

Maryland Health Care Commission

Public Notice

Expanding Opportunities for Delivery of Quality Home Health Agency Services in Maryland

The Home Health Agency Chapter of the State Health Plan (COMAR 10.24.16) regulates the development and expansion of home health agency (HHA) services in Maryland based on the determination by the Maryland Health Care Commission (Commission) that consumers need a choice of high quality HHA providers. The purpose of this notice is to seek comments on draft quality measures and performance requirements. The notice also lists qualifying jurisdictions and any multi-jurisdictional regions proposed for use in Certificate of Need (CON) reviews. After consideration of the comments, the final quality performance requirements and jurisdictions/regions established by the Commission will be published in the *Maryland Register* and on the Commission's website.

With this notice, Commission staff posts draft quality measures and required performance levels for public comment, in accordance with COMAR 10.24.16.07. These draft quality measures and performance levels, when finalized, will be used in the establishment of a review schedule for consideration of CON applications to establish or expand home health agency services in Maryland. The quality metrics used to qualify an applicant will also be used to qualify a jurisdiction for market entry by new HHA.

There are three ways in which the approved quality measures and performance benchmarks will be used in the CON review process: (1) determining jurisdictional need (COMAR 10.24.16.04); (2) qualifying an applicant for inclusion in a review cycle (COMAR 10.24.16.07); and (3) determining preference, if necessary, among competing applicants (COMAR 10.24.16.09).

In addition to meeting the qualifications required for all applicants described in COMAR 10.24.16.06C, an applicant must meet performance-related qualifications that vary by type of applicant. This notice seeks public comment on the draft quality measures and performance benchmarks to be achieved by applicants and to be used in determining need for additional HHA services. Written comments must be received by the Commission no later than Thursday, September 22, 2016 at 4:00 p.m. Address your comments to Cathy Weiss, Program Manager, Center for Health Care Facilities Planning and Development, at cathy.weiss@maryland.gov

Medicare-Certified HHA Applicants

MHCC staff proposes using the same quality measures for both Maryland and non-Maryland HHAs. Consistent with COMAR 10.24.16.07, the experience of Maryland HHAs will be used to determine performance levels for selected quality measures. Furthermore, as provided in COMAR 10.24.16.07C, for a non-Maryland HHA applicant that has any common ownership with a Medicare-certified HHA in a state other than Maryland, it shall demonstrate that: (1) the

average Maryland star rating on the CMS star rating system of all Medicare-certified HHAs with which it has any common ownership met or exceeded the specified rating level; and (2) the average Maryland performance level on selected process and outcome measures from CMS' Home Health Compare for the most recent 12-month reporting period of all Medicare-certified HHAs with which it has any common ownership met or exceeded the specified performance level.

The summary star and individual process and outcome measures on Home Health Compare (which include individual measures and star ratings) were selected for the following reasons:

- The individual measures address important conditions that occur frequently among home health agency patients;
- The measures are standardized and used throughout the United States and, thus, allow for state-to-state and national comparisons;
- The measures are endorsed by the National Quality Forum (NQF)¹ and are based on data that all Medicare-certified home health agencies are required to submit;
- The measure scores show sufficient variation to differentiate among Maryland HHAs and HHAs in other states. The measures are not topped out (i.e., performance is not so uniformly high that there is little room for improvement);
- The measures, at least in part, offer an opportunity to improve the Maryland scores relative to the nation and neighboring states (i.e., Maryland, as a state, scores lower on these measures); and
- The measures are predominantly outcome, rather than process, measures (an eleven to three ratio). While process measures are useful in targeting improvement efforts, improvement in outcome measures can lead directly to better patient results overall.

There are two star ratings, with one based on Quality of Care (QOC) measures and the other based on Experience of Care (EOC) measures. CMS added a star rating for the QOC measures in 2015 and a star rating for EOC in January 2016. Star ratings summarize multiple individual measures to make it easier for consumers to use the information in drawing comparisons among HHAs and identify differences in quality among HHAs.

¹ National Quality Forum Endorsement

CMS has contracted with the National Quality Forum (NQF) to oversee the work needed to select and maintain performance measures for its federal health care programs. Quality measures (QM) publicly reported on federal sites (CMS' Compare websites) reflect best practices in performance measurement and standards-setting. Measures displayed on the various CMS websites have been selected after years of research and rigorous testing, and are widely used for various quality initiatives in healthcare. In addition to receiving initial endorsement, measures undergo periodic review and updating, called "measures maintenance." Endorsement for public report by NQF ensures that QM are deemed to be: (1) important, focusing on priority areas and can have a positive impact on healthcare quality; (2) scientifically acceptable (reliable and valid); (3) useable and relevant to consumers, providers, and policy makers; and, (4) feasible to collect (readily available data retrievable without undue burden to providers and users).

Draft Performance Levels for Use in Qualifying HHA Applicants

The minimum QOC Star Rating proposed for applicant qualification is **3.5**. The minimum EOC Star Rating proposed for applicant qualification is **3.0**.

The draft Maryland summary star ratings and the individual QOC and EOC measures to be used in the Certificate of Need process for defining qualifying performance by an HHA are shown in Tables 1 and 2, respectively.

The draft performance level for the QOC measures is a score **equal to or above the Maryland state average** for at least **six of the proposed eleven QOC measures**. Similarly, the draft performance level for the EOC measures is a score **equal to or above the Maryland state average** for at least **three of the five proposed EOC measures**. The Maryland state average for each proposed measure is shown in Tables 1 and 2.

Use of the Maryland state average is proposed by staff because “average”: is a commonly used measure for these types of data; represents the central tendency of a group of values, weighted by the frequency distribution; and is not an overly stringent threshold that would exclude a large number of Maryland HHAs from qualifying as applicants.

Rationale for Star Ratings for HHAs (Maryland HHAs and HHAs operating in other states):

The draft quality of care measures focus on high-risk, high-volume, problem-prone areas for home health clients. These include measures pertaining to all or most home health agency clients, such as use of risk assessment tools for falls, pain, depression, and pressure ulcer development.

The draft experience of care measures are the results of the Home Health Consumer Assessment of Healthcare Providers and Systems (HCHAHP[®]), a national survey that asks HHA clients about their recent experiences with a home health agency.

Each of the star ratings is calculated separately and uses different methods.

The draft QOC Summary Star Rating performance level of **3.5 or higher** and the draft EOC Summary Star Rating performance level of **3.0 or higher** represent an HHA that performs at or above the national average for this scale.

The star ratings are calculated using national data, which results in robust ratings because of the volume and diversity of data.

Table 1: Quality of Care (QOC) Measures and Performance Levels Applicable to HHAs

Measure	How often patients got better at taking their drugs correctly by mouth			How often patients had to be admitted to the hospital			How often the team began their patients' care in a timely manner			How often the team determined if patients received flu shot for current season			How often the team taught patients (or family caregivers) about their drugs			How often patients needed urgent, unplanned care in the ER without being admitted		
	2013	2014	2015	2013	2014	2015	2013	2014	2015	2013	2014	2015	2013	2014	2015	2013	2014	2015
National Score	51.0	53.0	56.1	16.0	16.0	16.0	92.0	92.0	92.3	71.0	73.0	69.4	92.0	93.0	95.8	12.0	12.0	12.4
Maryland Score	53.9	56.7	60.0	16.3	16.3	15.7	90.4	89.9	91.5	76.8	76.8	73.3	92.2	88.8	95.9	11.4	11.6	12.1

Measure	How often patients got better at walking or moving around			How often patients got better at getting in and out of bed			How often patients got better at bathing			How often patients had less pain when moving around			How often patients' breathing improved			Star Rating	Quality of Patient Care Star Rating
	2013	2014	2015	2013	2014	2015	2013	2014	2015	2013	2014	2015	2013	2014	2015		
National Score	61.0	63.0	66.4	56.0	59.0	62.3	67.0	68.0	70.6	68.0	68.0	70.2	64.0	65.0	69.2	National Score	Not reported
Maryland Score	61.7	64.6	68.3	61.3	61.7	65.6	67.8	69.8	72.7	67.1	70.8	72.8	72.9	75.1	77.0	Maryland Score	3.5

Table 2: Experience of Care (EOC) Measures and Performance Levels Applicable to HHAs

Measure	Percent of patients who reported that their home health team gave care in a professional way			Percent of patients who reported that their home health team communicated well with them			Percent of patients who reported the home health team discussed medicines, pain, and home safety with them			Percent of patients who gave their home health agency a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)			Percent of patients who reported YES, they would definitely recommend the HAA			Experience of Care Summary Star Rating
	2013	2014	2015	2013	2014	2015	2013	2014	2015	2013	2014	2015	2013	2014	2015	
National Scores	88.0	88.0	88.0	85.0	85.0	85.0	83.0	84.0	81.0	84.0	84.0	84.0	79.0	78.0	78.0	3
Maryland Score	87.0	88.0	87.0	85.0	85.0	85.0	80.7	81.0	81.0	82.1	82.0	83.0	77.2	77.0	77.0	3

Distribution of Summary Star Quality of Care Ratings for Maryland HHAs

Of the 54 Medicare-certified HHAs in Maryland, 52 submit data to CMS. The remaining two HHAs are agencies exclusively serving the pediatric population that do not submit data used in calculating any of the measures or star ratings. Table 3, below, shows the distribution of the 52 Maryland agencies submitting data. Two of the reporting HHAs with “no rating” submitted too few episodes of care to calculate a rating. The table shows that 75% of the Maryland agencies submitting data met the proposed performance level of 3.5 or higher. The data is from the April 2016 CMS dataset covering the time period January 1, 2015 - December 31, 2015.

Table 3

Number of Maryland HHAs	QOC Summary Star Rating
3	5
2	4.5
19	4
15	3.5
8	3
2	2.5
1	2
0	1.5
0	1
2	no rating

The star rating methodology for QOC can be found at the following link:

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIHomeHealthStarRatings.html>

As previously noted, the experience of care measures (EOC) are the results of the HHCAHPS®, a national survey that asks clients about their recent experiences with a home health agency. The survey involves ongoing data collection with monthly and quarterly data submissions.

Additional details about the survey can be found at:

<https://homehealthcahps.org/GeneralInformation/AboutHomeHealthCareCAHPSSurvey.aspx>.

Distribution of Summary Star Experience of Care Ratings for Maryland HHA

Table 4, below, shows that 71% of the 52 Maryland agencies submitting data meet the proposed performance level of 3.0 or higher. The data is from the April 2016 CMS dataset covering the time period January 1, 2015 - December 31, 2015

Table 4

Number of Maryland HHAs	EOC Summary Star Rating
10	5
17	4
10	3
7	2
3	1
5	blank

The star rating methodology for the EOC star can be found at the following link:
<https://homehealthcahps.org/GeneralInformation/StarRatingsInformation.aspx>

Hospital Applicants

Staff recommends that, at this time, only the Hospital HCAHPS® star rating, based on the patient experience of care survey, be used in identifying quality hospital providers. A hospital quality of care rating was developed and first reported by CMS in July 2016 on Hospital Compare, but reporting for Maryland hospitals has been delayed. Therefore, for the initial CON review schedule, the HCAHPS® summary star rating will be used.

Draft Performance Levels to be used in Qualifying Hospitals as HHA Applicants

MHCC staff proposes use of the same minimum CMS star ratings for Maryland hospital and non-Maryland hospital applicants. As provided in COMAR 10.24.16.07D(2), a Maryland hospital applicant with no HHA experience must demonstrate that it (and any other hospitals with which it has any common ownership) has achieved and maintained the minimum CMS EOC star rating of 3.0 for at least the three most recent years of operation. Consistent with COMAR 10.24.16.07D(3), a hospital applicant that only operates a hospital (or hospitals) in states other than Maryland must demonstrate that it has, for at least the three most recent years of operation, on average, achieved and maintained the minimum CMS star rating for all the hospitals with which it has any common ownership.

Rationale for Minimum CMS Star Rating for Hospital Applicants

The reasons for use of the selected CMS Star Rating (equal to or higher than 3.0) are similar to the rationale for selection of ratings for HHA providers. These measures were developed using rigorous methods, are endorsed by NQF, and are based on data that all acute care hospitals are required to submit, thereby allowing for national and state-to-state comparisons. The draft required rating results in qualification of hospitals that are roughly “above-average” with respect to the experience of care reported by their patients.

Distribution of Experience of Care Star Summary Ratings for Maryland Hospitals

There are 45 (out of a total of 47) general hospitals in Maryland that submitted data to CMS for the April 2016 report period and received an EOC star rating. Table 5 below shows the distribution by Star Summary Rating of the 45 hospitals. The two hospitals with “no rating” had too few survey responses to calculate an EOC rating. The table shows that 60% of the Maryland hospitals submitting data met the proposed performance level of 3.0 or higher. The data is from the May 2016 CMS dataset covering the time period July 1, 2014 - June 30, 2015.

Table 5

Number of Maryland Hospitals	Star Summary Rating
0	5
2	4
25	3
12	2
4	1
2	no rating

Hospital applicants must submit data to MHCC to document that they have achieved the required quality of care measures and performance levels. Data requirements are outlined in Appendix A.

Nursing Home Applicants

The nursing home star rating consists of four components. Nursing homes receive a star rating for three types of measures and an overall summary star rating calculated from the three star ratings using a multi-step process. The four components are:

- Health Inspections. This rating contains information from the last three years of onsite inspections. CMS weights deficiency findings during each survey (and revisits) by scope and severity to determine a score. The most recent survey findings are weighted more than the prior two years.

- Staffing. Information is collected about the number of hours of care provided, on average, to each resident on each day by nursing staff. The staffing rating is based on two measures: (1) Registered Nurse hours per resident per day; and (2) total staffing hours per resident per day. Staffing data are submitted by the facility and are adjusted by CMS for the needs of the nursing home residents.
- Quality Measures (QMs). This quality measure rating has information on 11 different physical and clinical measures for nursing home residents displayed on Nursing Home Compare. The QMs present information about how well nursing homes are caring for their residents' physical and clinical needs.
- Overall Summary Star Rating. This composite rating is calculated from the health inspections, staffing, and quality measures.

A step by step description of the nursing home star rating methodology can be found at: [Five-Star Quality Rating System Technical Users' Guide - Updated August 2016 \[PDF, 1000KB\]](#)

Draft Performance Levels to be used in Qualifying Nursing Homes as HHA Applicants

MHCC staff proposes use of the overall summary star rating in qualifying nursing home applicants and proposes a rating of 3.0 as the minimum CMS star rating for a Maryland nursing home or non-Maryland nursing home seeking to qualify as an HHA applicant. In accordance with COMAR 10.24.16.07D(4), a Maryland nursing home applicant must demonstrate that it has achieved and maintained the minimum overall summary CMS star rating required for the applicable review cycle for its Maryland nursing home and, on average, for all the Maryland nursing homes with which it has any common ownership for at least the three most recent years of operation. Consistent with COMAR 10.24.16.07D(5), a nursing home applicant that only operates a nursing home or nursing homes in states other than Maryland must demonstrate that it has, for at least the three most recent years of operation, on average, achieved and maintained the minimum overall summary CMS star rating for all the nursing homes with which it has any common ownership.

Rationale for Minimum CMS Star Rating for Nursing Home Applicants

The reasons for use of the selected CMS Star Rating (equal to or higher than 3.0) are similar to the rationale for selection of ratings for HHA providers. The measures were developed using rigorous methods, are endorsed by NQF, and are based on data that all nursing homes are required to submit, thereby allowing for national and state-to-state comparisons. The scores show sufficient variation to differentiate among Maryland nursing homes and nursing homes in other states, and measures are not topped out. This data has been publically reported since December 2008.

Distribution of Proposed Experience of Care Summary Star Ratings for Maryland Nursing Homes

Of the 234 licensed nursing homes in Maryland, 228 submit data used to calculate a star rating. Of the six nursing homes that do not submit data, five are transitional or subacute facilities that provide services to short-stay patients in the hospital setting, and one does not participate in Medicare. Table 6, below, shows the distribution of the 228 nursing homes that submit data. The table shows that 66% of the Maryland facilities submitting data met the performance level of 3.0 or higher. The data is from the June 9, 2016 CMS dataset.

Table 6

Number of Maryland NH	NH Star Rating
54	5
62	4
35	3
53	2
23	1
1	No Rating
228	

Nursing Home applicants must submit data to MHCC to document that they have achieved the required quality of care measures and performance levels. Data requirements are outlined in Appendix B.

Maryland Residential Service Agency (RSA) Applicants Providing Skilled Nursing Services

In accordance with COMAR 10.24.16.06B(3), a Maryland licensed residential service agency (RSA) providing skilled nursing services may qualify to file a CON application to establish a home health agency in Maryland. An RSA is a type of home care provider licensed in Maryland. However, unlike a licensed home health agency, an RSA may not be certified to receive Medicare reimbursement. Therefore, RSAs do not submit data to CMS on quality or performance. To demonstrate a track record in providing good quality of care, an RSA seeking to be a CON applicant is required to demonstrate that it has operated for at least three years, has provided skilled nursing services, has established a system for collecting data that includes systematic collection of process, outcome, and experience of care measures and has maintained accreditation through a deeming authority recognized by Maryland’s Department of Health and Mental Hygiene for at least the three most recent years of operation, consistent with COMAR 10.24.16.07D(1).

RSA applicants must submit data to MHCC to document that they monitor the required quality of care measures and performance levels. Data requirements are outlined in Appendix C.

Need Determination for Additional Home Health Agency Services

As provided in COMAR 10.24.16.04, a jurisdiction shall be identified as having a need for additional home health agency services if the jurisdiction has: (1) insufficient consumer choice of HHAs; (2) a highly concentrated HHA service market; or (3) an insufficient choice of HHAs with high quality performance.

In addition, a jurisdiction will not be identified as having need for additional home health agency services if the jurisdiction has an existing HHA with fewer than three years of operational experience or has a newly authorized HHA that has not yet been implemented.

Consistent with these regulations, insufficient consumer choice is considered to exist in any jurisdiction in which consumers have two or fewer Medicare-certified HHAs that served 10 or more clients each year during the most recent three-year period for which data is available. There are four jurisdictions that meet this criterion: Allegany; Caroline; Garrett; and Kent Counties.

The HHA Chapter provides that a jurisdiction is considered to have a highly concentrated HHA market when it has a Herfindahl-Hirschman Index (HHI)² of 0.25 or higher. There are 11 additional jurisdictions meeting this criterion: Calvert; Cecil; Dorchester; Frederick; Queen Anne's; Saint Mary's; Somerset; Talbot; Washington; Wicomico; and Worcester Counties.

Finally, a jurisdiction can qualify for consideration of new or expanded HHA services if it has an insufficient choice of quality performing HHAs. If HHAs serving 60 percent or more of the clients in a jurisdiction in the most recent year for which data is available did not meet the applicable quality performance requirements designated by the Commission, the jurisdiction meets this criterion. Using the proposed metrics to qualify an HHA applicant (see pages 3 to 5 of this Notice), 20 Maryland HHAs met the criteria of "good performance" while the remaining 32 HHAs did not. An analysis of those 32 HHAs and their jurisdictional market share in the remaining nine jurisdictions not qualifying under the first two criteria showed that no additional jurisdictions qualified under this criterion.

In summary, 15 jurisdictions qualify as having a need for additional HHA services.

² Herfindahl-Hirschman Index (HHI) is a measure of the size of firms (HHAs) in relation to the overall HHA industry and an indicator of the amount of competition among them. It is defined as the sum of the squares of the market shares of all the HHAs authorized and actually serving a jurisdiction. Results can range from 0 to 1.0; a competition index of 1.0 indicates a monopoly or a totally concentrated market. Conversely, a competition index close to 0 generally indicates a fair share of the market among an increasing number of HHA providers. A highly concentrated market means having an HHI measure greater than 2,500 (0.25 when dividing by 10,000) according to the U.S. Department of Justice and the Federal Trade Commission *2010 Horizontal Merger Guidelines*.

Multi-Jurisdictional Regions

In accordance with COMAR 10.24.16.05, the Commission may create the opportunity for the submission of CON applications for proposed development of new HHAs or expanding the services of existing HHAs into regional service areas composed of two or more contiguous jurisdictions. These opportunities will only be created when the regional service area has met one of the specified qualifying criteria for a determination of need consistent with COMAR 10.24.16.04. This regulation is designed to allow new HHA applicants an opportunity to have a service area population large enough to achieve reasonable economies of scale in their operations. Many jurisdictional populations are too small to support viable development of a new HHA limited to serving the single jurisdiction. As provided in COMAR 10.24.16.05B, jurisdictions with a total population size of 300,000 or more cannot be combined with other jurisdictions to create regional service areas.

The following four multi-jurisdictional regions are proposed for the purpose of establishing CON review cycles: (1) a Western Maryland Region that includes Allegany, Frederick, Garrett, and Washington Counties; (2) a Southern Maryland Region that includes Calvert and Saint Mary's Counties; (3) an Upper Eastern Shore Region that includes Caroline, Cecil, Kent, Queen Anne's, and Talbot Counties; and (4) a Lower Eastern Shore Region that includes Dorchester, Somerset, Wicomico, and Worcester Counties.

Appendix A: Data Submission Requirements for Sample Hospital Applicant in a Multiple Hospital System

Worksheet A: Sample Hospital Applicant

CMS Provider ID	Provider Name	Summary Star Rating 2013	Summary Star Rating 2014	Summary Star Rating 2015
	Applicant Hospital	3	3	4
	Related Hospital	4	4	4
	Related Hospital	3	3	3
	Related Hospital	3	2	2
	Related Hospital	1	2	2
	Related Hospital	3	3	4
	Related Hospital	4	5	5
	Related Hospital	2	2	3
Submit data as shown electronically in an excel spreadsheet				
		Date downloaded from data.medicare.gov		
	Measure Date Range 20XX			
	Measure Date Range 20XX			
	Measure Date Range 20XX			

Appendix B: Data Submission Requirements for Sample Nursing Home Applicant that has Any Common Ownership with Other Nursing Homes

Worksheet B: Sample Nursing Home Applicant

CMS Provider ID	Provider Name	Overall Star Rating 2013	Overall Star Rating 2014	Overall Star Rating 2015
	Applicant Nursing Home	3	3	4
	Related Nursing Home	4	4	4
	Related Nursing Home	3	3	3
	Related Nursing Home	3	2	2
	Related Nursing Home	1	2	2
	Related Nursing Home	3	3	4
	Related Nursing Home	4	5	5
	Related Nursing Home	2	2	3
Submit data as shown electronically in an excel spreadsheet				
		Date downloaded from data.medicare.gov		
	Measure Date Range 20XX			
	Measure Date Range 20XX			
	Measure Date Range 20XX			

Appendix C: Data Submission Requirements for Maryland Residential Service Agency (RSA) Applicants Providing Skilled Nursing Services

The information to be submitted by an RSA applicant shall include the following:

- Documentation of the agency's status as accredited for the three most recent years of operation;
- Documentation that the agency has provided skilled nursing services and information of the types of patients provided with this service, the specific types of skilled nursing services provided, and the utilization of this service during the most recent three years of operation (see Worksheet C1);
- A brief description of the agency's quality assurance program to include identification of the quality measures monitored comparable to those measures submitted by HHAs to CMS (for example, if your RSA uses a client survey, submit a copy of the survey); and
- Provision of examples of specific quality measures tracked and performance levels achieved during the most recent three years of operation (see Worksheet C2).

Worksheet C1: Sample RSA Applicant

Skilled Nursing Services Provided to RSA Clients	Number of RSA Clients by Year		
	2013	2014	2015
Medications and observation of medication effectiveness			
IV therapy			
Tube feedings			
Wound care, dressing changes			
Teaching and training activities (for example diabetes foot care)			
Ostomy care			
Tracheostomy care			
Requiring nursing care of other devices such as urinary catheters			
Requiring specialized assessment/management (specify)			
Receiving psychiatric evaluation/therapy			
Other (specify)			
Number of clients <u>not</u> receiving skilled nursing services*			

*RSA clients receiving therapy from a non-nurse healthcare professional (such as a physical or occupational therapist)

Note: A client receiving BOTH nursing and other therapist services are counted ONLY as skilled nursing services.

Worksheet C2: Sample RSA Applicant

Sample Types of Quality Measures*	Measure Type	Performance Level Achieved		
		2013	2014	2015
Percent of clients with improvement in wound status at the end of care	Outcome	16.3%	28.2%	37.2%
Percent of clients receiving flu vaccination for the current season	Outcome	56.2%	49.3%	55.3%
Percent of clients/families taught about diabetes footcare	Process	no data	14.6%	14.6%
Percent of clients checked for taking the appropriate medications	Process	76.7%	83.5%	88.2%
Percent of clients who said their needs were met by RSA staff	Experience of Care	77.8%	82.3%	83.5%

Note: Submit examples of quality measures collected for your client population.

*Include at least five to ten examples of quality measures selected from your process, outcome and experience of care.