Home Health
Quality Reporting Program Provider Training

Home Health (HH) Quality Reporting Program (QRP) Requirements, Definitions, and Assessments

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Objectives

- Upon completion of the training, participants will be able to demonstrate an understanding of the Home Health Quality Reporting Program:

  o Define a "quality episode."

  o Identify the five Improving Medicare Post-Acute Care Transformation (IMPACT) Act Quality Measures included in the Home Health (HH) Quality Reporting Program (QRP).

  o Discuss the measures removed from the HH QRP and Home Health Quality Initiative (HHQI).

Objectives

o Define the following terminology associated with the HH QRP:

- Numerator.

- Denominator.

- Outcome and process measures.

- Quality episode.

- Quality measure (QM) calculation algorithm.

- Risk adjustment.

Objectives

o List Outcome and Assessment Information Set (OASIS) Time Points and Assessments.

o Describe the data submission requirements and consequences of failing to meet the Pay-for-Reporting Performance Requirement.

o Identify and locate OASIS-C2 resources, including the posted data set, manual and Q&As, along with the HHQI/HH QRP measure tables and specifications.

Acronyms in This Presentation

- Annual Payment Update (APU)

- Calendar Year (CY)

- Centers for Medicare & Medicaid Services (CMS)

- Certification and Survey Provider Enhanced Reports (CASPER)

- Congestive Heart Failure (CHF)

- Death at Home (Death)

- Discharge (DC)

Acronyms in This Presentation

- End of Care (EOC)
- Home Health Agency (HHA)
- Home Health Compare (HHC)
- Home Health (HH)
- Home Health Prospective Payment System (HH PPS)
- Home Health Quality Initiative (HHQI)
- Home Health Quality Reporting Program (HHQRP)

Acronyms in This Presentation

- Improving Medicare Post-Acute Care Transformation Act (IMPACT Act)

- Measures Application Partnership (MAP)

- National Quality Forum (NQF)

- Other Follow-Up (FU)

- Outcome and Assessment Information Set (OASIS)

- Post-Acute Care (PAC)

- Prospective Payment System (PPS)

Acronyms in This Presentation

- Quality Improvement and Evaluation System (QIES)
- QIES Technical Support Office (QTSO)
- Quality Assessments Only (QAO)
- Quality Measure (QM)
- Quality Reporting Program (QRP)
- Resumption of Care (ROC)
- Start of Care (SOC)
- Transfer (TRN)

Home Health Quality Reporting Program

HH Quality Reporting Program

- The HH QRP was implemented on January 1, 2007, with home health quality data being collected with the OASIS data collection instrument.

- To create useful quality data, a Home Health Agency (HHA) must submit at a minimum two matching OASIS assessments per patient.
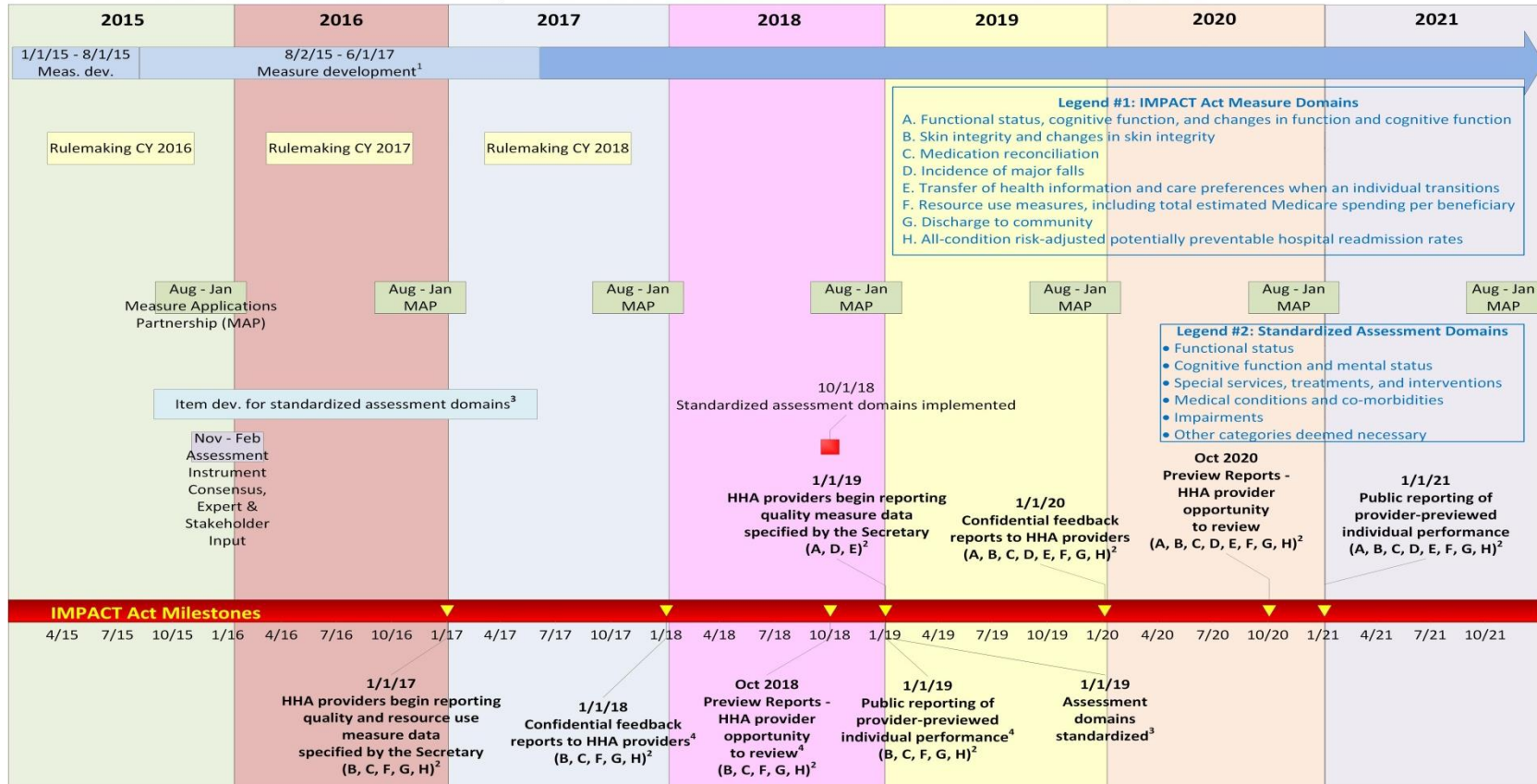
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HH Quality Reporting Program

- These matching assessments together create what is considered a "**quality episode.**"

- A "quality episode" consists of a Start of Care (SOC) or Resumption of Care (ROC) assessment and a matching End of Care (EOC) assessment (i.e., transfer to an inpatient facility, death, or discharge from the agency).

- Quality episodes form the basis of the quality measures.

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- Since Fall 2003, the Centers for Medicare & Medicaid Services (CMS) has posted a subset of OASIS-based quality performance information on the Medicare.gov website "Home Health Compare (HHC)."

- These publicly reported measures include:

  o Outcome measures that indicate how well HHAs assist their patients in regaining or maintaining their ability to function.

  o Process measures that evaluate the rate of HHA use of specific evidence-based processes of care.

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PAC QRP HHA Estimated Timelines/Milestones to Meet the IMPACT Act of 2014 Timeline Requirements

2015	2016	2017	2018	2019	2020	2021

1/1/15 - 8/1/15 Meas. dev.

8/2/15 - 6/1/17 Measure development[1]

Rulemaking CY 2016

Rulemaking CY 2017

Rulemaking CY 2018

Legend #1: IMPACT Act Measure Domains
A. Functional status, cognitive function, and changes in function and cognitive function
B. Skin integrity and changes in skin integrity
C. Medication reconciliation
D. Incidence of major falls
E. Transfer of health information and care preferences when an individual transitions
F. Resource use measures, including total estimated Medicare spending per beneficiary
G. Discharge to community
H. All-condition risk-adjusted potentially preventable hospital readmission rates

Aug - Jan Measure Applications Partnership (MAP)

Aug - Jan MAP

Aug - Jan MAP

Aug - Jan MAP

Aug - Jan MAP

Aug - Jan MAP

Aug - Jan MAP

Legend #2: Standardized Assessment Domains
• Functional status
• Cognitive function and mental status
• Special services, treatments, and interventions
• Medical conditions and co-morbidities
• Impairments
• Other categories deemed necessary

Item dev. for standardized assessment domains[3]

Nov - Feb Assessment Instrument Consensus, Expert & Stakeholder Input

10/1/18 Standardized assessment domains implemented

Oct 2020 Preview Reports - HHA provider opportunity to review (A, B, C, D, E, F, G, H)[2]

1/1/21 Public reporting of provider-previewed individual performance (A, B, C, D, E, F, G, H)[2]

1/1/19 HHA providers begin reporting quality measure data specified by the Secretary (A, D, E)[2]

1/1/20 Confidential feedback reports to HHA providers (A, B, C, D, E, F, G, H)[2]

IMPACT Act Milestones

| 4/15 | 7/15 | 10/15 | 1/16 | 4/16 | 7/16 | 10/16 | 1/17 | 4/17 | 7/17 | 10/17 | 1/18 | 4/18 | 7/18 | 10/18 | 1/19 | 4/19 | 7/19 | 10/19 | 1/20 | 4/20 | 7/20 | 10/20 | 1/21 | 4/21 | 7/21 | 10/21 |

1/1/17 HHA providers begin reporting quality and resource use measure data specified by the Secretary (B, C, F, G, H)[2]

1/1/18 Confidential feedback reports to HHA providers[4] (B, C, F, G, H)[2]

Oct 2018 Preview Reports - HHA provider opportunity to review[4] (B, C, F, G, H)[2]

1/1/19 Public reporting of provider-previewed individual performance[4] (B, C, F, G, H)[2]

1/1/19 Assessment domains standardized[3]

[1] Quality measure development requires 6 months to 2 years and includes public input, stakeholder input, and the Measures Application Partnership (MAP) process.
[2] IMPACT Act measure domains are defined in legend #1 above.
[3] IMPACT Act assessment domains are defined in legend #2 above.
[4] Provider feedback and preview reports and publicly reported data are refreshed at regular intervals after starting.

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January 1, 2017

- HHAs began reporting quality and resource use measure data for the following IMPACT Act Measure Domains:
    - o Skin Integrity and Changes in Skin Integrity.
    - o Medication Reconciliation.
    - o Resource Use Measures, i.e. Total estimated Medicare Spending Per Beneficiary.
    - o Discharge to Community.
    - o All-Condition Risk Adjusted Potentially Preventable Hospital Readmission Rates.
- OASIS-C2 changes go into effect.

HH QRP: QMs Adopted in the CY 2016 Final Rule

- In November 2015, CMS released *Home Health Quality Reporting Program: Specifications for the Cross-Setting Quality Measure Calendar Year (CY) 2016 Final HH Prospective Payment System (PPS) Rule.*

- In the document, CMS presented specifications for the cross-setting pressure ulcer QM adopted for the HH QRP through the CY 2016 HH Prospective Payment System (PPS) Final Rule.

HH QRP: QM Adopted in the CY 2016 Final Rule

- **OASIS-Based Measure:**
  - **Outcome Measure:** Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (application of National Quality Forum (NQF) #0678).

HH QRP: QMs Adopted in the CY 2017 Final Rule

- Effective CY 2017, CMS has adopted four measures to meet the requirements of the IMPACT Act:

  1. Potentially Preventable 30-Day Post-Discharge Readmission Measure.

  2. Total Estimated Medicare Spending per Beneficiary.

  3. Discharge to Community.

  4. Drug Regimen Review Conducted with Follow-Up for Identified Issues.

HH QRP: QMs Adopted in the CY 2017 Final Rule

- **OASIS-Based Measure:**
  - **Process Measure:** Drug Regimen Review Conducted with Follow-Up for Identified Issues.

HH QRP: QMs Adopted in the CY 2017 Final Rule

- **Medicare Claims-Based Measures:**
  - **Resource Use Measure:** Total Estimated Medicare Spending per Beneficiary.
  - **Outcome Measure:** Discharge to Community.
  - **Outcome Measure:** Potentially Preventable 30-Day Post-Discharge Readmission Measure.

Home Health Quality Measure Review (2015–2016)

- In 2015, CMS undertook a comprehensive reevaluation of all 81 HH quality measures.
  - 6 measures identified for removal from the HH QRP.
  - 28 measures identified for removal from the HH QI.

HH QRP Measure Removals

HH QRP Measure Title	Measure Type
1. Pain Assessment Conducted	Process
2. Pain Interventions Implemented during All Episodes of Care	Process
3. Pressure Ulcer Risk Assessment Conducted	Process
4. Pressure Ulcer Prevention in Plan of Care	Process
5. Pressure Ulcer Prevention Implemented during All Episodes of Care	Process
6. Heart Failure Symptoms Addressed during All Episodes of Care	Process

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HH QRP Measure Removals

- Measures were removed from Home Health Compare (HHC) starting with the January 2017 refresh.

- Measure results will still be displayed on the HHC preview reports for several quarters.

- Measure information will be removed in 2018 from all on-demand agency-level Certification and Survey Provider Enhanced Reports (CASPER) reports.

- Patient-level data on these measures will still be available on the Tally Reports for agencies interested in tracking/improving these measures.

HH QI Measure Removals

HH QI Measure Title	Measure Type
1. Depression Interventions in Plan of Care	Process
2. Depression Interventions Implemented during All Episodes of Care	Process
3. Falls Prevention Steps in Plan of Care	Process
4. Falls Prevention Steps Implemented for All Episodes of Care	Process
5. Pain Interventions In Plan of Care	Process
6. Pressure Ulcer Treatment Based on Principles of Moist Wound Healing in Plan of Care	Process
7. Treatment of Pressure Ulcers Based on Principles of Moist Wound Healing Implemented during All Episodes of Care	Process
8. Physician Notification Guidelines Established	Process

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HH QI Measures Removals

HH QI Measure Title	Measure Type
9. Drug Education on High Risk Medications Provided to Patient/Caregiver at Start of Episode	Process
10. Potential Medication Issues Identified and Timely Physician Contact at Start of Episode	Process
11. Potential Medication Issues Identified and Timely Physician Contact during All Episodes of Care	Process
12. Emergent Care for Injury Caused by Fall	Potentially Avoidable Event
13. Emergent Care for Wound Infections, Deteriorating Wound Status	Potentially Avoidable Event
14. Improvement in Anxiety Level	Outcome

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HH QI Measure Removals

HH QI Measure Title	Measure Type
15. Improvement in Urinary Incontinence	Outcome
16. Improvement in Behavior Problem Frequency	Outcome
17. Improvement in Speech and Language	Outcome
18. Improvement in Urinary Tract Infection	Outcome
19. Improvement in Grooming	Outcome
20. Improvement in Toileting Hygiene	Outcome
21. Improvement in Eating	Outcome
22. Improvement in Light Meal Preparation	Outcome
23. Improvement in Phone Use	Outcome

HH QI Measure Removals

HH QI Measure Title	Measure Type
24. Stabilization in Speech and Language	Outcome
25. Stabilization in Cognitive Functioning	Outcome
26. Stabilization in Anxiety Level	Outcome
27. Stabilization in Light Meal Preparation	Outcome
28. Stabilization in Phone Use	Outcome

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HH QI Measure Removals

- Measure information will be removed in CY 2018 from all on-demand agency-level CASPER reports.

- Patient-level data on these measures will still be available on the Tally Reports for agencies interested in tracking/improving these measures.

HH QRP Definitions

- The following are described in the specification documents and will be defined for each of the two OASIS-based QMs over the course of the 2-day HH QRP Training:
  - Numerator
  - Denominator
  - Outcome and process measures
  - Quality episode
  - QM calculation algorithm
  - Risk adjustment

HH QRP Definitions

- **Numerator:** The number in the denominator who received the care process (process measure) or the number of patients who experienced the specified outcome (outcome measure).

- **Denominator:** The number of patients cared for by the HHA during a defined time period who were at risk of or eligible for the numerator event or outcome.

HH QRP Definitions

- **Process measures** evaluate the rate of HHA use of specific evidence-based processes of care. The HH QRP process measures focus on high-risk, high-volume, problem-prone areas for home healthcare.

- **Outcome measures** assess the results of healthcare that are experienced by patients.

HH QRP Definitions

- **Process Measures**
  - **Desirable care process**: Larger numerator relative to the denominator indicates higher quality.
  - **Undesirable care process**: Smaller numerator relative to the denominator indicates higher quality.

- **OASIS-Based Outcome Measures**
  - **Positive outcome**: Larger numerator relative to the denominator indicates higher quality.
  - **Adverse outcome**: Smaller numerator relative to the denominator indicates higher quality.

Numerator and Denominator Example

- You are taking care of 10 patients, 3 of them have Congestive Heart Failure (CHF).

- What percentage of your patients have CHF?

- Numerator = 3.

- Denominator = 10.

- Divide the numerator by the denominator (3/10) = 0.3.

- Multiply 0.3 by 100.

- 30 percent of your patients have CHF.

Numerator and Denominator Example

Numerator:
3 Patients with CHF

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Denominator:
10 Total Patients

= 0.3 x 100 = 30%

- 30 percent of your patients have CHF

HH QRP Definitions

- Measures based on OASIS data are calculated using a **quality episode** that begins with admission to an HHA (or a resumption of care following an inpatient facility stay) and ends with discharge, transfer to inpatient facility, or death.

- Failure to submit required OASIS assessments to allow calculation of quality measures, including transfer and discharge assessments or death, is failure to comply with the conditions of participation.

HH QRP Definitions

- The **Quality Measure Calculation Algorithms** detail the steps that are used to calculate the measures.

- The steps to calculate each of the two new OASIS-based measures will be reviewed throughout the training.

HH QRP Definitions

- Three types of **risk adjustments:**
  - **Exclusions**: Patients whose outcomes are not under HHA control or for whom the outcome may be unavoidable are removed from the calculation.
  - **Stratification**: Patients with similar risks for the outcome based on their clinical characteristics are grouped together, and the measure is calculated separately for each risk group.
  - **Covariates**: Patient characteristics that may affect risk for a certain outcome.

HH QRP Assessments

- OASIS data are collected at the following time points:
  - Start of care.
  - Resumption of care following inpatient facility stay.
  - Recertification within the last 5 days of each 60-day recertification period.
  - Other follow-up during the home health episode of care.
  - Transfer to inpatient facility.
  - Discharge from home care.
  - Death at home.

HH QRP Assessments

- **Start of Care (SOC):**
  - The comprehensive assessment should be completed within 5 days after the SOC date.

- **Resumption of Care (ROC):**
  - The comprehensive assessment must be completed within 48 hours of return home after inpatient facility discharge.

HH QRP Assessments

- The following assessments must be completed within 48 hours of becoming aware of the disposition:
  - **Transfer (TRN)** to inpatient facility.
  - **Discharge (DC)** from home care.
  - **Death at Home (Death).**
  - **Other Follow-Up (FU).**

Practice Scenario (1)

- Mrs. A is admitted to home care, and the SOC assessment is completed.

- On Day 3, Mrs. A is emergently transferred to acute care, due to sudden onset of confusion and fever.

- She remains hospitalized for 5 days and then returns home, requiring intravenous antibiotic administration.

- Home care services resume until the antibiotic course is completed. She is then discharged from home care services.

Practice Scenario (2)

- Mrs. K is admitted to home care services for postoperative management of a large abdominal wound, and the SOC assessment is completed.

- On Day 5 of the episode, the assessing clinician notes that Mrs. K's abdominal wound has evidence of dehiscence, and she is complaining of severe abdominal pain.

- Her physician is immediately contacted, and Mrs. K is transferred back to acute care and admitted.

HH Quality Reporting Compliance

HH Quality Reporting Compliance

- In the CY 2015 Home Health Final Rule, CMS established a new "Pay-for-Reporting Performance Requirement" to support measurement of provider compliance with already existing quality reporting program requirements.

- Provider compliance is measured using a "Quality Assessment Only" (QAO) metric.

HH Quality Reporting Compliance

The QAO metric divides:

Number of assessments submitted that <u>can</u> be used for quality measurement

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Total number of assessments submitted that <u>should</u> be usable for quality measurement

=

Level of Compliance (%)

HH Quality Reporting Compliance

- The first performance period for which this compliance level was measured was July 1, 2015, through June 30, 2016.

- The minimum compliance standard for this period was 70 percent.

- HHAs with compliance levels below 70 percent for this period will see a 2-percentage-point reduction in their annual payment update (APU) for calendar year (CY) 2017.

- The national provider level of compliance for this time period was approximately 96 percent.

HH Quality Reporting Compliance

- The minimum compliance standard for July 1, 2016, through June 30, 2017, is 80 percent.

- HHAs with compliance levels below 80 percent for this period will see a 2-percentage-point reduction in their APU for CY 2018.

- CMS' ultimate goal is to require all HHAs to achieve a quality reporting compliance rate of 90 percent or more.

HH Quality Reporting Compliance

- Quality Assessments are the required foundation for quality episodes to be measured.
- Information about how to determine your compliance rate is available via the QAO Report.
- The QAO Interim and Annual Performance Reports are available via the following URL: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Home-Health-Quality-Reporting-Requirements.html.
- These reports are automatically generated and saved into your provider's shared folder in the CASPER application.

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OASIS-C2 Resources

Resources: OASIS Data Sets and Guidance

Downloads Section (bottom of web page)

- CMS.gov → Medicare → Home Health Quality Initiative → OASIS Data Sets
  - OASIS-C2-All Items-10-2016.
  - CMS.gov → Medicare → Home Health Quality Initiative → OASIS Users Manual
    - OASIS-C2 Guidance Manual 12-12-2016.

Resources: OASIS Q&As

- https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/OASIS/HHAQA.html.

  (10th bullet on left navigation bar)
  - **Related Links Section:**
    - **OASIS Frequently Asked Questions**
      - Questions and responses that have been developed over many years of experience.
    - **OASIS Q&As**
      - Email link to submit questions.

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Resources: Quality Measures

- CMS.gov → Medicare →Quality Initiatives/Patient Assessment Instruments → Home Health Quality Initiative → Quality Measures (4th bullet on left navigation bar)
  - **Downloads Section (bottom of web page, listed in order of appearance)**:
    - Measure Specifications for CY 2017 HH QRP Final Rule.
    - HH QRP Measure Specifications Pressure Ulcer.
    - Measures to be Removed from Home Health Quality Initiative.
    - Home Health Measures Tables (last download listed).

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Resources: QAO Compliance

- https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Home-Health-Quality-Reporting-Requirements.html

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Resources

- OASIS Educational Coordinators:
  - https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/OASIS/downloads/OASISeducationalcoordinators.pdf

- Quality Measures: Home Health Quality Reporting Program
  - HomeHealthQualityQuestions@cms.hhs.gov

- OASIS Items & Payment Policy: Home Health Policy Mailbox
  - HomehealthPolicy@cms.hhs.gov

- Data Submission & CASPER: QTSO Help Desk
  - Telephone: (800) 339-9313
  - Email: help@qtso.com
  - Website: https://www.qtso.com/index.php

Questions?