Home Health Agencies: Quality of Patient Care Star Ratings Algorithm Call

Moderated by: Aryeh Langer
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Operator: At this time, I would like to welcome everyone to today's Medicare Learning Network® Event.

All lines will remain in a listen-only mode until the question-and-answer session. This call is being recorded and transcribed. If anyone has any objections, you may disconnect at this time.

I will now turn the call over to Aryeh Langer. Thank you. You may begin.

Announcements & Introduction

Aryeh Langer: Hello. And as you just heard, my name is Aryeh Langer from the Provider Communications Group here at CMS, and I will be your moderator for today's call. I would like to welcome you to this Medicare Learning Network call on the Quality of Patient Care Star Ratings Algorithm for Home Health Agencies.

During today's call, learn about proposed modifications to the way CMS calculates Home Health Quality of Patient Care Star Ratings. A question-and-answer session follows today's presentation.

Before we get started, you received a link to the presentation in your confirmation email. The presentation is available at the following URL: go.cms.gov/npc. Again, that URL is go.cms.gov/npc.

At this time, I'd like to turn the call over to Dr. Alan Levitt, who's the Medical Officer in Division of Chronic and Post-Acute Care here in CMS.

Presentation

Dr. Alan Levitt: Thank you, Aryeh, and thank you all for joining today's call. My name is Alan Levitt, and I am joined today by Sara Galantowicz and Betty Fout from Abt Associates, the contractor supporting the Quality of Patient Care Star Ratings. We will be discussing today two recommended changes to the Home Health Quality of Patient Care Star Ratings.

Turn to the next slide. Slide 2 lists the acronyms that will be used in today's presentation.

Now let's turn to slide 3. Today we'd like to provide an overview of the methodology of the Home Health Quality of Patient Care, or QoPC, Star Ratings, describe recommended changes to the QoPC Star Ratings, rationale for these recommendations and the impact of these recommended changes, and present the recommended timeline for implementation of these changes. We will then provide further resources and leave time for your questions and comments.

Introduction and Purpose

Please turn to slide 4. We'll first start with a brief introduction of the Quality of Patient Care Star Ratings and an outline of the recommended modifications that are the topic of today's presentation.

Moving to the next slide, slide 5 summarizes the purpose of reporting star ratings. Star ratings are a good tool to provide easily understood information on provider quality, thereby empowering consumers and their loved ones to make informed decisions about where they receive care. Visual display of stars is an efficient, familiar,

and consumer-centric way to communicate relative performance. The format of star ratings addresses the potential barrier of innumeracy because it is not necessary to understand or interpret the number and data behind the stars in order to understand and use them. Greater transparency encourages providers to deliver higher levels of quality, which in turn can drive overall health system improvement.

Each quarter we monitor the QoPC Star Rating and its component measures by assessing reportability, quarter-to-quarter stability, and examining trends. Monitoring plays an important role, ensuring that the star ratings enable meaningful and accurate comparison across Home Health Agencies.

Let's turn now to slide 6. This slide shows key milestones in the Home Health Quality of Patient Care Star Ratings. The QoPC Star Ratings were developed with input from expert panels and stakeholders and was first previewed to Home Health Agencies in April 2015. The first public display of these star ratings occurred in July 2015 on Home Health Compare. After receiving stakeholder feedback on modifications recommended in 2017, one measure, Influenza Immunization Received for the Current Flu Season, was removed from the QoPC Star Ratings, starting with the April 2018 refresh on Home Health Compare.

As you know, quality improvement is an ongoing activity, and we always encourage your feedback and questions through the question-and-answer period at the end of the session and via the Home Health email address provided at the end of the presentation.

The next slide, slide 7, shows the recommendations that are the topic of this presentation today. Two modifications are recommended.

We first recommend the removal of the Drug Education on All Medications Provided to Patient/Caregiver Measure. This process measure has improved to the point of exhibiting very little variation across Home Health Agencies. While this improvement is beneficial in terms of Home Health quality, it can no longer be used to distinguish performance differences across agencies, and, as discussed later in the presentation, the lack of variation affects our ability to calculate the QoPC Star Ratings.

We also recommend adding an OASIS-based outcome measure to the QoPC Star Ratings: the Improvement in the Management of Oral Medications. This NQF, or National Quality Forum, endorsed measure number 0176 has been publicly reported on Home Health Compare since 2003, addresses an important home health care goal, is case mix–adjusted using patient characteristics, and exhibits good statistical properties.

If we were to proceed as discussed later in the presentation, these two recommended changes would be effective for the April 2019 Home Health Compare refresh.

Next slide. I will now hand the presentation to Sara Galantowicz for a brief overview of Quality of Patient Care Star Ratings.

Overview of Current QoPC Star Rating Methodology

Sara Galantowicz: Thank you, Alan, and good day, everyone.

We're now on slide 9. So turning to the information on slide 9, there are nearly 12,000 Medicare-certified Home Health Agencies, which range considerably in their size, location, and patient population.

Effective January 1st of this year, there are 23 quality measures that are reported on Home Health Compare to facilitate comparison of these agencies. These include 14 measures that are based on OASIS assessment data: 7 process measures and 7 outcome measures, all based on OASIS. Additionally, there are four claims-based outcome or utilization measures, and five measures that are calculated using survey data from the Home Health Consumer Assessment of Healthcare Providers and Systems, or HHCAHPS.

Briefly, outcome measures can illustrate how effective care is in providing desired outcomes, such as improved function, while process measures show how often agencies are providing evidence-based care. Utilization measures can show the prevalence of undesirable and costly outcomes, such as return to the hospital or use of the emergency room. All of these can be valuable quality indicators, and, as we will soon describe, all three types of measures are included in the Quality of Patient Care of Star Rating algorithm.

Currently, there are separate star ratings exist for the Quality of Patient Care and Patient Experience, based on HHCAHPS. Both are reported on Home Health Compare. In addition, the methodologies for calculating existing star ratings differ across settings, including Nursing Home Compare, Home Health Compare, Dialysis Facility Compare or Hospital Compare, and the Medicare Plan Finder.

So turning to the next slide, slide 10. Slide 10 shows the measure criteria that were used for selecting the measures during development of Quality of Patient Care Star Ratings in 2014. So as indicated on the slide, original development included selecting a subset of the nonsurvey measures that were already reported on Home Health Compare at the end of that year.

The criteria that were applied for selecting measures were as noted. The measure had to apply to substantial portion of Home Health patients, and there needed to be sufficient data to report for a majority of agencies. The second criterion was the measure needed to show a reasonable amount of variation among agencies and it would be possible for agencies to show improvement. The third criterion was that the measure had a high face validity in clinical relevance. And the fourth criterion was that the measure was stable with respect to random variation over time. And again, these criteria were used to select the measures that were included in the original methodology that was shared with providers in 2015.

Moving to slide number 11, slide 11 shows the measures that are currently included in the Quality of Patient Care Star Ratings. As was noted, initially there were nine measures included in the methodology. After the influenza immunization measure was removed in the April 2018 Home Health Compare refresh, there are currently eight measures. These measures are listed here, and include the two process measures, Timely Initiation of Care and Drug Education on All Medications Provided to Patients and Caregivers, as well as the outcome measures that are listed—five of them: Improvement in Ambulation, Improvement in Bed Transferring, Improvement in Bathing, Improvement in Pain Interfering with Activity, and Improvement in

Dyspnea. Those measures are based on OASIS data. There is an additional outcome measure, Acute Care Hospitalization, that is based on claims data.

In order to have a star rating computed in reporting, a Home Health Agency must be able to report for at least five of the eight measures on this list. The threshold for public reporting is 20 episodes of care.

So now we're on slide 12. Slide 12 provides a general overview of the calculation methodology. There's a lot more detail available in the methodology report that is available on the Home Health Star Ratings page of the CMS website and on the preview reports that Home Health Agencies receive each quarter.

But briefly, for each of the eight measures in the calculation algorithms, Home Health Agencies are ranked based on the measure results and assigned 10 equally sized groups. Their assigned ranking may then be adjusted if their result is not statistically significantly different from the national median value for that measure.

If the agency's result is found to be statistically significantly different from the national median, no change is made to that initial assignment of a decile or rating. Similarly, no change is made if the agency's initial star rating is already in the middle of the distribution, mainly two and a half or three stars. However, if an agency's result looks different than the national median but the statistical test finds this difference is not significant, that initial rating is moved one-half star closer to the middle. So for example, a four – initial four-star rating for that measure would become three and a half stars if it was not statistically significantly different from the national median, and a 1.5-star initial rating would become 2. These adjusted ratings are then averaged, and the final step in the calculation process is to assign a final star rating value on a scale from one to five stars.

There are nine star rating categories with the middle value being three stars. I would like to emphasize most agencies have a Quality of Patient Care Star Rating value that falls in the middle of either 3 or 3.5 stars.

Moving now to the next slide, slide 13. As shown on this slide, as of the April 2018 Home Health Compare refresh, we had 11 quarters of Quality of Patient Care Star Rating data available for analysis. In April, 8,963 agencies had enough data to receive a Quality of Patient Care Star Rating. This was 76.8 percent of all active agencies. So to reinforce, the majority of agencies—three quarters—are able to report on the Quality of Patient Care Star Rating.

The average rating was 3.27 stars, and this graph shows the bell-shaped distribution of ratings from 1 to 5 stars. As noted earlier, the vast majority of agencies have a rating in the middle of 3 or 3.5 stars.

So I will now hand the presentation over to my colleague Betty Fout, who will present analysis on the effect of the recommendations—the proposals that were described initially—the – their effect on the Quality of Patient Care Star Rating distribution.

Recommended Changes to QoPC Star Rating Methodology

Betty Fout: Great. Thank you, Sara. I'm at 14 right now. In the next few slides, Sara said I will show some analytics, evaluate why the recommendations were made and what the impact would be if the recommendations were implemented.

Turning to slide 15, specifically, we're going to show how the Quality of Patient Care Star Ratings are affected by the recommended removal of the Drug Education on All Medications Provided to Patient and Caregiver Measure and the addition of the Improvement in the Management of Oral Medications Measure.

So turning to slide 16, first we show in the slide, the statistical properties of the drug education measure and why its removal is recommended. The first table shows the measure distribution. The mean for the measure is 96.5 percent, and the median, or 50th percentile, is 98.7 percent—so, very high for this measure.

The bar chart below shows that the percent of agent – shows the percent of agencies with each measure score. So on this graph, the Y-axis is the percent of agencies, and the X-axis displays the measure score rounded to the closest integer. The graph shows that over 50 percent of agencies scored 99 percent or higher on this measure. In addition, 30.8 percent of agencies that report this measure had a measure value of 100 percent. That is, 30.8 percent of agencies provided drug education on all medications to patients and caregivers for all their episodes. These statistics show that there is very little variation across agencies and also very little room for improvement.

Turning to slide 17, we show that the drug education measure properties described in the last slide has led to difficulties in generating the decile cutpoints. As described by Sara in the earlier slide, categorizing agencies into 10 equally sized groups based on measure performance is one of the Quality of Patient Care Star Ratings calculation steps.

As shown in this table, the first decile for this measure is 90.5 percent. This means that an agency scoring 90 percent on this measure would be categorized into the first group. An agency scoring 99.9 percent winded up only in the eighth grouping. And deciles 9 and 10 are both 100 percent when rounded to one decimal. So to categorize agencies into the 9th and 10th deciles, we had to go up two decimal points currently.

Turning to slide 17, we summarized that this measure is recommended for removal from the Quality of Patient Care Star Ratings calculation. While improvement in this measure is beneficial to Home Health patients, there is no – there is little or no room left for improvement, and this lack of variation limits the ability to meaningfully distinguish between agencies.

Next on slide 19, we give a description of the Improvement in the Management of Oral Medications, which measures the percentage of Home Health episodes of care during which the patient improved in his or her ability to take medicines correctly by mouth. The numerator of this measure consists of Home Health episodes of care where the value recorded on the discharge assessment indicates less impairment in taking oral medications at discharge than at start or resumption of care. The denominator is the number of Home Health episodes of care ending with a discharge during the reporting period, other than those covered by exclusions. The exclusions, as listed on the slide, include Home Health episodes for which the patient was able to take oral medications correctly without assistance or supervision at the start or resumption of care. We also exclude episodes that end with inpatient facility transfer or death, where the patient is nonresponsive, or the patient had no oral medications prescribed. These patients are excluded – or these episodes are excluded from the measure.

This measure, the Improvement in the Management of Oral Medications, is an outcome measure based on OASIS data and is risk adjusted to account for the case mix of each agency. This measure is currently reported on Home Health Compare but is not part of the Quality of Patient Care Star Ratings currently.

Turning to slide 20, we show a graph of measure performance, which is the red line, as well as measure reportability, which is the gray line. Reportability is the percent of agencies that have enough data to have this measure reported. Agencies must have at least 20 episodes of care to report on a measure.

The X-axis on this graph represents the home health care – Home Health Compare refresh date, and the Y-axis is measure performance over time. The second Y-axis on the right-hand side is the percent of agencies with at least 20 episodes. So this measure, as the graph shows – as the red line shows, has been increasing over time and currently has a mean of 63.5 percent. And nearly 80 percent of agencies are able to report on this measure, and reportability has remained roughly the same over time.

The right-hand table shows the measure – the percentile distribution of this measure. With a mean of 63.5 percent, a median of 60 percent, an adequate spread between the 75th and 25th percentiles, this measure displays variation, and there is sufficient room for improvement.

Turning to slide 21, this graph shows the impact of – in removing the drug education measure and adding the Improvement in the Management of Oral Medications measure. The gray bars show the Quality of Patient Care Star Ratings distribution from the April 2018 Home Health Compare refresh, and the blue bars show the Quality of Patient Care Star Ratings distribution if the recommendations were implemented for the same time period.

The Y-axis shows the percent of agencies with each star rating, and the X-axis shows the Quality of Patient Care Star Rating. While the average rating would remain the same—3.27 stars—there would be slightly more five-star agencies and slightly fewer in the middle of the distribution if these recommended changes were to be implemented.

Reportability would be essentially unaffected: 76.4 percent of agencies would be able to report with the recommendations implemented compared to the current 76 percent of agencies reporting as of the April 2018 Home Health Compare refresh.

Slide 22 shows that the Quality of Patient Care Star Ratings would remain stable, as it currently is, if these modifications were implemented. The graph on the left shows the percent of agencies that change Quality of Patient Care Star Ratings by one or more stars compared to the previous quarter. The Y-axis on this graph is the percent of agencies, and the X-axis is the quarter number. The blue line shows the quarter-by-quarter change for actual Home Health Compare refresh value, and the gray dotted line shows the quarter-by-quarter changes for the same time period if the modifications were implemented.

The graphs show that the percent of agencies that moved one star or more from quarter to quarter remains around 2 percent for both the current Quality of Patient Care Star Rating and the Quality of Patient Care Star Rating that incorporates the recommended changes.

The second graph shows similar information for half-star changes from quarter to quarter. This shows that about 35 percent of agencies moved a half star from the previous quarter and that this percentage is similar for the current Quality of Patient Care Star Rating using the current methodology and if the star rating were to incorporate the recommended modifications over the same time period.

Turning to slide 23, we recap the recommendation. Improvement in the management of oral medications is an important goal for Home Health patients. If the drug education measure were to be removed, it would be particularly important to keep a measure related to medication management in the Quality of Patient Care Star Rating.

In addition, because at least five of the current eight measures are required for reporting the Quality of Patient Care Star Ratings, adding the Improvement in the Management of Oral Medications would allow for better reportability by keeping the total number of measures composing the star ratings at eight instead of dropping to seven if the drug education were to be removed. This measure is risk adjusted and exhibits good variation with room for improvement. For these reasons, this measure is recommended for addition to the Quality of Patient Care Star Ratings.

Turning to slide 24, we summarize our overall recommendation. The Drug Education on All Medications Provided to the Patient or Caregiver is recommended for removal because of its statistical properties. It exhibits limited variation in high numbers of agencies with perfect scores. The Improvement in the Management of Oral Medications measure, which is currently already reported on Home Health Compare, is recommended to be added to the star ratings.

Implementing these modifications would result in a very slight decrease in the percent of agencies that can report a Quality of Patient Care Star Rating—from 76.8 percent of all active agencies to 76.4 percent. The average rating remains the same at 3.27, using the April 2018 refresh time period. In general, there were no impacts on quarter-to-quarter stability of the Quality of Patient Care Star Ratings were these modifications to be implemented.

Timelines

We next discuss the potential timeline for these changes if they were to be implemented. So we go to slide 26. We show that the public comment time period starts today, and it goes until a month from now, July 26. All comments should be submitted to our comment mailbox, which is HH_QM_comment@abtassoc.com. So that's @abtassoc.com. The comment summary will be posted publicly in early September.

And based on those comments, a decision will be made and summarized during our second – during a second stakeholder webinar that is planned for October 2018.

If CMS were to proceed with these recommendations – these recommended modifications, the first Quality of Patient Care Star Rating preview report will be sent to agencies through their CASPER mailboxes, using the new algorithm, starting January 2019.

The first month in which Home Health Compare will show the updated star rating would be April 2019. And as a reminder, 20 – April 2019 would cover measures – a reporting period for claims-based and OASIS-based measures of July 1st, 2017, to June 30th, 2018.

And I will now hand the presentation back to Alan Levitt of CMS.

Resources

Dr. Alan Levitt: Thank you, Betty. We'll start the question-and-answer session in a moment. But first, let me finish by reminding you of the resources that are available for further information or also, if needed, email addresses for further questions or comments you may have after today's call.

If we actually turn to slide 29, which is titled "For More Information," if you have your PDF copy of the slides open, the first three bullets are weblinks to the Quality of Patient Care Star Ratings Methodology Document, the Home Health Quality Reporting Program website at CMS.gov, and to Home Health Compare.

This is followed by two email addresses for your questions or comments. The first email address is for the Home Health Quality Help Desk. That's homehealthqualityquestions—all together in one word—@CMS.HHS.gov. This email address is for questions related to our quality measures, quality manual, agency reports and public reporting, and for the QAO, or Quality Assessment Only, metric that's used for compliance without quality reporting program requirements.

The second email address, as Betty just mentioned, is listed for public comment on today's recommended changes to the Home Health Quality of Patient Star Rating. And that email address, again, is HH_QM_comment@abtassoc—A-B-T-A-S-S-O-C dot com.

The Home Health Quality Reporting Program team at CMS takes pride in soliciting comments from you about our program and in listening to your comments when making changes, such as those recommended today for the Quality of Patient Care Star Ratings.

Just to remind you, we made changes to the original measure selection and method of calculation of these QoPC Star Ratings based on your comments, and later to the first recommended modifications to the QoPC Star Ratings that we presented in a similar call in January of 2017. We do listen.

And now, I'll turn the presentation back over to Aryeh Langer, our moderator for today.

Question & Answer Session

Aryeh Langer: Thank you, Dr. Levitt. At this time, we will now take your questions. As a reminder, this event is being recorded and transcribed. Dorothy, we are ready to take our first question, please.

Operator: To ask a question, press star followed by the number 1 on your touchtone phone. To remove yourself from the queue, press the pound key. Remember to pick up your handset before asking your question to assure clarity. Once your line is open, state your name and organization. Please note your line will remain open during the time you are asking your question, so anything you say or any background noise will be heard

in the conference. If you have more than one question, press star 1 to get back into the queue, and we will address additional questions as time permits.

Please hold while we compile the Q&A roster.

Please hold while we compile the Q&A roster.

Your first question comes from the line of Cody Reber.

Cody Reber: Hi, thank you for taking my call. I was wondering if you can please explain why the last two changes to the Home Health star rating algorithm have allowed the five-star rating percentages to increase?

Dr. Alan Levitt: Hey, Cody. This is Alan Levitt. Betty, can you explain why there may be more five-star agencies?

Betty Fout: Sure. This is Betty Fout from Abt. I think you're referring to the last two changes being the removal of the influenza vaccination measure. And that might've been the only change we would have made, I think, since the rollout of the Quality of Patient Care Star Ratings. So, I think maybe you're referring to this potential change.

Well, I think I will have to refer you back to the methodology document, where these measures are, each of them, programmed into 10 deciles for each measure, prior to combining as an average, with some statistical significant adjustment to turn into an overall Quality of Patient Care Star Rating. So, just depending on how the measures are moving over time, the algorithm is designed to try to make sure that it does not increase over time dramatically so that we are kind of recalibrating each quarter. But as the measures change over time, it's possible that, you know, the agencies are shifting around. There are fewer in the middle; there are more at the five star. I mean, I will assure you that these are being monitored on a quarterly basis, so we're definitely seeing these changes over time. And if we see something being problematic, we would try to address it as we have in this presentation. So I'm – if you have further questions on that though, I'd definitely refer you to the help desk and we could probably answer more thoroughly through email.

Operator: As a reminder, to ask a question, please press star then the number 1 on your telephone keypad.

Your next question comes from the line of Marilyn Kirby.

Marilyn Kirby: Hi. This is Marilyn Kirby with Eskaton Home Healthcare. And I have a question with the medication that you're choosing to track differently now. I was under the understanding that some of what CMS is looking at is realizing that looking for improvement when our average age and where the patient population we're caring for is about 84. Many of them are in boarding cares or assisted living units, and they're not going to improve, and it's probably about 60 percent of our patients. For – so for someone like us, when you're looking for improvement, maybe the best it's going to be is another person tracks it and has at the beginning and will continue to. So, I'm just having a little bit of confusion on that, realizing what I've recently read says that maybe improvement isn't the real tracker we need to be looking at.

Dr. Alan Levitt: Thank you, Marilyn, for your question. Again, we choose the measures for the Quality of Patient Care Star Ratings, based on measures that have been used in the Home Health Community and Home Health Compare for a long time. And as you know, this measure has been followed in Home Health Compare and has been reported since 2003.

This measure has exclusions to it based on, you know, different criteria that Betty had explained. It's also risk adjusted as well to try to level the playing field. We do feel that the training of and teaching activities that are done under Home Health care are important and particularly when it comes to medication and medication management. And we do feel that a measure of that should be part of our star ratings, as part of looking at performance of Home Health Agencies. As you can see, the process measure can no longer meet that goal. And therefore, we are moving to the outcome measure for that purpose.

Marilyn Kirby: So then with this particular one, it – the way the question reads—patient's current ability—is that patient's/caregiver's current ability then? Is that how it's to be interpreted?

Dr. Alan Levitt: The measure needs be interpreted the way that the OASIS item that's being completed, which I think is M2020, is completed in terms of management of oral medication. And so you would continue to complete that item as you've always been completing it and, hopefully, completing it accurately. And then that would be calculated into the measure.

Marilyn Kirby: So okay, because I'm looking at the question, and I guess I have to find out from OASIS if – because I heard someone else—the individuals that were doing the algorithm presentation—saying that the patient or caregiver understands the meds. So I just wanted to be clear because that's not what the patient – it says patient's current ability.

Dr. Alan Levitt: Right. The original measure that was part of the star ratings—the process measure—included patient/caregiver in that measure.

Aryeh Langer: Thank you very much.

Operator: Your next question comes from the line of Kris Mau.

Kris Mau: Yes, and this may have been addressed already. I just didn't catch it. But can you tell me, like, how far back, like, what we're working on now will be reported when? How far back does it go? Like, is it 6 months? Does that make sense?

Dr. Alan Levitt: Yes, hey. Hi, Kris. It's Alan Levitt here. The measures that we are talking about—actually both of those measures—are done over a year, and they're done by rolling quarters. So, every quarter that you would see a refresh on Home Health Compare, it would be rolling from taking one quarter off and adding a new quarter on. But it really is 1 year of data.

The timeline that was – that Betty had talked about is really based on when we have the data available for collection. So in the case of the current or the planned refresh, if we go ahead in April of 2019, we would be looking at data from July 1 through June 30th. That would be the time period because then, after that, Home Health Agencies have four and a half months to review their data and make any corrections to it before the

data's frozen. And then we would go ahead and calculate that data and preview reports to all agencies so that you can review those reports, and then we would be reporting it on Home Health Compare in April.

Kris Mau: Okay, thank you.

Operator: Your next question comes from the line of Barbara Fadeyi.

Barbara Fadeyi: Hello, thank you. My first question is really around whether or not the star ratings for the agency would be taken into consideration only if the agency met the criteria for the Home Health Compare measures.

Dr. Alan Levitt: Yes, hi, Barbara. Again, in order for any agency to have a star rating reported, they have to be able to report on five out of the eight measures. To report on a measure, you need 20 episodes to report on. So as was shown on the slides, usually about 75 percent or a little bit more than that of the agencies are able to report a star rating.

Barbara Fadeyi: Yes, and I understand that. However, the star ratings measures come from the Home Health Compare. So in order to first – in order to calculate those star rating measures, wouldn't we first need to calculate which agencies qualified for the Home Health Compare and then consider which ones qualified for the star rating measures?

Dr. Alan Levitt: Yes, well, Barbara, we do it at the same time. So when we do the calculations of the measures for the refresh for that quarter, at the same time those agencies that would qualify for star ratings would also have those same measures be calculated into the Quality of Patient Care Star Rating.

Barbara Fadeyi: Okay, thanks.

Dr. Alan Levitt: It's done at the same time.

Barbara Fadeyi: Okay. Thank you. That did answer my question.

Operator: Your next question comes from the line of Melissa Morton.

Melissa, your line is open.

Your next question comes from the line of Amy Sweet.

Amy Sweet: Hi. This is Amy Sweet with Michigan Visiting Nurses. I wondered if there – we have a date for removing this drug regimen question?

Dr. Alan Levitt: Yes, hi, Amy. So again, are you talking about the removal from star ratings?

Amy Sweet: Is this going to come off …

Dr. Alan Levitt: If you …

Amy Sweet: … of the OASIS data collection though too?

Dr. Alan Levitt: No, what we're talking about today is – we're talking about the star ratings themselves. So we will be, if – as I think Betty had described in the timeline, if we decided, based on the comments received back that we were going to proceed as is, we would be removing the measure from the star ratings for the April 2019 refresh. It would be – continue to be reported on Home Health Compare.

Amy Sweet: Okay. So we'll still be answering this question in the OASIS. It'll just be a removal from the ratings.

Dr. Alan Levitt: That is correct.

Amy Sweet: Okay. Thank you.

Dr. Alan Levitt: Thank you.

Operator: As a reminder, in order to ask a question, please press star then the number 1 on your telephone keypad.

Your next question comes from the line of Melissa Morton.

Melissa Morton: Hi. I had a similar concern as the previous caller. We also see a large population of patients who get their medications distributed, either by a facility or a caregiver. I know that there are 119 possible risk factors that can affect the risk adjustment for that item. Where can I find that list so that I can maybe help our clinicians focus on those other areas that may affect our ability to improve oral medications?

Dr. Alan Levitt: I mean – well, thank you, Melissa. We keep a list of their – the risk adjusters for all the OASIS-based outcome measures on the CMS.gov website, usually in the download section. If you go to that website, that is, for the Home Health Quality Reporting Program, and look for the tab for the measures, you should be able to find the risk adjusters. If you're unable to still find them by navigating the website, please send an email to the email address that I've given, and we should be able to help you.

Melissa Morton: I appreciate that. Thank you.

Operator: Your next question comes from the line of Dorothy Balmaceda.

Dorothy Balmaceda: Hi, good afternoon. I just want to ask, How many episodes are you guys getting for every star rating that gets pulled out from the OASIS?

Dr. Alan Levitt: Okay. Dorothy, if the question is how many episodes do you – does an agency need to have to have the measure included, that's 20 episodes.

Dorothy Balmaceda: Okay, because I've been checking the preview on our CASPER reports, I think, at least quarterly. And the last time I checked it, it looks like it's been increasing. I don't know where else are you going to get the information from, because I compared the number of discharges because I know that before you get included to the star rating, it has to be from the start of care until discharge or from ROC to discharge and/or

hospitalization, or any completed episodes, for that matter. And it looks like there has been a number of – I mean, there has been increase in numbers. I don't know where else is CMS getting their information from if we only have certain number of discharges for a month.

Dr. Alan Levitt: Well, Dorothy, the only information that we use to calculate our measures comes from the information that agencies submit through the QIES ASAP system.

Dorothy: Yes.

Dr. Alan Levitt: These are rolling measures that go over a year. And so even if you have the same numbers for the last month or two that may be different …

Dorothy: Yes.

Dr. Alan Levitt: … please remember that that includes the entire 12 months of information.

Dorothy: Oh, okay. I got you. Thank you.

Operator: As a reminder, to ask a question, please press star then the number 1 on your telephone keypad.

Your next question comes from the line of Geri Addis.

Geri Addis: Hi. This is Geri Addis with Fidelity Health Care. For the new measure that's going to be added, is there a proposed measure score cutpoints available?

Dr. Alan Levitt: Geri, this is Alan Levitt. I don't know if we have that yet. Betty or Sara, do we have that yet?

Betty Fout: We have the cutpoints for the existing measures and the Quality of Patient Care Star Ratings but not for the existing measures that are part of the Quality of Patient Star Ratings available every quarter. But since this hasn't been implemented yet, the cutpoints are not posted.

Sara Galantowicz: And this is Sara. And to confirm, those cutpoints would be developed for the period of time that the reporting is going to reflect, so we wouldn't create them in advance, we'd create them at the time that the ratings were being calculated.

Geri Addis: Okay, so we won't see those until the preview reports?

Sara Galantowicz: Correct.

Geri Addis: Okay, thank you.

Dr. Alan Levitt: Yes, this is Alan Levitt. That's – yes, that's correct.

Geri Addis: Okay.

Operator: Your next question comes from the line of Ashley Weichert.

Ashley Weichert: Hi. Thanks for taking this call. We just have a question. If we have about 20 episodes currently—we're a new Home Health Agency—that have been completed, when would we get our star ratings and Home Health Compare scores?

Dr. Alan Levitt: Hi, Ashley. Welcome. I welcome your Home Health Agency …

Ashley Weichert: Thanks.

Dr. Alan Levitt: … to the program. The star ratings are, you know, based, again, on when the measures start getting reported on Home Health Compare. I'm not sure if you're receiving CASPER reports or other preview reports or your measures have been on Home Health Compare yet. But once they started being publicly reported there, then we would use that criteria of 20 and above. If you're having questions as to whether your agency has been sending in OASIS data for a while and you're still not getting any reports back on it, please send an email to that email address that I'd listed—that first email address—if you're not receiving this information.

Ashley Weichert: Okay, the Home Health quality questions email?

Dr. Alan Levitt: Yes.

Ashley Weichert: Okay. Thank you so much.

Operator: Your next question comes from the line of Sharon Phillips.

Sharon Phillips: Can you tell me when the final decision will be made?

Dr. Alan Levitt: Well, hi, Sharon. As Betty's pointed out on the timeline, we will be coming back in October. After we've had a chance to receive your comments and review them, go back and, you know, look at different scenarios if necessary. And so we would be making an announcement in October. If we decided to go ahead as we've currently recommended, then you would be receiving the preview reports in January for the April refresh.

Sharon Phillips: Thank you.

Operator: Your next question comes from the line of Barbara Fadeyi.

Barbara Fadeyi: Hi. This is just a followup of the previous question. Instead of agencywide, do you look at patients who meet the five of the eight measures? Or are you just trying to see if the agency has reported on five of the eight measures?

Dr. Alan Levitt: Agencies are reporting their OASIS data or other data and, again, those measures get calculated. And if a particular agency has at least five of those eight measures that are reportable at the 20

and above level, then they would be included. It's really based on the number of measures that you are able to report on.

Barbara Fadeyi: So are you necessarily looking at the agency to have 20 quality episodes of care per measure, or do they just need to have 20 overall?

Dr. Alan Levitt: They need to have at least 20 or above for each one of those measures. What we've typically seen is that most agencies, you know, had – either have it or they don't have it. So if they're much smaller agencies and they usually would have less than 20 episodes for most, if not all, of those measures.

Barbara Fadeyi: Okay, thank you.

Operator: There are no further questions at this time. I will turn the call back over to you, Aryeh.

Additional Information

Aryeh Langer: Thank you very much. It's a little unusual to end early, but that means Dr. Levitt, Sara, and Betty did a great job with the presentation and answering questions. We appreciate it if that presentation effectiveness would be evaluated accordingly on slide 30. If you have any other questions that you think of later, again, if you could refer to slide 29 entitled For More Information, you have three links there that were mentioned earlier for websites, including – and two other email boxes that you can refer to for your questions.

Again, my name is Aryeh Langer. I'd like to thank our presenters and also thank you all on the lines for participating in today's Medicare Learning Network Event on the Quality of Patient Care Star Ratings Algorithm for Home Health Agencies. Have a great day, everyone.

Operator: Thank you for participating in today's conference call. You may now disconnect. Presenters, please hold.