

Health Equity Confidential Feedback Reports Post-Acute Care Quality Report Programs (PAC QRPs)

National Summary Report

August 2024

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Executive Summary of National Summary Report Findings

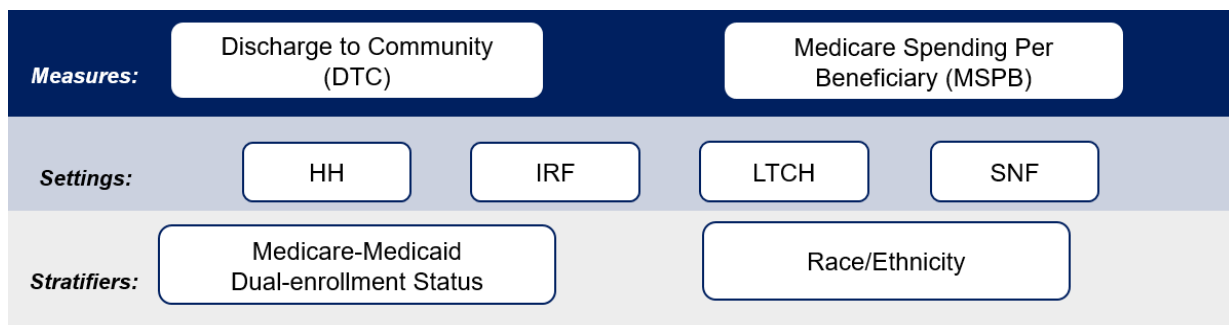
Health Equity Confidential Feedback Reports for Post-Acute Care Quality Reporting Programs (August 2024)

Background

The National Summary Report is a part of the Centers for Medicare & Medicaid Services (CMS) Division of Chronic and Post-Acute Care (DCPAC) effort to expand the collection, reporting, and analysis of standardized data. It provides national summary statistics on results from the 2023 Discharge to Community (DTC) and Medicare Spending Per Beneficiary (MSPB) Health Equity Confidential Feedback Reports, which were released to Home Health Agencies (HHAs), Inpatient Rehabilitation Facilities (IRFs), Long Term Care Hospitals (LTCHs), and Skilled Nursing Facilities (SNFs).

The Health Equity Confidential Feedback Reports showed provider performance on the DTC and MSPB measures stratified by beneficiaries' dual-enrollment (dual) status, and separately by beneficiaries' race/ethnicity (Figure 1 below). The stratified results provide data on the extent to which performance differences in measure outcomes exist between patients with and without social risk factors (SRFs) at PAC agencies and facilities. By sharing these insights directly to providers, the Health Equity Confidential Feedback Reports empower providers with the data necessary to develop strategies that reduce the impacts of SRFs for their patients.

Figure 1. 2023 Health Equity Confidential Feedback Reports: Measures, Settings, and Stratifiers



The 2023 Health Equity Confidential Feedback Reports included two comparisons which we highlight in this document. First, the **across-provider comparison** to the national performance among all patients compares outcomes for a given population at a given provider to the national performance across all patients in their same care setting (e.g., an LTCH's duals' DTC rate compared to the national DTC rate across all LTCH patients). Second, the **within-provider comparison** compares stratified patient populations within the individual provider's care (e.g., a single LTCH's duals' DTC rate compared to the same LTCH's non-duals' DTC rate). [Figure 2](#) and [Figure 3](#) below depict the across- and provider- comparisons. The reports also provided results organized by patient composition (e.g., proportion of duals at the facility/agency).¹ Key

¹ The 2023 Health Equity Confidential Feedback Reports also included (i) the across-provider comparison to the national performance among same population and (ii) results organized by geographic location (e.g., urban/rural). Methodological details are available in the "Health Equity Confidential Feedback Reports Methodology Report," which is located in each PAC QRP's Training & Education page.

findings from these comparisons are summarized in this document.

Figure 2. Across-Provider Comparison to the National Performance Among All Patients

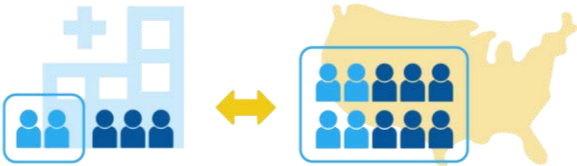


Figure 3. Within-Provider Comparison

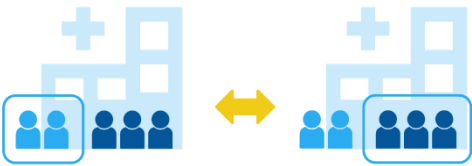


Figure Legend

= Your Facility/Agency (e.g., your LTCH) = All Facilities/Agencies nationwide in your care setting (e.g., all LTCHs)

= One stratified patient population (e.g., dual) = Another stratified patient population (e.g., non-duals)

Overall Summary of National Summary Report Findings

National average DTC and MSPB outcomes were worse for duals and Non-White patients than their counterparts (non-duals, White patients), across most PAC settings. Over half of providers in each setting had DTC and MSPB outcomes that were worse for their dual patients than for their non-dual patients. Across- and within-provider disparities were generally more often statistically significant in the SNF setting than other PAC settings. Furthermore, among SNFs, DTC and MSPB outcomes progressively worsened for duals and non-duals as the proportion of duals increased. Similarly, DTC and MSPB outcomes tended to progressively worsen for both White and Non-White patients as the proportion of Non-White patients increased among SNFs, LTCHs, and (for DTC) HHAs.

Summary of DTC Measure-Specific Findings

Interpretation of DTC: Lower rates indicate worse performance on the DTC measure, which captures the rate of successful discharge to the community.

Across-Provider Comparison to the National Performance Among All Patients

- The DTC rate for **duals** and **Non-White patients** at the median facility/agency was **worse** than the national DTC rate among all patients, across most PAC settings.
- **Over 37% of SNFs** had a statistically significantly **worse** DTC rate for their duals compared to the national rate.

Within-Provider Comparison

- The DTC rate for **duals** at the median facility/agency was **worse** than for non-duals. The DTC rate was the **same** or **better** for their **Non-White patients** compared to their White patients at the median facility/agency.
- **24% of SNFs** had a DTC rate that was statistically significantly **worse** for **duals** compared to non-duals.

Stratified National Rate by Provider Patient Composition

- When comparing national DTC rates between facilities/agencies with different proportions of duals, we observe a **progressive reduction in DTC rates** for **both dual and non-dual SNF patients** as the **proportion of duals** increased.
- Among HHAs, LTCHs, and SNFs, we also observe a **progressive reduction in DTC rates** for **White and Non-White** patients as the **proportion of Non-White patients** increased.

Summary of MSPB Measure-Specific Findings

Interpretation of MSPB: Higher amounts indicate worse performance on the MSPB measure, which captures Medicare spending during a PAC treatment period and 30 days after.



Across-Provider Comparison to the National Performance Among All Patients

- For PAC settings, except for SNF, the average MSPB Amount for **duals** and **Non-White** patients at the median facility was **better** than the national average MSPB Amount across all patients.
- However, in the **SNF** setting, the average MSPB Amount for **duals** and **Non-White** patients at the median facility was **worse** than the national average MSPB Amount across all patients.
- Over **25%** of **SNFs** had a statistically significant worse average MSPB Amount for their duals and Non-White patients compared to the national average.

Within-Provider Comparison

- In all PAC settings, the median facility/agency had **worse** MSPB measure performance for their **duals** compared to their non-duals, but had **similar or better** performance for their **Non-White** patients compared to their White patients.
- **85% to 94%** of PAC facilities/agencies had an average MSPB Amount for their **dual** and **Non-White** patients that were **not statistically significantly different** from their non-dual and White patients, respectively.

Stratified National Average Amount by Provider Patient Composition

- When comparing national average MSPB outcomes between facilities/agencies with different proportions of **duals**, we observe a **progressive increase** in MSPB Amounts for both **dual and non-dual SNF patients** as the proportion of **duals** increased.
- Among **LTCHs** and **SNFs**, we also observe a **progressive increase** in MSPB Amounts for both **White and Non-White patients** as the proportion of **Non-White patients** increased.

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1.0 Introduction

In October, 2023 the Centers for Medicare & Medicaid Services (CMS) Division of Chronic and Post-Acute Care (DCPAC) released new Health Equity Confidential Feedback Reports to the following PAC providers: Home Health Agencies (HHAs), Inpatient Rehabilitation Facilities (IRFs), Long Term Care Hospitals (LTCHs), and Skilled Nursing Facilities (SNFs). In an effort to expand the collection, reporting, and analysis of standardized data, this National Summary Report provides national summary statistics on results from the 2023 Health Equity Confidential Feedback Reports.

CMS released the Discharge to Community (DTC) and the Medicare Spending Per Beneficiary (MSPB) Health Equity Confidential Feedback Reports. These two reports show provider performance on the DTC and MSPB measures stratified by beneficiaries' dual-enrollment status (duals), and separately by beneficiaries' race/ethnicity. The stratified results provide data on the extent to which performance differences in measure outcomes exist between patients with and without social risk factors (SRFs) at PAC agencies and facilities. These results intend to help providers develop strategies to reduce the impacts of SRFs for their patients.

The 2023 Health Equity Confidential Feedback Reports are strictly confidential and were released to providers for their reference; however, aggregate (e.g., national-level) stratified results can also be valuable to PAC providers and other health care organizations, as well as community partners. To help expand access to aggregate stratified results, this report provides insights on aggregate (e.g., national-level) differences in quality by dual-enrollment status and race/ethnicity in the PAC settings. This report can be used as a reference by PAC providers who received the 2023 Health Equity Confidential Feedback Reports. In addition, this report can help other stakeholders understand aggregate variations in the stratified DTC and MSPB measure outcomes.

The following section ([Section 2.0](#)) provides a brief overview of the methodology used in the 2023 Health Equity Confidential Feedback Reports. The rest of this National Summary Report organizes national summary statistics based on the 2023 Health Equity Confidential Feedback Reports into four sections: average national measure outcomes stratified by patients' dual status and race/ethnicity ([Section 3.0](#)), national distributions of within- and across-provider differences ([Section 4.0](#)), national frequency distributions of the statistical significance categories of the within- and across-provider differences ([Section 5.0](#)), and national measure outcomes stratified by providers' patient composition and geographic location ([Section 6.0](#)). The report concludes with a summary of the main findings ([Section 7.0](#)). Additional figures that were not included in the sections above are available in the appendices, while the full set of results are included in the supplemental National Summary Results workbook.

2.0 Methods Summary

The 2023 Health Equity Confidential Feedback Reports contain stratified results for the DTC and MSPB measure, which capture important patient outcomes and the efficiency of care. Specifically, the DTC measure represents the risk-adjusted rate of successful discharge to the community for a given PAC facility or agency. In addition, the MSPB measure evaluates a given PAC facility/agency's Medicare spending relative to that of the national median PAC facility/agency in the same setting during an MSPB episode. The reports stratify the DTC and MSPB measures by two social risk factors: dual-enrollment status and race/ethnicity. The 2023 reports are based on data from Calendar Year (CY) 2021 to 2022 for HHAs and Fiscal Year (FY) 2021 to 2022 for IRF, LTCH, and SNFs.

The Health Equity Confidential Feedback Reports include three main types of comparisons: 1) Across-provider comparison to the national performance among all patients, 2) Across-provider comparison to the national performance among same population, and 3) Within-provider comparison of outcomes between populations in a given facility/agency. The first two types of comparison methods (across-provider) compare a given provider to all other providers across their same care setting (e.g., a single LTCH compared to all LTCHs nationwide). The third comparison method (within-provider) compares stratified patient populations within the individual provider's care (e.g., a single LTCH's duals compared to the same LTCH's non-duals). Together, these comparisons equip providers with information about differences between their patients' outcomes and that of other facilities/agencies, as well as differences in outcomes between patient populations under their care.

In addition, the reports indicate whether a facility/agency's across- or within-provider difference indicates that their patients' measure outcome is statistically significantly "Better than," "Worse than," or "No Different from," the comparison group. These three statistical significance categories are based on the 95% confidence intervals of the across- and within-provider differences.

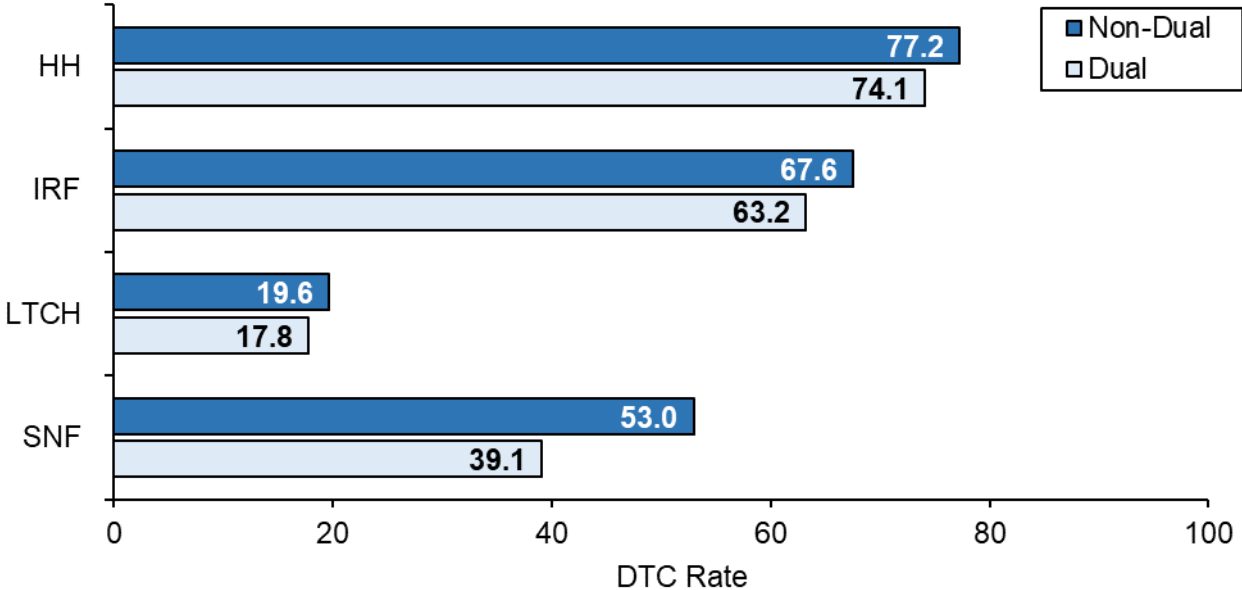
The reports also provide information on patient outcomes among facilities/agencies with similar characteristics. Specifically, a given facility/agency was provided with information about outcomes of patients in similar geographic locations (e.g., same urban or rural status) and in facilities/agencies with similar patient composition (e.g., proportion of duals).

Methodological details are available in the "Health Equity Confidential Feedback Reports Methodology Report," which is located in each PAC QRP's Training & Education page: [HH QRP Training page](#), [IRF QRP Training page](#), [LTCH QRP Training page](#), and [SNF QRP Training page](#).

3.0 National Measure Outcomes Stratified by Dual Status and Race/Ethnicity

This section summarizes national DTC and MSPB measure outcomes stratified by dual status and race/ethnicity. [Figure 4](#) and [Figure 6](#) show the national DTC rate and national average MSPB Amount stratified by patients' dual status. [Figure 5](#) and [Figure 7](#) show the national DTC rate and national average MSPB Amount stratified by race/ethnicity (Non-White and White patients). DTC and MSPB measure outcomes stratified by each granular race/ethnicity are available in the supplemental National Summary Results workbook (see [Appendix A](#) for additional details).

Figure 4. National DTC Rate, Stratified by Dual Status



For the DTC measure, a lower DTC rate indicates worse performance. [Figure 4](#) shows that, across all PAC settings, the national DTC rate among duals was lower (worse) than among non-duals.

Figure 5. National DTC Rate, Stratified by Patients' Race/Ethnicity

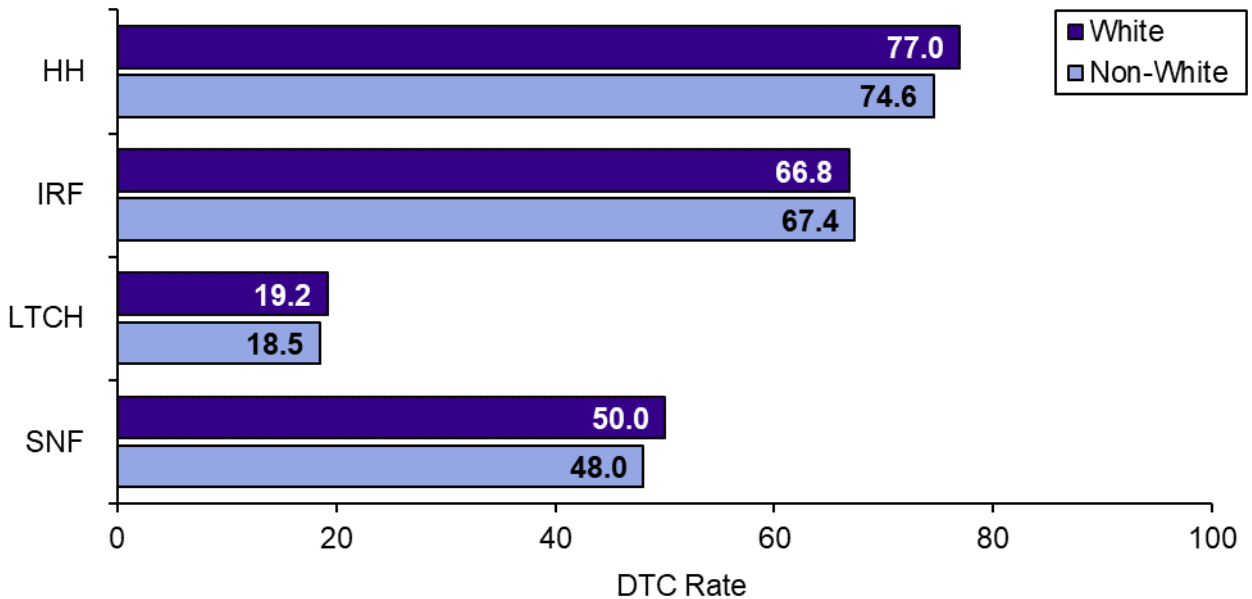
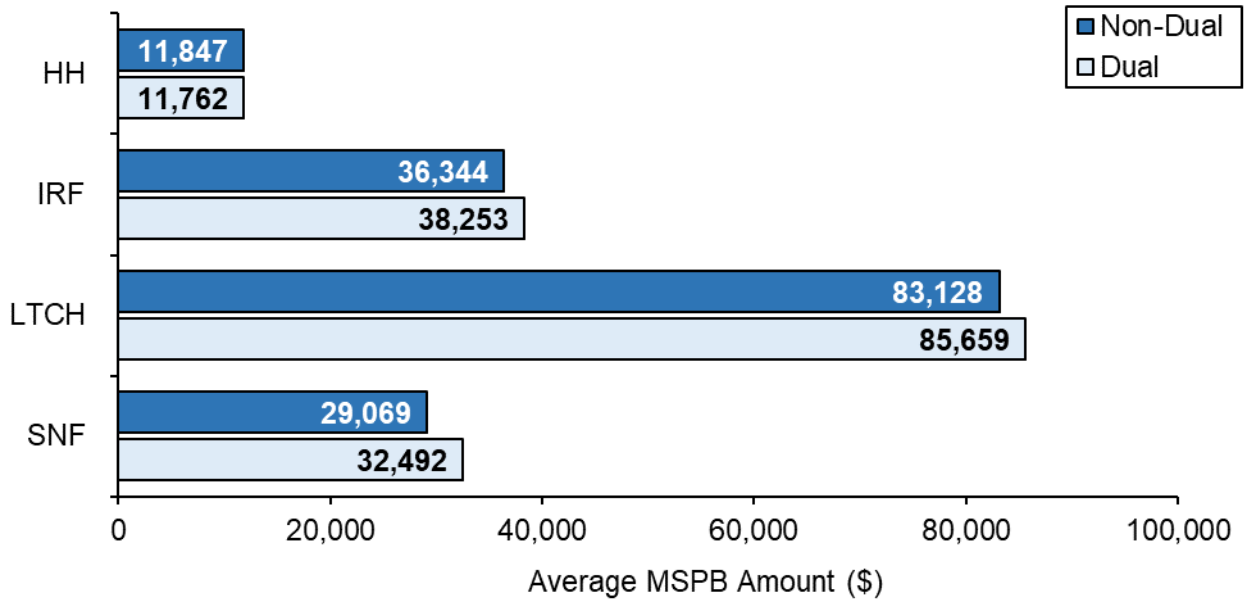


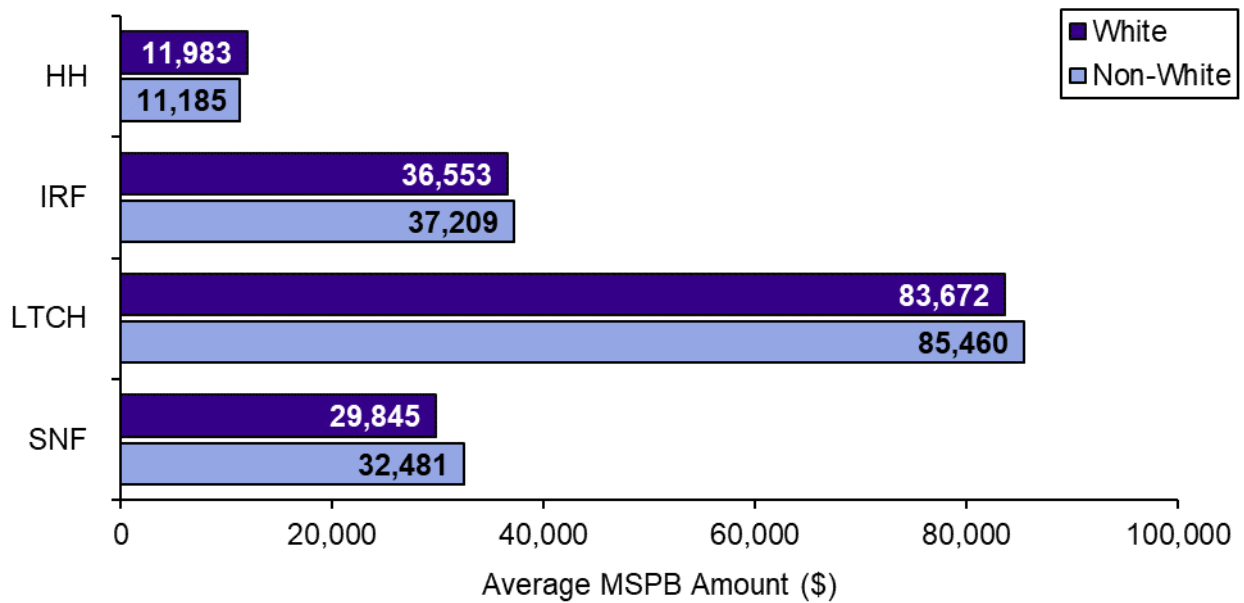
Figure 5 shows that, among HHAs, LTCHs, and SNFs, Non-White patients also had lower (worse) national DTC rates compared to White patients, while among IRFs, the national DTC rate for Non-White patients was slightly higher (better) than White patients.

Figure 6. National Average MSPB Amount, Stratified by Dual Status



For the MSPB measure, a larger average MSPB Amount indicates worse performance. Figure 6 shows that, among IRFs, LTCHs, and SNFs, the average MSPB Amount was greater (worse) for duals than for non-duals. However, among HHAs, the average MSPB Amount was very similar for duals and non-duals.

Figure 7. National Average MSPB Amount, Stratified by Patients' Race/Ethnicity



Similarly, [Figure 7](#) shows that, among IRFs, LTCHs, and SNFs, the average MSPB Amount among Non-White patients was higher (worse) than White patients, while among HHAs the average MSPB Amount was lower (better) among Non-White patients.

4.0 National Distributions of Across- and Within- Provider Differences

The previous section compared average outcomes between dual and non-dual patients and between Non-White and White patients among all patients included in the Health Equity Confidential Feedback Reports. In this and the following sections, we provide more detailed information about the across- and within-provider comparisons described in [Section 2.0](#)² and the outcomes among providers with different patient compositions, as well as in different geographic locations. Specifically, in this section we provide national distributions of the across-provider difference from the national performance among all patients ([Section 4.1](#))³ and the within-provider difference ([Section 4.2](#)) for the dual and Non-White patient populations. A full set of comparison results for each race/ethnicity group is available in the supplemental National Summary Results workbook (see [Appendix A](#) for additional details).

4.1 Across-Provider Comparison to the National Performance Among All Patients

[Figure 8](#) through [Figure 11](#) below present the national distributions of the across-provider difference comparing outcomes for a given population at a facility/agency (e.g., duals, Non-White patients) to the national performance among all patients in the same setting. Specifically, the median provider performance is represented by the horizontal line inside each box, while the 25th and 75th percentile performance is represented by the left and right borders of each box, respectively. The whiskers (i.e., the lines extending to the left and right of each box), indicate the minimum and maximum values, excluding outliers, respectively.⁴

For the DTC measure, a negative across-provider difference indicates worse performance for the patient population at the facility/agency compared to the national DTC rate among all patients. For example, the minimum DTC across-provider difference reflects results for the facility/agency with the worst DTC rate for relevant patient population (e.g., duals), expressed as a difference from the national rate among all patients. Conversely, a positive across-provider difference indicates better performance for the patient population at the facility/agency compared to the national DTC rate among all patients. For example, the maximum DTC across-provider difference for duals corresponds to the facility/agency with the best DTC rate for duals, expressed as a difference from the national rate among all patients.

² The Health Equity Confidential Feedback Reports Methodology Report is available on each PAC QRP's Training & Education page: [HH QRP Training page](#), [IRF QRP Training page](#), [LTCH QRP Training page](#), and [SNF QRP Training page](#).

³ National distributions for the across-provider comparison from the national performance among the same population are provided in [Appendix B](#).

⁴ Outliers are defined as values more than 1.5 times the interquartile range (IQR) below the 25th percentile or 1.5 times IQR above the 75th percentile, where IQR is the difference between the 75th and 25th percentile values.

Figure 8. DTC Across-Provider Difference Among Duals from the National Rate Among All Patients

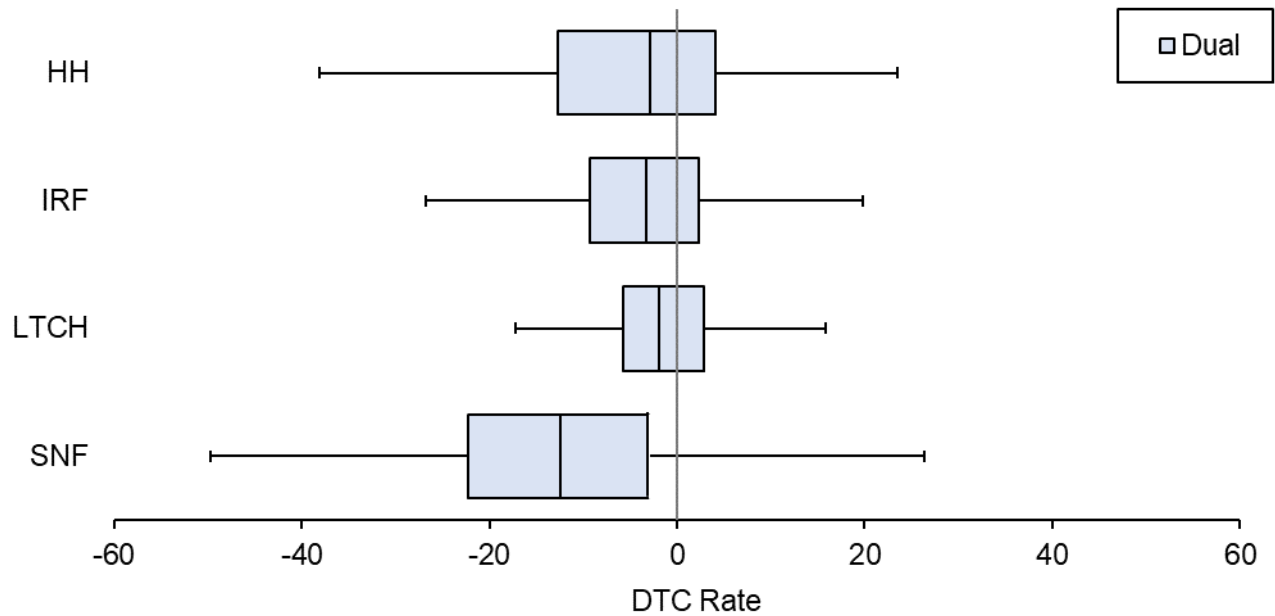


Figure 9. DTC Across-Provider Difference Among Non-White Patients from the National Rate Among All Patients

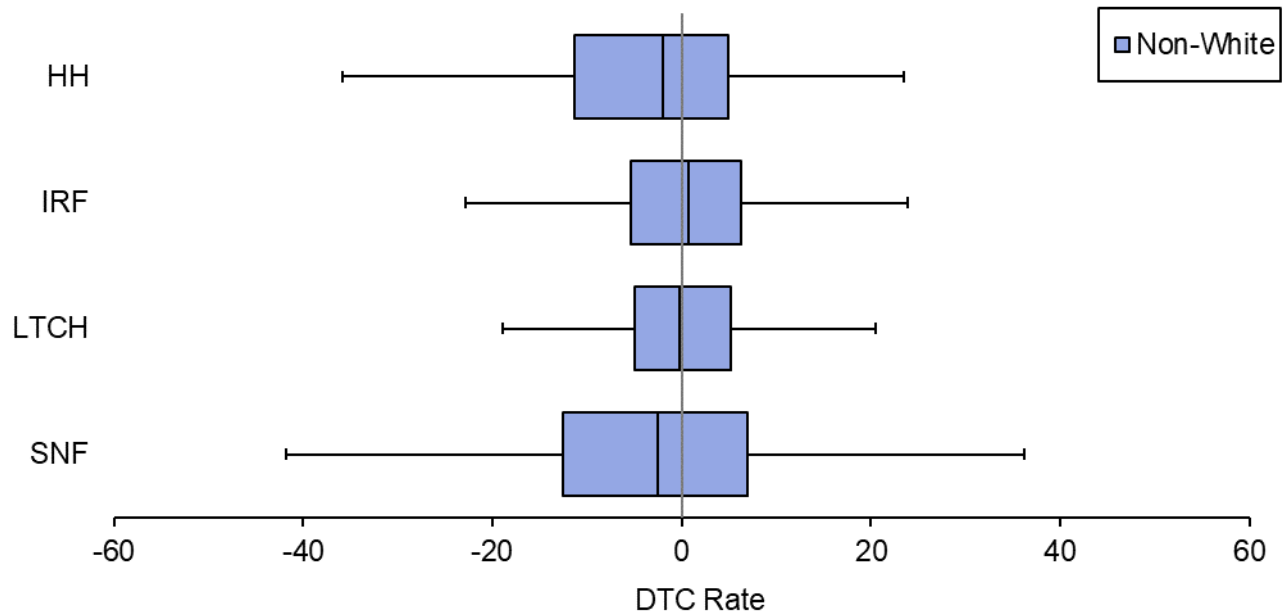


Figure 8 and Figure 9 show that, across most PAC settings, the DTC rate for duals and Non-White patients at the median facility/agency was lower (worse) than the national DTC rate among all patients. This trend was particularly pronounced for duals in the SNF setting. The only exception was for the IRF setting's Non-White patients, where the median facility's across-provider difference from the national DTC rate was slightly positive (i.e., better than the national DTC rate).

For the MSPB measure, a positive across-provider difference indicates worse performance for the patient population at the facility/agency compared to the national average MSPB Amount across

all patients, while a negative across-provider difference indicates better performance. For example, the minimum MSPB across-provider difference for duals reflects results for the facility/agency with the best average MSPB amount for duals, expressed as a difference from the national average among all patients, and vice versa for the maximum difference.

Figure 10. MSPB Across-Provider Difference Among Duals from the National Average Amount Among All Patients

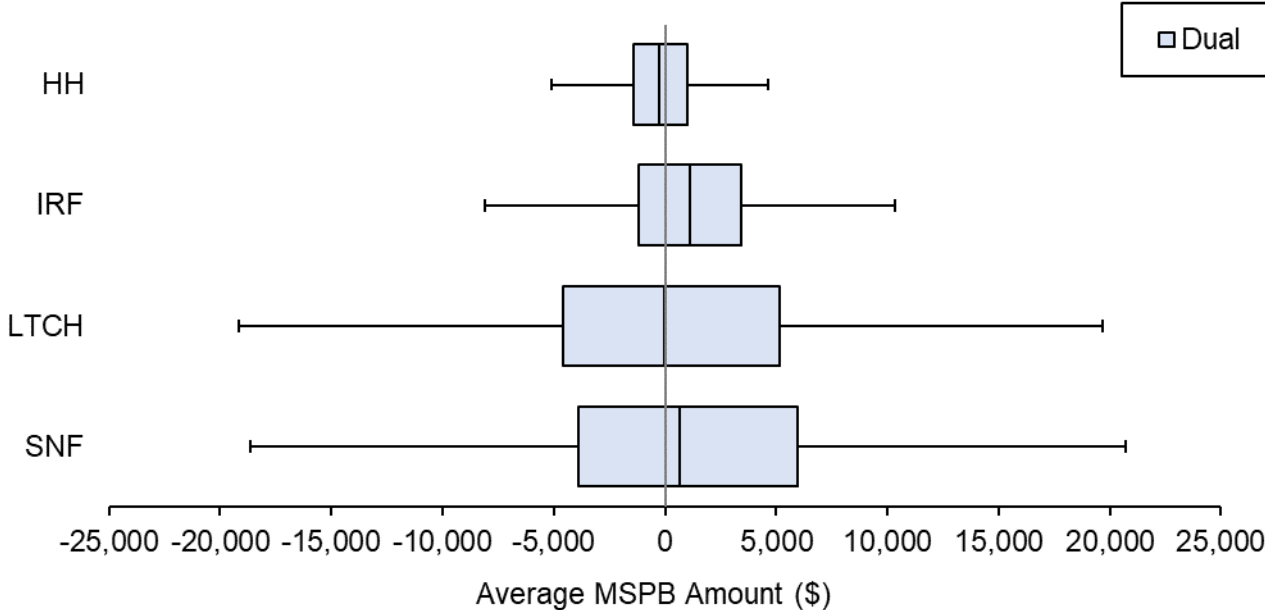


Figure 11. MSPB Across-Provider Difference Among Non-White Patients from the National Average Amount Among All Patients

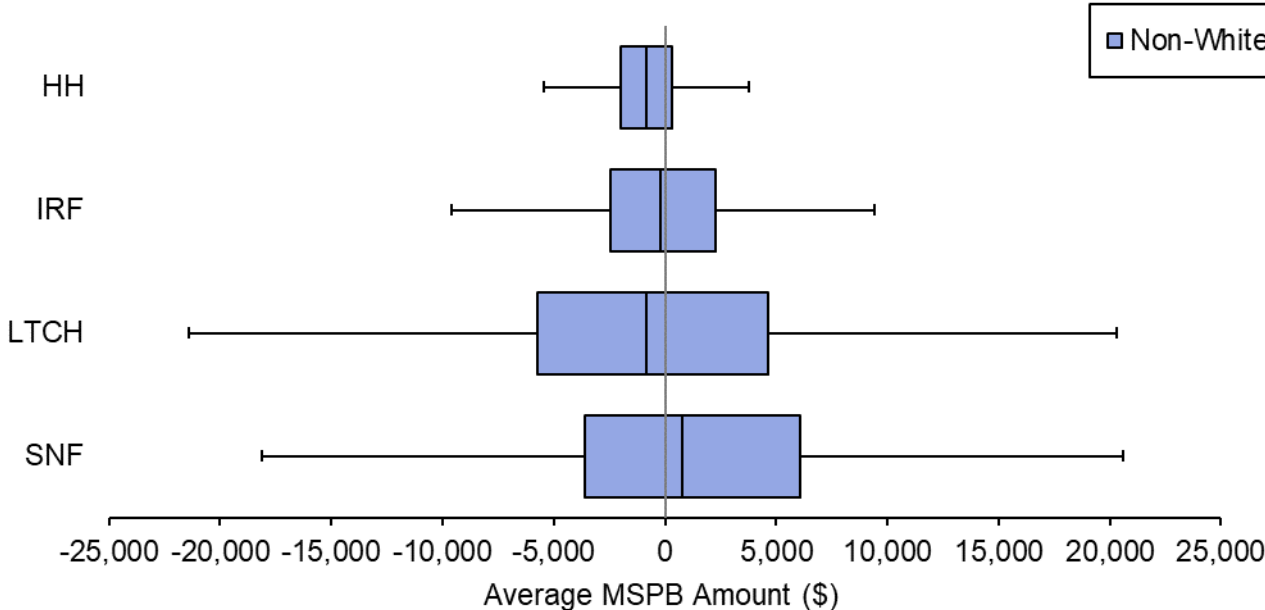


Figure 10 and Figure 11 show that, across the HH, IRF, and LTCH settings, the average MSPB Amount for duals and Non-White patients at the median facility/agency was lower (better) than the national average MSPB Amount among all patients. The only exception was for the IRF setting's duals, where the median facility's across-provider difference from the national average MSPB

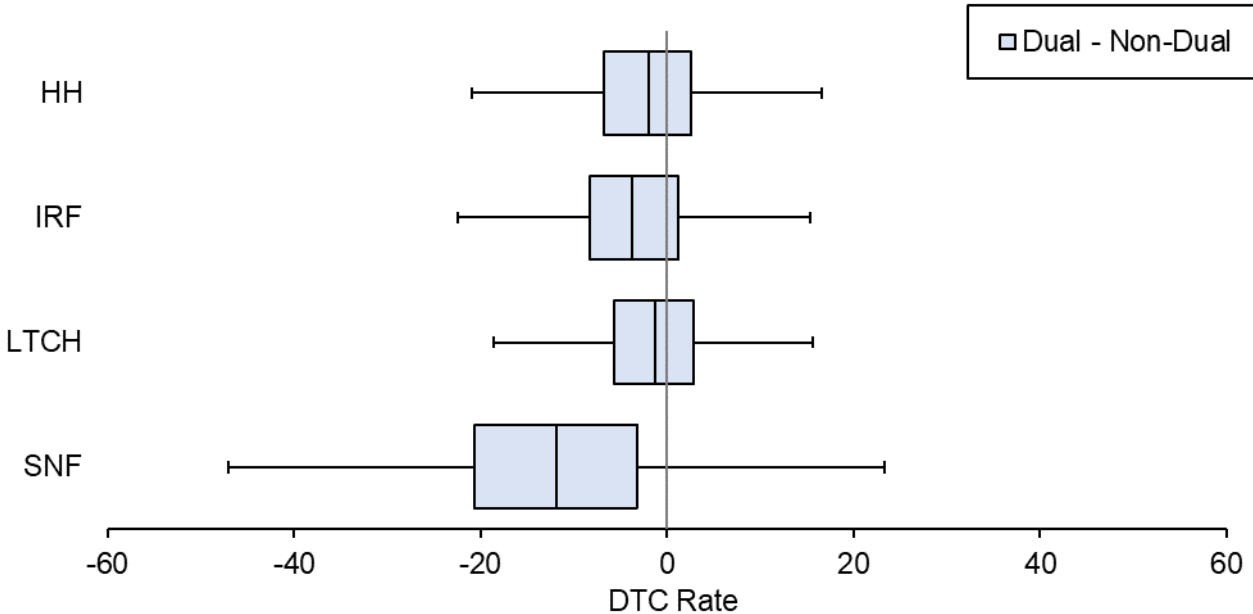
Amount was positive (i.e., worse than the national average MSPB Amount). In the SNF setting, the average MSPB Amount for duals and Non-White patients at the median facility was higher (worse) than the national average MSPB Amount across all patients.

4.2 Within-Provider Comparison

Figure 12 through Figure 15 below present the national distributions of the within-provider difference comparing outcomes between two populations at a facility/agency (e.g., duals and non-duals). Specifically, the median provider performance is represented by the horizontal line inside each box, while the 25th and 75th percentile performance is represented by the left and right borders of each box, respectively. The whiskers (i.e., the lines extending to the left and right of each box), indicate the minimum and maximum values, excluding outliers.⁵

For the DTC measure, a negative within-provider difference indicates worse performance for the patient population (e.g., duals or Non-White patients) at the facility/agency relative to the comparison population (e.g., non-duals or White patients) under their care. For example, the minimum DTC within-provider difference reflects results for the facility/agency with the worst relative DTC rate for their patient population (e.g., duals or Non-White patients) compared to the comparison population (e.g., non-duals or White patients) under their care. Conversely, a positive within-provider difference at any point in the national distribution indicates better performance for the patient population (e.g., duals or Non-White patients) at the facility/agency relative to the comparison population (e.g., non-duals or White patients) under their care. Thus, the maximum DTC within-provider difference corresponds to the facility/agency with the best relative DTC rate for their patient population (e.g., duals or Non-White patients) compared to the comparison population (e.g., non-duals or White patients) under their care.

Figure 12. DTC Within-Provider Difference Between Dual and Non-Dual Patients



⁵ Outliers are defined as values more than 1.5 times the interquartile range (IQR) below the 25th percentile or 1.5 times IQR above the 75th percentile, where IQR is the difference between the 75th and 25th percentile values.

Figure 13. DTC Within-Provider Difference Between Non-White and White Patients

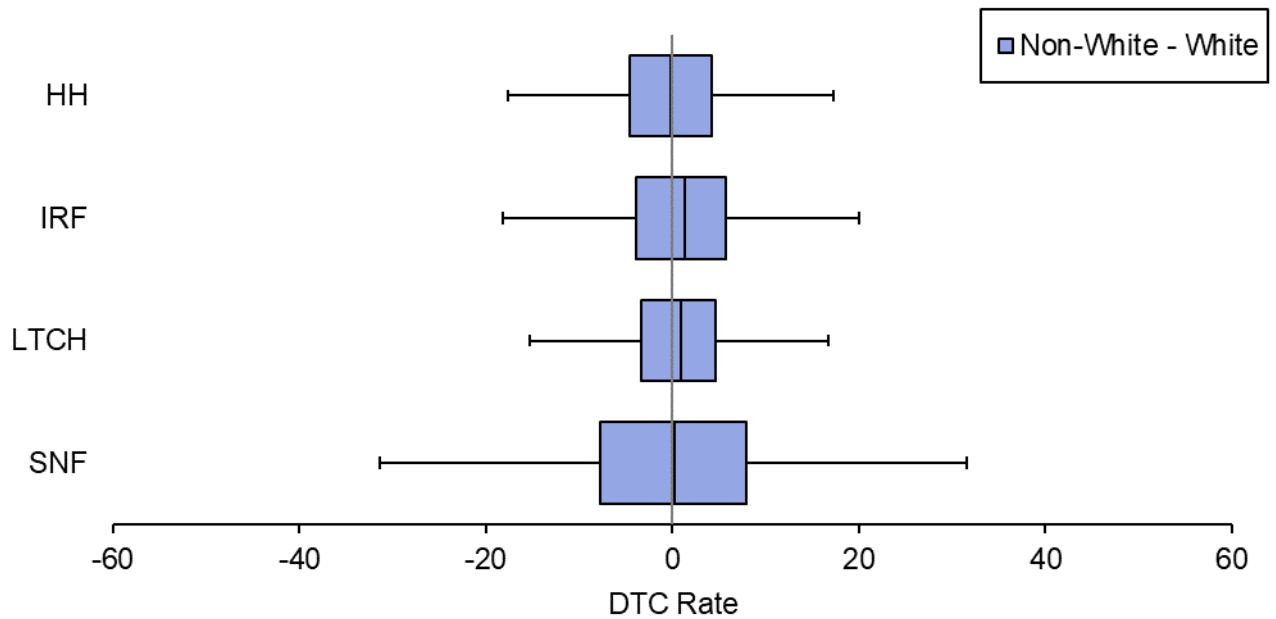


Figure 12 and Figure 13 show that the median facility/agency had worse (lower) DTC rates for their duals compared to their non-duals in all PAC settings, but had the same or better rates for their Non-White patients compared to their White patients.

Figure 14. MSPB Within-Provider Difference Between Dual and Non-Dual Patients

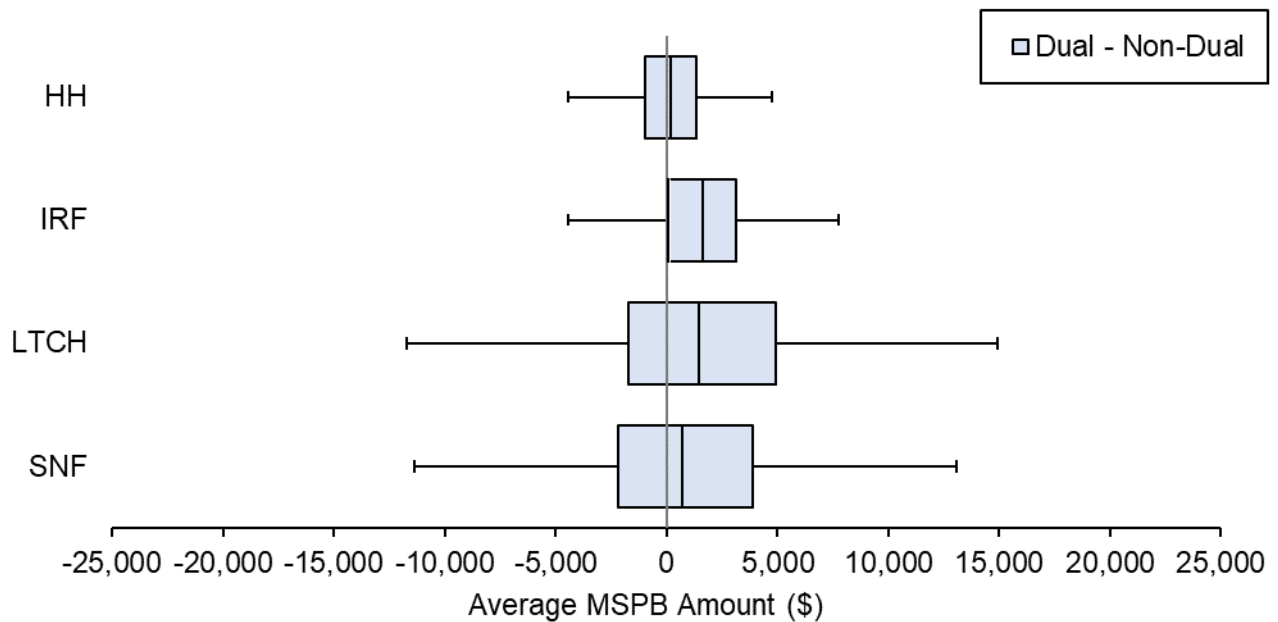
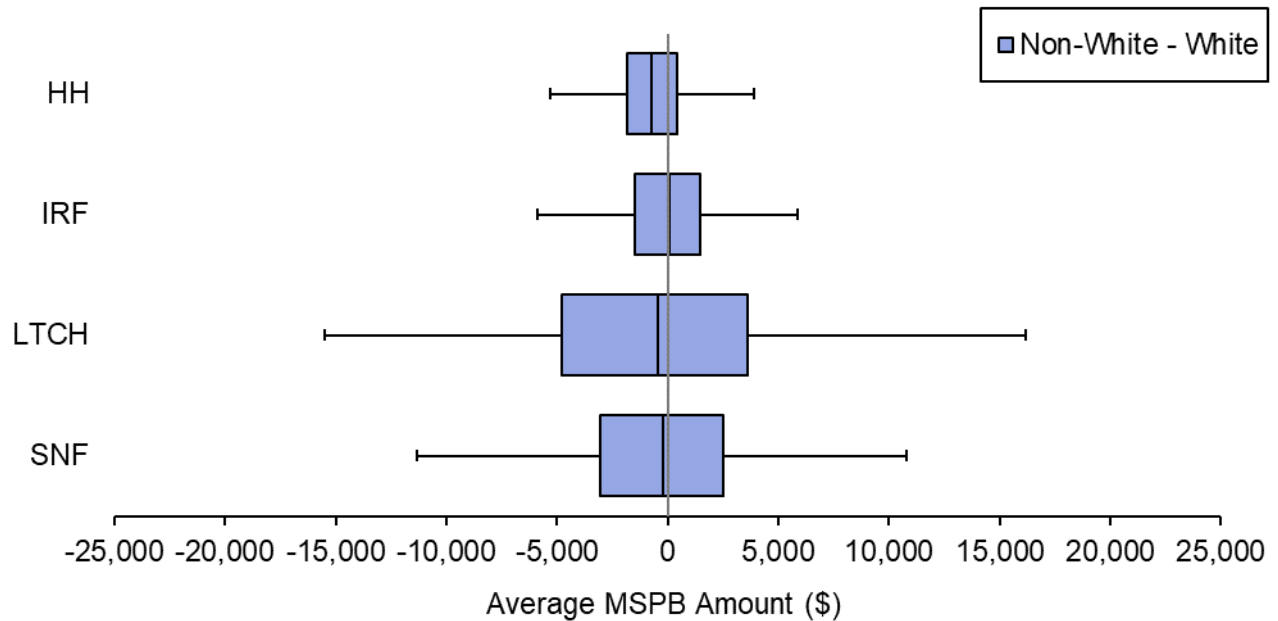


Figure 15. MSPB Within-Provider Difference Between Non-White and White Patients



For the MSPB measure, a positive within-provider difference indicates worse performance for the patient population (e.g., duals or Non-White patients) at the facility/agency relative to the comparison population (e.g., non-duals or White patients) under their care, while a negative within-provider difference indicates better performance for that patient population. [Figure 14](#) and [Figure 15](#) show that, similar to DTC, the median facility/agency had worse (higher) MSPB measure performance for their duals compared to their non-duals in all PAC settings, but had similar or better performance for their Non-White patients compared to their White patients.

5.0 National Frequency Distributions of the Statistical Significance Categories of the Across- and Within-Provider Differences

In this section, we summarize the national frequency distributions of the statistical significance categories of across- and within- provider differences. For each of the across- and within- provider differences described in [Section 2.0](#), each facility/agency received a categorization to describe whether their facility/agency’s patient populations were performing statistically significantly “Better than,” “Worse than,” or “No Different from,” the comparison group in their Health Equity Confidential Feedback Report.⁶ The following sections provide frequency distributions of the category of difference assignments for the across-provider difference from the national performance ([Section 5.1](#)) and the within-provider difference ([Section 5.2](#)).⁷ Below, we present results for the dual and Non-White patient populations. A full set of comparison results for each race/ethnicity group is also available in the supplemental National Summary Results workbook (see [Appendix A](#) for additional details).

5.1 Frequency of the Category of the Across-Provider Difference from the National Performance Among All Patients

[Figure 16](#) and [Figure 17](#) below summarize the frequency distributions of the category of difference assignments of the across-provider difference comparing outcomes for a given population at a facility/agency (i.e., duals, Non-White patients) to the national performance among all patients.

In the figures below, the dark purple and blue bars indicate the percent of facilities/agencies where the across-provider differences (discussed in [Section 4.1](#)) were statistically significant. The dark purple bars represent facilities/agencies that had statistically significant worse measure outcomes for their dual or Non-White patients compared to all patients nationally, whereas the blue bars represent facilities/agencies that had statistically significantly better measure outcomes. The grey bars represent facilities/agencies that had measure outcomes for their dual or Non-White patients that were not statistically significantly different from the national performance among all patients. For across-provider comparisons relative to the national average for all patients, a symmetrical distribution (orange and blue bars being roughly equal) is what one expects to see when the outcomes for a given patient group (e.g., duals) are the same or similar, on average, to the outcomes for all patients.

⁶ For more details on the category of difference methodology, please refer to the Health Equity Confidential Feedback Reports Methodology Report available on each PAC QRP’s Training & Education pages.

⁷ The category of difference distributions for the across-provider difference from the national performance among the same population are available in [Appendix C](#).

Figure 16. DTC Category of Across-Provider Difference to the National Rate Among All Patients

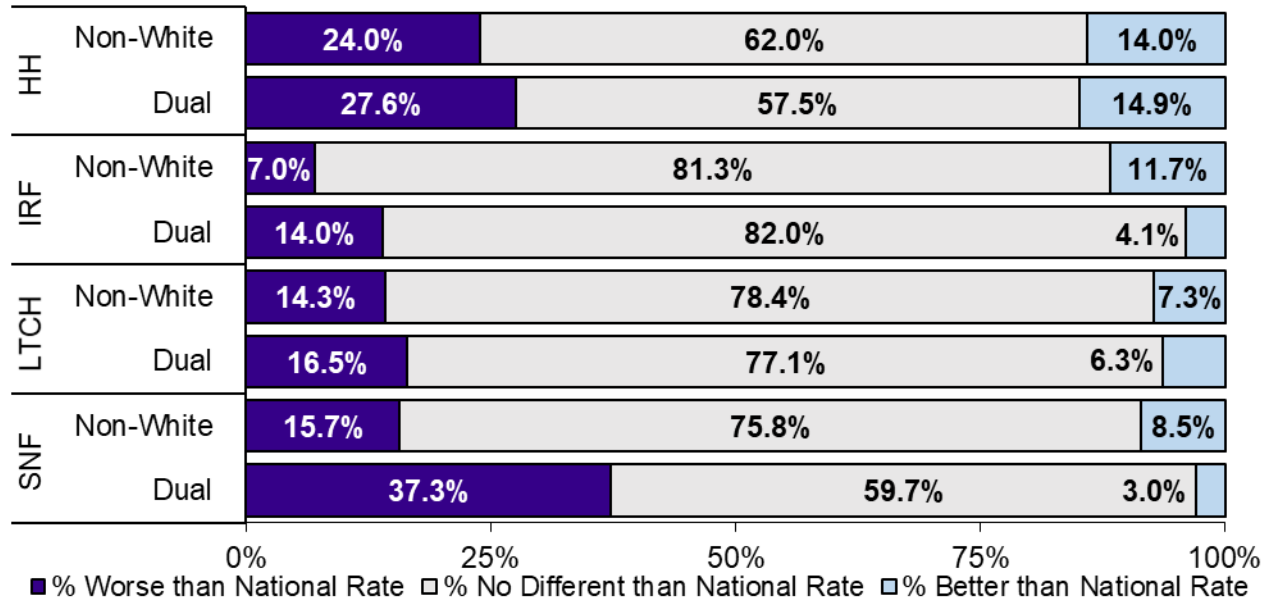
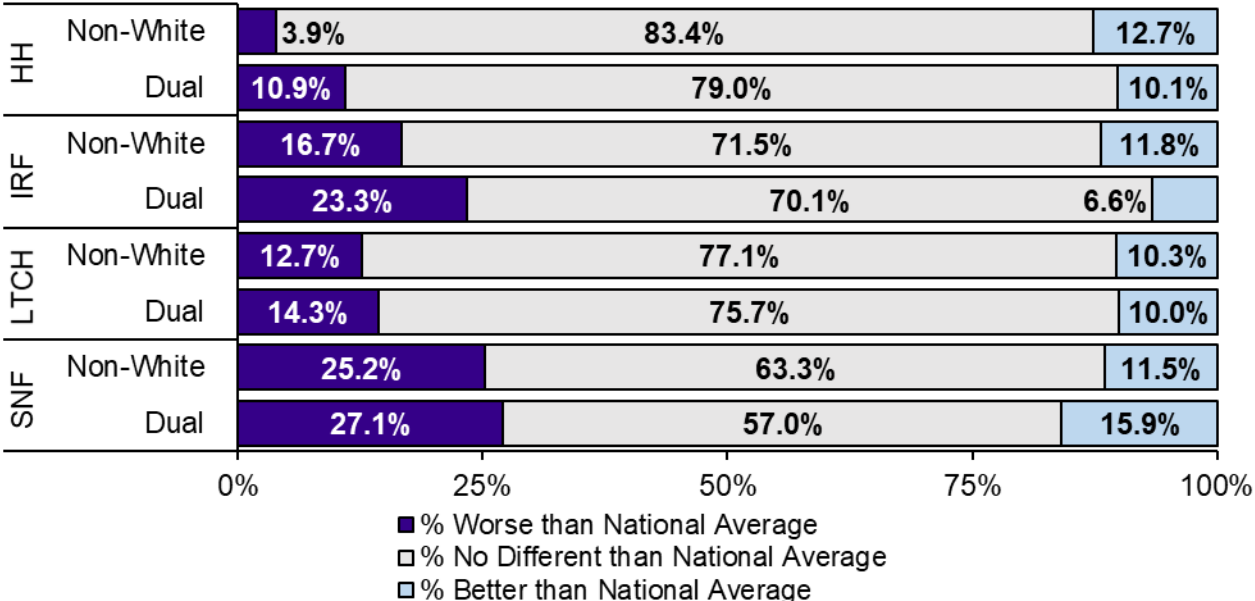


Figure 16 shows that, nationally:

- Between 58% and 82% of facilities/agencies had a DTC rate for dual and Non-White patients that was not statistically significantly different from the national DTC rate among all patients.
- Across all PAC settings, more facilities/agencies had a statistically significantly worse across-provider difference for their duals than for their Non-White patients, when compared against the national rate among all patients.
- Compared to the other settings, facilities/agencies in the SNF and HH settings had a relatively high proportion of providers that performed statistically significantly worse for their dual and Non-White patients compared to the national rate among all patients.
 - Most notably, over 37% of SNFs had a statistically significantly worse (lower) DTC rate for their duals compared to the national rate.
 - Only 3% of SNFs had a statistically significantly better DTC rate for duals compared to the national rate.
- In the HH, LTCH, and SNF settings, a higher proportion of facilities/agencies performed statistically significantly worse for their dual and Non-White patients, than the proportion of facilities/agencies that performed statistically significantly better for these populations.

Figure 17. MSPB Category of Across-Provider Difference to the National Average Amount Among All Patients



Similar to the DTC results, [Figure 17](#) shows that nationally:

- Between 57-83% of facilities/agencies had an average MSPB Amount for dual and Non-White patients that was not statistically significantly different from the national average MSPB Amount among all patients.
- Compared to the other settings, SNFs had a relatively high proportion of providers that performed statistically significantly worse (higher) for their dual and Non-White patients compared to the national average MSPB Amount among all patients.

5.2 Frequency of the Category of the Within-Provider Difference

[Figure 18](#) and [Figure 19](#) below summarize the frequency distributions of the category of the within-provider differences, i.e., differences between patient populations within the same facility/agency (specifically, duals compared to non-duals and Non-White patients compared to White patients).

In the figures below, the dark purple and blue bars indicate the percent of facilities/agencies where the within-provider differences (described in [Section 4.2](#)) are statistically significant. The dark purple bars represent facilities/agencies that had statistically significant worse measure outcomes for their dual or Non-White patients compared to their non-dual or White patients, respectively, while the blue bars represent facilities/agencies that had statistically significantly better measure outcomes for their dual or Non-White patients compared to their non-dual or White patients, respectively.

The grey bars represent facilities/agencies where measure outcomes for dual or Non-White patients were not statistically significantly different from outcomes for non-dual or White patients, respectively. I.e., a large grey bar indicates that most providers experienced statistically similar outcomes for their two patient populations included in the comparison (e.g., duals and non-duals). For within-provider comparisons, where two populations’ outcomes are compared against each other, this type of result can signal that most providers are providing equitable care to their patients. Aspects of the data that reduce the precision of the within-provider comparisons (e.g., having fewer providers with sufficient number of both patient groups) can also result in more providers being categorized as not having statistically significant differences between patient groups.

Figure 18. DTC Category of Within-Provider Difference

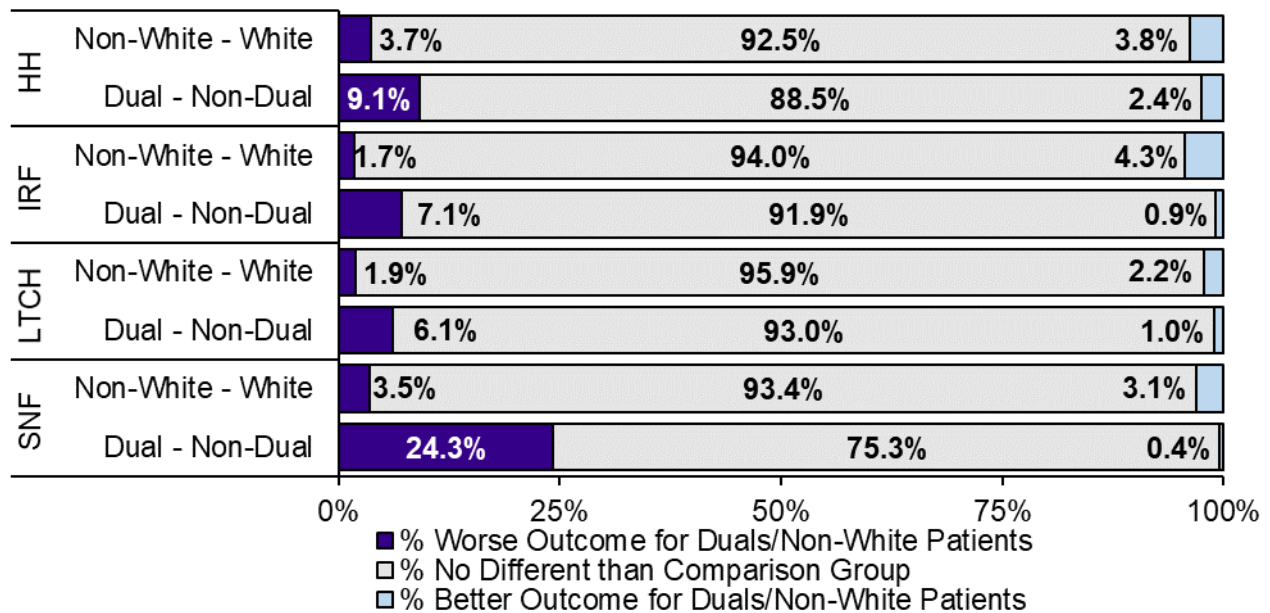
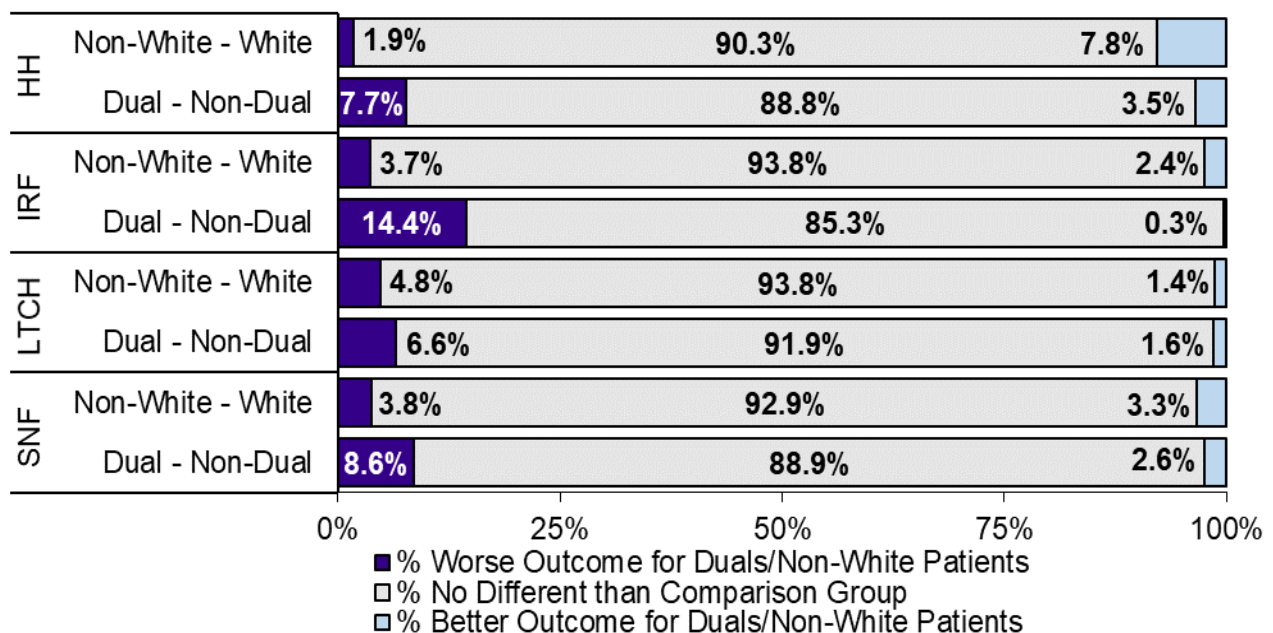


Figure 18 above shows that, nationally:

- Between 75-96% of PAC facilities/agencies had DTC within-provider differences that were not statistically significant for the two comparison groups. This reflects the lower reportability and larger confidence intervals of within-provider differences, relative to across-provider differences ([Section 4.2](#)).
- Approximately 6-9% of HHAs, IRFs, and LTCHs and 24% of SNFs had a DTC rate that was statistically significantly lower (worse) for duals compared to non-duals.
- Overall, fewer than 5% of PAC facilities/agencies received a DTC rate that was statistically significantly higher (better) for duals or Non-White patients, compared to non-duals and White patients, respectively.

Figure 19. MSPB Category of Within-Provider Difference



[Figure 19](#) similarly shows that, nationally:

- Between 85-94% of PAC providers had an MSPB within-provider difference that was not statistically significant.
- Approximately 7-14% of providers had an MSPB Amount that was statistically significantly higher (worse) for duals compared to non-duals.
- Approximately 8% of HHAs had an MSPB Amount that was statistically significantly lower (better) for Non-White patients compared to White patients.

6.0 National Stratified Measure Outcomes by Provider Patient Composition and Geographic Location

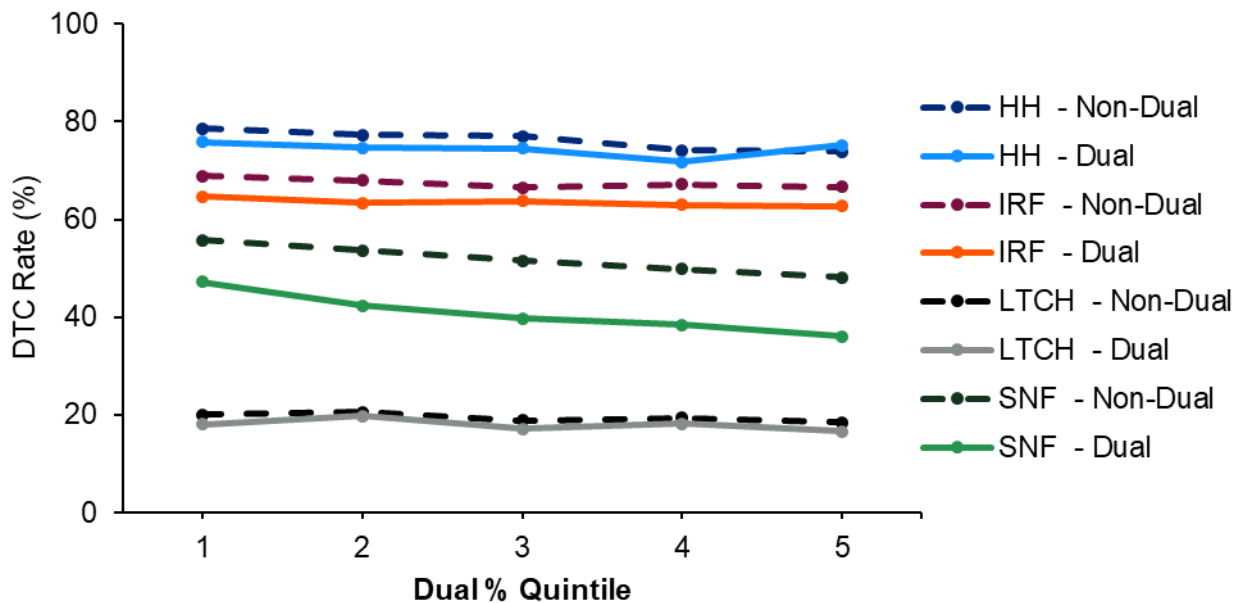
In this section, we summarize the national stratified measure outcomes by provider patient composition ([Section 6.1](#)) and geographic location ([Section 6.2](#)). A full set of results for each patient composition group and geographical location is available in the supplemental National Summary Results workbook (see [Appendix A](#) for additional details).

6.1 Patient Composition Groups

Below, we compare stratified measure results between facilities/agencies with different proportions of duals and Non-White patients. [Figure 20](#) and [Figure 22](#) provide stratified measure results for facilities/agencies with different proportions of duals (Dual Quintiles). [Figure 21](#) and [Figure 23](#) provide stratified measure results for facilities/agencies with different proportions of Non-White patients (Non-White Quintiles). Across all charts, Quintile 5 includes providers with the highest proportion of duals or Non-White patients, while Quintile 1 includes providers with the lowest proportion of duals or Non-White patients.

In [Figure 20](#) and [Figure 21](#) below, the vertical axis represents the DTC rate, so a downward (negative) trend line indicates worse performance as the Dual Quintile or Non-White Quintile increases (increasing proportion of duals or Non-White patients).

Figure 20. DTC Rates by Dual Proportion Quintile: Performance for Duals and Non-Duals

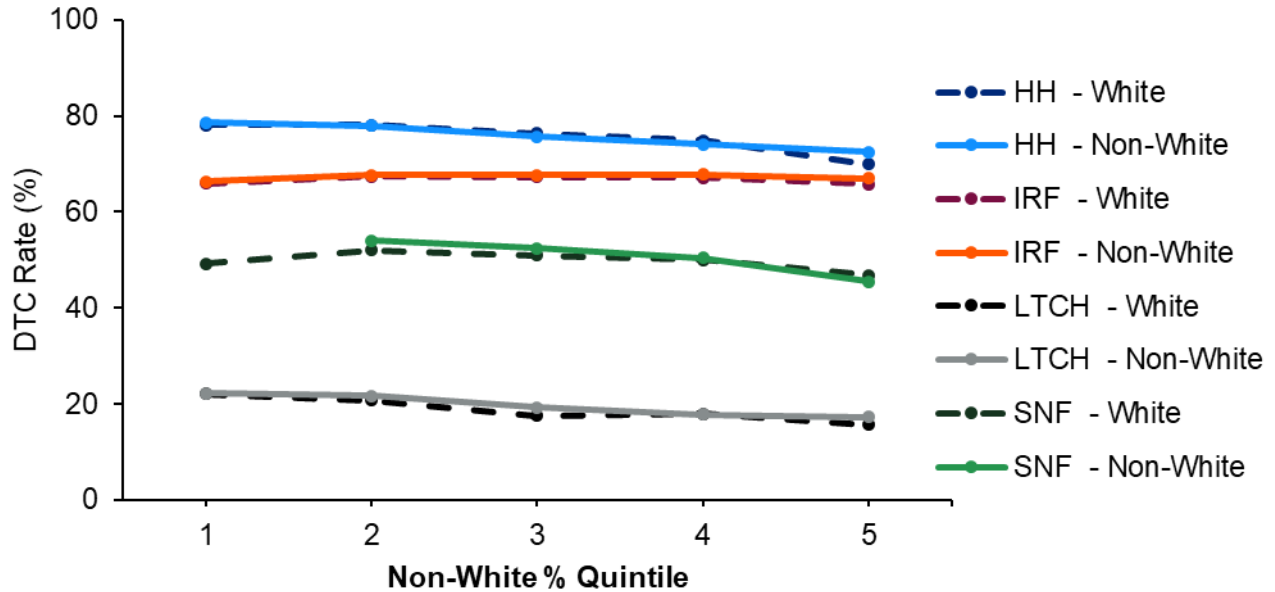


[Figure 20](#) shows that:

- Among SNFs, the DTC rates became consistently lower (worse) as the proportion of duals served by the providers increased, for both dual (solid line) and non-dual (dashed line) patients.
- Consistent with findings from [Sections 3.0](#) to [5.0](#), these results point to disparities in SNF DTC rates by dual status, as well as a progressive deterioration in outcomes for all patients as the proportion of duals increased.
- In the other settings, the DTC rate trend lines were less strongly and less consistently

negative (e.g., in the HH setting, the dual DTC rate improved from Dual Quintile 4 to Quintile 5).

Figure 21. DTC Rates by Non-White Proportion Quintile: Performance for Non-White and White Patients*



*The SNF DTC rate trend line for Non-White patients did not have a data point for Quintile 1 due to not meeting reportability thresholds described in the Health Equity Confidential Feedback Reports Methodology Report.

Figure 21 shows that:

- Among HHAs, LTCHs, and SNFs, the Non-White DTC rates for both Non-White patients and White patients also decreased as the proportion of Non-White patients served by the providers increased from Non-White Quintiles 2 to 5.
- The above mentioned pattern is not observed among IRFs, where the rates for both Non-White and White patients were lower in Quintiles 1 and 5 than in the middle Quintiles (Quintiles 3-4).

In Figure 22 and Figure 23 below, the vertical axis represents the average MSPB Amount, so an upward (positive) trend line indicates worse performance as the Dual Quintile or Non-White Quintile increases (increasing proportion of duals or Non-White patients).

Figure 22. Average MSPB Amount by Dual Proportion Quintile: Performance for Duals and Non-Duals

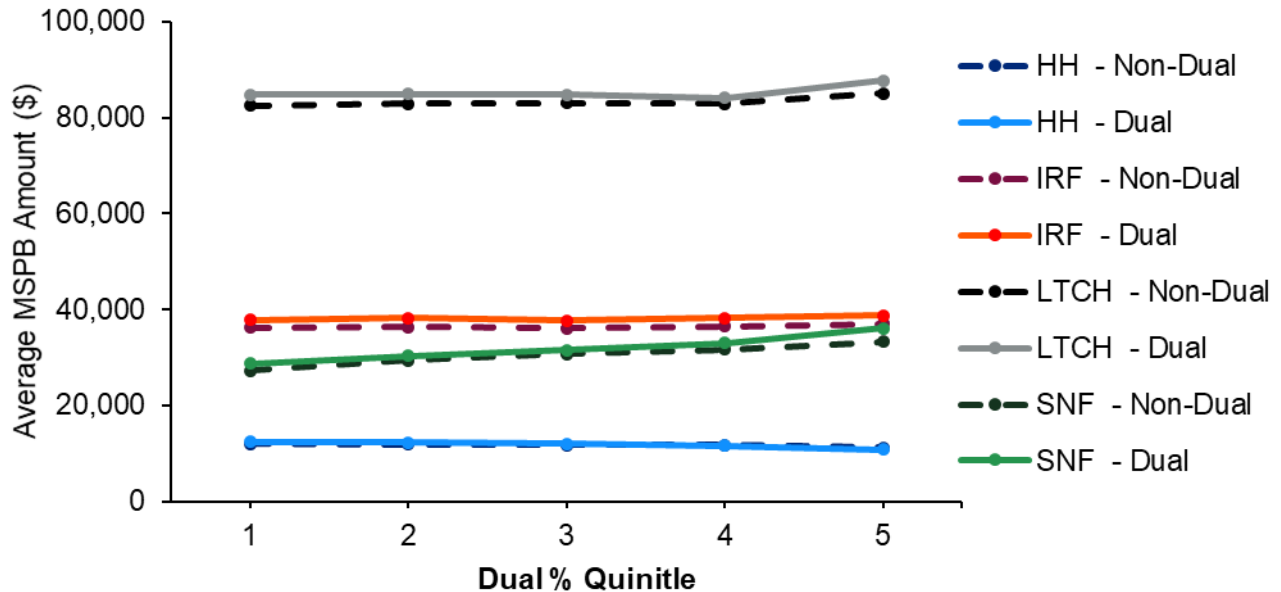
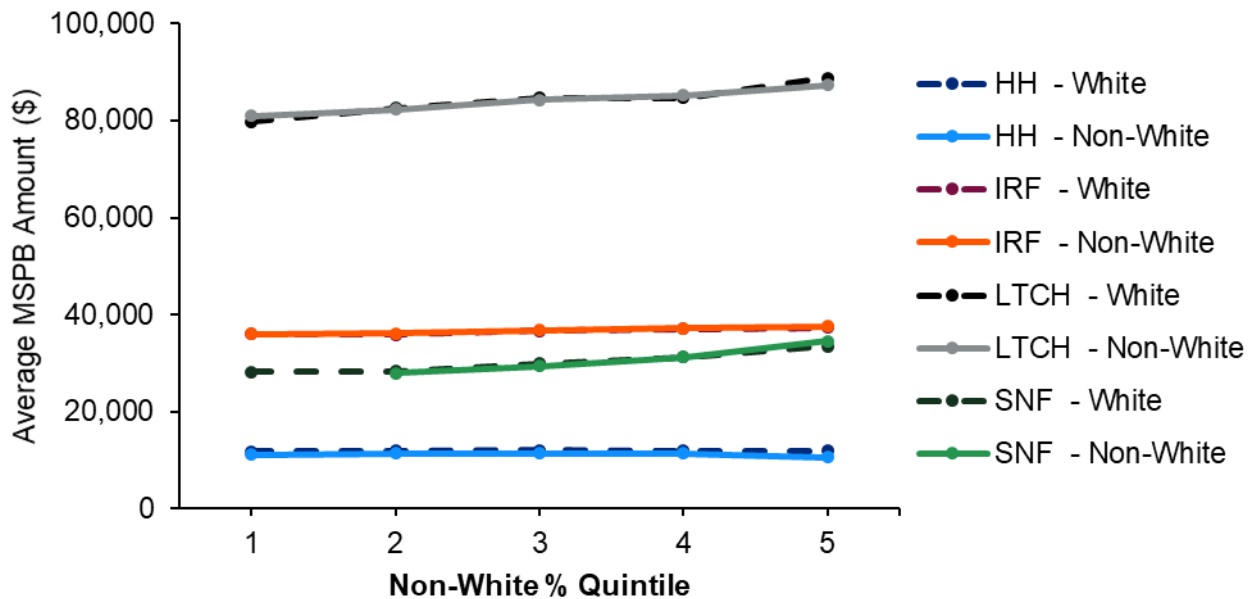


Figure 22 shows that:

- Among SNFs, the average MSPB Amount increased (worsened) consistently as the proportion of duals served by the providers increased.
- Similarly, among LTCHs, the average MSPB Amount worsened between Dual Quintiles 4 and 5 (increase in dual proportion).
- Outcomes for duals and non-duals were relatively similar within a given setting and Dual Quintile.
- Combined, findings suggest that among SNFs and LTCHs, average MSPB outcomes for both dual and non-duals were worse among facilities with a higher percentage of duals.

Figure 23. Average MSPB Amount by Non-White Proportion Quintile: Performance for Non-White and White Patients*



*The SNF average MSPB Amount trend line for Non-White patients did not have a data point for Quintile 1 due to not meeting reportability thresholds described in the Health Equity Confidential Feedback Reports Methodology Report.

Figure 23 shows that:

- Among LTCHs and SNFs, the average MSPB Amount increased (worsened) as the proportion of Non-White patients a facility served increased.
- Overall, outcomes for Non-White and White patients were similar in a given setting across Non-White Quintiles.
- Together, the results indicate that LTCHs and SNFs with a higher proportion of Non-White patients tended to provide higher average costs of care to both Non-White and White patients.

6.2 Geographic Locations

In this section, we show stratified measure outcomes by geographic location. Specifically, [Section 6.2.1](#) includes U.S. heat maps that demonstrate regional differences in measure results, while [Section 6.2.2](#) summarizes differences by facilities/agencies’ urban/rural location. State and Region data are obtained from the facility/agency’s CMS Certification number (CCN).

As described in the “Health Equity Confidential Feedback Reports Methodology Report,”⁸ CMS maps each facility/agency’s State to one of nine Region Divisions indicated by the U.S. Census Bureau: New England, Middle Atlantic, South Atlantic, East North Central, East South Central, West North, West South Central, Mountain, and Pacific.⁹ (See [Appendix D](#) for a list of states in each region.) Additionally, each facility/agency’s rurality information is obtained from the “Provider of Services (POS) File - Hospital & Non-Hospital Facilities” dataset, which is a publicly available source of provider certification, termination, accreditation, ownership, name, location, and other

⁸ Available in each PAC QRP’s Training & Education page: [HH QRP Training page](#), [IRF QRP Training page](#), [LTCH QRP Training page](#), and [SNF QRP Training page](#).

⁹ For details, see https://www.census.gov/programs-surveys/economic-census/guidance-geographies/levels.html#par_textimage_34

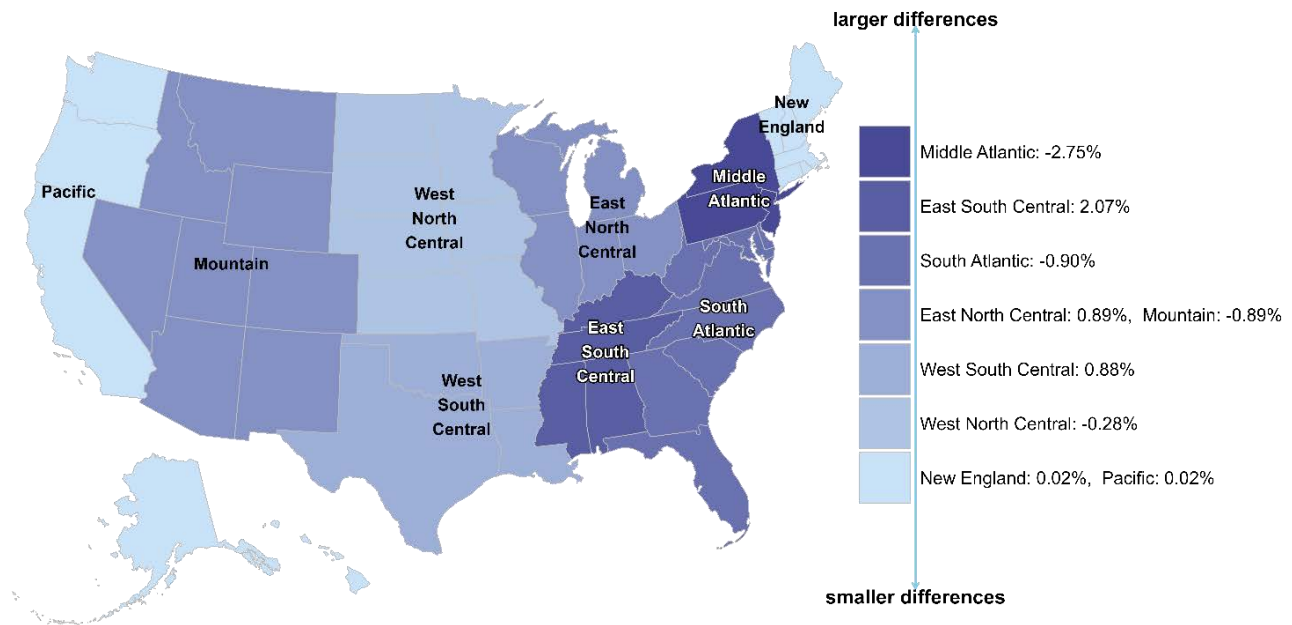
characteristics organized by CCN.¹⁰

6.2.1 Regional Differences

In this section, we provide U.S. heat maps that help visualize the regional differences in measure performance between patient populations (Figure 24-Figure 27). In the maps below, regions with smaller absolute differences in average outcomes between duals and non-duals or Non-White and White patients have lighter blue shades, while regions with larger absolute differences (i.e., regardless of the direction of the difference) have darker blue shades.¹¹ For each region, the legends in the maps list the absolute difference in measure outcomes between populations (e.g., the absolute value of the DTC rate among duals minus the DTC rate among non-duals, among SNFs in the Pacific region). This section includes U.S. maps for analyses that presented the most salient regional differences. We include regional differences for each across- and within-provider comparison in the accompanying National Summary Results workbook (please see Appendix A for more information). Additional regional figures that were not included in the sections below are available in Appendix E for reference.

Figure 24 visualizes the absolute differences in IRFs' average DTC rates among Non-White and White patients, while the legend includes the regional differences in the relative DTC performance among IRFs for Non-White patients compared to White patients (i.e., Non-White patients' DTC rate minus White patients' DTC rate). For the DTC measure, a negative difference indicates worse performance for Non-White patients compared to White patients.

Figure 24. Regional Differences in IRF Outcomes: Non-White - White DTC Rates¹²



¹⁰ More information on the POS dataset can be found here: <https://data.cms.gov/provider-characteristics/hospitals-and-other-facilities/provider-of-services-file-hospital-non-hospital-facilities>

¹¹ Colors are assigned on a relative basis within each map.

¹² For a list of the states included in each regional division, see in Appendix D.

Figure 24 shows that:

- IRFs in the Middle Atlantic region had the greatest difference in DTC outcomes among Non-White and White patients (-2.8%). This indicates that, among IRFs in the Middle Atlantic region, the DTC rate for Non-White patients was lower (worse) than that of White patients, and the gap in performance between these two populations was greater than in any other region.
- IRFs in the New England and Pacific regions had the smallest absolute differences in DTC rates between their Non-White and White patients (0.02%). This indicates that, among IRFs in the New England and Pacific regions, the DTC rate for White patients was slightly lower (worse) than that of Non-White patients, but the gap in performance between these two populations was smaller than in any other region.

Figure 25 similarly visualizes the absolute differences in DTC performance among SNFs for dual patients and non-dual patients, while the legend includes the regional differences in the relative DTC performance among SNFs for dual patients compared to non-dual patients (i.e., dual patients' DTC rate minus non-dual patients' DTC rate).

Figure 25. Regional Differences in SNF Outcomes: Dual – Non-Dual DTC Rates¹³

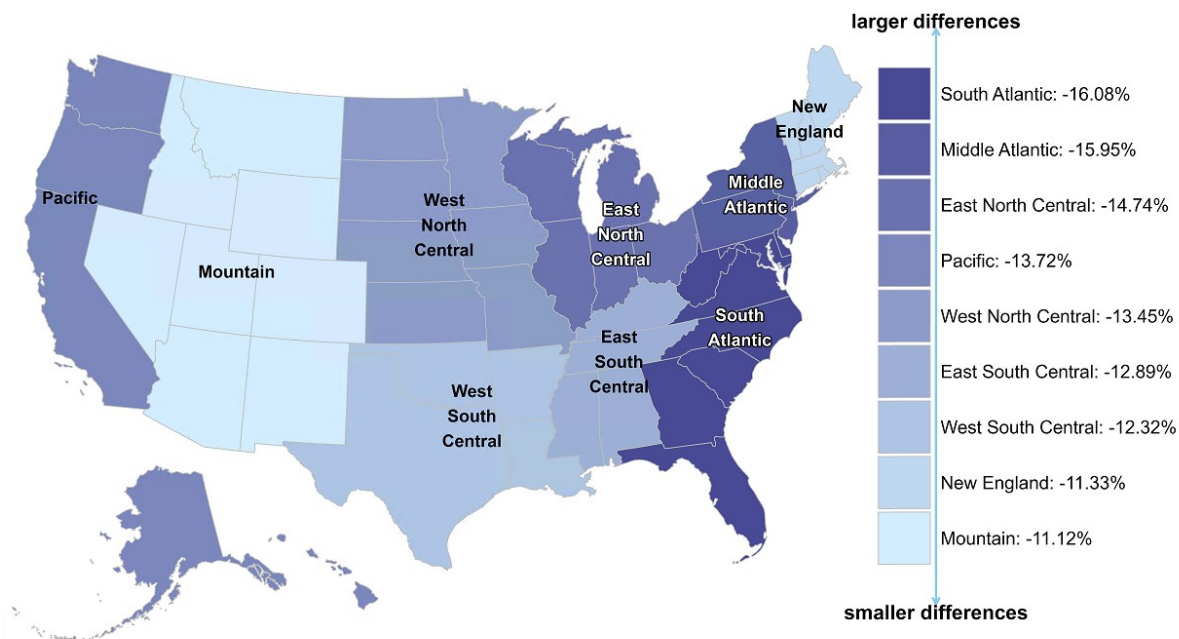


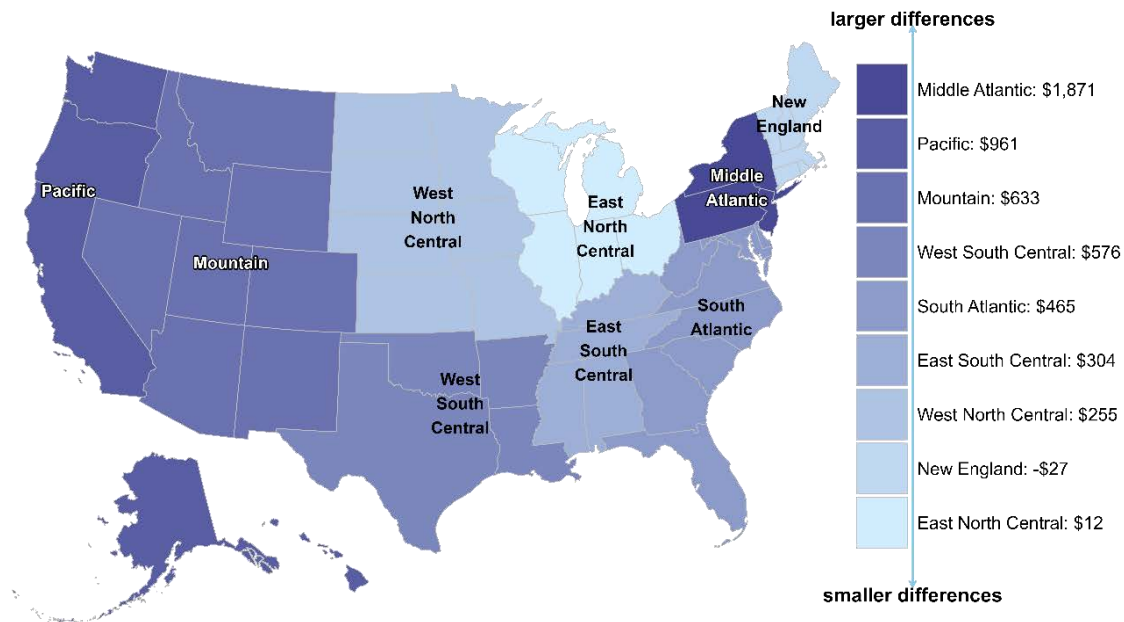
Figure 25 shows that:

- In all regions, the SNF DTC rate for duals was worse than for non-duals.
- The largest difference was in the South Atlantic region (-16.1%), while the smallest difference was in the Mountain region (-11.1%).

Figure 26 visualizes the absolute differences in average MSPB performance among IRFs for Non-White and White patients, while the legend includes the relative difference in average MSPB performance (i.e., Non-White patients' average MSPB Amount minus White patients' average MSPB Amount). For the MSPB measure, a positive difference indicates worse performance for Non-White patients compared to White patients.

¹³ For a list of the states included in each regional division, see in [Appendix D](#).

Figure 26. Regional Differences in IRF Outcomes: Non-White - White Average MSPB Amounts¹⁴



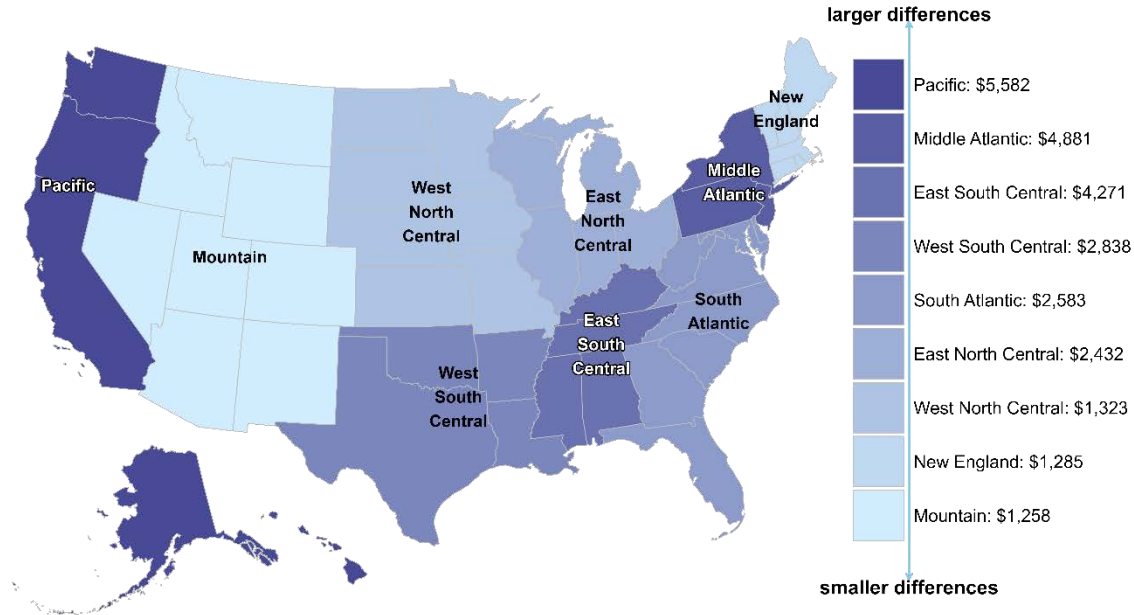
[Figure 26](#) shows that:

- In all regions except for New England, the average MSPB Amount for Non-White patients was higher (worse) than for White patients, with the largest difference in the Middle Atlantic region (\$1,871). This indicates that, among IRFs in the Middle Atlantic, the average MSPB Amount for Non-White patients was higher (worse) than that of White patients, and the gap in performance between these two populations was greater than in any other region.
- The East North Central region had the smallest absolute differences in average MSPB performance for their Non-White and White patients (\$12). This indicates that, among IRFs in the East North Central region, the average MSPB Amount for Non-White patients was slightly higher (worse) than that of White patients, but the gap in performance between these two populations was smaller than in any other region.

[Figure 27](#) visualizes the absolute differences in average MSPB performance among SNFs for dual and non-dual patients, while the legend includes the relative difference in average MSPB performance (i.e., duals' average MSPB Amount minus non-duals' average MSPB Amount).

¹⁴ For a list of the states included in each regional division, see in [Appendix D](#).

Figure 27. Regional Differences in SNF Outcomes: Dual – Non-Dual Average MSPB Amounts¹⁵



[Figure 27](#) shows that:

- In all regions, the SNF average MSPB Amount for duals was worse than for non-duals.
- The largest difference was in the Pacific region (\$5,582), while the smallest difference was in the Mountain region (\$1,258).

6.2.2 Urban and Rural Differences

Below, we compare measure results for facilities/agencies in urban versus rural locations, stratified by dual status ([Figure 28](#), [Figure 30](#)) and race/ethnicity ([Figure 29](#), [Figure 31](#)).

¹⁵ For a list of the states included in each regional division, see in [Appendix D](#).

Figure 28. Urban vs Rural DTC Rate: Performance for Duals and Non-Duals

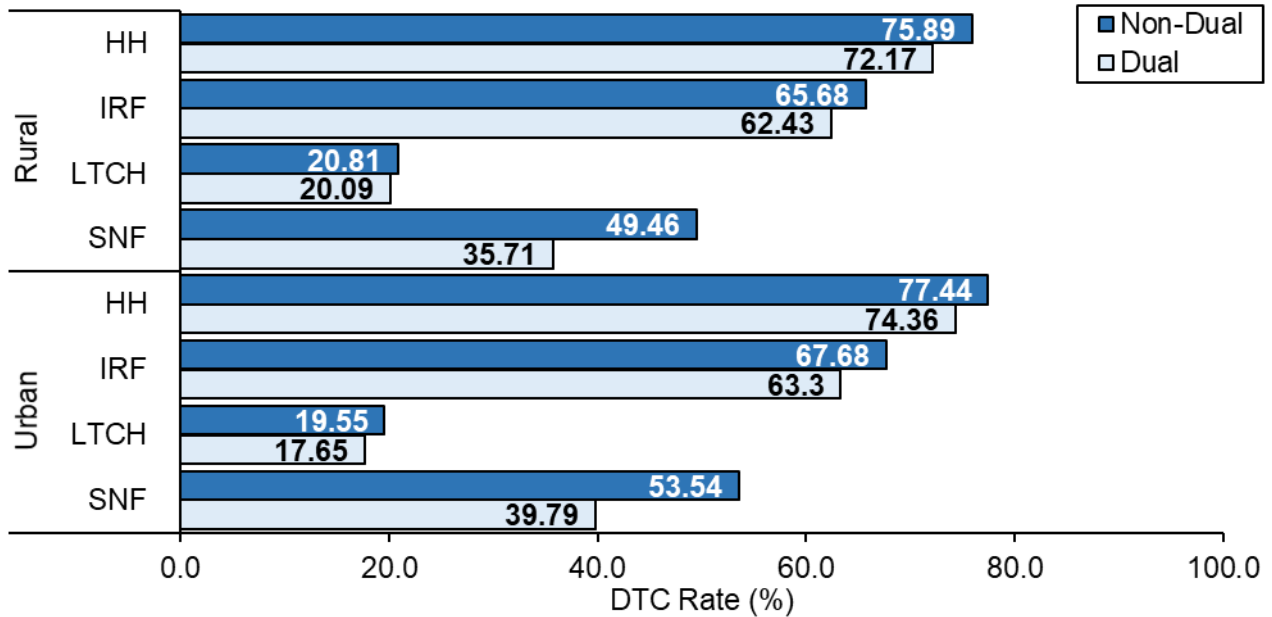


Figure 28 shows that, across all PAC settings, the DTC rate was lower (worse) for duals than non-duals among both urban and rural facilities/agencies.

Figure 29. Urban vs. Rural DTC Rate: Performance for Non-White and White Patients

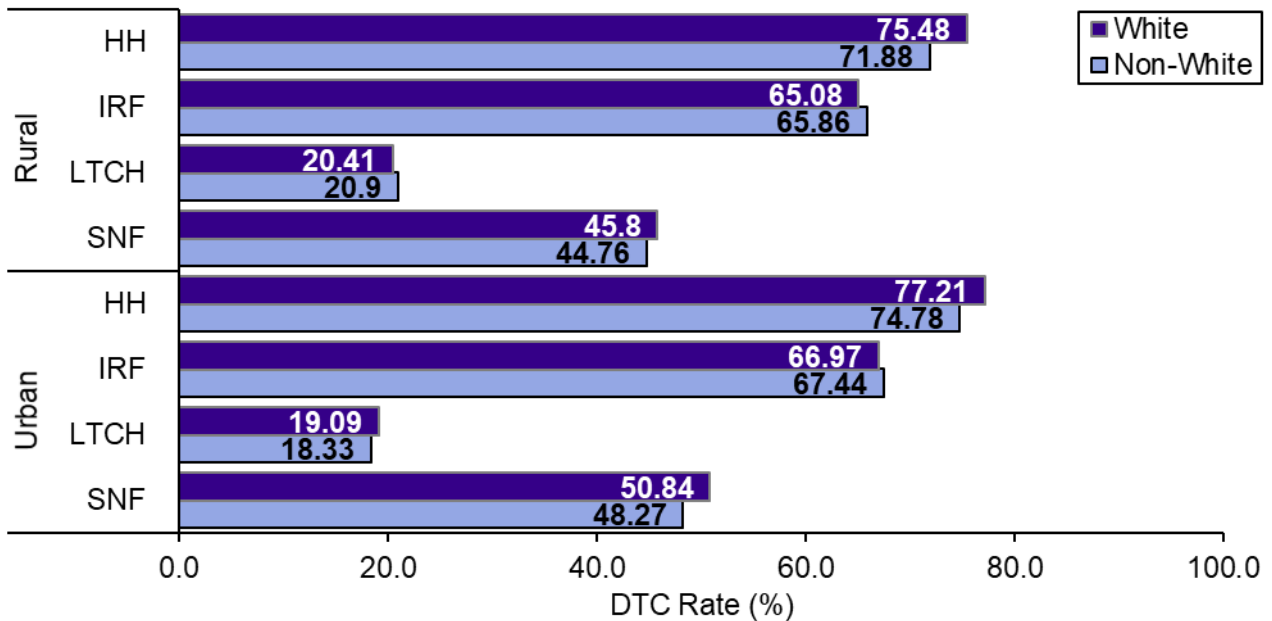


Figure 29 shows that DTC rates for White patients were lower than for Non-White patients among both urban and rural HHAs and SNFs.

Figure 30. Urban vs. Rural Average MSPB Amount: Performance for Duals and Non-Duals

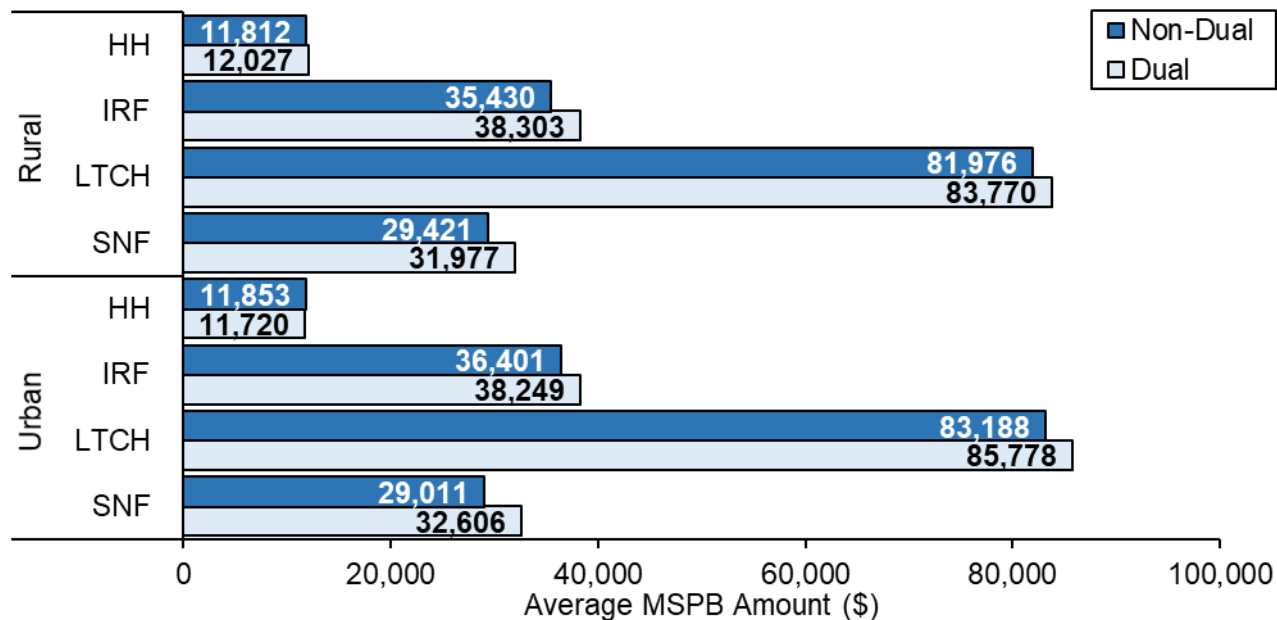


Figure 30 shows that the average MSPB Amount was higher (worse) for duals than non-duals among both urban and rural IRF, LTCH, and SNF facilities.

Figure 31. Urban vs. Rural Average MSPB Amount: Performance for Non-White Patients

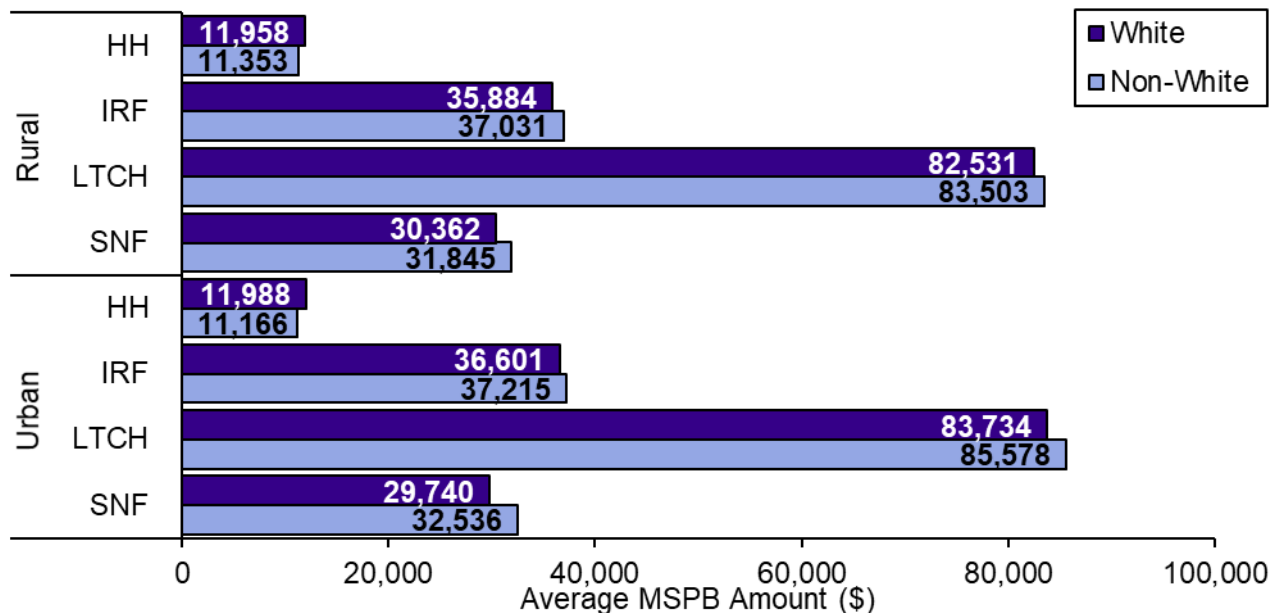


Figure 31 similarly shows that, among both urban and rural IRFs, LTCHs, and SNFs, Non-White patients had higher (worse) average MSPB Amounts than White patients. Among urban and rural HHAs, Non-White patients had lower (better) average MSPB Amounts.

7.0 Conclusion

Analyses summarized in this report point to the presence of national disparities in DTC and MSPB outcomes by dual status and race/ethnicity, as well as a progressive deterioration in outcomes for all patients as the proportion of duals or Non-White patients seen at PAC facilities/agencies increased. In this section, we synthesize key findings and summarize their implications.

National average DTC and MSPB outcomes were worse for duals and Non-White patients than their counterparts (non-duals, White patients), across most PAC settings ([Section 3.0](#)). Further, provider-level comparisons presented in the Health Equity Confidential Feedback Reports confirm the presence of provider-level disparities. Over half of providers in each setting tended to have DTC and MSPB outcomes that were worse for their duals and Non-White patients compared to the national outcomes among all patients ([Section 4.1](#)). Similarly, within-provider comparisons showed that over half of providers in each setting had DTC and MSPB outcomes that were worse for their dual patients than for their non-dual patients; although fewer than half of providers across most settings had worse DTC and MSPB outcomes for their Non-White patients than for their White patients ([Section 4.2](#)). The differences in outcomes for dual and Non-White patients, relative both national averages among all patients and to outcome of other patients in the same facilities/agencies, were statistically significantly worse for substantial numbers of providers. This was particularly notable among SNF providers. E.g., 24% of SNFs had a DTC rate that was statistically significantly worse for duals compared to non-duals. ([Section 5.0](#))

Health Equity Confidential Feedback Reports also allowed providers to compare themselves to similar providers. Comparisons of facilities/agencies by their proportions of dual patients showed that, among SNFs, DTC and MSPB outcomes progressively worsened for duals and non-duals as the proportion of duals increased. Similarly, DTC and MSPB outcomes tended to progressively worsened for both White and Non-White patients as the proportion of Non-White patients increased among SNFs, LTCHs, and (for DTC) HHAs. ([Section 6.1](#)) These results point to dual and Non-White patients potentially facing greater barriers to accessing high-quality providers. Comparisons by provider location ([Section 6.2](#)) show variability in trends by geographic location (Census regional division). At the same time, trends were broadly similar among rural and urban providers.

By sharing these insights directly to providers, the Health Equity Confidential Feedback Reports empower providers with the data necessary to develop strategies that reduce the impacts of social risk factors for their patients.

Appendix A: National Summary Results Workbook

The National Summary Results workbook offers additional summary statistics based on facility/agency's performance results from the Fall 2023 Health Equity Confidential Feedback Reports, that were not included within this Methodology Report.

The National Summary Results workbook can be found in the following PAC QRP Training and Education webpages:

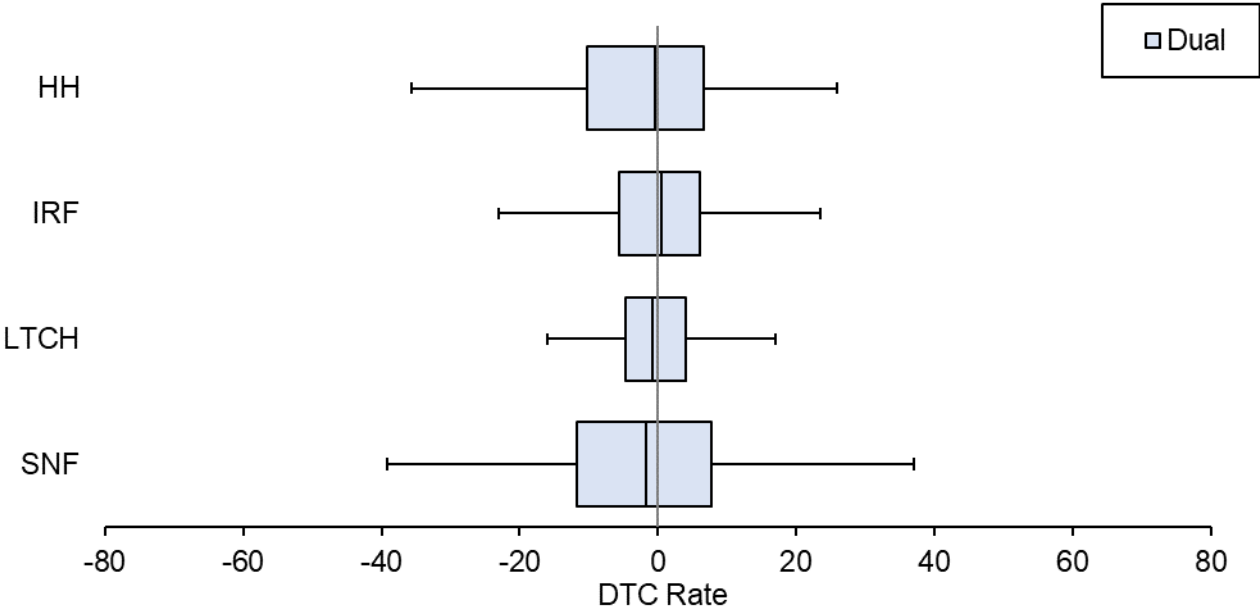
- [HH Quality Reporting Training & Education webpage](#)
- [IRF Quality Reporting Training & Education webpage](#)
- [LTCH Quality Reporting Training & Education webpage](#)
- [SNF Quality Reporting Training & Education webpage](#)

Appendix B: Across-Provider Comparison to the National Performance Among the Same Population

To supplement the national distributions of the comparisons included in [Section 4.0](#), this appendix provides the second across-provider comparison included in the 2023 Health Equity Confidential Feedback Reports: the across-provider comparison to the national performance among the same population. Specifically, these results compare a facility/agency’s specific patient population (e.g., duals) to that same population (duals) nationally across all facilities/agencies in the same setting.

Below, [Figure 32](#) – [Figure 35](#) present the national distributions of the across-provider difference comparing outcomes for a given population at a facility/agency (e.g., duals, Non-White patients) to the national performance among all patients in the same setting. Specifically, the median provider performance is represented by the horizontal line inside each box, while the 25th and 75th percentile performance is represented by the left and right borders of each box, respectively. The whiskers (i.e., the lines extending to the left and right of each box), indicate the minimum and maximum values, excluding outliers, respectively.¹⁶

Figure 32. DTC Across-Provider Difference Among Duals from the National Rate Among the Same Population



¹⁶ Outliers are defined as values more than 1.5 times the interquartile range (IQR) below the 25th percentile or 1.5 times IQR above the 75th percentile, where IQR is the difference between the 75th and 25th percentile values.

Figure 33. DTC Across-Provider Difference Amon Non-White Patients from the National Rate Among the Same Population

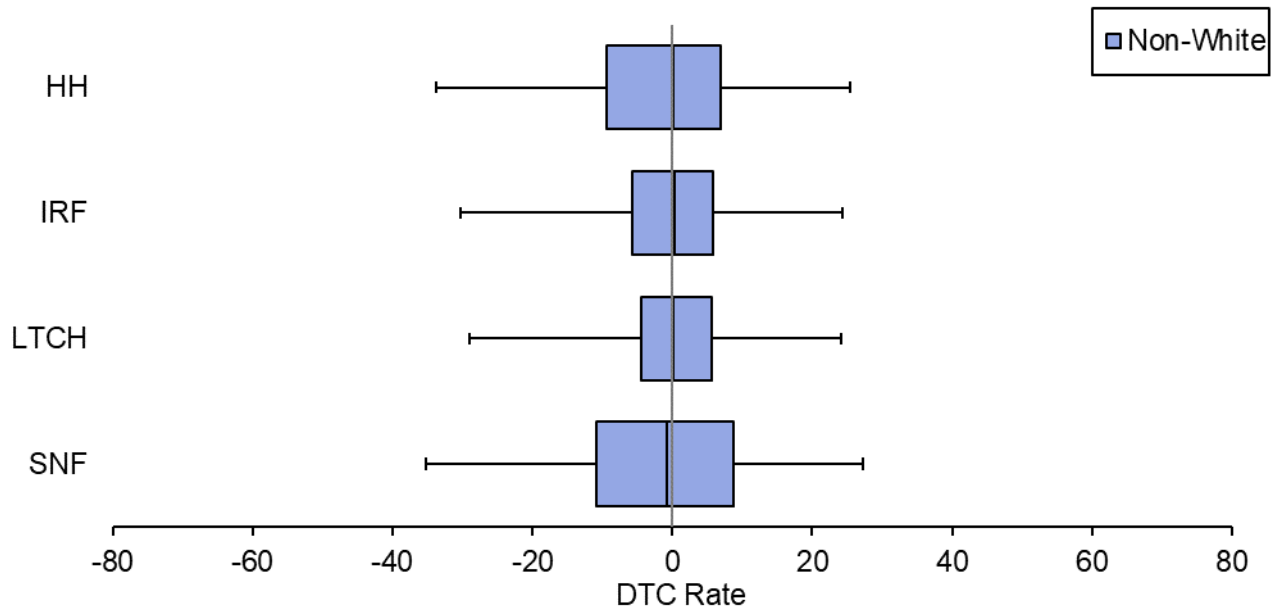


Figure 34. MSPB Across-Provider Difference Among Duals from the National Average Amount Among the Same Population

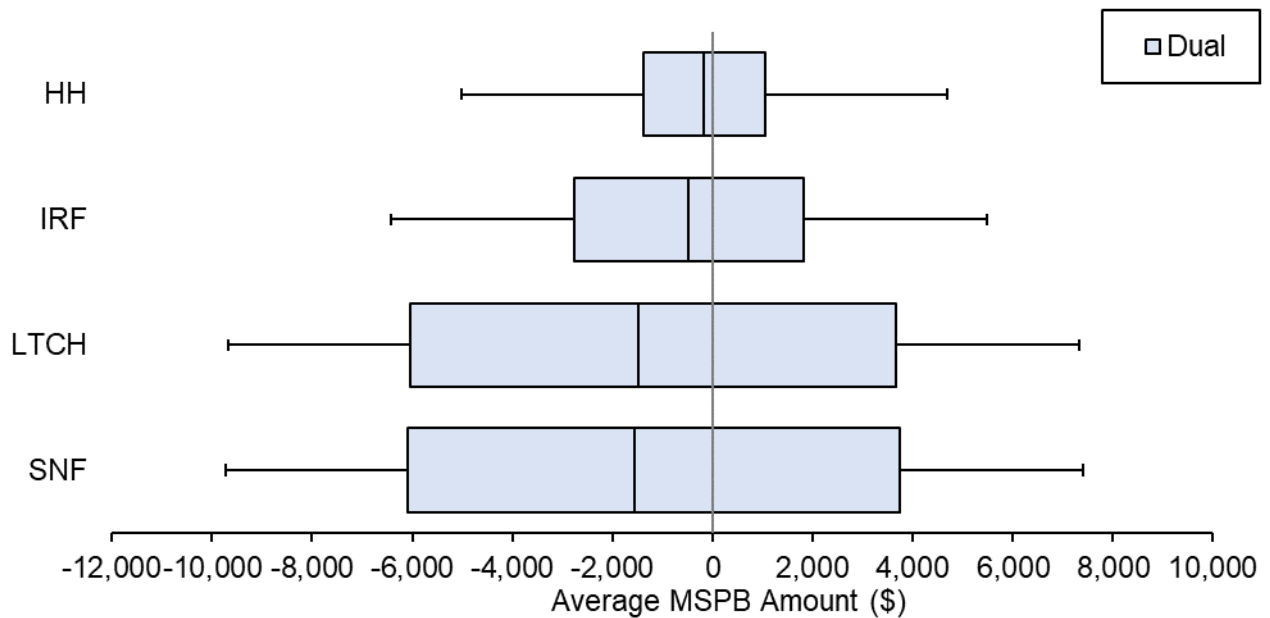
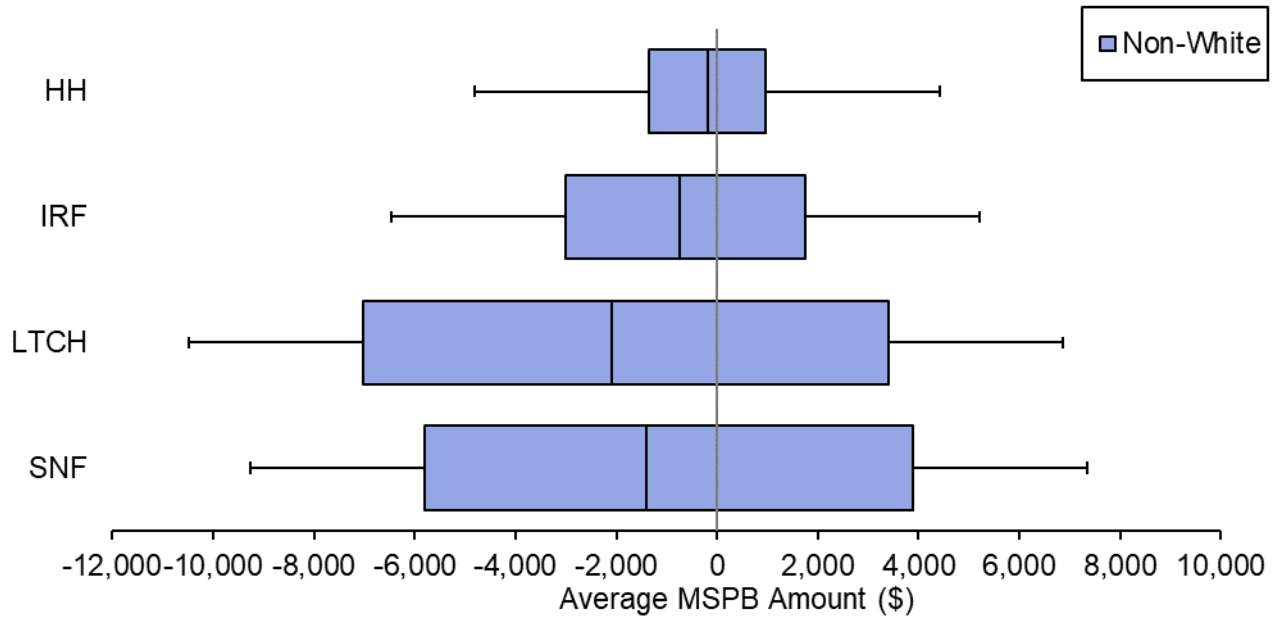


Figure 35. MSPB Across-Provider Difference Among Non-White Patients from the National Average Amount Among the Same Population



Appendix C: Frequency of the Category of the Across-Provider Difference from the National Performance Among the Same Population

To supplement the frequency distributions of the category of the across-provider difference from the national performance among all patients included in [Section 5.0](#), this appendix provides the distributions of the category of the second across-provider comparison included in the 2023 Health Equity Confidential Feedback Reports: the across-provider comparison to the national performance among the same population. Specifically, these results shows the percent of facilities/agencies that have statistically significantly different measure outcomes for a specific population (e.g., duals) compared to the national measure outcome for that same population (duals) across all facilities/agencies in the same setting.

[Figure 36](#) and [Figure 37](#) below summarize the frequency distribution of the category of the across-provider difference comparing outcomes for a given population at a facility/agency (e.g., duals, Non-White patients) to the national performance among the same population (e.g., duals, Non-White patients).

Figure 36. DTC Category of Across-Provider Difference to the National Rate Among the Same Population

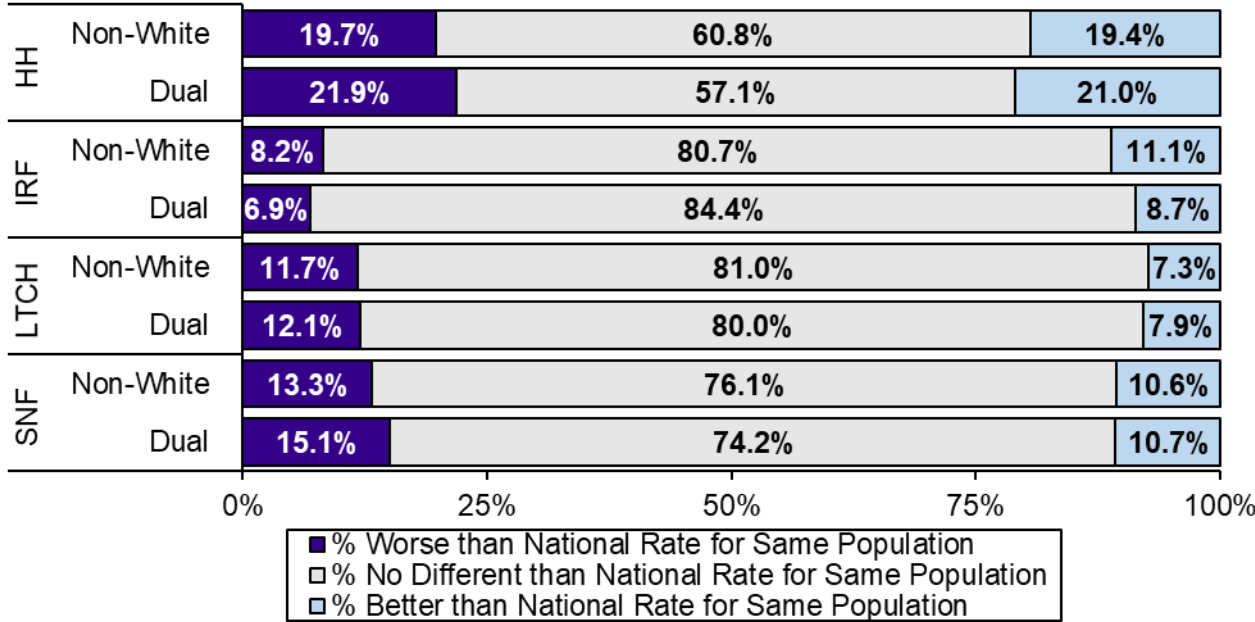
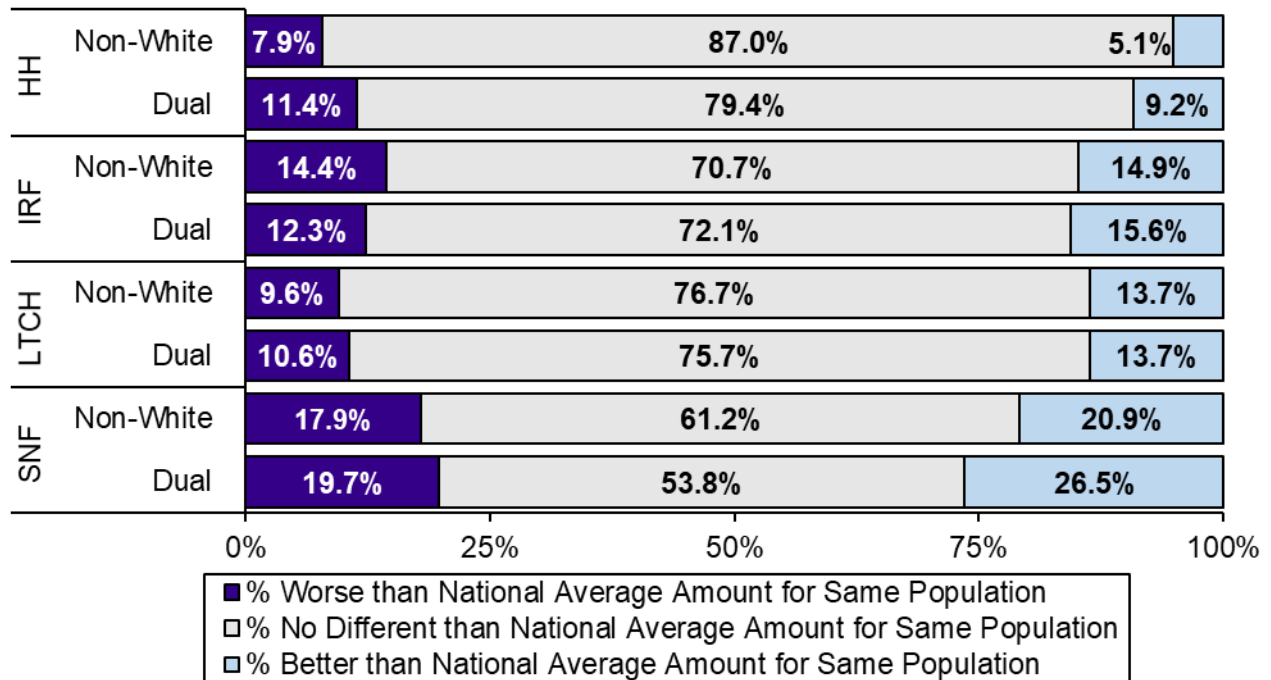


Figure 37. MSPB Category of Across-Provider Difference to the National Average Amount Among the Same Population



Appendix D: States Included in Regional Divisions

CMS maps the facility/agency's state to the nine region divisions indicated by the U.S. Census Bureau: New England, Middle Atlantic, South Atlantic, East North Central, East South Central, West North Central, West South Central, Mountain, and Pacific.¹⁷ The states included in each Regional Division are listed below:

- New England
 - Connecticut
 - Maine
 - Massachusetts
 - New Hampshire
 - Rhode Island
 - Vermont
- Middle Atlantic
 - New Jersey
 - New York
 - Pennsylvania
- South Atlantic
 - Delaware
 - District of Columbia
 - Florida
 - Georgia
 - Maryland
 - North Carolina
 - South Carolina
 - Virginia
 - West Virginia
- East North Central
 - Indiana
 - Illinois
 - Michigan
 - Ohio
 - Wisconsin
- East South Central
 - Alabama
 - Kentucky
- Mississippi
- Tennessee
- West North Central
 - Iowa
 - Kansas
 - Minnesota
 - Missouri
 - Nebraska
 - North Dakota
 - South Dakota
- West South Central
 - Arkansas
 - Louisiana
 - Oklahoma
 - Texas
- Mountain
 - Arizona
 - Colorado
 - Idaho
 - New Mexico
 - Montana
 - Utah
 - Nevada
 - Wyoming
- Pacific
 - Alaska
 - California
 - Hawaii
 - Oregon
 - Washington

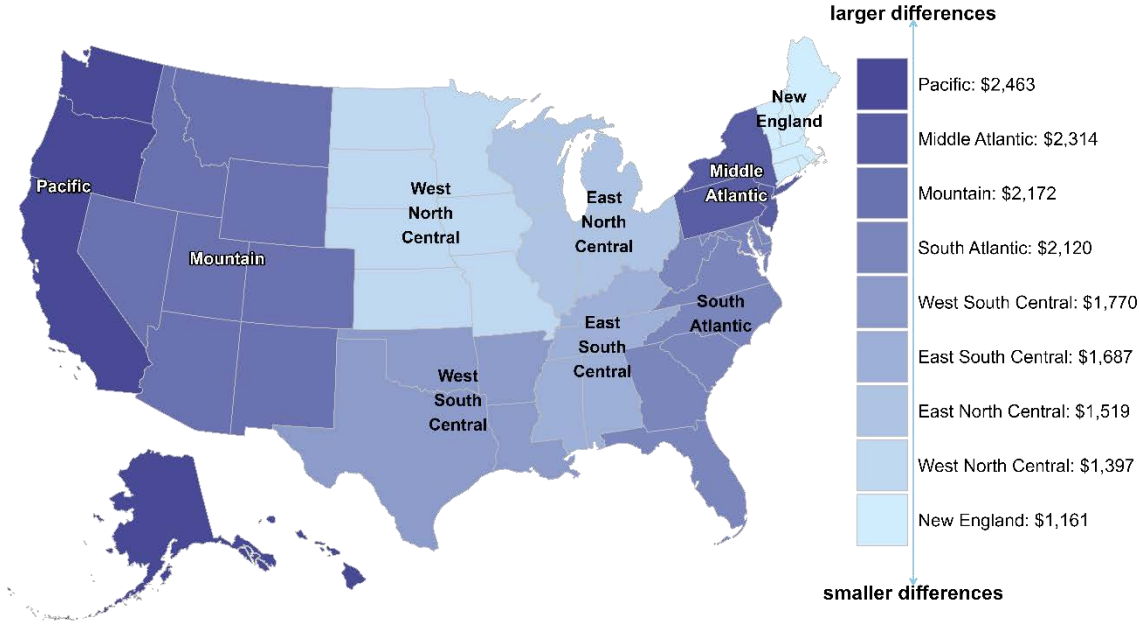
¹⁷ For details, see https://www.census.gov/programs-surveys/economic-census/guidance-geographies/levels.html#par_textimage_34

Appendix E: Regional Differences

To supplement the U.S. heat maps included in [Section 6.2.1](#), this appendix provides regional differences in measure performance between additional patient populations and PAC settings.

[Figure 38](#) to [Figure 42](#) below visualize the absolute regional differences in measure performance between patient populations. In the maps below, regions with smaller absolute differences in average outcomes between patient populations (duals and non-duals, Non-White and White patients, or Black and White patients) have lighter blue shades. Regions with larger differences in average outcomes between the mentioned patient populations, regardless of the direction, have darker blue shades.¹⁸

Figure 38. Regional Differences in IRF Outcomes: Dual – Non-Dual Average MSPB Amounts¹⁹



¹⁸ Colors are assigned on a relative basis within each map.

¹⁹ For a list of the states included in each regional division, see in [Appendix D](#).

Figure 39. Regional Differences in LTCH Outcomes: Dual – Non-Dual DTC Rates²⁰

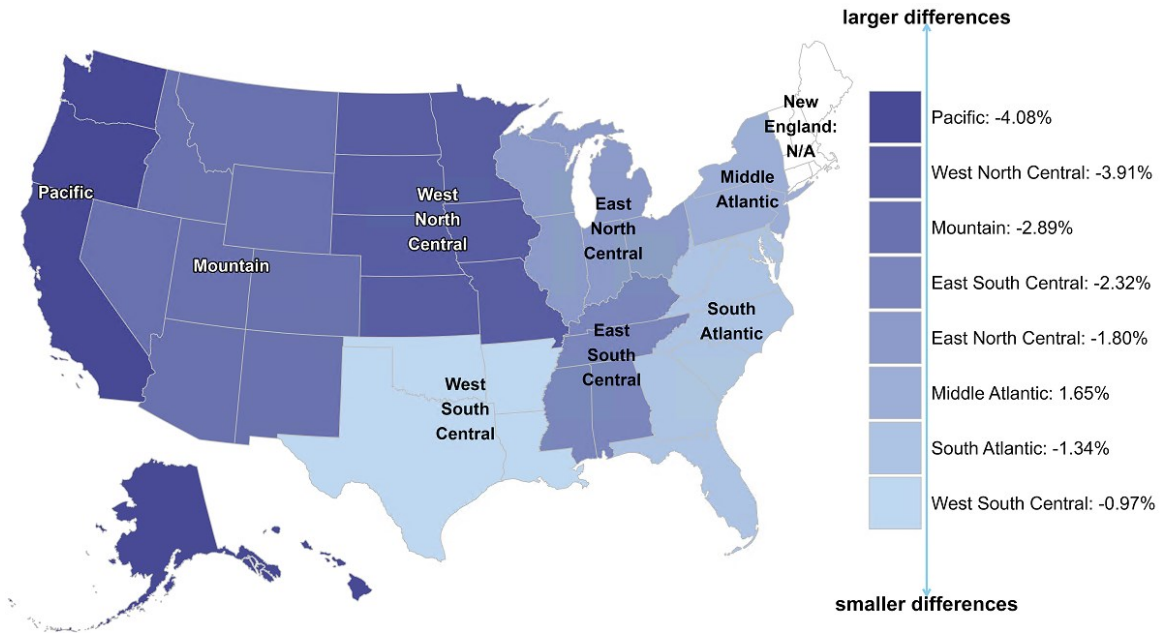
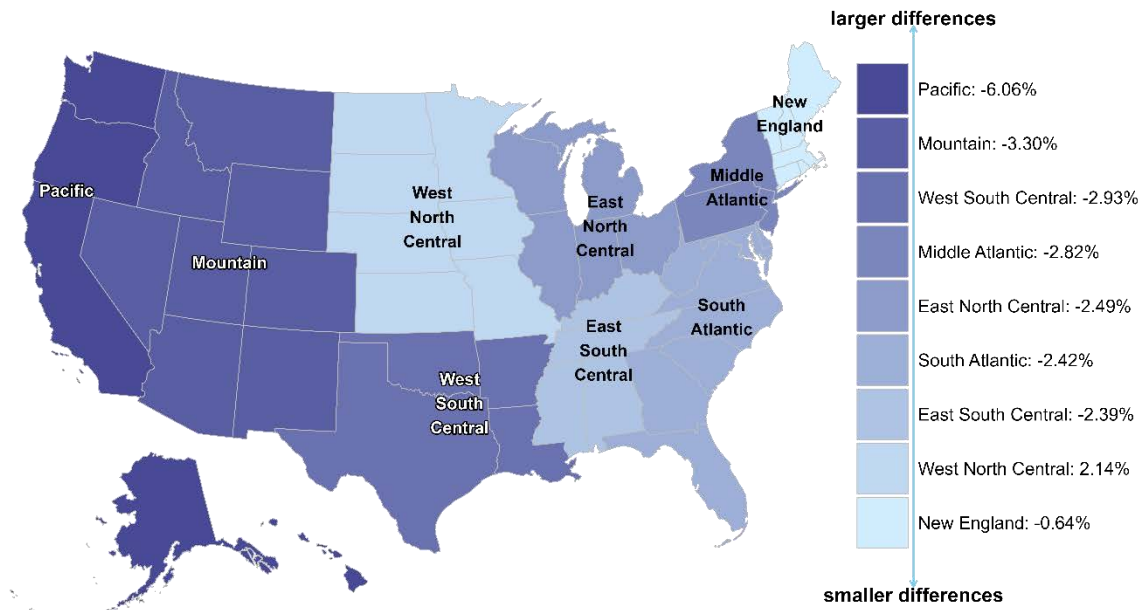


Figure 40. Regional Differences in SNF Outcomes: Black – White DTC Rates²¹



²⁰ For a list of the states included in each regional division, see in [Appendix D](#).

²¹ For a list of the states included in each regional division, see in [Appendix D](#).

Figure 41. Regional Differences in SNF Outcomes: Non-White – White Average MSPB Amount²²

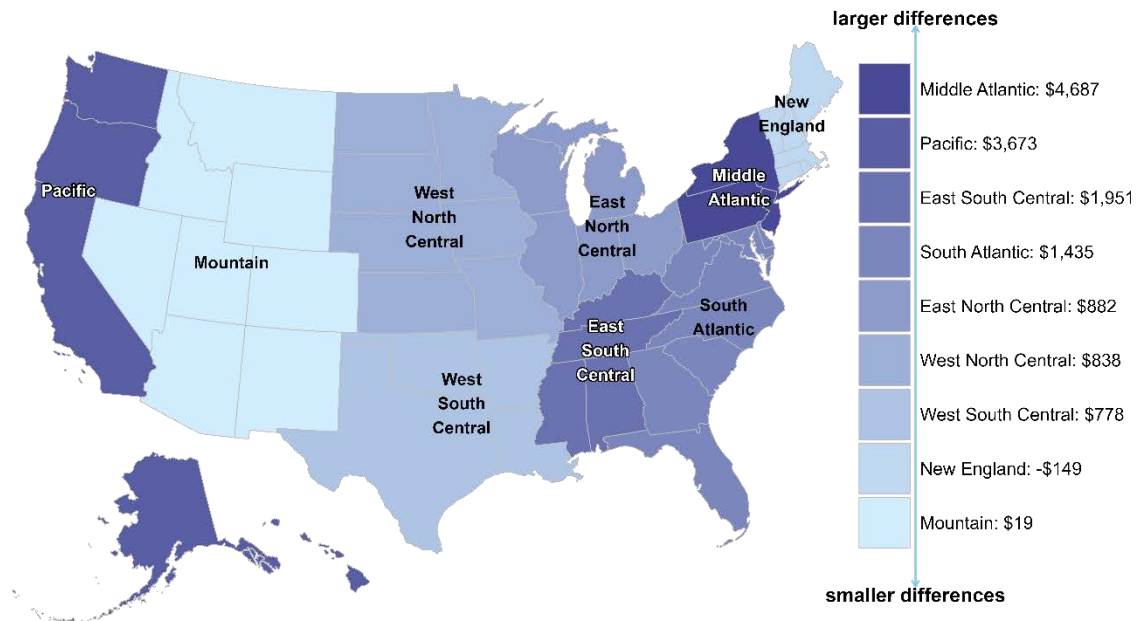
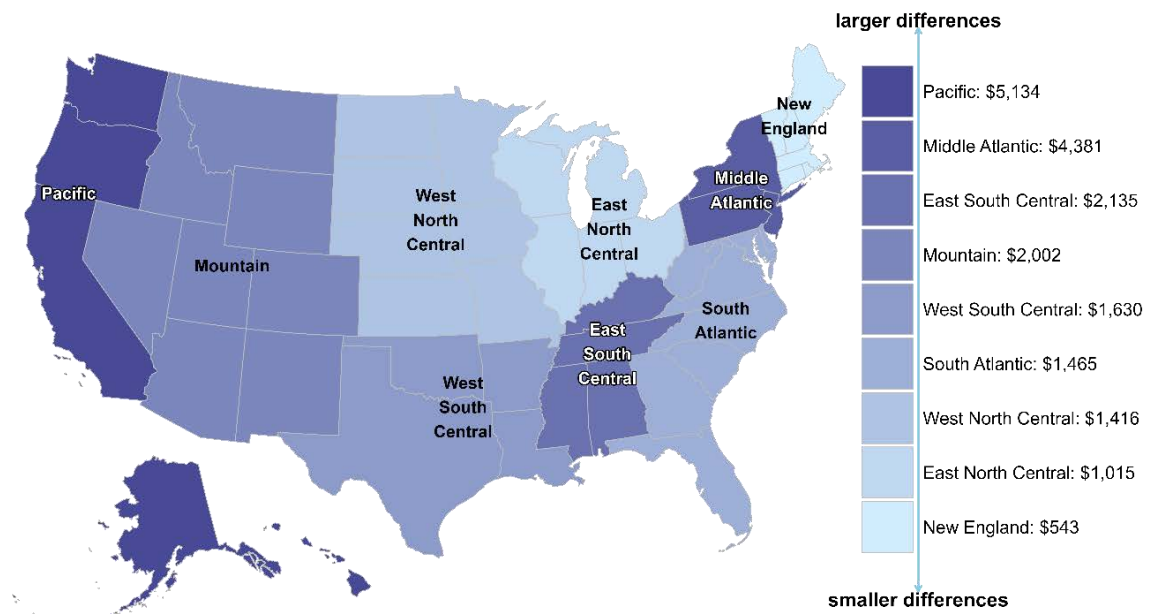


Figure 42. Regional Differences in SNF Outcomes: Black – White Average MSPB Amount²³



²² For a list of the states included in each regional division, see in [Appendix D](#).

²³ For a list of the states included in each regional division, see in [Appendix D](#).