



July 1, 2013 to June 30, 2014 Historical Quality Assessments Only (QAO) Performance Report

This QAO Performance Report is based on assessments submitted by your HHA during the 2013-2014 Annual Payment Updated (APU) performance period (July 1, 2013 – June 30, 2014)

The results displayed in this report do NOT affect any prior or current period APU adjustments for this agency.

QAO Score for JW Blues (99A999) Baton Rouge, Louisiana
34.4 (would NOT meet 2015-2016 standard of 70)

The purpose of this 2013-2014 Historical Quality Assessments Only (QAO) Performance Report is to provide HHAs with an example of their QAO performance based on assessment submissions from a prior reporting period (i.e., 2013-2014). The displayed calculations reflect assessment submissions from that reporting period and may not be representative of the HHA's current or future QAO performance. The QAO Performance Report at the end of this document provides a detailed presentation of how the QAO score was calculated for this HHA.

Statutory Authority for the Home Health Quality Reporting Program

The Home Health Quality Reporting Program was implemented on January 1, 2007, and is based on the submission of home health quality data collected with the Outcome and Assessment Information Set ("OASIS") data collection instrument. Section 1895(b)(3)(B)(v)(I) of the Social Security Act ("the Act") states that "for 2007 and each subsequent year, in the case of a home health agency that does not submit data to the Secretary in accordance with subclause (II) with respect to such a year, the home health market basket percentage increase applicable under such clause for such year shall be reduced by 2 percentage points." The mandate to report quality measure data to the Centers for Medicare & Medicaid Services (CMS) with a resulting reduction in Medicare payments for non-performance is also referred to as the annual percentage update (APU) program. Prior to the 2014 Final Rule, the quantity of OASIS assessments each HHA must submit to meet this requirement has never been proposed and finalized through rulemaking or through the sub-regulatory process. In the 2014 Final Rule the QAO metric to meet this requirement was described in detail and elements of how this metric is computed will be described in the next section.

How the QAO Performance Score is Calculated

The purpose of an OASIS assessment is to provide standardized documentation of the clinical condition of patients receiving home health care at the start or resumption of their care (SOC/ROC), at 60-day increments if their care is extended, and at the end of their care (EOC) (e.g., at transfer to an inpatient facility, at death, or at discharge to the community). OASIS assessments from SOC/ROC are combined OASIS assessments at EOC to form quality episodes and home health quality measures are calculated based on each HHA's quality episodes. When an HHA submits OASIS data forming quality episodes for all of its patients, CMS can be confident that the resulting quality measure reflects the care that the HHA's patients receive.

Because an APU reporting period is limited, not all submitted OASIS assessments can be formed into complete quality episodes of care. Hence, there are several additional criteria that are used to determine if a submitted OASIS assessment could be quality assessment if the reporting period were extended. An OASIS assessment would be considered a quality assessment if they can be characterized as any of the following:

- beginning of an episode of care that is not yet complete--an SOC/ROC that occurs in the last 60 d of the performance period (identified as a Late SOC/ROC);
- end of an episode of care that began in the previous reporting period--an EOC that occurs in the first days of the performance period (identified as an Early EOC);
- an extension of an as yet incomplete quality episode of care--a SOC/ROC assessment that is followed by one or more Follow-up assessments, the last of which occurs in the last 60 days of the performance period (identified as an SOC/ROC Pseudo Episode);
- a continuation of a previously begun quality episode of care--an EOC assessment is preceded by more Follow-up assessments, the last of which occurs in the first 60 days of the performance period (identified as an EOC Pseudo Episode); or
- SOC/ROC assessment that is part of a known one-visit episode (identified as a One-visit episode).

All other SOC/ROC or EOC assessments that 1) could not be formed into a quality episode of care, or 2) do not meet the preceding criteria would be considered a non-quality assessment. For the purposes of computing the QAO metric all follow-up assessments (i.e., assessments that are completed to document a 60-day increment of care) are considered "neutral" and are not included in the computation of the QAO metric.

The Quality Assessments Only (QAO) metric is based on the proportion of Quality and Non-Quality assessments submitted by the HHA and ignoring the number of Neutral assessments submitted by the HHA. Hence, the QAO formula based on this definition would be as follows:

$$\text{QAO} = \frac{100 * \# \text{ of Quality Assessments}}{\# \text{ of Quality Assessments} + \# \text{ of Non-Quality Assessments}}$$

The 2013-2014 Historical Quality Assessments Only (QAO) Performance Report

The 2013-2014 QAO Performance Report that follows provides information specific to your HHA for the APU reporting period July 1, 2013 – June 30, 2014. The results only reflect your performance on the QAO metric for that period and may not accurately reflect your QAO performance on the current APU period (July 1, 2014 – June 30, 2015), nor during the performance period of July 1, 2015 – June 30, 2016 when the QAO metric becomes effective. The QAO performance standard for the July 1, 2015 – June 30, 2016 period will be a score of 70.

If Your QAO Performance Report Score Does Not Meet the 2015-2016 Standard of 70

You can compare your QAO score on this 2013-2014 QAO Performance Report to see if your previous performance does or does not meet the 2015-2016 standard score of 70 that will be first applied for the July 1, 2015 – June 30, 2016 APU period. If you have met the proposed standard score based on your historical submission of assessments, then keep performing as you have in the past. If you do not meet the proposed 2015-2016 standard score based on your historical submission of assessments, then examine your OASIS assessment submission practices to ensure that you 1) complete all required OASIS assessments (i.e., both those for SOC/ROC and for all EOC events), and 2) successfully submit all required OASIS assessments (i.e., both those for SOC/ROC and for all EOC events). For example, if you notice that your 2013-2014 QAO Performance Report has a large number of non-quality SOC/ROC assessments, then you probably have either not completed the associated EOC assessments for these patients or you have completed the EOC assessments but have not submitted them successfully.

**July 1, 2013 to June 30, 2014 QAO Historical Performance Report
JW Blues (99A999) Baton Rouge, Louisiana**

Step	Start or Resumption of Care (SOC ROC) Assessments	#	Step	End of Care (EOC) Assessments	#
	Quality Assessments			Quality Assessments	
[1]a	# matched to EOC assessments to form a quality episode of care	0	[1]b	# matched to SOC/ROC assessments to form a quality episode of care	0
[2]a	# matched to follow-up assessment (occurring in last 60 days of APU period)	8	[2]b	# matched to follow-up assessment (occurring in first 60 days of APU period)	13
[3]a	# that occurred in last 60 days of APU period	36	[3]b	# that occurred in first 60 days of APU period	15
[4]a	# with no expected EOC assessment per claims data	0	[4]b	N/A	N/A
[5]a	Total SOC/ROC Quality Assessments	44	[5]b	Total EOC Quality Assessments	28
	Non-Quality Assessments			Non-Quality Assessments	
[6]a	# that do not meet above Quality Assessment criteria	131	[6]b	# that do not meet above Quality Assessment criteria	6
	Calculation of Quality Assessments Only (QAO) Score				
[7]	Total Quality Assessments ([5]a + [5]b)	72			
[8]	Total Non-Quality Assessments ([6]a + [6]b)	137			
[9]	Total Assessments	209			
	QAO Score				
[10]	= 100 x [7] / [9]	34.4			

Notes and Explanations for each line item

[1] This is the number of OASIS assessments completed that can be linked from when a patient started or resumed care at your agency to an assessment at the end of their care, completed either at discharge to the community or transfer to an inpatient facility.

[2] This is the number of OASIS assessments completed that can be linked to a follow-up assessment that occurred within the last 60 days of the APU period (if it's an SOC/ROC assessment) or within the first 60 days of the APU period (if it's an EOC assessment).

[3] This is the number of OASIS assessments completed that occurred within the last 60 days of the APU period (if it's an SOC/ROC assessment) or within the first 60 days of the APU period (if it's an EOC assessment).

[4] This is the number of OASIS assessments completed during the APU that do not expect an EOC assessment - only one assessment is anticipated for that particular episode.

[5]a = [1]a + [2]a + [3]a + [4]a. This is the total number of SOC/ROC Quality Assessments you completed and submitted.

[5]b = [1]b + [2]b + [3]b + [4]b. This is the total number of EOC Quality Assessments you completed and submitted.

[6] This is the number of OASIS assessments completed that do not meet any of the criteria as outlined under notes: [1], [2], [3], and [4].

[7] = [5]a + [5]b. This is the total number of SOC/ROC Quality Assessments plus the total number of EOC Quality Assessments that you completed and submitted.

[8] = [6]a + [6]b. This is the total number of SOC/ROC Non-Quality Assessments plus the total number of EOC Non-Quality Assessments you completed and submitted.

[9] = [7] + [8]. This is the total number of SOC/ROC and EOC assessments that you completed and submitted.

[10] = 100 x [7] / [9]. This represents the percentage of the total SOC/ROC and EOC Assessments that you completed and submitted that could be counted as a quality episode of care.