AACVPR

American Association of Cardiovascular and Pulmonary Rehabilitation

Promoting Health & Preventing Disease

2025 Pulmonary Program Certification Application

AACVPR Program Certification is the only peer-reviewed accreditation process designed to review individual facilities for adherence to standards and guidelines developed and published by the AACVPR and other professional societies.

Program certification is designed for hospital outpatient and physician office based cardiac and pulmonary rehab programs. Currently, AACVPR Program Certification does not cover SET PAD programs, pediatric programs, or programs offering only virtual delivery.

3 Steps to Getting Your 2025 Application Started

1) **Review Program Roster**

   - **Note on Roster Requirements:** Only primary and secondary contacts need to be listed on your roster in your program's profile on the AACVPR website. Additional roles (medical director, program director, staff, etc.) now only need to be added within the application. For instructions on how to view your roster, **click here**.

   - **New Primary Contact?** If your program's primary contact needs to be updated or created, please complete the primary contact form. Click Here to access primary contact form.

2) **Update Program Demographics & Staff Roster**

   1. Identify Program Certification Secondary Contact
   2. Verify data is correct or add data for the following demographic fields: Type of Facility, Programs Offered, Eligible Patients Per Year, Hospital Bed Size, Profit Status Full Time Staff Equivalents.

   Click Here for "My Profile" update instructions

3) **Review 2025 Program Certification Application Outlines & "Required" Performance Measures**

   1. Review **2025 Pulmonary Application Requirements**
   2. Review Required **Pulmonary Rehabilitation Measures**: Improvement in Dyspnea, Improvement in Functional Capacity, Improvement in Quality of Life, Program Enrollment, and Program Adherence

   Click Here for Program Certification Performance Measures Resource Page

Ready to start the 2025 program certification application?
(*Application opens December 1, 2024)

1. Log on to the AACVPR website
2. Click the "My Programs" tab in top right corner
3. Select the appropriate program "dashboard"

*Note: If no program is listed contact the AACVPR certification team at certification@aacvpr.org

Sister Programs: As part of the application process, we will ask programs to identify sister programs *that are applying for certification in the same year*. Sister programs are defined as related sites within the same healthcare system that share medical emergency policies, exercise prescription policies, oxygen use and titration policies, and ITP's, etc. The system will allow programs to enter up to two CR and two PR sister programs. If you have more sister programs that will be applying for certification in the same year, you can email certification@aacvpr.org with a list of all of the programs as soon as the application opens.

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Page 1: Program Staff and Competencies

The following roles must be added to your roster:
- Certification Primary Contact
- Certification Secondary Contact
- Medical Director
- Program Director

Individuals who provide Pulmonary Rehabilitation services should possess a common core of professional and clinical competencies, regardless of their academic discipline. For the purposes of AACVPR Program Certification, a program must provide evidence of annual assessment of clinical/professional staff competencies (knowledge or skill) that are **directly related to the Clinical Competency Guidelines for Pulmonary Rehabilitation Professionals document.** (http://journals.lww.com/jcrjournal/Fulltext/2014/09000/Clinical_Competency_Guidelines_for_Pulmonary.1.aspx).

Competency may be assessed in several ways - i.e. check-off stations, tests or quizzes, return demonstration, article review with post-test, formal classroom instruction with passing exam scores, etc.

PR Certificate EXEMPTION: The PR Certificate is recognized as evidence of professional competency in the 2025 Program Certification application, staff that earned the PR Certificate are exempt from the requirements for **one application cycle**. **For the 2025 application, it is ONLY acceptable to have completed the PR Certificate Course between January 2022 and December 2024. If the PR Certificate was used to bypass the requirements on a previous PR Certification Application, it cannot be used again. (Clarified for 2025)**

For staff members that hold the PR Certificate, you are required to enter in the PR Certificate Course completion date. Please leave this field blank if the staff member did not complete the PR Certificate Course, have already used the PR certificate to bypass competencies on a past application, or did not complete the PR Certificate in the acceptable completion window. Only PR Certificate Courses completed between January 2022 and December 2024 can be used. (Clarified for 2025)

RESOURCE TIPS:

- To access the FAQ for this page, click here: **https://aacvpr.org/program-certification-faq**

WHAT YOU NEED TO SUBMIT:
Please submit completion dates for *four (4) different annual competency assessments* for each staff member who provides direct and primary patient care and reports to the program director/ coordinator/ manager. Note that there are 13 competency areas and each staff member must be assessed in four (4) different competency areas listed below.

Program Directors that *do* provide day-to-day patient care *will need to report competencies.*

Please DO NOT list supporting staff including Dietitians, Psychologists, Pharmacists, or other specialists who are not involved in day-to-day rehabilitation activities on your roster. The Administrator Role no longer needs to be listed on the staff roster as well.

For each submitted competency, describe in detail how you determined staff is competent in this area. This description must include the following:

1. Objectives for each competency that aligns with the knowledge and skills from the core competencies document .
2. List specific tool or method used for assessment. Note: Simply stating "return demonstration/check-off station" **or "post test"** is not sufficient without submitting more detailed information **on how the staff were determined to be competent.** Please do not include the full post test questions/answers or policies/processes, please just describe how the staff were determined to be competent.

Please provide detailed objectives for the competency, the tool or method used to assess staff is competent, and the date of the competency. Mark all staff that possesses each competency.

- Patient assessment and management
- Dyspnea assessment and management
- Oxygen assessment, management, and titration
- Collaborative self-management
- Medication/therapeutics
- Disease not related COPD
- Exercise testing
- Exercise training
- Psychosocial management
- Tobacco cessation
- Emergency responses for patient and program personnel
- Universal standard precautions
- Adherence

REQUIRED ELEMENTS FOR THIS PAGE:
- Annual assessments of four different competencies must be submitted for each staff member (regardless of educational background or discipline) who provides direct and primary patient care and reports to the program director/ coordinator/ manager.
- Submitted competencies MUST be specific to the Clinical Competency Guidelines for Pulmonary Rehabilitation Professionals (http://journals.lww.com/jcrjournal/Fulltext/2014/09000/Clinical_Competency_Guidelines_for_Pulmonary.1.aspx).
- Competency assessments must be completed within required date range of January 1, 2024 to December 31, 2024.

THE FOLLOWING WILL RESULT IN AUTOMATIC DENIAL OF THIS PAGE:
- **Each competency submitted is not specific to the Clinical Competency Guidelines for Pulmonary Rehabilitation Professionals (http://journals.lww.com/jcrjournal/Fulltext/2014/09000/Clinical_Competency_Guidelines_for_Pulmonary.1.aspx).**
- **Objectives do not demonstrate what is to be learned or do not align with the knowledge and skills in the Core Competencies article. (Clarified for 2025)**
- **Competency tool or method used for assessment simply states "return demonstration/ check-off station" or "post test" without additional information included.**
- **Submitted competencies do not match the professional/clinical staff who provide direct and primary patient care and directly report to the program director/ coordinator/ manager as listed on the Staff Roster.**

- **PR Staff member listed to have the PR Certificate has already used the PR Certificate to bypass competencies or did not complete the PR Certificate in the allowed timeframe of January 1, 2022 – December 31, 2024. (Clarified for 2025)**
- **Submitted competencies are general in nature only - i.e. general hospital in-services or required education, emergency or safety in-services such as fire drills, infection control, safety inspections, or health and safety reviews.**

Page 2: Individualized Treatment Plan

The Individualized Treatment Plan (ITP) is a summary of the planned care of the patient from initial assessment to discharge from the Pulmonary Rehabilitation program. In accordance with CMS Guidelines, a physician's signature is required at initial assessment and *at least* every 30 calendar days thereafter, including discharge. **The 30 calendar day requirement is measured between physician signatures.**

Please note: For the purposes of Program Certification, AACVPR is assessing your ITP based on the CMS 30 calendar day rule. Please check with your local MAC regarding specific dating requirements for your state to assure that you are in compliance.

All documentation, uploaded documents, and data collection must be from the specific program that is applying for certification. (Clarified for 2025)

Changing of ITP or signature dates is not allowed. The 30-day physician signature requirement is both an AACVPR Program Certification requirement and a CMS requirement, so please keep that in mind when managing your program's signature window. (Clarified for 2025)

An initial written **INDIVIDUALIZED EXERCISE PRESCRIPTION**, with a **physician signature and date** must be in place for each patient in Pulmonary Rehabilitation. Your individualized exercise prescription will be assessed using the ITP submitted on this page of your application. Per CMS Guidelines (https://www.aacvpr.org/Advocacy/Regulatory-Legislative-Actions/Final-Medicare-Rules-for-CR-andPR/PulmonaryRules2011) the submitted physician-signed initial exercise prescription must be a component of the ITP.

For the purposes of AACVPR Program Certification, an ITP must be developed and completed for each patient in the Pulmonary Rehabilitation program and must include all of the following **CLEARLY LABELED** elements and steps:

REQUIRED ELEMENTS:
- Exercise
- Nutrition
- Psychosocial
- Oxygen (actual patient must be on oxygen)
- Other Core Components/Risk Factors as required for individual patient

REQUIRED STEPS:
- Assessment*
- Plan: Goals/Intervention/Education*
- Reassessment**
- Discharge/Follow-up*

* Step must include oxygen use/titration for Pulmonary Rehabilitation
** Reassessment must include comments on progress to goal (comments such as "Ongoing", "Met", or "in Progress" <u>require a more detailed explanation</u>). Reassessment must also include oxygen use and titration, for example: listing Oxygen Flow Rate and SpO2 used.

Your ITP must include the following CLEARLY LABELED ITEMS: **ALL THE ITEMS IN RED BELOW MUST BE LABELED ON YOUR SUBMITTED ITP.**

Exercise Assessment**
Exercise Plan
- Goals
- Interventions
  - Exercise Prescription
    - ‡ including Mode, Frequency, Duration, Intensity , **Prescribed** Oxygen Flow Rate, **Prescribed** SpO2 (Prescribed Oxygen Flow Rate and Prescribed SpO2 can be included here or in oxygen section, but must be present in at least one of these areas.)
- Education

Exercise Reassessment**
Exercise Discharge/Follow-up**

Nutrition Assessmentϕ
Nutrition Plan
- Goals
- Interventions
- Education

Nutrition Reassessment
Nutrition Discharge/Follow-up

Psychosocial Assessment
Psychosocial Plan
- Goals
- Interventions
- Education

Psychosocial Reassessment
Psychosocial Discharge/Follow-up

Oxygen Assessment
Oxygen Plan
- Goals
- Interventions
- Education

Oxygen Reassessment
Oxygen Discharge/Follow-up

Other Core Components/Risk Factors*** Assessments (as appropriate)
Other Core Components/Risk Factors Plan
- Goals
- Interventions
- Education

Other Core Components/Risk Factors Reassessment
Other Core Components/Risk Factors Discharge/Follow-up

ɸ The Nutrition assessment section must include documentation of an **actual assessment or review of patient's nutrition habits/diet at intake, reassessment, and discharge**. Assessing and documenting weight and BMI alone is not sufficient.

** **Prescribed** Oxygen flow rate and **Prescribed** SpO2 parameters needs to be included as part of the Exercise Prescription within the Exercise Element *or* within the Oxygen Element for Pulmonary Rehabilitation Program Certification. The management and titration of oxygen should remain in the oxygen element, and the patient must be on oxygen. **(Clarified for 2025)**

***Other Core Components/Risk Factors must be specific to pulmonary rehab. *Examples of appropriate options include* tobacco cessation, environmental factors, medications (in particular inhaler medications), pulmonary hygiene, altered sleep, and prevention management of respiratory infections and exacerbations, etc. *As part of the application, you will need to identify the active other core component/risk factor that is present in the ITP and applicable to the patient.*

These items may be labeled simply as "Other" or "Risk". The Other Core Component/Risk Factors must be actively managed and have details on all required steps included for initial, reassessment and discharge/follow-up.

‡ Exercise Prescription on your ITP must include:
- Exercise **mode** (treadmill, arm bike, cross-trainer, etc.) prescribed for the patient
- Exercise **frequency** (days per week) prescribed for the 1patient
- Exercise **duration** (minutes) prescribed for the patient
- Exercise **intensity** prescribed for the patient (Note: Intensity targets must be within AACVPR and ACSM published guidelines)

RESOURCE TIPS:
- To access the FAQ document, visit the AACVPR website here: https://aacvpr.org/program- certification-faq
- To access the "ITP Checklists" reference document, go to the Application Resources Page: https://aacvpr.org/program-certification-faq

WHAT YOU NEED TO UPLOAD:
- Upload your completed Pulmonary Individual Treatment Plan with an initial Exercise Prescription included as a component. **ITP must be HIPAA compliant and readable.**
- Uploaded ITP must be for an actual patient on supplemental oxygen that has completed all required elements for the initial assessment, at least one reassessment, and discharge. *Please select one (1) patient with at least one active additional core component/risk factor that is not addressed elsewhere on the ITP.*

Patient's First Billable Session:
Please indicate the **patient's first billable session date. (Clarified for 2025)**

Physician's Signature Date:
Please indicate all (in chronological order) **physician signature dates**, including **each reassessment** date(s) and **discharge** date.

<u>**REQUIRED ELEMENTS FOR THIS PAGE:**</u>

- Submitted ITP must be a comprehensive document including all required information. (It does not need to be one page.) Supporting documentation will not be reviewed (i.e. assessment tools, letters to physicians /patients, individual physician correspondence, and daily exercise session reports, etc.)
- Submitted ITP must be for an actual patient requiring supplemental oxygen use that has completed all required elements listed above and must include all physician signatures and dates.
- Submitted ITP must have initial assessment, at least one reassessment, discharge, and one active additional core component/risk factor.
- All required elements and steps of the submitted ITP are clearly labeled.
- Assessment and reassessment data must be on the ITP, but individual assessment tools should not be submitted.
- NOTE: If submitting an ITP from an Electronic Medical Record (EMR) or telemetry monitoring system that provides a document called the Exercise Prescription, it MUST include all required elements listed above.
- **The date of patients first billable session and physician signature date(s), including each reassessment and discharge. (Clarified for 2025)**
- **The initial exercise prescription must include mode, frequency, duration, and intensity. (Clarified for 2025)**
- Education cannot be its own header; it needs to be within the required steps of each element.
- Submitted ITP must be dated between January 1, 2024, and December 31, 2024

<u>**THE FOLLOWING WILL RESULT IN AUTOMATIC DENIAL OF THIS PAGE:**</u>

- **Failure to submit a completed ITP with physician signature and dates from an actual patient who completed your program.**
- **Failure to submit an ITP for an actual patient on supplemental oxygen.**
- **Subsequent *physician* signature(s) and date(s) on the submitted ITP did not occur *at least* every 30 days after a proceeding signature and date.**
- **No assessment or reassessment data provided - i.e. check boxes only indicating done but no data given.**
- **Submitted ITP does not have initial assessment/plan at least one reassessment and discharge for exercise element.**
- **Submitted ITP does not have initial assessment/plan at least one reassessment and discharge for psychosocial element.**
- **Submitted ITP does not have initial assessment/plan at least one reassessment and discharge for oxygen element.**
- **Submitted ITP does not have initial assessment/plan at least one reassessment and discharge for nutrition element.**
- **Submitted ITP does not have initial assessment/plan at least one reassessment and discharge for other core components element.**
- **Submitted active additional core component/risk factor is not specific to PR.**
- **Submitted active additional core component/risk factor was addressed elsewhere on the ITP.**
- **Submitted ITP does not have an actual assessment for nutrition, only weight/BMI addressed.**
- **Required elements of the submitted ITP are not clearly labeled.**
- **Reassessment/discharge does not include comments on a progress to goal or simply stated comments such as ongoing, met or in progress.**
- **Personal Health Information (PHI) is present/visible on the uploaded documents (HIPAA violation).**
- **Missing required components of the initial exercise prescription. (Clarified for 2025)**
- **Education is listed as a header instead of within the required step(s) of each element.**
- **Does not include Prescribed Oxygen Flow Rate and Prescribed SPO2 parameters as part of the Exercise Prescription or Oxygen Element. (Clarified for 2025)**

Page 3: Medical Emergencies

For the purposes of AACVPR Program Certification, written program specific policies/protocols must be in place to address the treatment of NINE of the most commonly seen Pulmonary Rehabilitation clinical situations that ARE or COULD LEAD TO a life-threatening medical emergency.

The policies/protocols must explain your care of the patient **from onset of signs and symptoms until resolution of the emergency** (transfer to ED, hospital admission, resolution of symptoms, discharge home, etc.) for EACH of the following:

- Cardiopulmonary Arrest
- Angina/Chest Pain
- Acute Dyspnea
- Tachycardia
- Bradycardia

- Hypertension
- Hypotension
- Hyperglycemia
- Hypoglycemia

<u>**RESOURCE TIPS:**</u>
- To access the FAQ for this page, click here: **https://aacvpr.org/program-certification-faq**

<u>**WHAT YOU NEED TO UPLOAD:**</u>
Please upload your program specific medical emergency policies/protocols document(s) for the nine medical emergencies listed above. You are required to upload a **single** PDF document for your Medical Emergencies policy.

<u>**REQUIRED ELEMENTS FOR THIS PAGE**</u>
- A department policy addressing all of the medical emergency conditions listed above. These can be in separate policies/protocols for each specific condition or in one combined policy.
- If the rehabilitation-specific policy references a separate department or hospital-wide policy, submit all related policies in the application. (If these additional policies are not submitted, the page will be denied).
- Medical emergency policies must be detailed (beyond calling 911) and specific to the role of the Pulmonary Rehabilitation staff in managing the emergency situation. If the rehab specific policy refers to any other policy, submit all related policies in the application.
- Medical emergency policies must address the Pulmonary Rehabilitation department's treatment of the patient from onset of signs and symptoms until resolution of the emergency (i.e. transfer to ED, hospital admission, resolution of symptoms, discharge home, etc.)
- Policy must be in effect during or prior to the data collection period.

<u>**THE FOLLOWING WILL RESULT IN AUTOMATIC DENIAL OF THIS PAGE**</u>
- **Failure to submit department policies addressing all nine of the medical emergency conditions.**
- **Submitted medical emergency policies do not address the Pulmonary Rehabilitation department's treatment of the patient from onset of signs and symptoms until resolution of the emergency (i.e. transfer to ED, hospital admission, resolution of symptoms, discharge home, etc.) Failure to submit all additional referenced policies.**
- **Failure to submit all additional referenced policies.**
- **Submitted policies are ACLS algorithms only.**
- **Submitted policy is not a formal policy.**
- **Policy not in effect during or prior to data collection period.**

Page 4: Emergency Preparedness

For the purposes of AACVPR Program Certification, programs must demonstrate the readiness to be prepared for the most common medical emergencies. This includes providing evidence that medical emergency equipment and supplies are immediately available to the Pulmonary Rehabilitation department. There must be documentation verifying the readiness of the emergency equipment for each day the program is in operation. Additionally, **programs applying for Program Certification are required to submit evidence of four (4) annual department medical emergency in-services** related to the nine medical emergencies listed on Medical Emergencies page of the certification application.

RESOURCE TIPS:
To access the FAQ for this page, click here: **https://aacvpr.org/program-certification-faq**

WHAT YOU NEED TO SUBMIT:

PART 1:
Upload one calendar (1) month's documentation of daily verification of readiness of the **defibrillator/AED and portable oxygen** for each day the program is in operation. **Readiness must be clearly indicated with evidence of testing of the defibrillator/AED with a specific method of readiness verification. Portable oxygen readiness must be clearly indicated with a specific verification of readiness as determined by your facility, not just a check mark that it is available.** An explanation must be provided for any dates without verification of readiness (e.g. "closed" or "holiday" must be written) during that month. You are required to upload a **single** PDF document for verification.

- Does your program have defibrillator/AED, portable oxygen equipment **immediately** available and **daily documentation that the equipment is verified to be ready for use in an emergency?** (YES/NO)

PART 2:
For the purposes of AACVPR Program Certification, **a program is required to submit evidence of four (4) annual department medical emergency in-services** related to the nine medical emergencies listed on the Medical Emergencies page of the certification application.

Submitted in-services may include an education or training session, a mock scenario, or a review of an actual scenario, and should contain details on how the in-service covered the selected medical emergency. **(Clarified for 2025)** General hospital emergency and safety drills and in-services such as fire drills, infection control, safety inspections, or health and safety reviews are not acceptable. Programs should also not submit a competency – please do not submit a quiz, check-off list, or policy as part of your in-services documentation. **(Clarified for 2025)**

Please provide the dates and a brief narrative description of four (4) medical emergency in-services. In-services must be specific to Pulmonary Rehabilitation and the NINE medical emergencies listed on the Medical Emergencies page of the certification application must be held between January 1, 2024 and December 31, 2024. Within the description, it should be clear how the medical emergency was covered as part of the in-service activity. Just noting an in-service took place without a description of how the in-service was conducted is not acceptable. **(Clarified for 2025)**

Brief description of medical emergency in-service and date of in-service for 4 of the following medical emergency in-services.

- Cardiopulmonary Arrest
- Angina/Chest Pain
- Bradycardia
- Hypertension
- Hypotension

- Acute Dyspnea
- Tachycardia
- Hyperglycemia
- Hypoglycemia

REQUIRED ELEMENTS FOR THIS PAGE:
- Documentation of verification of readiness for defibrillator/AED and portable oxygen for each day the program is in operation for one calendar (1) month. An explanation must be provided of any dates without verification of emergency readiness (i.e. "closed" or "holiday" must be written).
- Indication of whether defibrillator/AED, portable oxygen equipment are immediately available and ready to use in an emergency.
- Dates and brief description of four (4) medical emergency in-services from the nine medical emergencies listed on the Medical Emergencies page of the certification application specific to Pulmonary Rehabilitation held between January 1, 2024 and December 31, 2024.

THE FOLLOWING WILL RESULT IN AUTOMATIC DENIAL OF THIS PAGE:
- **Failure to provide one (1) calendar month's documentation of verification of readiness for defibrillator/AED and portable oxygen.**
- **Failure to provide explanation of dates without verification of emergency readiness (i.e. "closed" or "holiday" must be written) during the month submitted.**
- **Failure to submit dates and brief description of four (4) medical emergency in-services from the nine medical emergencies listed on the Medical Emergencies page of the certification application to Pulmonary Rehabilitation.**
- **Submitted medical emergency in-services not specific to Pulmonary Rehabilitation - i.e. general hospital emergency and safety drills and in-services such as fire drills, infection control, safety inspections, or health and safety reviews.**
- **HIPAA violation contains patient information in descriptions.**
- **Does not have verification of readiness clearly indicated for defibrillator/AED and/or portable oxygen.**

Page 5: Exercise Prescription Policy

For the purposes of AACVPR Program Certification, two items are required for this page.

1. A written policy must be in place during or prior to the data collection period that details how an initial exercise prescription for outpatient Pulmonary Rehab is developed and modified for each Pulmonary Rehabilitation patient. The exercise prescription policy must contain all of the following required elements:

- Exercise **mode** (treadmill, arm bike, cross-trainer, etc.) of exercise prescribed for the patient
- Exercise **frequency** (days per week) prescribed for the patient
- Exercise **duration** (minutes) prescribed for the patient
- Exercise **intensity** prescribed for the patient (Note: Intensity must be within AACVPR and ACSM published guidelines)

2. A written policy on oxygen saturation & titration. Policy must detail assessment and treatment of oxygen saturation at rest and during the exercise session.

RESOURCE TIPS:
To access the FAQ for this page, click here: **https://aacvpr.org/program-certification-faq**

WHAT YOU NEED TO UPLOAD:
- A written policy for developing and modifying the initial exercise prescription. This policy must detail how each required element is to be determined: mode, frequency, duration, and intensity within AACVPR or ACSM guidelines.
- A written policy on oxygen saturation and titration. Policy must detail assessment and treatment of oxygen saturation both at rest and during the exercise session.
- You are required to upload a **single** PDF document for your Exercise Prescription policy and oxygen saturation and titration policy. If the policies are separate documents, please merge them into a single file before uploading them to the system.

REQUIRED ELEMENTS FOR THIS PAGE:
- Exercise prescription policy that describes in detail how all required elements listed above are developed and modified.
- A written policy on oxygen saturation and titration.
- Oxygen saturation and titration policy details assessment & treatment of oxygen saturation at both rest AND during the exercise session.
- Policy must be in effect during or prior to the data collection period.

THE FOLLOWING WILL RESULT IN AUTOMATIC DENIAL OF THIS PAGE:
- **Failure to submit an exercise prescription policy that addresses exercise mode (treadmill, arm bike, cross-trainer, etc.) of exercise prescribed for the patient**
- **Failure to submit an exercise prescription policy that addresses exercise frequency (days per week) prescribed for the patient**
- **Failure to submit an exercise prescription policy that addresses exercise duration (minutes) prescribed for the patient**
- **Failure to submit an exercise prescription policy that addresses exercise intensity prescribed for the patient**
- **Failure to submit a written policy on oxygen saturation and titration.**
- **Oxygen saturation and titration policy does not detail assessment & treatment of oxygen saturation at both rest AND during the exercise session.**
- **Submitted documentation is incorrect for patient population**
- **Policies not in effect during or prior to data collection period.**
- **Submitted policy is not a formal policy.**

Page 6: Improvement in Functional Capacity

OVERVIEW:

For the purposes of AACVPR Program Certification, a program must report the percentage of patients that are at least 18 years old with COPD or Interstitial Lung Disease (ILD) who are found to increase their functional capacity by 30 meters. According to the recent American Thoracic Society / European Respiratory Society (ATS/ERS) field test statement, the minimal important difference (MID) for the 6MWT in adults with chronic respiratory disease is between 25 and 33 meters with a median value across trials of 30 meters (98.43 feet), as measured by a standardized 6 minute walk test (6MWT) after participating in pulmonary rehabilitation (PR).

AACVPR Registry Users: How to Use Registry Data for Outcomes Pages

Registry Link (for Registry Users only) - *A link will appear here in the live application to take you to your program's customized data applet.*

RESOURCE TIPS:
- Performance Measure Specifications & Algorithms are available on the Program Certification Resource Page here: **https://www.aacvpr.org/Certify/Program- Certification/Performance-Measures**

Measure Description:

The percentage of patients at least 18 years old with COPD or Interstitial Lung Disease (ILD) who are found to increase their functional capacity by at least 30 meters (98.43 feet), as measured by a standardized 6 minute walk test (6MWT) after participating in pulmonary rehabilitation (PR).

PLEASE NOTE: 100% of non-excluded patients must be reported

Program Assessment Period:
- January 1, 2024 to December 31, 2024

Attribution:
- Pulmonary Rehabilitation staff

Sources of Data:
- Medical record, Pulmonary Rehabilitation records

Rationale & References:
- Please visit the Performance Measure Page here:
https://www.aacvpr.org/Certify/Program- Certification/Performance-Measures

Numerator:

Definitions
- Assessment of functional capacity during PR using the 6MWT.
- Assessments of 6MWT are to be performed within one week of PR program entry and again within one week of PR program completion.
- Follow the procedures described in the ATS/ERS field test statement (1,2).

- To perform the 6MWT the patient is instructed to walk as far as possible in 6 minutes. They are allowed to stop and rest during the test and resume walking as soon as able. All variables are held constant during the test consistent with the ATS/ERS field test statement (1,2). The total distance covered in 6 minutes is measured (in meters or feet). All patients who increase the distance walked by at least 30 meters (98.43 feet), as measured by the 6MWT performed at PR entry and again at PR completion, should be included in the numerator.
- Additional information is available in the AACVPR PR Outcomes Resource Guide/Toolkit

Indicate the **total number** of patients who are found to **increase** their functional capacity by at least 30 meters (98.43 feet), as measured by 6MWT distance at PR program entry and completion.
NOTE: Input only a numeric (*e.g. 124, 36, etc.*) value.

DATA QUALITY TIP: Your denominator for the Improvement in Functional Capacity, Improvement in Dyspnea, and Improvement in Health-Related Quality of Life measures should be essentially the same because the inclusion and exclusion criteria are nearly identical. If your denominator is not similar for these three performance measures, consider reviewing the inclusion / exclusion criteria and your calculations to ensure they are accurate. For more data quality tips, visit the Quality of Care Performance Measure **Data Quality Check Document**.

Denominator:

Indicate the **total number** of patients with clinician diagnosed COPD or ILD at PR program entry who completed PR during the measurement period and who completed at least 10 PR sessions within 3 months of PR program entry. However, the PR program can run longer than 3 months.

Denominator Exclusions:
- Patients for whom a 6MWT would be contraindicated due to acute or unstable medical conditions (see detailed list in reference 3 for a complete list).
- Patients who are unable to perform a 6MWT due to orthopedic, neurological, cognitive or psychiatric impairments and/or safety reasons.
- Patients who have not completed at least 10 PR sessions within 3 months of program entry.
- Patients with diagnosed pulmonary vascular disease (i.e., pulmonary hypertension) or other primary lung disease process (i.e., lung cancer).

NOTE: Input only a numeric (*e.g. 124, 36, etc.*) value.

Percent Increase:
Below is the **percentage (%) of patients** with COPD or ILD who are found to increase their functional capacity by at least 30 meters (98.43 feet), as measured by 6MWT distance at PR program entry and completion.

Calculation Instructions: The % of patients with COPD or ILD who improve their 6 minute walk distance by at least 30 meters (93.48 feet) = N /D X 100

*NOTE: This number is calculated from the above values (look into possible pre-formatted formula or add in the box from algorithm)

Free text question/answer required:
What is ONE change that your rehab team will implement to help increase your percentage or if you achieved 100%, how do you plan to maintain your percentage as you continually to work to improve your patient outcomes?

Reminder: if your program did not receive 100% on the Performance Measure, it should be clear that your

plan is a **NEW** plan to help increase the patient/program outcomes.

REQUIRED ELEMENTS FOR THIS PAGE:
- Provide performance measure numerator
- Provide performance measure denominator
- Provide percentage of patients that met the measure
- Describe one change that your rehab team will implement to increase or maintain (if 100% achieved) your percentage
- The program's improvement plan must be specific to the performance measure

THE FOLLOWING WILL RESULT IN AUTOMATIC DENIAL OF THIS PAGE:
- **Failure to submit all required elements requested**
- **Submitted data not within the data collection period of January 1, 2024 to December 31, 2024**
- **Failure to provide a plan to maintain or improve your patient outcomes**
- **Submitted plan or improvement description does not match the performance measure**

Page 7: Improvements in Dyspnea

OVERVIEW:

For the purposes of AACVPR Program Certification, a program must report the percentage of patients that are at least 18 years old with a primary diagnosis of COPD or Interstitial Lung Disease (ILD), regardless of other diagnoses, who are found to improve their global perception of dyspnea by the MCID, as measured by a valid and reliable instrument after participating in pulmonary rehabilitation (PR). The instruments approved for use are: the Modified Medical Research Council Scale (mMRC), the University of California San Diego Shortness of Breath Questionnaire (UCSD SOBQ), and the Baseline Dyspnea Index (BDI)/Transitional Dyspnea Index (TDI).

Programs may use one or more assessment tools and add their results together if more than one tool is used within their program to obtain outcomes. The program can calculate the results for each tool used, sum the numerators and the denominators, and submit the results as a single unified outcome to ensure proper representation of the full patient population. If your program is doing this, please do not double count patients that have scores on multiple assessments. **(Clarified for 2025)**

AACVPR Registry Users: How to Use Registry Data for Outcomes Pages

Registry Link (for Registry Users only) - *A link will appear here in the live application to take you to your program's customized data applet.*

RESOURCE TIPS:
- Performance Measure Specifications & Algorithms are available on the Program Certification Resource Page here: **https://www.aacvpr.org/Certify/Program-Certification/Performance-Measures**

Measure Description:

The percentage of patients at least 18 years old with a primary diagnosis of COPD or Interstitial Lung Disease (ILD), regardless of other diagnoses, who are found to improve their global perception of dyspnea by the MCID, as measured by a valid and reliable instrument (mMRC, UCSD SOBQ, BDI/TDI) after participating in pulmonary rehabilitation (PR).

PLEASE NOTE: 100 % of non-excluded patients must be reported.

Period of Assessment
- January 1, 2024 to December 31, 2024

Attribution
- Pulmonary Rehabilitation staff

Sources of Data

- Medical record, Pulmonary Rehabilitation records

Rationale & References
- Please visit the Performance Measure Page here:
  https://www.aacvpr.org/Certify/Program- Certification/Performance-Measures

Numerator:

Definitions

Assessment of dyspnea.
- The time period should be performed within one week of PR program entry and again within one week of PR program completion.
- Is conducted using the Modified Medical Research Council Scale (mMRC), the University of California, San Diego Shortness of Breath Questionnaire (USCD SOBQ), or the Baseline and Transition Dyspnea Indices(BDI/TDI)
- Will include impact based on the change in score. The minimum clinical important difference (MCID) for the specific tool will be used as the unit of measure.

Indicate the **number of patients** with a primary, clinician diagnosed, COPD or ILD, regardless of other diagnoses, who have participated in PR and have been found to improve their dyspnea score by the minimum clinical important difference (MCID – AACVPR PR Outcomes Toolkit) as measured by the Modified Medical Research Council Scale (mMRC – 1 unit), the University of California San Diego Shortness of Breath Questionnaire (USCD SOBQ – 5 points), or the Baseline and Transition Dyspnea Indices (BDI/TDI – 1 unit) from the beginning to the end of PR

NOTE: Input only a numeric (*e.g. 124, 36, etc.*) value.

DATA QUALITY TIP: Your denominator for the Improvement in Functional Capacity, Improvement in Dyspnea, and Improvement in Health-Related Quality of Life measures should be essentially the same because the inclusion and exclusion criteria are nearly identical. If your denominator is not similar for these two performance measures, consider reviewing the inclusion/exclusion criteria to ensure you have included the correct patients in these measures. For more data quality tips, visit the Quality of Care Performance Measure **Data Quality Check Document**.

Denominator:
Indicate the **total number of patients** with clinician diagnosed COPD or ILD at PR program entry who completed PR during the measurement period and who completed at least 10 PR sessions within 3 months of PR program entry. However, the PR program can run longer than 3 months.

Denominator Exclusions:
- Inability to complete the dyspnea instruments with reasonable accommodations
- Presence of comprehension limitation that precludes completion of the instrument
- Lack of availability of the tool used by the PR program in a language understood by the patient

Examples of Reasonable Accommodations:
- Read instrument instructions and questions to patient
- Fill in instrument answers as directed by the patient

NOTE: Input only a numeric (*e.g. 124, 36, etc.*) value.

Percent Increase:
Below is the **percentage (%) of patients** with a primary, clinician diagnosis of COPD or ILD, regardless of other diagnoses, who have participated in PR and who are found to increase their dyspnea score by the minimum clinical important difference (MCID) as measured by the Modified Medical Research Council Scale (mMRC), the University of California San Diego Shortness of Breath Questionnaire (USCD SOBQ), or the Baseline and Transition Dyspnea Indices (BDI/TDI) at the beginning and the end of PR.

Calculation Instructions: The % of patients with COPD or ILD who improve their dyspnea score by at least the MCID = N /D x100

__NOTE__: This value is calculated by your values input in the above questions

Free text question/answer required:
What is ONE change that your rehab team will implement to help increase your percentage or if you achieved 100%, how do you plan to maintain your percentage as you continually to work to improve your patient outcomes?

Reminder: if your program did not receive 100% on the Performance Measure, it should be clear that your plan is a **NEW** plan to help increase the patient/program outcomes.

REQUIRED ELEMENTS FOR THIS PAGE:
- Provide performance measure numerator
- Provide performance measure denominator
- Provide percentage of patients that met the measure
- **Describe one change that your rehab team will implement to increase or maintain (if 100% achieved) your percentage**
- The program's improvement plan must be specific to the performance measure

THE FOLLOWING WILL RESULT IN AUTOMATIC DENIAL OF THIS PAGE:
- **Failure to submit all required elements requested**
- **Submitted data not within the data collection period of January 1, 2024 to December 31, 2024**
- **Failure to provide a plan to maintain or improve your patient outcomes**
- **Submitted plan or improvement description does not match the performance measure**

Page 8: Improvement in Health- Related Quality of Life

OVERVIEW:

For the purposes of AACVPR Program Certification, a program must report the percentage of patients at least 18 years old with a primary diagnosis of COPD or Interstitial Lung Disease (ILD), regardless of other diagnoses, who are found to increase their health-related quality of life score (HRQoL) as measured by a valid and reliable instrument after participating in pulmonary rehabilitation (PR) during the data collection period of January 1, 2024 to December 31, 2024. The instruments approved for use are: Chronic Respiratory Disease Questionnaire (CRQ), St. George's Respiratory Questionnaire (SGRQ), and the COPD Assessment Test (CAT).

Programs may use one or more assessment tools and add their results together if more than one tool is used within their program to obtain outcomes. The program can calculate the results for each tool used, sum the numerators and the denominators, and submit the results as a single unified outcome to ensure proper representation of the full patient population. If your program is doing this, please do not double count patients that have scores on multiple assessments. **(Clarified for 2025)**

AACVPR Registry Users: How to Use Registry Data for Outcomes Pages

Registry Link (for Registry Users only) - *A link will appear here in the live application to take you to your program's customized data applet.*

RESOURCE TIPS:
- Please visit the Performance Measure Page here: **https://www.aacvpr.org/Certify/Program-Certification/Performance-Measures**

Measure Description:

The percentage of patients at least 18 years old with a primary diagnosis of COPD or Interstitial Lung Disease (ILD), regardless of other diagnoses, who are found to increase their health-related quality of life score (HRQoL) as measured by a valid and reliable instrument (CRQ, SGRQ, CAT) after participating in pulmonary rehabilitation (PR).

PLEASE NOTE: 100% of non-excluded patients must be reported Period of Assessment

Program Assessment Period:
- January 1, 2024 to December 31, 2024

Attribution:
- Pulmonary rehabilitation staff

Sources of Data
- Medical record, Pulmonary Rehabilitation records

Rationale & References
- Please visit the Performance Measure Page here: **https://www.aacvpr.org/Certify/Program-Certification/Performance-Measures**

<u>**Numerator:**</u>

Definitions

Assessment of health-related quality of life (HRQoL)
- Should be performed within one week of PR program entry and again within one week of PR program completion. The time period between tests should be no more than 3 months.
- Is conducted using one of the following valid and reliable instruments Chronic Respiratory
- Disease Questionnaire (CRQ), the St. George's Respiratory Questionnaire (SGRQ), or the COPD Assessment Test (CAT).
- Will include impact based on the change in score. The Minimum Clinical Important Difference (MCID) for the specific tool will be used as the unit of measure.
- Additional information is available in the AACVPR PR Outcomes Resource Guide/Toolkit (2016)

Indicate the total number of patients with a primary, clinician diagnosed, COPD or ILD, regardless of other diagnoses, who have participated in PR and have been found to improve their HRQoL score by the Minimum Clinical Important Difference (MCID – AACVPR PR Outcomes Toolkit)) as measured by the Chronic Respiratory Disease Questionnaire (CRQ – 0.5 units), St. George's Respiratory Questionnaire (SGRQ – 4 units), the COPD Assessment Test (CAT – 2 units) at the beginning and the end of PR.

NOTE: Input only a numeric (*e.g. 124, 36, etc.*) value.

DATA QUALITY TIP: Your denominator for the Improvement in Functional Capacity, Improvement in Dyspnea, and Improvement in Health-Related Quality of Life measures should be essentially the same because the inclusion and exclusion criteria are nearly identical. If your denominator is not similar for these three performance measures, consider reviewing the inclusion/exclusion criteria to ensure you have included the correct patients in these measures. For more data quality tips, visit the Quality of Care Performance Measure **Data Quality Check Document**.

<u>**Denominator**</u>:
Indicate the number of patients with a primary, clinician diagnosis of COPD or ILD, regardless of other diagnoses, who are able to complete a CRQ, SGRQ, or CAT to assess HRQoL at PR program entry and PR program completion, who have completed at least 10 PR sessions within a 3 month period.

Denominator Exclusions:
- Inability to complete the dyspnea instruments with reasonable accommodations
- Presence of comprehension limitation that precludes completion of the instrument
- Lack of availability of the tool used by the PR program in a language understood by the patient

Examples of Reasonable Accommodations:
- Read instrument instructions and questions to patient
- Fill in instrument answers as directed by the patient

NOTE: Input only a numeric (*e.g. 124, 36, etc.*) value.

<u>**Percent Increase:**</u>
Below is the **percentage (%) of patients** with a primary diagnosis of COPD or Interstitial Lung Disease (ILD), regardless of other diagnoses, who have participated in PR and are found to increase their HRQoL score by the minimum clinical important difference (MCID) as measured by the Chronic Respiratory Disease Questionnaire (CRQ), St. George's Respiratory Questionnaire (SGRQ), the COPD Assessment Test (CAT) at the beginning and the end of PR.

Calculation Instructions: The % of patients with COPD or ILD who improve their HRQoL score by at

least the MCID = N / D x100

NOTE: This value is calculated by your values input in the above questions

Free text question/answer required:
What is ONE change that your rehab team will implement to help increase your percentage or if you achieved 100%, how do you plan to maintain your percentage as you continually to work to improve your patient outcomes?

Reminder: if your program did not receive 100% on the Performance Measure, it should be clear that your plan is a **NEW** plan to help increase the patient/program outcomes.

REQUIRED ELEMENTS FOR THIS PAGE:
- Provide performance measure numerator
- Provide performance measure denominator
- Provide percentage of patients that met the measure
- Describe one change that your rehab team will implement to increase or maintain (if 100% achieved) your percentage
- The program's improvement plan must be specific to the performance measure

THE FOLLOWING WILL RESULT IN AUTOMATIC DENIAL OF THIS PAGE:
- **Failure to submit all required elements requested**
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- **Failure to provide a plan to maintain or improve your patient outcomes**
- **Submitted plan or improvement description does not match the performance measure**

Page 9: Enrollment Performance Measure

OVERVIEW:
For the purposes of AACVPR Program Certification, a program must report the percentage of patients that are at least 18 years old and attend the index visit for pulmonary rehabilitation out of the total number of patients referred to the program over the data collection period of January 1, 2024 – December 31, 2024.

AACVPR Registry Users: How to Use Registry Data for Outcomes Pages

Registry Link (Registry users only): A link will appear here in the live application to take you to your program's customized data applet.

RESOURCE TIPS:
- Please visit the Performance Measure Page for the full specifications and the algorithm here: **https://www.aacvpr.org/Certify/Program-Certification/Performance-Measures**
- **Please review the Adherence and Enrollment FAQs document**

Measure Description:

Percent of patients at least 18 years old who complete registration and attend the index visit of a newly prescribed pulmonary rehabilitation program.

PLEASE NOTE: 100% of non-excluded patients must be reported

Program Assessment Period:
- January 1, 2024– December 31, 2024.

Attribution:
- Pulmonary Rehabilitation staff

Sources of Data:
- Medical record or another database (e.g., administrative, clinical, registry)

Rationale & References:
- Please visit the Performance Measure Page for the full specifications and the algorithm: **https://www.aacvpr.org/Certify/Program-Certification/Performance-Measures**
- **Please review the Adherence and Enrollment FAQs document**

DATA QUALITY TIP: We expect that many programs will enroll <50% of their referred patients. Nationally, only 27% and 3% of eligible cardiac and pulmonary patients enroll in rehabilitation, respectively. There are currently no benchmarks for performance, so please report your data as calculated, regardless of if you consider it good or bad.

Numerator:
Number of patients whose records indicate completion of registration and attendance at the index visit (first billable session) for a newly prescribed pulmonary rehabilitation program in the performance period.

Denominator:

All patients referred to the pulmonary rehabilitation program during the performance period. A referral is defined as documentation of an official referral order sent to the outpatient PR program with information containing the patient's name, contact information and qualifying diagnosis(es). The origin of the referral is not constrained by geography, health system or physician practice; and should not be limited to referrals from within the PR program's hospital or health system.

Denominator Exclusions:
- Patients who are disqualified by program staff from initiating a newly prescribed pulmonary rehabilitation program due to signs and/or symptoms suggestive of clinical compromise, cognitive impairment, acute intoxication, or other disruptive behaviors that would impede participation.
- Patients without insurance (Please note: high copays/copays should *not* be used as an exclusion, just lack of insurance.)
- Patients that died before the program was scheduled to start.
- Patients that were transferred to another program for Pulmonary Rehabilitation.
- Patients who initiated a pulmonary rehabilitation program prior to the start of the performance period.

Percent:

Below is the **percentage (%) of patients** 18 and older that have completed registration and attended the index visit for pulmonary rehabilitation out of the total number of patients referred to the pulmonary rehab program during the performance period.

Calculation Instructions: The % of patients 18 and older that have completed registration and attended the index visit (first billable session) for pulmonary rehabilitation = N/D x 100

***NOTE*:** This value is calculated by your above values

Free text question/answer required:

What is ONE change that your rehab team will implement to help increase your percentage or if you achieved 100%, how do you plan to maintain your percentage as you continually to work to improve your patient outcomes?

Reminder: if your program did not receive 100% on the Performance Measure, it should be clear that your plan is a **NEW** plan to help increase the patient/program outcomes

REQUIRED ELEMENTS FOR THIS PAGE:
- Provide performance measure numerator
- Provide performance measure denominator
- Provide percentage of patients that met the measure
- Describe one change that your rehab team will implement to increase or maintain (if 100% achieved) your percentage.
- The program's improvement plan must be specific to the performance measure.

THE FOLLOWING WILL RESULT IN AUTOMATIC DENIAL OF THIS PAGE:
- **Failure to submit all required elements requested**
- **Submitted data not within the data collection period of January 1, 2024 – December 31, 2024.**
- **Failure to provide a plan to maintain or improve your patient outcomes**
- **Submitted plan or improvement description does not match the performance measure**

Page 10: Adherence Performance Measure

OVERVIEW:
For the purposes of AACVPR Program Certification, a program must report the percentage of patients that are at least 18 years old who have attended 10 or more sessions of a prescribed pulmonary rehabilitation program over a 12 week period over the data collection period of January 1, 2024 – December 31, 2024.

AACVPR Registry Users: How to Use Registry Data for Outcomes Pages

Registry Link (Registry users only) *A link will appear here in the live application to take you to your program's customized data applet.*

RESOURCE TIPS:
- Please visit the Performance Measure Page for the full specifications and the algorithm here: **https://www.aacvpr.org/Certify/Program-Certification/Performance-Measures**
- **Please review the Adherence and Enrollment FAQs document**

Measure Description:

Percent of patients at least 18 years old who have attended 10 or more sessions of a prescribed pulmonary rehabilitation (PR) program over a 12-week period.

Please Note: 100% of non-excluded patients must be reported.

Program Assessment Period:
- January 1, 2024– December 31, 2024.

Attribution:
- Pulmonary Rehabilitation staff

Sources of Data:
- Medical record or another database (e.g., administrative, clinical, registry)

Rationale & References:
- Please visit the Performance Measure Page for the full specifications and the algorithm here: **https://www.aacvpr.org/Certify/Program-Certification/Performance-Measures**
- **Please review the Adherence and Enrollment FAQs document**

DATA QUALITY TIP: We expect that many programs will have an adherence rate of less than <50% among their enrolled patients. There are currently no benchmarks for performance, so please report your data as calculated, regardless of if you consider it good or bad.

Numerator:
Number of patients whose records indicate attendance for at least 10 billable sessions of pulmonary rehabilitation over a 12-week period during the performance period.

NOTE: Input only a numeric (*e.g. 124, 36, etc.*) value.

Denominator:
All patients actively enrolled in pulmonary rehabilitation and attended the index visit (first billable session) whose program started and ended within the performance period.

Denominator Exclusions:
- **Patients whose attendance at pulmonary rehabilitation is interrupted because of:**
  - Death;
  - Documentation of physician advice to stop participation in the program.
  - Documentation of a major change in clinical status that prevents safe continued participation. Examples include experiencing a hip fracture, disabling stroke, leg amputation, or other new major illness that would prevent a patient from resuming rehabilitation within 4 weeks.
  - Documentation of a major change in social circumstance that prohibits continued participation. Examples include relocation or transfer to another program.
- Patients who initiated a pulmonary rehabilitation program prior to the start of the performance period.

NOTE: Input only a numeric (*e.g. 124, 36, etc.*) value.

Percent:
Below is the **percentage (%) of patients** that have attended 10 or more sessions of a prescribed pulmonary rehabilitation (PR) program over a 12-week period.

Calculation Instructions: The % of patients that have attended 10 or more sessions of a prescribed pulmonary rehabilitation (PR) program over a 12-week period = N/D x 100

*NOTE: This value is calculated by your above values

Free text question/answer required:
What is ONE change that your rehab team will implement to help increase your percentage or if you achieved 100%, how do you plan to maintain your percentage as you continually to work to improve your patient outcomes?

Reminder: if your program did not receive 100% on the Performance Measure, it should be clear that your plan is a **NEW** plan to help increase the patient/program outcomes

REQUIRED ELEMENTS FOR THIS PAGE:
- Provide performance measure numerator
- Provide performance measure denominator
- Provide percentage of patients that met the measure
- Describe one change that your rehab team will implement to increase or maintain (if 100% achieved) your percentage
- The program's improvement plan must be specific to the performance measure

THE FOLLOWING WILL RESULT IN AUTOMATIC DENIAL OF THIS PAGE:
- **Failure to submit all required elements requested**
- **Submitted data not within the data collection period of January 1, 2024 – December 31, 2024.**
- **Failure to provide a plan to maintain or improve your patient outcomes**
- **Submitted plan or improvement description does not match the performance measure**

CMS Requirement Attestation:

All programs must attest to the fact that CMS provisions and regulations over Pulmonary Rehabilitation are incorporated into the program's policy manual or are easily accessible to staff. Program Certification Primary & Secondary Contacts will need to complete the following attestation as part of the application process:

Primary Contact: I attest that our program follows CMS regulations is aware of CMS provisions (NCD regulations) over Pulmonary Rehabilitation and operates according to these regulations.

Secondary Contact: I attest that our program follows CMS regulations is aware of CMS provisions (NCD regulations) over Pulmonary Rehabilitation and operates according to these regulations.

Note: For international programs, please use the boxes above to attest to the fact that you follow your own country/state regulations for cardiac rehabilitation.

Attestation Statements:

- I attest that all material and information submitted with this application is true and accurately represents program operations at this facility.
- I understand additional documentation will not be accepted after submission.
- I understand that AACVPR is unable to accept documentation with visible Personal Health Information (PHI). I understand that such documentation will be destroyed by AACVPR if received and may be cause for denial of AACVPR Program Certification.
- I understand that AACVPR Program Certification does not guarantee reimbursement.
- I agree to allow AACVPR to utilize any submitted documents from my application for training examples.
- I understand that AACVPR may conduct periodic audits at any time during the three year certification period to ensure that the current requirements of Program Certification are being met. This may include a site visit or a request for submission of materials. Failure to provide the requested items or submission of items that do not meet the most current requirements could result in penalties related to certification status.
- I understand that it is the responsibility of the applicant to assure that materials submitted for review are accurate and complete, and that there will be no written or verbal notification related to submission errors or omissions prior to the review decision.

REMINDER: Before submitting your application, please confirm that all requested documents are attached, readable, and complete (i.e., no missing pages). It is your responsibility to review your completed application and confirm that all documentation is uploaded correctly. No documentation will be accepted after submission of your application.

Missing or unreadable documentation will result in denial of the affected page(s).

2025 Annual Report: Reminder Requirement of Submission of Performance Measure Data Points

Continuing with the 2025 Annual Report, we now request that all programs report their performance measure data from the previous year as part of the Annual Report process. The goal of this requirement is to ensure programs are actively collecting and analyzing their program's outcomes continuously, not just during their certification year.

Within the Annual Report, programs will need to enter their numerator and denominator for each of the performance measures. The data collection period you will report on will be the previous calendar year. For the 2025 Annual Report, the data collection period would be January 1, 2024 – December 31, 2024.

While we will not require programs to submit an improvement plan as part of the Annual Report, we do encourage programs to review their performance measure results on an annual basis and use the results to help drive continued process improvement.