is calculated as:

1. The numerator is the sum of grievances resolved within 16-30 days in a quarter.
2. The denominator is the sum of grievances resolved during the quarter.
3. Percent calculation: divide the numerator by the denominator and multiply by 100

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**Measure Information**

<table>
<thead>
<tr>
<th>Measure Title:</th>
<th>Percent of Grievances Resolved Within 31+ Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Measure:</td>
<td>A grievance is defined as a complaint, either written or oral, expressing dissatisfaction with the service delivery or the quality of care furnished.</td>
</tr>
<tr>
<td>Numerator Statement:</td>
<td>The number of resolved grievances within 31+ days.</td>
</tr>
<tr>
<td>Denominator Statement:</td>
<td>The number of resolved grievances within a quarter.</td>
</tr>
<tr>
<td>Frequency of Reporting:</td>
<td>Data reported quarterly by PACE organizations.</td>
</tr>
<tr>
<td>Measure Type:</td>
<td>Patient Engagement/Experience</td>
</tr>
<tr>
<td>Measure Domain:</td>
<td>Person and Caregiver-Centered Experience</td>
</tr>
<tr>
<td>Data Source:</td>
<td>Audit data</td>
</tr>
</tbody>
</table>

**Supplemental Information**

The Percent of Grievances Resolved within 31+ days is calculated as:

1. The numerator is the sum of grievances resolved within 31+ days in a quarter.
2. The denominator is the sum of grievances resolved during the quarter.
3. Percent calculation: divide the numerator by the denominator and multiply by 100

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**Measure Information**

<table>
<thead>
<tr>
<th>Measure Title:</th>
<th>Percent of Appeals Resolved Within 30 Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Measure:</td>
<td>An appeal is a participant's action taken with respect to the PO’s non-coverage of, or nonpayment for, a service including denials, reductions, or termination of services.</td>
</tr>
<tr>
<td>Numerator Statement:</td>
<td>The number of appeals resolved within 30 days.</td>
</tr>
<tr>
<td>Denominator Statement:</td>
<td>The number of appeals resolved.</td>
</tr>
<tr>
<td>Exclusion:</td>
<td>Denominator</td>
</tr>
<tr>
<td></td>
<td>Expedited appeals</td>
</tr>
<tr>
<td>Frequency of Reporting:</td>
<td>Data reported quarterly by PACE organizations.</td>
</tr>
<tr>
<td>Measure Type:</td>
<td>Patient Engagement/Experience</td>
</tr>
<tr>
<td>Measure Domain:</td>
<td>Person and Caregiver-Centered Experience</td>
</tr>
</tbody>
</table>
Supplemental Information

The Percent of Appeals Resolved within 30 days is calculated as:
1. The numerator is the sum of appeals resolved within 30 days in a quarter.
2. The denominator is the sum of appeals resolved during the quarter.
3. Percent calculation: divide the numerator by the denominator and multiply by 100.

Supplemental Information

The Percent of Expedited Appeals Resolved within 72 hours is calculated as:
1. The numerator is the sum of appeals resolved within 72 hours in a quarter.
2. The denominator is the sum of expedited appeals resolved during the quarter.
3. Percent calculation: divide the numerator by the denominator and multiply by 100.

Measure Information

Measure Title: Percent of Expedited Appeals Resolved Within 72 Hours
Description of Measure: An appeal is a participant's action taken with respect to the PO's non-coverage of, or nonpayment for, a service including denials, reductions, or termination of services. PACE organizations must have an expedited appeals process in place for situations in which the participant believes that if the service is not furnished, his or her life, health, or ability to regain or maintain maximum function would be seriously jeopardized.
Numerator Statement: The number of expedited appeals resolved within 72 hours.
Denominator Statement: The number of expedited appeals resolved.
Exclusion: Denominator
  - Extended expedited appeals
Frequency of Reporting: Data reported quarterly by PACE organizations.
Measure Type: Patient Engagement/Experience
Measure Domain: Person and Caregiver-Centered Experience
Data Source: Audit data

Supplemental Information

The Percent of Expedited Appeals Resolved within 72 hours is calculated as:
1. The numerator is the sum of appeals resolved within 72 hours in a quarter.
2. The denominator is the sum of expedited appeals resolved during the quarter.
3. Percent calculation: divide the numerator by the denominator and multiply by 100.

Measure Information

Measure Title: PACE Participant Falls With Injury Rate (NQF Endorsed)
Description of Measure: The quarterly incidence rate of falls with injury amongst PACE participants per 1,000 participant days.
Numerator Statement: Falls with injury experienced by participants in the PACE program during the month.
Denominator Statement: The denominator represents exposure of PACE participants to the risk of falling.
Inclusions:

- **Numerator**
  - All PACE participant falls with injury occurring in the participant's home; in assisted living facilities, if that is their usual place of residence; in the PACE center, or in the care of a PACE transportation operator.
  - Participants who are injured when assisted to the floor by a care provider (assisted fall) are to be included in the count of falls with injury.

Exclusions:

- **Numerator**
  - Participants who fall (or sink) back to a bed, chair, car seat, walker seat, or toilet are excluded in the count of falls with injury.
  - Exclude falls in the participant home by staff, visitors, family members, or others who were not PACE participants.
  - Exclude participants who were not in their home location. For example, exclude participants who were in an emergency room, hospitalized, in a long term care facility, in a hospice facility, in skilled nursing care, in a rehabilitation setting.

- **Denominator**
  - Exclude persons who were not enrolled as PACE participants on the specific day of the month.
  - Exclude participants who were not in their home location. For example, exclude participants who were hospitalized, in a long term care facility, in a hospice facility, in skilled nursing care, in a rehabilitation setting.
  - Exclude participants who were deceased for each day after the date of death.

**Frequency of Reporting:**
Data reported quarterly by PACE organizations.

**Measure Type:**
Outcome

**Measure Domain:**
Patient Safety

**Data Source:**
Files submitted to NPA – Enrollment file and Common Data Set

**Supplemental Information**

Injury analysis by severity levels enables clinical and administrative staff to profile both vulnerability of participants and effectiveness of safety programs.

A PACE participant fall with injury is a sudden, unanticipated descent in which a participant comes to rest on the floor or some other surface, person, or object, resulting in an injury level of minor or greater.

**Injury Level:**
Injury levels should be assessed 24 hours after the fall and be categorized as:
- None = Participant had no injuries (no signs of symptoms) resulting from the fall; if an x-ray, CT scan or other post fall evaluation results in a finding of no injury
- Minor = Resulted in application of dressing, cleaning wound, ice, limb evaluation, topical medication, pain, bruise or abrasion
- Moderate = Resulted in wound treatment such as suturing, skin glue, steri-strips, or splint; possible muscle or joint strain
- Major = Resulted in fracture, surgery, casting, traction or required neurological or internal injury consultation. Possibly resulting in hospitalization or in permanent loss of function.
- Death = Participant died as a result of injuries from the fall
The Falls With Injury Rate is calculated as the number of falls with injury to PACE participants per 1,000 participant days during a calendar quarter. Data are collected monthly and reported quarterly. The calculation steps are as follows:

1. Sum the number of falls with injury for each of the 3 months in the quarter.
2. Multiply the numerator by 1,000. This step merely facilitates interpretation of results because it reduces leading zeros in the rate.
3. List the number of PACE site census for each day for each of the months included in the quarter.
4. Sum the number of participants across each day.
5. Sum the number of participant days in each month.
6. Rate calculation: (Number of Falls With Injury x 1,000) / (Total number of participant days)

Measure Information

Measure Title: PACE Participant Fall Rate (NQF Endorsed)

Description of Measure: The quarterly incidence rate of falls amongst PACE participants per 1,000 participant days.

Numerator Statement: Falls experienced by Participants in the PACE program during the month.

Denominator Statement: The denominator represents exposure of PACE participants to the risk of falling.

Inclusions:

**Numerator**
- All PACE participant falls occurring in the participant’s home; in assisted living facilities, if that is their usual place of residence; in the PACE center, or in the care of a PACE transportation operator.
- Participants who are assisted to the floor by a care provider (assisted fall) are to be included in the count of falls.

Exclusions:

**Numerator**
- Participants who fall (or sink) back to a bed, chair, car seat, walker seat, or toilet are excluded in the count of falls.
- Exclude falls in the participant home by staff, visitors, family members, or others who were not PACE participants.
- Exclude participants who were not in their home location. For example, exclude participants who were hospitalized, in a long term care facility, in a hospice facility, in skilled nursing care, in a rehabilitation setting.

**Denominator**
- Exclude persons who were not enrolled as PACE participants on the specific day of the month.
- Exclude participants who were not in their home location. For example, exclude participants who were hospitalized, in a long term care facility, in a hospice facility, in skilled nursing care, in a rehabilitation setting.
- Exclude participants who were deceased for each day after the date of death.

Frequency of Reporting: Data reported quarterly by PACE organizations.
Measure Type: Outcome  
Measure Domain: Patient Safety  
Data Source: Files submitted to NPA – Enrollment file and Common Data Set

Supplemental Information

A PACE participant fall is a sudden, unanticipated descent in which a participant comes to rest on the floor or some other surface, person, or object.

The Fall Rate is calculated as the number of falls to PACE participants per 1,000 participant days during a calendar quarter. Data are collected monthly. The calculation steps are as follows:

1. Sum the number of falls for each of the 3 months in the quarter.
2. Multiply the numerator by 1,000. This step merely facilitates interpretation of results because it reduces leading zeros in the rate.
3. List the number of PACE site participants in the census for each day in the months included in the quarter.
4. Sum the number of participants across each day.
5. Sum the number of participant days in each month.
6. Rate calculation: \( \frac{\text{Number of falls} \times 1,000}{\text{Total number of participant days}} \).

Measure Information

<table>
<thead>
<tr>
<th>Measure Title</th>
<th>Percent of PACE Participant Falls Without Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Measure</td>
<td>Participant had no injuries (no signs of symptoms) resulting from the fall; if an x-ray, CT scan or other post fall evaluation results in a finding of no injury</td>
</tr>
<tr>
<td>Numerator Statement</td>
<td>The number of participant falls without an injury.</td>
</tr>
<tr>
<td>Denominator Statement</td>
<td>The number of falls within a quarter.</td>
</tr>
</tbody>
</table>

Inclusions: Numerator

- All PACE participant falls without injury occurring in the participant’s home; in assisted living facilities, if that is their usual place of residence; in the PACE center, or in the care of a PACE transportation operator.
- Participants who are assisted to the floor by a care provider (assisted fall without injury) are to be included in the count of falls.

Exclusions: Numerator

- Participants who fall (or sink) back to a bed, chair, car seat, walker seat, or toilet are excluded in the count of falls.
- Exclude falls in the participant home by staff, visitors, family members, or others who were not PACE participants.
- Exclude participants who were not in their home location. For example, exclude participants who were in an emergency room, hospitalized, in a long term care facility, in a hospice facility, in skilled nursing care, in a rehabilitation setting.
- Falls that trigger a minor or greater fall injury level

Denominator

- Exclude persons who were not enrolled as PACE participants during the quarter.
Exclude participants who were not in their home location. For example, exclude participants who were hospitalized, in a long term care facility, in a hospice facility, in skilled nursing care, in a rehabilitation setting.

Exclude participants who were deceased for each day after the date of death.

FREQUENCY OF REPORTING: Data reported quarterly by PACE organizations.

MEASURE TYPE: Outcome

MEASURE DOMAIN: Patient Safety

DATA SOURCE: Files submitted to NPA – Common Data Set

SUPPLEMENTAL INFORMATION

A PACE participant fall is a sudden, unanticipated descent in which a participant comes to rest on the floor or some other surface, person, or object.

The Percent of PACE Participant Falls Without Injury is calculated as:

1. The numerator is the sum of participant falls without an injury in a quarter.
2. The denominator is the sum of all falls reported during the quarter
3. Percent calculation: (Number of falls without injury)/(Total number of falls reported in the quarter) multiplied by 100

MEASURE INFORMATION

MEASURE TITLE: Percent of PACE Participants With Influenza Immunization

DESCRIPTION OF MEASURE: Percent of PACE Participants who received an influenza immunization during the influenza immunization season defined as beginning on September 1 and ending on March 31 of the following year. Measures are to be calculated separately for the following three (3) percentages:

1. The percentage of participants who received an influenza immunization during the current or most recent influenza season, either in the PACE Organization or outside the PACE Organization.
2. The percentage of participants who were offered and declined the seasonal influenza immunization.
3. The percentage of participants who were ineligible to receive the seasonal influenza immunization due to contraindication(s) (e.g., anaphylactic hypersensitivity to eggs or other components of the immunization, see https://www.cdc.gov/flu/professionals/vaccination/vax-summary.htm).

NUMERATOR STATEMENTS: Each of the three (3) sub-measure numerators described below will be computed and reported separately. The influenza immunization season is defined as beginning on September 1 and ending on March 31 of the following year.

1. Percentage of PACE participants who received an influenza immunization.
   - Numerator: Number of PACE participants who received an influenza immunization during the reporting influenza season,
either in the PACE Organization or outside the PACE Organization.

2. Percentage of PACE participants who were offered and declined the seasonal influenza immunization.
   - **Numerator**: Number of PACE participants who were offered and declined the seasonal influenza immunization during the reporting influenza season.

3. Percentage of PACE participants who were ineligible to receive the seasonal influenza immunization due to contraindication(s).
   - **Numerator**: Number of PACE participants who were ineligible to receive the seasonal influenza immunization due to medical contraindication(s) during the reporting influenza season (e.g., anaphylactic hypersensitivity to components of the immunization; see [https://www.cdc.gov/flu/professionals/vaccination/vax-summary.htm](https://www.cdc.gov/flu/professionals/vaccination/vax-summary.htm)).

**Denominator Statement**: The denominator is the same for all three percentages.

**Denominator**: Number of PACE participants enrolled during the reporting influenza season.

**Inclusions**: Denominator
- Include PACE participants who were enrolled in PACE for at least one (1) day during the reporting influenza season, regardless of enrollment status at the end of the reporting period.
- Include PACE participants who died during the reporting influenza season, but were enrolled as PACE participants for at least one (1) day in the reporting influenza season.

**Exclusions**: None

**Frequency of Reporting**: Data reported annually by PACE organizations.

**Measure Type**: Process

**Measure Domain**: Health and Well Being

**Data Source**: HPMS
- Files submitted to NPA – Enrollment file

**Supplemental Information**
The Percent of PACE Participants With Influenza Immunization is calculated for each sub-measure as:

- **Percentage of PACE participants who received an influenza immunization.**
  1. The numerator is the number of participants who received an influenza immunization during the influenza season (either in the PO or outside).
  2. The denominator is the number of PACE participants enrolled during the reporting influenza season.
  3. Percent calculation: divide the numerator by the denominator and multiply by 100.

- **Percentage of PACE participants who were offered and declined the seasonal influenza immunization.**
  1. The numerator is the number of participants who were offered and declined the influenza immunization during the reporting influenza season.
  2. The denominator is the number of PACE participants enrolled during the reporting influenza season.
  3. Percent calculation: divide the numerator by the denominator and multiply by 100.

- **Percentage of PACE participants who were ineligible to receive the seasonal influenza immunization due to contraindication(s).**
  1. The numerator is the number of participants who were ineligible to receive influenza immunization during the reporting season due to medical contraindication(s).
  2. The denominator is the number of PACE participants enrolled during the reporting influenza season.
  3. Percent calculation: divide the numerator by the denominator and multiply by 100.

**Measure Information**

<table>
<thead>
<tr>
<th>Measure Title</th>
<th>Percent of PACE Participants With Pneumococcal Immunization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Measure</td>
<td>Percent of PACE Participants who received* a pneumococcal immunization in the last 10 years. Measures are to be calculated separately for the following three (3) percentages:</td>
</tr>
<tr>
<td>1. The percentage of participants who received a pneumococcal immunization in the last 10 years, either in the PACE Organization or outside the PACE Organization.</td>
<td></td>
</tr>
<tr>
<td>2. The percentage of participants who were offered and declined the pneumococcal immunization.</td>
<td></td>
</tr>
<tr>
<td>3. The percentage of participants who were ineligible to receive the pneumococcal immunization due to contraindication(s), see <a href="https://www.cdc.gov/vaccines/vpd/pneumo/hcp/recommendations.html">https://www.cdc.gov/vaccines/vpd/pneumo/hcp/recommendations.html</a>.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Numerator Statement</th>
<th>Each of the three (3) sub-measure numerators described below will be computed and reported separately.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Percentage of PACE participants who received a pneumococcal immunization.</td>
<td></td>
</tr>
<tr>
<td>2. Percentage of PACE participants who were offered and declined the pneumococcal immunization.</td>
<td></td>
</tr>
<tr>
<td>3. Percentage of PACE participants who were ineligible to receive the pneumococcal immunization due to contraindication(s).</td>
<td></td>
</tr>
</tbody>
</table>
**Numerator:** Number of PACE participants who were ineligible to receive the pneumococcal due to medical contraindication(s) during the reporting influenza season (e.g., anaphylactic hypersensitivity to components of the immunization; see https://www.cdc.gov/vaccines/vpdd/pneumo/hcp/recommendations.html).

**Denominator Statement:** The denominator is the same for all three percentages.

**Denominator:** Number of participants on a PACE organization’s census during the quarter.

**Inclusions:**
- Include PACE participants who were enrolled in PACE for at least one (1) day during the reporting period, regardless of enrollment status at the end of the reporting period.
- Include PACE participants who died during the reporting period, but were enrolled as PACE participants for at least one (1) day in the reporting period.

**Exclusions:** None

**Frequency of Reporting:** Data reported quarterly by PACE organizations.

**Measure Type:** Process

**Measure Domain:** Health and Well Being

**Data Source:** HPMS
Files submitted to NPA – Enrollment file

**Supplemental Information**

*Received: Participant received at least one of the two pneumococcal vaccines (pneumococcal conjugate vaccine and pneumococcal polysaccharide vaccine).

The Percent of PACE Participants With Pneumococcal Immunization is calculated for each sub-measure as:

- **Percentage of PACE participants who received a pneumococcal immunization.**
  1. The numerator is the number of participants who received a pneumococcal immunization within the last 10 years (either in the PO or outside).
  2. The denominator is the number of PACE participants enrolled during the reporting period.
  3. Percent calculation: divide the numerator by the denominator and multiply by 100.

- **Percentage of PACE participants who were offered and declined the pneumococcal immunization.**
  1. The numerator is the number of participants who were offered and declined the pneumococcal immunization.
  2. The denominator is the number of PACE participants enrolled during the reporting period.
  3. Percent calculation: divide the numerator by the denominator and multiply by 100.

- **Percentage of PACE participants who were ineligible to receive the pneumococcal immunization due to contraindication(s).**
  1. The numerator is the number of participants who were ineligible to receive pneumococcal immunization due to medical contraindication(s).
  2. The denominator is the number of PACE participants enrolled during the reporting period.
  3. Percent calculation: divide the numerator by the denominator and multiply by 100.
### Measure Information

<table>
<thead>
<tr>
<th>Measure Title:</th>
<th>PACE-Acquired Pressure Ulcer/Injury Prevalence Rate - Stage 3 and above (PAPU/I) <em>(NQF Endorsed)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Measure:</td>
<td>Prevalence of PACE-acquired pressure ulcers/injuries (Stages 3, 4, unstageable, and deep tissue injury) among PACE participants in a quarter, expressed as persons with 1 or more pressure ulcers/injuries divided by the number of participants on the PACE organization’s census who resided in a home setting (home or assisted living facility) for at least one day during the quarter. This is a rate-based measure of skin breakdown due to pressure or pressure combined with shear. The rate will be calculated quarterly. The target population is participants on a PACE organization’s census who are residing in a home setting for at least one day during a quarter.</td>
</tr>
<tr>
<td>Numerator Statement:</td>
<td>The total number of participants enrolled during the quarter that have at least one documented PAPU/I (Stages 3, 4, unstageable, and deep tissue injury) acquired while a PACE participant.</td>
</tr>
<tr>
<td>Denominator Statement:</td>
<td>Number of participants on a PACE organization’s census during the quarter.</td>
</tr>
</tbody>
</table>
| Inclusions: Numerator | - Include participants living at home or in assisted living facilities.  
  - Include participants with pressure ulcers that were identified less than 24 hours after the participant was in an emergency room, or admitted to the hospital, nursing home, skilled nursing facility, hospice facility, or rehabilitation facility. |
| Exclusions: Numerator | - Exclude participants whose pressure ulcer was acquired before they were enrolled in PACE, as determined by their initial assessment.  
  - Exclude participants who don’t have pressure ulcers, even if they have other kinds of skin breakdown that developed during the quarter, such as diabetic ulcers or venous ulcers. |
| Exclusions: Denominator | - Exclude participants who lived outside their home/assisted living setting for every day of the quarter. Exclude participants who spent the entire quarter living:  
  - In a nursing home facility,  
  - In a hospice facility,  
  - In hospice care at home,  
  - In skilled nursing care, or  
  - In a rehabilitation setting. |
| Frequency of Reporting: | Data reported quarterly by PACE organizations. |
| Measure Type: | Outcome |
| Measure Domain: | Patient Safety |
| Data Source: | Files submitted to NPA – Enrollment file and Common Data Set |
Pressure Injury as defined by the National Pressure Ulcer Advisory Panel*

A pressure injury is localized damage to the skin and/or underlying soft tissue usually over a bony prominence or related to a medical or other device. The injury can present as intact skin or an open ulcer and may be painful. The injury occurs as a result of intense and/or prolonged pressure or pressure in combination with shear. The tolerance of soft tissue for pressure and shear may also be affected by microclimate, nutrition, perfusion, co-morbidities and condition of the soft tissue.

**Pressure ulcers/injuries are characterized by stage:**

**Stage 1 Pressure Injury: Non-blanchable erythema of intact skin**
Intact skin with a localized area of non-blanchable erythema, which may appear differently in darkly pigmented skin. Presence of blanchable erythema or changes in sensation, temperature, or firmness may precede visual changes. Color changes do not include purple or maroon discoloration; these may indicate deep tissue pressure injury.

**Stage 2 Pressure Injury: Partial-thickness skin loss with exposed dermis**
Partial-thickness loss of skin with exposed dermis. The wound bed is viable, pink or red, moist, and may also present as an intact or ruptured serum-filled blister. Adipose (fat) is not visible and deeper tissues are not visible. Granulation tissue, slough and eschar are not present. These injuries commonly result from adverse microclimate and shear in the skin over the pelvis and shear in the heel. This stage should not be used to describe moisture associated skin damage (MASD) including incontinence associated dermatitis (IAD), intertriginous dermatitis (ITD), medical adhesive related skin injury (MARSI), or traumatic wounds (skin tears, burns, abrasions).

**Stage 3 Pressure Injury: Full-thickness skin loss**
Full-thickness loss of skin, in which adipose (fat) is visible in the injury and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.

**Stage 4 Pressure Injury: Full-thickness skin and tissue loss**
Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the injury. Slough and/or eschar may be visible. Epibole (rolled edges), undermining and/or tunneling often occur. Depth varies by anatomical location. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.

**Unstageable Pressure Injury: Obscured full-thickness skin and tissue loss**
Full-thickness skin and tissue loss in which the extent of tissue damage within the injury cannot be confirmed because it is obscured by slough or eschar. If slough or eschar is removed, a Stage 3 or Stage 4 pressure injury will be revealed. Stable eschar (i.e. dry, adherent, intact without erythema or fluctuance) on an ischemic limb or the heel(s) should not be removed.

**Deep Tissue Pressure Injury: Persistent non-blanchable deep red, maroon or purple discoloration**
Intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood filled blister. Pain and temperature change often precede skin color changes. Discoloration may appear differently in darkly pigmented skin. This injury results from intense and/or prolonged pressure and shear forces at the bone-muscle interface. The wound may evolve rapidly to reveal the actual extent of tissue injury, or may resolve without tissue loss. If necrotic tissue, subcutaneous tissue, granulation tissue, fascia, muscle or other underlying structures are visible, this indicates a full thickness pressure injury (Unstageable, Stage 3 or
Stage 4). Do not use DTPI to describe vascular, traumatic, neuropathic, or dermatologic conditions.

The numerator specified in the prevalence calculation will be limited to Stages 3 and above (i.e., Stages 3, 4, unstageable, and deep tissue injury). However, data will be collected on pressure ulcers/injuries of all stages using the definitions supplied.

* This PU/I data collection will follow the NPUAP pressure ulcer/injury definition and staging categories.

The calculation steps are as follows:
1. The target population is all included participants on a PACE organization’s census for at least one day during a calendar quarter.
2. The numerator is the number of PACE participants whose clinical records documented the presence of one or more included stage 3 or above pressure injuries during the quarter.
3. Count the number of included PACE participants on a PACE organization’s census for at least one day during a calendar quarter.
4. Divide the quarterly number of participants with pressure injuries by the number of participants on the census during the quarter.

<table>
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<th>Measure Information</th>
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<tbody>
<tr>
<td><strong>Measure Title:</strong></td>
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<td><strong>Numerator Statement:</strong></td>
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<td><strong>Denominator Statement:</strong></td>
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<td><strong>Exclusions:</strong></td>
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</tbody>
</table>
**Denominator**
- Exclude participants who lived outside their home/assisted living setting for every day of the quarter. Exclude participants who spent the entire quarter living:
  - In a nursing home facility,
  - In a hospice facility,
  - In hospice care at home,
  - In skilled nursing care, or
  - In a rehabilitation setting.

**Frequency of Reporting:** Data reported quarterly by PACE organizations.

**Measure Type:** Outcome

**Measure Domain:** Patient Safety

**Data Source:** Files submitted to NPA – Enrollment file and Common Data Set

**Supplemental Information**

Pressure Injury as defined by the National Pressure Ulcer Advisory Panel*:

A pressure injury is localized damage to the skin and/or underlying soft tissue usually over a bony prominence or related to a medical or other device. The injury can present as intact skin or an open ulcer and may be painful. The injury occurs as a result of intense and/or prolonged pressure or pressure in combination with shear. The tolerance of soft tissue for pressure and shear may also be affected by microclimate, nutrition, perfusion, co-morbidities and condition of the soft tissue.

**Pressure ulcers/injuries are characterized by stage:**

**Stage 1 Pressure Injury: Non-blanchable erythema of intact skin**
Intact skin with a localized area of non-blanchable erythema, which may appear differently in darkly pigmented skin. Presence of blanchable erythema or changes in sensation, temperature, or firmness may precede visual changes. Color changes do not include purple or maroon discoloration; these may indicate deep tissue pressure injury.

**Stage 2 Pressure Injury: Partial-thickness skin loss with exposed dermis**
Partial-thickness loss of skin with exposed dermis. The wound bed is viable, pink or red, moist, and may also present as an intact or ruptured serum-filled blister. Adipose (fat) is not visible and deeper tissues are not visible. Granulation tissue, slough and eschar are not present. These injuries commonly result from adverse microclimate and shear in the skin over the pelvis and shear in the heel. This stage should not be used to describe moisture associated skin damage (MASD) including incontinence associated dermatitis (IAD), intertriginous dermatitis (ITD), medical adhesive related skin injury (Marsi), or traumatic wounds (skin tears, burns, abrasions).

**Stage 3 Pressure Injury: Full-thickness skin loss**
Full-thickness loss of skin, in which adipose (fat) is visible in the injury and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.

**Stage 4 Pressure Injury: Full-thickness skin and tissue loss**
Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the injury. Slough and/or eschar may be visible. Epibole (rolled edges), undermining and/or tunneling often occur. Depth varies by anatomical location. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.
Unstageable Pressure Injury: Obscured full-thickness skin and tissue loss
Full-thickness skin and tissue loss in which the extent of tissue damage within the injury cannot be confirmed because it is obscured by slough or eschar. If slough or eschar is removed, a Stage 3 or Stage 4 pressure injury will be revealed. Stable eschar (i.e. dry, adherent, intact without erythema or fluctuance) on an ischemic limb or the heel(s) should not be removed.

Deep Tissue Pressure Injury: Persistent non-blanchable deep red, maroon or purple discoloration
Intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood filled blister. Pain and temperature change often precede skin color changes. Discoloration may appear differently in darkly pigmented skin. This injury results from intense and/or prolonged pressure and shear forces at the bone-muscle interface. The wound may evolve rapidly to reveal the actual extent of tissue injury, or may resolve without tissue loss. If necrotic tissue, subcutaneous tissue, granulation tissue, fascia, muscle or other underlying structures are visible, this indicates a full thickness pressure injury (Unstageable, Stage 3 or Stage 4). Do not use DTPI to describe vascular, traumatic, neuropathic, or dermatologic conditions.

*This PU/I data collection will follow the NPUAP pressure ulcer/injury definition and staging categories.

The calculation steps are as follows:
1. The target population is all included participants on a PACE organization’s census for at least one day during a calendar quarter.
2. The numerator is the number of PACE participants whose clinical records documented the presence of one or more included pressure injuries during the quarter.
3. Count the number of included PACE participants on a PACE organization’s census for at least one day during a calendar quarter.
4. Divide the quarterly number of participants with pressure injuries by the number of participants on the census during the quarter.

Measure Information

<table>
<thead>
<tr>
<th>Measure Title:</th>
<th>Rate of Participants with Pressure Ulcer/Injuries That Are New or Worsened</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Measure:</td>
<td>The proportion of participants with Stage 1, Stage 2, Stage 3, Stage 4, Unstageable, or Deep Tissue pressure injuries that are new* or worsened** since prior assessment.</td>
</tr>
<tr>
<td>Numerator Statement:</td>
<td>The number of participants with at least one or more Stage 1, Stage 2, Stage 3, Stage 4, Unstageable, or Deep Tissue pressure injuries, that are new or worsened, based on examination of all assessments in a participant’s episode for reports of Stages 1 – 4, Unstageable, or Deep Tissue pressure injuries that were not present or were at a lesser stage on prior assessment.</td>
</tr>
<tr>
<td>Denominator Statement:</td>
<td>The number of active participants during the reporting period.</td>
</tr>
<tr>
<td>Inclusions:</td>
<td><strong>Numerator</strong></td>
</tr>
<tr>
<td></td>
<td>Include any PACE acquired PU/I and community acquired PU/I that are worsened while enrolled in PACE.</td>
</tr>
</tbody>
</table>
Exclusions:

**Numerator**
- Exclude any pressure injury that was acquired by a participant prior to joining PACE, that has not worsened.

**Denominator**
- Exclude participants not active on last day of the reporting period.

**Frequency of Reporting:** Data reported quarterly by PACE organizations.

**Measure Type:** Outcome

**Measure Domain:** Patient Safety

**Data Source:** Files submitted to NPA – Enrollment file and Common Data Set

**Supplemental Information**

*New: Any pressure injury that is acquired by a participant while in PACE.*

**Worsened: Any pressure injury that worsened.**

**Pressure injuries are characterized by stage:**

**Stage 1 Pressure Injury: Non-blanchable erythema of intact skin**
Intact skin with a localized area of non-blanchable erythema, which may appear differently in darkly pigmented skin. Presence of blanchable erythema or changes in sensation, temperature, or firmness may precede visual changes. Color changes do not include purple or maroon discoloration; these may indicate deep tissue pressure injury.

**Stage 2 Pressure Injury: Partial-thickness skin loss with exposed dermis**
Partial-thickness loss of skin with exposed dermis. The wound bed is viable, pink or red, moist, and may also present as an intact or ruptured serum-filled blister. Adipose (fat) is not visible and deeper tissues are not visible. Granulation tissue, slough and eschar are not present. These injuries commonly result from adverse microclimate and shear in the skin over the pelvis and shear in the heel. This stage should not be used to describe moisture associated skin damage (MASD) including incontinence associated dermatitis (IAD), intertriginous dermatitis (ITD), medical adhesive related skin injury (MARSI), or traumatic wounds (skin tears, burns, abrasions).

**Stage 3 Pressure Injury: Full-thickness skin loss**
Full-thickness loss of skin, in which adipose (fat) is visible in the injury and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.

**Stage 4 Pressure Injury: Full-thickness skin and tissue loss**
Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the injury. Slough and/or eschar may be visible. Epibole (rolled edges), undermining and/or tunneling often occur. Depth varies by anatomical location. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.

**Unstageable Pressure Injury: Obscured full-thickness skin and tissue loss**
Full-thickness skin and tissue loss in which the extent of tissue damage within the injury cannot be confirmed because it is obscured by slough or eschar. If slough or eschar is removed, a Stage 3 or Stage 4 pressure injury will be revealed. Stable eschar (i.e. dry, adherent, intact without erythema or fluctuance) on an ischemic limb or the heel(s) should not be removed.
Deep Tissue Pressure Injury: Persistent non-blanchable deep red, maroon or purple discoloration
Intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple
discoloration or epidermal separation revealing a dark wound bed or blood filled blister. Pain and
temperature change often precede skin color changes. Discoloration may appear differently in darkly
pigmented skin. This injury results from intense and/or prolonged pressure and shear forces at the bone
muscle interface. The wound may evolve rapidly to reveal the actual extent of tissue injury, or may resolve
without tissue loss. If necrotic tissue, subcutaneous tissue, granulation tissue, fascia, muscle or other
underlying structures are visible, this indicates a full thickness pressure injury (Unstageable, Stage 3 or
Stage 4). Do not use DTPI to describe vascular, traumatic, neuropathic, or dermatologic conditions.

*This PU/I data collection will follow the NPUAP pressure ulcer/injury definition and staging categories.

The calculation steps are as follows:
1. The target population is all included participants on a PACE organization’s census for at least
   one day during a calendar quarter.
2. The numerator is the number of PACE participants whose assessments documented the
   presence of at least one or more new or worsened pressure injuries during the quarter.
3. Count the number of included PACE participants on a PACE organization’s census for at least
   one day during a calendar quarter.
4. Divide the quarterly number of participants with new or worsened pressure injuries by the
   number of participants on the census during the quarter.

Measure Information

<table>
<thead>
<tr>
<th>Measure Title:</th>
<th>Percent of PACE Participants for which Medication Reconciliation was Performed and Documented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Measure:</td>
<td>Percent of PACE participants for which medication reconciliation* was performed and documented.</td>
</tr>
</tbody>
</table>
|                        | Medication reconciliation MUST be completed during the following (described below as change in status):
|                        | • Participant enrollment in PACE organization;                                       |
|                        | • Re-assessment;                                                                      |
|                        | • Change of condition**; and                                                         |
|                        | • Transition from a setting of care to PACE (discharge).                              |
| Numerator Statement:   | The number of PACE participants for which medication reconciliation was performed and documented*** by the IDT during the reporting period. |
| Denominator Statement: | The number of PACE participants who were newly enrolled in PACE, experienced a change of condition, eligible for re-assessment, and were transferred from a setting of care (e.g., hospital inpatient or observation, skilled nursing facility, or rehabilitation facility) to PACE (e.g., home/self-care, assisted living, or nursing home) |
| Frequency of Reporting:| Data reported quarterly by PACE organizations.                                        |
| Measure Type:          | Process                                                                            |
| Measure Domain:        | Effective Communication and Care Coordination                                         |
| Data Source:           | File submitted to NPA – Common Data Set                                              |
**Supplemental Information**

* Medication reconciliation is defined as the process of comparing a participant's medication orders to all of the medications that the participant has been taking, including name, indication, dosage, frequency, route, and utilization status. This reconciliation is done to avoid medication errors such as omissions, duplications, dosage errors, or drug interactions.

**A change in condition or “significant change” is a decline or improvement in an individual’s status that:**

1. Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, is not “self-limiting” (for declines only);
2. Impacts more than one area of the individual’s health status; and
3. Requires interdisciplinary review and/or revision of the care plan.

***The medication reconciliation list/documentation MUST:**

- Include the name or other unique identifier of the eligible professional; AND
- Include the date of the reconciliation; AND
- Address for EACH medication (prescriptions, over-the-counters, herbals, vitamin/mineral/dietary (nutritional) supplements, and medical marijuana):
  - Medication name
  - Indication
  - Dosage
  - Frequency
  - Route of administration
  - Start and end date (if applicable)
  - Identification of the following:
    - **Continued:** Medications prescribed before [change in status]; AND
    - **Changed:** Medications prescribed before [change in status] with a change in dosage or directions [change in status] that differs from what the participant was taking prior to the [change in status]; AND
    - **New:** Medications started during [change in status] that are to be continued after [change in status] and newly prescribed medications that participant should begin taking after [change in status]; AND
    - **Discontinued:** Medications taken by participant before the [change in status] that should be discontinued or held after [change in status]; discontinuation date (if applicable), reason medication was stopped or discontinued (if applicable), and identification of individual who authorized stoppage or discontinuation of medication (if applicable); AND
    - **Allergies and Adverse Reactions:** Medications administered during the [change in status] that caused an allergic reaction or adverse event and were therefore discounted

The Reconciled Medication List is calculated as:

1. The numerator is the number of participants for which medication reconciliation was performed and documented by the IDT during the reporting period.
2. The denominator is the number of participants who were newly enrolled in PACE, experienced a change of condition, eligible for re-assessment, and were transferred from a setting of care to PACE.
3. Percent of PACE participants for which medication reconciliation was performed and documented = step 1/step 2, multiplied by 100.