

# Home Health Quality Measures – Process

## Notes:

- Risk Adjustment:** Process measures are not risk adjusted to compensate for differences in the patient population. This is because the processes of care in the measures apply to all of the patients in the denominator (except for those patients that are identified in the denominator exclusions).
- “Quality Episode” Definition:** Quality episodes are used in the calculation of the quality measures. Quality episodes are not the same as payment episodes. A quality episode begins with either a SOC (start of care) or ROC (resumption of care) and ends with a transfer, death, or discharge for a patient regardless of the length of time between the start and ending events.
- Quality of Patient Care Star Rating:** An asterisk (\*) next to the measure name indicates the measure is included in the Quality of Patient Care star rating algorithm.
- All Payer Data:** As of July 1, 2025, CMS has mandated collection and submission of OASIS data for all patients receiving skilled care regardless of payer (a.k.a. all-payer) who are not exempt from OASIS data collection,.. At this time the OASIS-based quality measures in the Home Health Quality Reporting Program will continue to report only data for Medicare fee-for-service, Medicare Advantage (Medicare managed care), Medicaid, and Medicaid managed care.
- Generic Exclusions (as noted in the Denominator Column):** Defined as patients for whom OASIS assessments are not required. This includes (1) patients under the age of 18, (2) patients receiving maternity services only, (3) patients receiving personal care, homemaker, or chore services only, (4) patients receiving outpatient therapy services provided by a HHA and billed under Medicare Part B benefit that do not have a home health plan of care in effect, (5) patients receiving a service from a company (other than the Medicare-certified HHA) using HHA staff under a loaned employee agreement, and (6) single visit quality episodes.

| Type                  | Measure Title  | Posted on Care Compare | NQF Status   | Risk Adjusted | Measure Description   | Numerator  | Denominator   | Measure-specific Exclusions   | OASIS Item(s) Used  |
|-----------------------|--|------------------------|--------------|---------------|---|--|---|---|---|
| Process - Timely Care | Timely Initiation of Care*                             | Yes                    | Not endorsed | No            | Percentage of home health quality episodes in which the start (or resumption) of care date was (1) the same as the physician-ordered SOC/ROC date (if provided), or (2) was within 2 days of the referral if no date was specified by the physician or (3) within 2 days of the inpatient discharge date, if the inpatient d/c date was later than the referral and no date was specified by the physician. | Number of home health quality episodes in which the start (or resumption) of care date was (1) the same as the physician-ordered SOC/ROC date (if provided), or (2) within 2 days of the referral date if no date was specified by the physician or (3) within 2 days of the inpatient discharge date, if the inpatient d/c date was later than referral and no date was specified by the physician. | Number of home health quality episodes ending with discharge, death, or transfer to inpatient facility during the reporting period, other than those covered by generic or measure-specific exclusions. | Home health quality episodes for which there was no physician-ordered SOC/ROC date and the SOC/ROC date was greater than 2 days after the referral date and there was an inpatient d/c but the d/c date was unknown | (M0102) Date of Physician-ordered Start of Care<br>(M0104) Date of Referral<br>(M0030) Start of Care Date<br>(M0032) Resumption of Care Date<br>(M1000) Inpatient Facility discharge<br>(M1005) Inpatient Discharge Date<br>(M0100) Reason for Assessment |
| Process - Prevention  | Influenza Immunization Received for Current Flu Season | Yes                    | Not Endorsed | No            | Percentage of home health quality episodes during which patients were determined to have received the influenza immunization for the current flu season.  | Number of home health quality episodes during which the patient a) received vaccination from the HHA or b) had received vaccination from HHA during earlier episode of care, or c) was determined to have received vaccination from another provider.  | Number of home health quality episodes ending with a discharge or transfer to inpatient facility during the reporting period, other than those covered by generic or measure-specific exclusions.       | Home health quality episodes for which no care was provided during October 1–March 31, OR the patient died, OR the patient does not meet age/condition guidelines for influenza immunization.                       | (M0030) Start of Care Date<br>(M0032) Resumption of Care Date<br>(M0906) Discharge/Transfer/Death Date<br>(M1041) Influenza Vaccine Data Collection Period:<br>(M1046) Influenza Vaccine Received<br>(M0100) Reason for Assessment                        |

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|----------------------|--|------------------------|--------------|---------------|--|--|---|---|--|
| Process - Prevention | Influenza Immunization Offered and Refused for Current Flu Season  | No                     | Not endorsed | No            | Percentage of home health quality episodes during which patients were offered and refused influenza immunization for the current flu season.   | Number of home health quality episodes during which patients were offered and refused influenza immunization for the current flu season.   | Number of home health quality episodes ending with a discharge or transfer to inpatient facility during the reporting period, other than those covered by generic or measure-specific exclusions.             | Home health quality episodes for which no care was provided during October 1–March 31, OR the patient died, OR the patient does not meet age/condition guidelines for influenza immunization. | (M0030) Start of Care Date<br>(M0032) Resumption of Care Date<br>(M0906) Discharge/Transfer/Death Date<br>(M1041) Influenza Vaccine Data Collection Period<br>(M1046) Influenza Vaccine Received<br>(M0100) Reason for Assessment  |
| Process - Prevention | Influenza Immunization Contraindicated                             | No                     | Not endorsed | No            | Percentage of home health quality episodes during which patients were determined to have medical contraindication(s) to receiving influenza immunization.  | Number of home health quality episodes during which patients were determined to have medical contraindication(s) to receiving influenza immunization.  | Number of home health quality episodes ending with a discharge or transfer to inpatient facility during the reporting period, other than those covered by generic or measure-specific exclusions.             | Home health quality episodes for which no care was provided during October 1–March 31, OR the patient died, OR the patient does not meet age/condition guidelines for influenza immunization. | (M0030) Start of Care Date<br>(M0032) Resumption of Care Date<br>(M0906) Discharge/Transfer/Death Date<br>(M1041) Influenza Vaccine Data Collection Period:<br>(M1046) Influenza Vaccine Received<br>(M0100) Reason for Assessment |
| Process-Prevention   | Drug Regimen Review Conducted with Follow-Up for Identified Issues | Yes                    | Not Endorsed | No            | The percentage of home health quality episodes in which a drug regimen review was conducted at the start (or resumption) of care and completion of recommended actions from timely follow-up with a physician occurred each time potential clinically significant medication issues were identified throughout that quality episode. | Number of home health quality episodes in which:<br><br>1) There were potential clinically significant medication issues identified at any time during the home health quality episode, AND the HHA contacted a physician (or physician-designee) AND the HHA completed prescribed/recommended actions by midnight of the next calendar day in response to all the identified issues throughout the home health quality episode OR<br><br>2) the patient is not taking any medications at start (or resumption) of care AND at end of care OR,<br><br>3) there were no potential clinically significant medications issues identified at any time during the entire home health quality episode. | Number of home health quality episodes ending with a discharge, death, or, transfer to an inpatient facility, during the reporting period other than those covered by generic or measure-specific exclusions. | None  | (M2001) Drug Regimen Review<br>(M2003) Medication Follow-up<br>(M2005) Medication Intervention<br>(M0100) Reason for Assessment  |

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|--------------------|--|------------------------|--------------|---------------|--|--|--|--|---|
| Process-Prevention | Transfer of Health Information to the Patient  | Yes                    | Not Endorsed | No            | This measure assesses for and reports on the timely transfer of health information, i.e., a current reconciled medication list, to the patient when discharged from home health to a private home/apartment, board and care home, assisted living, group home, or transitional living.   | The number of quality episodes ending in a discharge from the agency for which the OASIS indicated that the following is true:<br><br>At the time of discharge, the agency provided a current reconciled medication list to the patient, family, and/or caregiver. | Number of quality episodes ending in discharge to a private home/ apartment, board/care, assisted living, group home, or transitional living during the reporting period other than those covered by generic or measure-specific exclusions.   | Patients who die during the episode. Patients discharged to a location not specified in denominator statement. | (A2123) Provision of Current Reconciled Medication List to Patient<br>(A2124) Route of Current Medication List Transmission to Patient<br>(M2420) Discharge Disposition<br>(M0100) Reason for Assessment  |
| Process-Prevention | Transfer of Health Information to the Provider | Yes                    | Not Endorsed | No            | The measure assesses the timeliness of the transfer of health information, specifically transfer of a reconciled medication list. This measure evaluates for the transfer of information when a patient is transferred or discharged to a subsequent provider. For this measure, the subsequent provider is defined as a short-term general hospital, a SNF, intermediate care, home under care of an organized home health service organization or hospice, hospice in an institutional facility, an IRF, an LTCH, a Medicaid nursing facility, an inpatient psychiatric facility, or a critical access hospital. | Number of home health quality episodes ending in discharge or transfer for which the OASIS indicated that the following is true:<br><br>At the time of discharge/transfer, the agency provided a current reconciled medication list to the subsequent provider.    | The denominator is the number quality episodes ending in discharge or transfer to a short-term general hospital, a SNF, intermediate care, home under care of another organized home health service organization or hospice, hospice in an institutional facility, a swing bed, an IRF, a LTCH, a Medicaid nursing facility, an inpatient psychiatric facility, or a critical access hospital. | Patients who die during the episode. Patients discharged to a location not specified in denominator statement. | (A2120) Provision of Current Reconciled Medication List to Subsequent Provider at Transfer<br>(A2121) Provision of Current Reconciled Medication List to Subsequent Provider at Discharge<br>(A2122) Route of Current Medication List Transmission to Subsequent Provider<br>(M2420) Discharge Disposition<br>(M0100) Reason for Assessment |