



MEMORANDUM

DATE: April 1, 2003

SUBJECT: Preview of the publicly reported Home Health Quality Measures for Phase I States in the Home Health Quality Initiative

TO: Home Health Agencies in Florida, Massachusetts, Missouri, New Mexico, Oregon, South Carolina, West Virginia, Wisconsin

The Centers for Medicare & Medicaid Services (CMS) is pleased to announce the roll out of Phase I of the Home Health Quality Initiative (HHQI) in April 2003. As a courtesy to all Medicare-certified home health agencies in the Phase I states, CMS will allow home health agencies to preview their own quality measure data prior to public posting in April. The preview period will be from April 1 through April 21. The agency specific rates, state averages, and Phase I average (based on the eight Phase I states) will be available via each agency's QIES mailbox (folder). The purpose of the preview is to provide home health agencies an opportunity to view their quality measures prior to the public release of this information. Data from the preview are not for public dissemination before Home Health Compare goes live.

During the preview period, agencies may access the preview reports through their CMS OASIS System Welcome Page (the page used to submit HHA assessments and receive OBQI/OBQM reports). The agency can click on the **Online Reports (OBQI, OBQM & HHA)** link from the CMS OASIS System Welcome page. This connects to the CASPER Reporting System, which is part of QIES. Once logged into the CASPER system, click the "FOLDER" button. This will bring up a list of folders. The name of the folder containing the preview report for the agency is comprised of the state prefix for the agency, followed by "HHA", followed by the agency FACID (the login used to access the state system). Folder name example: WV HHA WVXXXXXX (where WVXXXXXX represents the agency login id). Open the folder to view the preview data for the agency. If agency staff is not familiar with getting reports from the CMS Welcome Page, it would be best to locate the person in the HHA that routinely obtains the OBQI/OBQM reports for assistance.

Beginning later in April 2003, consumers and providers will be able to view agency-specific quality measures for each Medicare-certified home health agency in eight states (Florida, Massachusetts, Missouri, New Mexico, Oregon, South Carolina, West Virginia, Wisconsin), at www.medicare.gov/HHCompare/home. The measures posted in April 2003 will reflect the care delivered to home health agency patients between January 2002 and December 2002. Subsequent updates to both demographic and quality measure data will occur monthly.

Appendix A of this document gives information about how the HHQI quality measures differ from the OBQI outcome reports. Appendix B provides a crosswalk of the Consumer Language titles of the quality measures with the OASIS outcome measures. Please visit the official CMS website for HHQI information at www.cms.hhs.gov/quality/hhqi for more details about the HHQI: the selection of the publicly reported measures, how these reports differ from the OBQI outcome reports, a spreadsheet to calculate the risk-adjusted outcome rates appearing on Home Health Compare from the OBQI outcome reports, and what each HHA's preview will look like. This site contains frequently asked questions (FAQs) that are updated as needed. Viewers can register on the site for updates for specific FAQs and will be notified when that FAQ is updated.

Any agency with questions about its specific quality measures, or concerns that are not answered in the FAQs is to contact the Quality Improvement Organization (QIO) for its state. Agencies should also carefully check the administrative information (name, address, phone number). For corrections or questions about the administrative information, the home health agency should e-mail or phone its state agency OSCAR/ASPEN coordinator. Changes to administrative information will not be reflected on the website until 1 to 2 months after the ASPEN coordinator enters the changes. It is important to note that each agency's service area information is derived from the OASIS data. The state agency OSCAR/ASPEN coordinator cannot correct the service area. Appendix C contains the contact information for both the QIO Coordinators and the OSCAR/ASPEN Coordinators for the Phase I states.

APPENDIX A:

COMPARISON OF OUTCOME RATES APPEARING IN OBQI REPORTS WITH OUTCOME RATES APPEARING ON HOME HEALTH COMPARE WEB SITE MARCH, 2003

The risk-adjusted outcome report produced by CMS for home health agencies include, for each outcome measure, the agency's observed outcome rate and a risk-adjusted national reference rate. The national reference rate is calculated based on the risk factor case mix of the agency's patients, using statistical models estimated on a national sample of home health agency patients. Currently, the method used to calculate the national reference rate is as follows:

- For each home health agency patient to whom a particular outcome measure applies, a predicted outcome probability is calculated, based on the patient's health status and other attributes at admission to home health care.
- Predicted outcome probabilities are averaged across all of the agency's patients to yield a predicted outcome rate, which is the national (risk-adjusted) reference rate for that agency.

Beginning in April, 2003, the national reference calculation for the risk-adjusted outcome report will include an adjustment factor to compensate for changes in national outcome performance and/or national home health case mix that may occur over time. This will change the calculation of each agency's national reference rate as follows:

- The agency's predicted outcome rate will be calculated as indicated above, but the national (risk-adjusted) reference rate will be calculated using the formula:
agency predicted outcome rate + (national observed outcome rate - national predicted outcome rate).

For the purposes of public reporting, the risk adjustment calculation process is essentially reversed so that, instead of reporting an observed agency outcome rate and a risk-adjusted national reference rate, a constant national rate will be reported and agency outcome rates will be risk adjusted. The formula for calculation of the risk adjusted outcome rate is as follows:

- Risk-adjusted agency outcome rate = agency observed outcome rate + (national predicted outcome rate - agency predicted outcome rate)

During Phase I of the Home Health Quality Initiative, reference outcome rates reported will reflect outcome rates for home health patients in the eight Phase I states. These rates will be risk-adjusted for any difference in case mix between the Phase I states and the nation as a whole, in the same manner as agency outcome rates are adjusted.

It is possible for a home health agency to determine the risk-adjusted outcome rate that will appear on the Home Health Compare Web site from the current agency observed rate and risk-adjusted reference rate that appear on the OBQI risk-adjusted outcome report as follows:

For OBQI reports produced prior to April 11, 2003:

- Home Health Compare risk-adjusted agency outcome rate = OBQI report agency observed outcome rate + (national predicted outcome rate - OBQI report reference outcome rate)

For OBQI reports produced after April 11, 2003:

- Home Health Compare risk-adjusted agency outcome rate = OBQI report agency observed outcome rate + (national observed outcome rate - OBQI report reference outcome rate)

The national observed and predicted outcome rates for calendar year 2002 (the time period applicable to the outcome data initially presented on Home Health Compare) are included in a spreadsheet, which serves as a tool to calculate the risk-adjusted outcome rate appearing on Home Health Compare from the OBQI report outcome rates. The spreadsheet is titled "OBQI HHQI Converter". It can be found at www.cms.hhs.gov/quality/hhqj .

APPENDIX B:

Crosswalk between Consumer Language and Technical OASIS Outcome Measures Titles	
Consumer Language	OASIS Outcome Measure
Patients who get better at getting dressed	Improvement in upper body dressing
Patients who get better at bathing	Improvement in bathing
Patients who stay the same (don't get worse) at bathing	Stabilization in bathing
Patients who get better getting to and from the toilet	Improvement in toileting
Patients who get better at walking or moving around	Improvement in ambulation/locomotion
Patients who get better at getting in and out of bed	Improvement in transferring
Patients who get better at taking their medicines correctly (by mouth)	Improvement in management of oral medications
Patients who are confused less often	Improvement in confusion frequency
Patients who have less pain when moving around	Improvement in pain interfering with activity
Patients who had to be admitted to the hospital	Acute care hospitalization
Patients who need urgent, unplanned medical care	Any emergent care provided

APPENDIX C (REVISED 4/4/03):

CONTACT INFORMATION: HHQI PREVIEW

STATE	QIO	ASPEN COORDINATOR
FLORIDA	Florida Medical Quality Assurance 813-354-9111 www.fmqai.com	850-414-6010 menarda@fdhc.state.fl.us
MASSACHUSETTS	MassPRO 781-890-0011 www.masspro.org	617-753-8188 Mona.Liblanc@STATE.MA.US
MISSOURI	Missouri Patient Care Review Foundation 573-893-7900 www.mperf.org	573-751-6306 summev@dhss.state.mo.us
NEW MEXICO	New Mexico Medical Review Association 505-998-9898 www.nmmra.org	505-827-4200 Toddh@doh.state.nm.us
OREGON	Oregon Medical Professional Review Organization 503-279-0100 www.ompro.org	503-691-6587 sheryl.l.luper@state.or.us 503-731-4685 ron.i.prinslow@state.or.us
SOUTH CAROLINA	Carolina Medical Review 803-731-8225 www.mrnc.org	803-545-4203 Tumbokfe@dhec.sc.gov Sullivve@dhec.sc.gov
WEST VIRGINIA	West Virginia Medical Institute 304-346-9864 www.wymi.org	304-558-1496 cindycarte@wvdhhr.org
WISCONSIN	MetaStar 608-274-1940 www.metastar.com	608-266-7782 Turmuka@dhfs.state.wi.us 608-266-2702 imhoflm@dhfs.state.wi.us