

MDS Alert

Industry News to Use: Watch For New Cross-Setting Discharge-to-Community QM

Care transitions and discharge planning have been emerging as new hot topics in the quality measure (QM) arena, and now CMS has issued draft specifications for a new Discharge to Community QM for skilled nursing facilities (SNFs), inpatient rehab facilities (IRFs), long-term care hospitals (LTCHs), and home health agencies (HHAs).

Mandated by the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014, the Discharge to Community measure is a claims-based QM describing the risk-standardized rate of Medicare fee-for-service (FFS) beneficiaries who are discharged to the community following a post-acute stay or episode, according to Washington, D.C.-based **Leading Age**.

Specifically, the QM would apply to beneficiaries who do not have an unplanned (re)admission to an acute care hospital or LTCH in the 31 days following discharge to the community, and remain alive during the 31 days following discharge to the community.

Link: To view the draft specifications for the Discharge to Community QM, go to www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Downloads/Draft-Specifications-for-the-Discharge-to-Community-Quality-Measure-for-Skilled-Nursing-Facilities-SNFs-Inpatient-Rehabilitation-Facilities-IRFs-Long-Term-Care-Hospitals-LTCHs-and-Home-Health-Agencies-HHAs.pdf.