Navigating HHVBP

Michigan Home Care & Hospice Association

Leveraging Data and Strategies
for
Long Term Success

Michigan Association for Home Care

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Speaker

Lisa Selman-Holman

VP, Clinical Services

Michigan Association for Home Care

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VBP Overview

Michigan Association for Home Care

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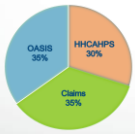
2024 Quality Measures Home Health VBP TPS

OASIS-based Measures	Weight
TNC Self-Care	*8.75%*
TNC Mobility	*8.75%*
Oral Meds (M2020)	5.83%
Dyspnea (M1400)	5.83%
Discharge to Community (M2420)	*5.83%*
Total for OASIS-based Measures	**35.00%**

HHCAHPS Survey Measures	Weight
HHCAHPS Professional Care	6.00%
HHCAHPS Communication	6.00%
HHCAHPS Team Discussion	6.00%
HHCAHPS Overall Rating	6.00%
HHCAHPS Willingness to Recommend	6.00%
Total for HHCAHPS Survey Measures	**30.00%**



Claims-based Measures	*Weight*
ACH	*26.25%*
ED Use	*8.75%*
Total for claims-based Measures	***35.00%***

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Report Timelines

Exhibit 20. Timeline for CY 2023 Performance Year/ CY 2025 Payment Year and CY 2024 Performance Year/CY 2026 Payment Year by Report Type and Time Periods for Performance Data

Report Title	OASIS-based Measures	Claims-based and HHCAHPS Survey-based Measures
July 2023 Interim Performance Report (IPR)	4/01/2022 – 3/31/2023	1/01/2022 – 12/31/2022
October 2023 IPR	7/01/2022 – 6/30/2023	4/01/2022 – 3/31/2023
January 2024 IPR	10/01/2022 – 9/30/2023	7/01/2022 – 6/30/2023
April 2024 IPR	1/01/2023 – 12/31/2023	10/01/2022 – 9/30/2023
July 2024 IPR	4/01/2023 – 3/31/2024	1/01/2023 – 12/31/2023
CY 2024 Annual Performance Report (APR)	1/01/2023 – 12/31/2023	1/01/2023 – 12/31/2023
October 2024 IPR	7/01/2023 – 06/30/2024	4/01/2023 – 3/31/2024
January 2025 IPR	10/01/2023 – 90/30/2024	7/01/2023 – 6/30/2024
April 2025 IPR	1/01/2024 – 12/31/2024	10/01/2023 – 9/30/2024
July 2025 IPR*	4/01/2024 – 3/31/2025	1/01/2024 – 12/31/2024
CY 2025 APR For CY2024 data	1/01/2024 – 12/31/2024	1/01/2024 – 12/31/2024

August 2025

*For the OASIS-based measures not included in the CY 2025 measure set, namely Discharged to Community, TNC Change in Mobility, and TNC Change in Self-Care, the reporting period will cover 12 months of data ending December 31, 2024.

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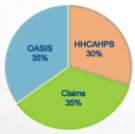
2025: Quality Measures Home Health VBP TPS

OASIS-based Measures	Weight
Discharge Function Self-Care and Mobility (based on GG)	**20%**
Oral Meds (M2020)	**9%**
Dyspnea (M1400)	6%
Total for OASIS-based Measures	**35.00%**

HHCAHPS Survey Measures	Weight
HHCAHPS Professional Care	6.00%
HHCAHPS Communication	6.00%
HHCAHPS Team Discussion	6.00%
HHCAHPS Overall Rating	6.00%
HHCAHPS Willingness to Recommend	6.00%
Total for HHCAHPS Survey Measures	**30.00%**



Claims-based Measures	*Weight*
PPH	**26%**
DTC	**9%**
Total for claims-based Measures	***35.00%***

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Payers

Measure Category	Payer Data Used	Payer Payment Adjustment
OASIS-Based Measures	Medicare FFS Medicare Advantage Medicaid FFS Medicaid Managed Care	Medicare FFS
HHCAHPS Survey-Based Measures	Medicare FFS Medicare Advantage Medicaid FFS Medicaid Managed Care	Medicare FFS
Claims-Based Measures	Medicare FFS	Medicare FFS

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POLL

Have you reviewed your DC Function, DTC-PAC or PPH rates?

a. Yes
b. No
c. Where do I find these?

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Where is the data?

Care Compare

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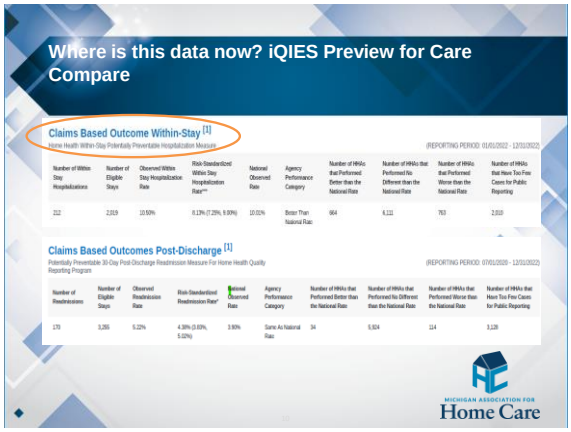
Where is this data now? iQIES Preview for Care Compare
Claims Based Outcome Within-Stay [1]
Claims Based Outcomes Post-Discharge [1]
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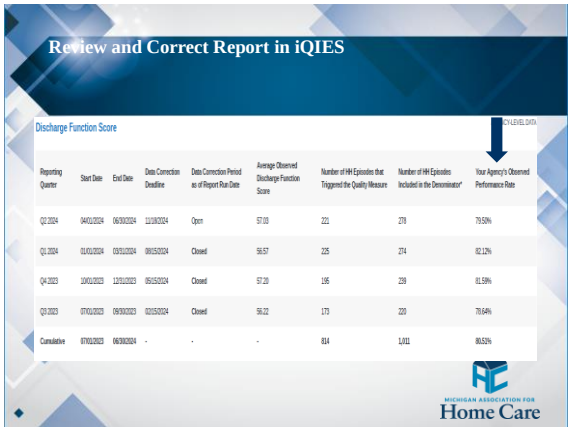
Review and Correct Report in iQIES
Discharge Function Score
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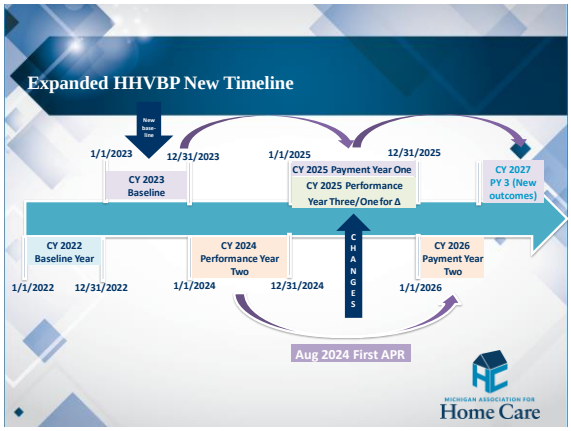
Expanded HHVBP New Timeline
1/1/2023
12/31/2023
1/1/2025
12/31/2025
CY 2023 Baseline
CY 2025 Payment Year One
CY 2025 Performance Year Three/One for Δ
CY 2027 PY 3 (New outcomes)
CY 2022 Baseline Year
CY 2024 Performance Year Two
CY 2026 Payment Year Two
CHANGES
1/1/2022
12/31/2022
1/1/2024
12/31/2024
1/1/2026
Aug 2024 First APR
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Reports

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Overview Tab

EXAMPLE PURPOSES ONLY. THIS SAMPLE REPORT DOES NOT REFLECT YOUR HHA'S ACTUAL PERFORMANCE. THERE IS NO PAYMENT ADJUSTMENT IN CY 2023.

ACHIEVEMENT THRESHOLDS AND BENCHMARKS MAY CHANGE THROUGH FUTURE RULEMAKING.

Home Health Value-Based Purchasing (HHVBP) Model

Interim Performance Report (IPR) for July 2024

Your HHA	
CCN	999999
HHA Name	We Love Home Health
HHA Address	999 Home Health Ln, Home Health, MD 99999
Your HHA's Cohort	Large volume

This Interim Performance Report

OASIS-based Measures:	April 1, 2023 to March 31, 2024
Claims-based Measures:	January 1, 2023 to December 31, 2023
HHCAHPS Survey-based Measures:	January 1, 2023 to December 31, 2023

Your HHA's Interim Total Performance Score (TPS): 31.136

- Agency info
- Cohort
- Interim Total Performance Score (TPS)
- Final TPS on APR
- Definition of HHVBP
- Time Periods for report
- Table of Contents, matches tabs at the bottom

Table of Contents (TOC)

Worksheet Tab	Description
Achievement	Your HHA's Achievement Points calculated using this formula: $10 \times \left(\frac{\text{HHA Performance Score} - \text{Achievement Threshold}}{\text{Benchmark} - \text{Achievement Threshold}} \right)$
Improvement	Your HHA's Improvement Points calculated using this formula: $9 \times \left(\frac{\text{HHA Performance Score} - \text{HHA Improvement Threshold}}{\text{Benchmark} - \text{HHA Improvement Threshold}} \right)$
Care Points	Your HHA's total points based on the higher of your HHA's Achievement or Improvement Points
Measure Scorecard	Scorecard demonstrating the calculation of your HHA's Total Performance Score (TPS) and how it compares to HHAs in your HHA's cohort
TNC Change Reference	Your HHA's performance on individual OASIS items composing the Total Normal Last Composite (TNC) change measures

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Achievement Tab & Points

Median | Top Decile

Measure	Performance Year Data Period [a] (12-Month End Date)	Your HHA's Performance Year Measure Value [b]	Your Cohort's Achievement Threshold [c]	Your Cohort's Benchmark [d]	Your HHA's Achievement Points [e]	Maximum Possible Achievement Points
OASIS-based Measures						
Discharged to Community	03-31-2024	77.184	72.652	84.249	3.908	10.000
Improvement in Dyspnea	03-31-2024	98.378	86.305	98.512	9.890	10.000
Improvement in Management of Oral Medications	03-31-2024	96.333	80.990	97.899	9.074	10.000
Total Normalized Composite (TNC) Change in Mobility	03-31-2024	0.901	0.744	1.011	5.880	10.000
Total Normalized Composite (TNC) Change in Self-Care	03-31-2024	2.527	2.123	2.733	6.623	10.000
Claims-based Measures						
Acute Care Hospitalizations	12-31-2023	15.215	13.907	7.773	0.000	10.000
Emergency Department Use Without Hospitalization	12-31-2023	13.167	11.782	4.689	0.000	10.000
HHCAHPS Survey-based Measures						
Care of Patients	12-31-2023	88.003	89.254	94.448	0.000	10.000
Communications Between Providers and Patients	12-31-2023	88.537	86.626	93.036	2.981	10.000
Specific Care Issues	12-31-2023	78.395	82.048	91.198	0.000	10.000
Overall Rating of Home Health Care	12-31-2023	85.487	85.941	94.337	0.000	10.000
Willingness to Recommend the Agency	12-31-2023	79.378	79.986	91.202	0.000	10.000

Achievement Points = **10** x (HHA Performance Score − Achievement Threshold) / (Benchmark − Achievement Threshold)

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Improvement Tab & Points

2022 | Top Decile

Measure	Performance Year Data Period [a] (12-Month End Date)	Baseline Year Data Period [b] (12-Month End Date)	Your HHA's Performance Year Measure Value [c]	Your HHA's Improvement Threshold [d]	Your Cohort's Benchmark [e]	Your HHA's Improvement Points [f]	Maximum Possible Improvement Points
OASIS-based Measures							
Discharged to Community	03-31-2024	12-31-2022	77.184	77.451	84.249	0.000	9.000
Improvement in Dyspnea	03-31-2024	12-31-2022	98.378	94.509	98.512	8.699	9.000
Improvement in Management of Oral Medications	03-31-2024	12-31-2022	96.333	84.062	97.899	7.981	9.000
Total Normalized Composite (TNC) Change in Mobility	03-31-2024	12-31-2022	0.901	0.764	1.011	4.992	9.000
Total Normalized Composite (TNC) Change in Self-Care	03-31-2024	12-31-2022	2.527	2.234	2.733	5.285	9.000
Claims-based Measures							
Acute Care Hospitalizations	12-31-2023	12-31-2022	15.215	11.403	7.773	0.000	9.000
Emergency Department Use Without Hospitalization	12-31-2023	12-31-2022	13.167	19.728	4.689	3.926	9.000
HHCAHPS Survey-based Measures							
Care of Patients	12-31-2023	12-31-2022	88.003	91.990	94.448	0.000	9.000
Communications Between Providers and Patients	12-31-2023	12-31-2022	88.537	88.667	93.036	0.000	9.000
Specific Care Issues	12-31-2023	12-31-2022	78.395	81.563	91.198	0.000	9.000
Overall Rating of Home Health Care	12-31-2023	12-31-2022	85.487	87.710	94.337	0.000	9.000
Willingness to Recommend the Agency	12-31-2023	12-31-2022	79.378	89.282	91.202	0.000	9.000

Improvement Points = **9** x (HHA Performance Score − Improvement Threshold) / (Benchmark − Improvement Threshold)

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Care Points Tab

Measure	Sufficient Data for Measure Inclusion?	Your HHA's Achievement Points	Your HHA's Improvement Points	Your HHA's Care Points [a]	Your HHA's Percentile Ranking Within Your HHA's Cohort [b]
OASIS-based Measures					
Discharged to Community	Yes	3.908	0.000	3.908	50-74
Improvement in Dyspnea	Yes	9.890	8.699	9.890	≥75
Improvement in Management of Oral Medications	Yes	9.074	7.981	9.074	≥75
Total Normalized Composite (TNC) Change in Mobility	Yes	5.880	4.992	5.880	50-74
Total Normalized Composite (TNC) Change in Self-Care	Yes	6.623	5.285	6.623	≥75
Claims-based Measures					
Acute Care Hospitalizations	Yes	0.000	0.000	0.000	<25
Emergency Department Use Without Hospitalization	Yes	0.000	3.926	3.926	50-74
HHCAHPS Survey-based Measures					
Care of Patients	Yes	0.000	0.000	0.000	<25
Communications Between Providers and Patients	Yes	2.981	0.000	2.981	50-74
Specific Care Issues	Yes	0.000	0.000	0.000	<25
Overall Rating of Home Health Care	Yes	0.000	0.000	0.000	<25
Willingness to Recommend the Agency	Yes	0.000	0.000	0.000	<25
Number of Measures Included	12		Summed Care Points:	42.282	50-74

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Measure Scorecard

Measure	Your HHA's Care Points	Maximum Possible Points	Measure Weight [a]	Your HHA's Weighted Measure Points [b]
OASIS-based Measures				
Discharged to Community	0.000	10.000	5.833	0.000
Improvement in Dyspnea	6.667	10.000	5.833	3.889
Improvement in Management of Oral Medications	7.756	10.000	5.833	4.524
Total Normalized Composite (TNC) Change in Mobility	5.476	10.000	8.750	4.792
Total Normalized Composite (TNC) Change in Self-Care	6.803	10.000	8.750	5.953
Sum of OASIS-based Measures	**26.702**	**50.000**	**35.000**	**19.158**
Claims-based Measures				
Acute Care Hospitalizations	0.000	10.000	26.250	0.000
Emergency Department Use Without Hospitalization	1.579	10.000	8.750	1.382
Sum of Claims-based Measures	**1.579**	**20.000**	**35.000**	**1.382**
HHCAHPS Survey-based Measures				
Care of Patients	3.231	10.000	6.000	1.939
Communications Between Providers and Patients	1.219	10.000	6.000	0.731
Specific Care Issues	4.185	10.000	6.000	2.511
Overall Rating of Home Health Care	2.550	10.000	6.000	1.530
Willingness to Recommend the Agency	2.169	10.000	6.000	1.301
Sum of HHCAHPS Survey-based Measures	**13.354**	**50.000**	**30.000**	**8.013**
Sum of All Measures	**41.635**	**120.000**	**100.000**	**28.552**

TPS Statistics for Your HHA's Cohort	
Number of HHAs in Your HHA's Cohort	6,630
25th Percentile	22.742
50th Percentile	32.139
75th Percentile	43.078
99th Percentile	76.153

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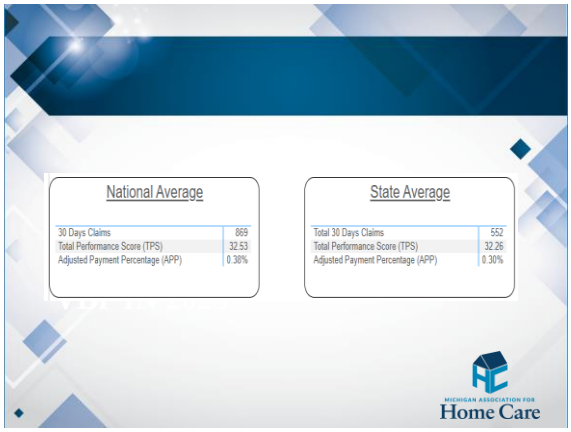
National Average
30 Days Claims 869
Total Performance Score (TPS) 32.53
Adjusted Payment Percentage (APP) 0.38%
State Average
Total 30 Days Claims 552
Total Performance Score (TPS) 32.26
Adjusted Payment Percentage (APP) 0.30%
Home Care

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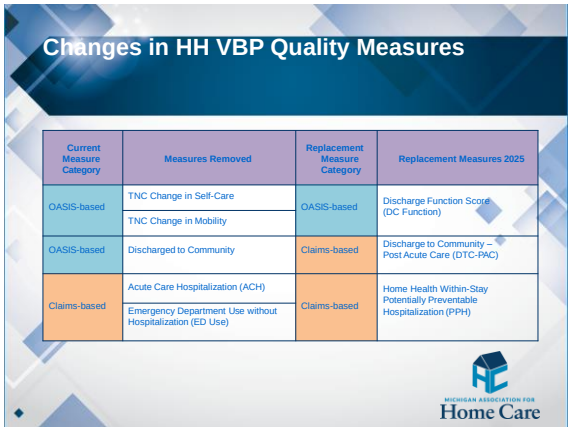
Changes in HH VBP Quality Measures
Current Measure Category
Measures Removed
Replacement Measure Category
Replacement Measures 2025
OASIS-based
TNC Change in Self-Care
TNC Change in Mobility
OASIS-based
Discharge Function Score (DC Function)
OASIS-based
Discharged to Community
Claims-based
Discharge to Community – Post Acute Care (DTC-PAC)
Claims-based
Acute Care Hospitalization (ACH)
Emergency Department Use without Hospitalization (ED Use)
Claims-based
Home Health Within-Stay Potentially Preventable Hospitalization (PPH)
Home Care

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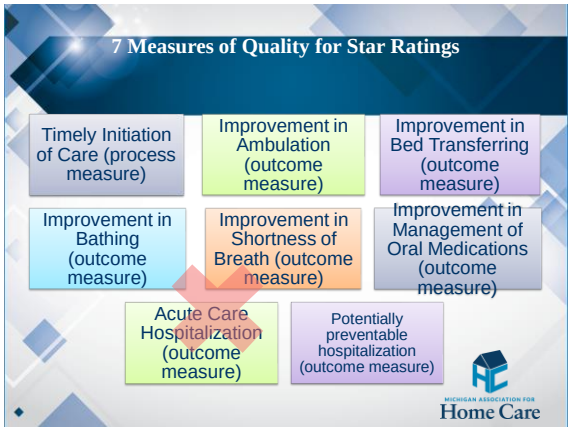
7 Measures of Quality for Star Ratings
Timely Initiation of Care (process measure)
Improvement in Ambulation (outcome measure)
Improvement in Bed Transferring (outcome measure)
Improvement in Bathing (outcome measure)
Improvement in Shortness of Breath (outcome measure)
Improvement in Management of Oral Medications (outcome measure)
Acute Care Hospitalization (outcome measure)
Potentially preventable hospitalization (outcome measure)
Home Care

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Model Baseline Year Change

Update the Model baseline year from CY 2022 to CY 2023 starting in the CY 2025 performance year to enable CMS to measure competing HHAs performance on benchmarks and achievement thresholds that are more current for the proposed applicable measure set.

TABLE D6: DATA PERIODS USED UNDER THE PROPOSED MEASURE SET FOR PERFORMANCE YEAR CY 2025 AND PAYMENT YEAR CY 2027

Measure	Data Period	Data Period Used for Model Baseline Year*	Data Period Used for Performance Year	Payment Year
OASIS-based Measures				
Improvement in Dyspnea	1-year	CY 2023	CY 2025	CY 2027
Improvement in Management of Oral Medications	1-year	CY 2023	CY 2025	CY 2027
DC Function	1-year	CY 2023	CY 2025	CY 2027
Claims-based Measures				
Potentially Preventable Hospitalizations	1-year	CY 2023	CY 2025	CY 2027
Discharge to Community-Post Acute Care	2-year	CY 2022/2023	CY 2024/2025	CY 2027
HHC AHPS Survey-based Measures				
Care of Patients	1-year	CY 2023	CY 2025	CY 2027
Communications Between Providers and Patients	1-year	CY 2023	CY 2025	CY 2027
Specific Care Issues	1-year	CY 2023	CY 2025	CY 2027
Overall Rating of Home Health Care	1-year	CY 2023	CY 2025	CY 2027
Willingness to Recommend the Agency	1-year	CY 2023	CY 2025	CY 2027

*Beginning with performance year CY 2025, the baseline year and AT/BMs would be updated to CY 2023 for all remaining measures from the initial measure set.

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Achievement Thresholds & Benchmarks for 2023 & 2024

Final Achievement Thresholds and Benchmarks 2023 & 2024 Performance Years

Measure	2022 Data Period (12-Month End Date)	Achievement Threshold [c]		Benchmark [c]	
		Smaller-volume Cohort	Larger-volume Cohort	Smaller-volume Cohort	Larger-volume
		Number to Beat		Goal = Full Points	
		Median		Top Decile	
OASIS-based Measures					
Discharged to Community	12-31-2022	66.012	72.652	88.914	84.249
Improvement in Dyspnea	12-31-2022	74.818	86.305	99.991	98.512
Improvement in Management of Oral Medications	12-31-2022	68.978	80.990	99.409	97.899
Total Normalized Composite (TNC) Change in Mobility	12-31-2022	0.605	0.744	0.987	1.011
Total Normalized Composite (TNC) Change in Self-Care	12-31-2022	1.726	2.123	2.773	2.733
Claims-based Measures					
Acute Care Hospitalizations	12-31-2022	12.011	13.907	4.869	7.773
Emergency Department Use Without Hospitalization	12-31-2022	8.327	11.782	1.245	4.689
HHCAHPS Survey-based Measures					
Care of Patients	12-31-2022	-	89.254	-	94.448
Communications Between Providers and Patients	12-31-2022	-	86.626	-	93.036
Specific Care Issues	12-31-2022	-	82.048	-	91.198
Overall Rating of Home Health Care	12-31-2022	-	85.941	-	94.337
Willingness to Recommend the Agency	12-31-2022	-	79.986	-	91.202

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Achievement Thresholds & Benchmarks for 2025

Upcoming!

LARGE Volume Cohort Achievement Thresholds and Benchmarks

Measure	New Baseline Data Period 2023	Achievement Threshold		Benchmark	
		2023/2024 Performance Years	Preliminary 2025 Performance Year	2023/2024 Performance Years	Preliminary 2025 Performance Year
		Median		Top Decile	
		Number to Beat		Goal = Full Points	
OASIS-based Measures					
Discharge Function (DC Function)	12-31-2023	NA	62.350	NA	83.179
Improvement in Dyspnea	12-31-2023	86.305	89.672	98.512	99.422
Improvement in Management of Oral Medications	12-31-2023	80.990	85.175	97.899	98.746
Claims-based Measures					
Discharge to Community – Post Acute Care (DTC-PAC)	12-31-2023	NA	80.510	NA	90.123
Potentially Preventable Hospitalizations (PPH)	12-31-2023	NA	9.760	NA	6.081
HHCAHPS Survey-based Measures					
Care of Patients	12-31-2023	89.254	89.507	94.448	94.585
Communications Between Providers and Patients	12-31-2023	86.626	86.821	93.036	93.192
Specific Care Issues	12-31-2023	82.048	82.373	91.198	91.297
Overall Rating of Home Health Care	12-31-2023	85.941	86.328	94.337	94.687
Willingness to Recommend the Agency	12-31-2023	79.986	80.226	91.202	91.391

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Compare Achievement Thresholds

2024

OASIS-based Measures		
~~Discharged to Community~~	[illegible]	[illegible]
Improvement in Dyspnea	83.306	98.512
Improvement in Management of Oral Medications	80.980	97.899
~~Total Normalized Composite (TNC) Change in Mobility~~	0.244	1.011
~~Total Normalized Composite (TNC) Change in Self-Care~~	[illegible]	[illegible]
Claims-based Measures		
Acute Care Hospitalizations	13.807	7.779
Emergency Department Use Without Hospitalization	11.782	4.684
HHCAHPS Survey-based Measures		
Care of Patients	89.264	94.478
Communications between Providers and Patients	86.826	93.036
Specific Care Issues	87.063	91.144
Overall Rating of Home Health Care	83.841	94.387
Willingness to Recommend the Agency	79.998	91.202

2025

OASIS-based Measures		
Discharge Function (DC Function)	[illegible]	93.179
Improvement in Dyspnea	[illegible]	99.422
Improvement in Management of Oral Medications	[illegible]	98.746
Claims-based Measures		
Discharge to Community – Post Acute Care (DTC-PAC)	[illegible]	90.125
Potentially Preventable Hospitalizations (PPH)	[illegible]	6.081
HHCAHPS Survey-based Measures		
Care of Patients	[illegible]	94.565
Communications Between Providers and Patients	[illegible]	95.152
Specific Care Issues	[illegible]	91.297
Overall Rating of Home Health Care	[illegible]	94.607
Willingness to Recommend the Agency	[illegible]	91.941

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Home Health Within-Stay Potentially Preventable Hospitalization

Removed ACH and ED use measures

Measure Title	Care Compare	NQF Status	Risk Adjusted	Measure Description	Numerator	Denominator	Measure-specific Exclusions
Home Health Within-Stay Potentially Preventable Hospitalization	October 2023 or as soon as technically feasible	Not Endorsed	Yes	Home health agency-level rate of risk-adjusted potentially preventable hospitalization (PPH) or potentially preventable observation stays (PPOBS) that occur within a home health stay for all eligible stays.	The risk-adjusted prediction of the number of HH stays with at least one potentially preventable hospitalization (i.e., in an ACH/LTCH) or observation stay. For PPH, an HH stay is a sequence of HH payment episodes separated by two or fewer days. A separation between HH payment episodes greater than two days results in separate HH stays.	The risk-adjusted expected number of hospitalizations or observation stays. This estimate includes risk adjustment for patient characteristics with the HHA effect removed. The "expected" number of hospitalizations or observation stays is the projected number of risk-adjusted hospitalizations or observation stays if the same patients were treated at the average HHA appropriate to the measure. Numerator over denominator times the national observed PPH rate equals the reported risk-standardized rate.	1) Stays where the patients are less than 18 years old. 2) Stays where the patients were not continuously enrolled in Part A FFS Medicare for the 12 months prior to the HH admission date through the end of the home health stay. 3) Stays that begin with a Low Utilization Payment Adjustment (LUPA) claim. 4) Stays where the patient receives service from multiple agencies during the home health stay. 5) Stays where the information required for risk adjustment is missing. If one of the four conditions occur, the stays will be excluded: • Missing beneficiary's birth date information. • Beneficiary has gender other than male or female. • Missing payment authorization code information. • Beneficiary has Medicare Status Code other than the following: o Aged without ESRD o Aged with ESRD o Disabled without ESRD o Disabled with ESRD o ESRD only

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Risk Factor 1: Demographics

Demographic Covariates

Age and Sex: Age-sex interaction covariates allow the model to account for the differing effects of age on the outcomes for each sex. Age is subdivided into 12 bins for each sex: ages 18-34, 35-44, 45-54, five-year age bins from 55 to 94, and one bin for ages over 95.

- The reference group is Male 65-69.

Enrollment Status: Original reason for Medicare entitlement:

- Age (reference)
- Disability
- ESRD

Functional Impairment Levels: Based on PDGM calculated functional impairment score/level.

- Medium (reference)
- Low
- High

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Risk Factor 2: Care Received during the Prior Proximal Hospitalization

Covariates account for immediate prior care setting, principal Dx, and procedures

Length of Prior Proximal Hospitalization:

- 0-7 days (reference)
- ≥ 8 days

Clinical Classification Software (CCS) during Prior Proximal Hospitalization:

- Relies on CCS diagnosis and procedure groups to adjust for beneficiary health status during a prior proximal hospitalization, if a prior proximal hospitalization occurred.
- CCS diagnosis groups are defined using principal diagnosis codes from the prior proximal hospitalization.
- CCS procedure groups are defined using procedure codes recorded during the prior proximal hospitalization.

CCS Diagnosis Groups
No CCS Diagnosis due to No Prior Proximal Hospitalization (Reference)
Septicemia (except in labor) (CCS Diagnosis 2)
Mycoses (CCS Diagnosis 4)
Other and unspecified benign neoplasm (CCS Diagnosis 47)

CCS Procedure Groups
Incision and excision of CNS (CCS Procedural 1)
Insertion; replacement; or removal of extracranial ventricular shunt (CCS Procedural 2)
Laminectomy; excision intervertebral disc (CCS Procedural 3)

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Risk Factor 3: Other Care Received within One Year of Stay

Covariates account for Prior Care Number of Stays and Comorbidities (HCC)

Covariate	Time Frame
Number of Prior Acute Discharges	In the past year, excluding those within 30 days prior to SOC/ROC
0 Prior Acute Discharges (Reference)	
1 Prior Acute Discharge	
2 Prior Acute Discharge	
3 Prior Acute Discharge	
4 Prior Acute Discharge	
5+ Prior Acute Discharges	

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Risk Factor 3: Other Care Received within One Year of Stay

Covariate	Time Frame
Number of Outpatient Emergency Department Visits	Within 1 year of HH Stay
0 Outpatient ED Visits (Reference)	
≥ 1 Outpatient ED Visit	
Number of Skilled Nursing Facility (SNF) Visits	
0 SNF Visits (Reference)	
≥ 1 SNF Visits	
Number of Inpatient Rehabilitation Facility (IRF) Visits	
0 IRF Visits (Reference)	
≥ 1 IRF Visits	
Number of Long-term Care Hospital (LTCH) Visits	
0 LTCH Visits (Reference)	
≥ 1 LTCH Visits	

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Risk Factor 3: Other Care Received within One Year of Stay

Covariates account for Prior Care Number of Stays and Comorbidities (HCC)

- ***Hierarchical Condition Categories (HCC) Comorbidities***: account for beneficiary health status ***within one year of the HH stay***, using the HCC framework.
- HCC comorbidities are defined using ***secondary diagnoses from the prior proximal hospitalization*** (if a prior proximal hospitalization occurred) and all other diagnoses recorded in the inpatient, outpatient, and carrier settings during ***the year prior to the home health stay.***

HCC Comorbidity
HCC8: Metastatic Cancer and Acute Leukemia
HCC9: Lung and Other Severe Cancers
HCC10: Lymphoma and Other Cancers
HCC18: Diabetes with Chronic Complications
HCC19: Diabetes without Complication
HCC21: Protein-Calorie Malnutrition
HCC28: Cirrhosis of Liver

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Discharge to Community – Post Acute Care (DTC-PAC)

Category & Source	Claims-based QM – from Medicare fee-for-service (FFS) Claims
Measure Description	This measure assesses successful discharge to the community from an HHA, with successful discharge to the community including no unplanned hospitalizations and no death in the 31 days following discharge.
Measure Calculation	**Numerator:** The risk-adjusted estimate of the number of patients who are discharged to the community, do not have an unplanned admission to an acute care hospital (ACH) or long-term care hospital (LTCH) in the 31-day post-discharge observation window, and who remain alive during the post-discharge observation window. **Denominator:** The risk-adjusted expected number of discharges to community. This estimate includes risk adjustment for patient characteristics with the HHA effect removed. The "expected" number of discharges to community is the predicted number of risk-adjusted discharges to community if the same patients were treated at the average HHA appropriate to the measure for home health stays that begin during the **two (2) year observation window**. **Risk-Standardized Rate:** Numerator over denominator times the national observed DTC-PAC rate. **Measure-specific Exclusions:** Home health stays discharged: to psychiatric hospital, against medical advice, to disaster alternative care sites or federal hospitals, court/law enforcement, or hospice; enrolled in hospice in the post-discharge observation window; not continuously enrolled in Medicare Parts A and B or enrolled in Part C; a short-term acute care stay or psychiatric stay for non-surgical treatment of cancer in the 30 days prior to PAC admission; discharge to another home health agency; or baseline nursing facility residents who return to nursing home as place of residence.

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DTC-PAC Reported Rate

$$\frac{\text{Numerator}}{\text{Denominator}} \times \text{National Observed DTC-PAC Rate} = \text{Risk-Standardized Rate}$$

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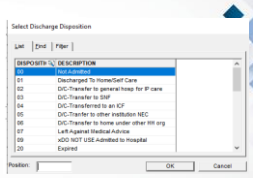
Care Compare simplifies it

- *Discharge to community*

Numerator

- Number of home health stays for patients who have a Medicare fee-for-service claim with patient discharge status codes 01 and 81, don't have an unplanned admission to an acute care hospital or LTCH in the 31-day post- discharge observation window, and who remain alive during the post-discharge observation window.



Denominator

- Number of home health stays that begin during the 2-year observation period.

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How to improve? Set the patient up for success

- Periods Per Episode (PPE)
- Recert rate
- Medication Management
- Dyspnea
- Functional Improvement
- SDoH
- REAL Discharge Planning
  - Do not discharge until goals me
  - Discharge OASIS assessment

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Periods Per Episode—What's the Impact?

2024 Data	36.9 days
Periods per Episode	1.26
Revenue per Period 2024	$2,264
Revenue per Episode 2024	$2,850
Visits per Period	10.36
Visits per Episode	13.04
Average Early Case Mix	1.25
Average Case Mix	1.17
% Early Periods	64.03%
LUPA Rate 2024	8.53%
Recert Rate	8.81%

2024 National Data	51 days
Periods per Episode	1.70
Revenue per Period 2024	$1,947
Revenue per Episode 2024	$3,308
Visits per Period	8.07
Visits per Episode	13.71
Median Early Case Mix	1.25
Median Case Mix	0.97
% Early Periods	31.04%
LUPA Rate 2024	6.96%
Recert Rate	36.54%

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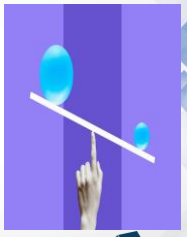
Recertification or Discharge??

- National average is 30.69% (39.66% in 2025)
- Average for 4 star and higher agencies is 31.21% (40.13% in 2025)
- Eligible for care?
  - Skilled care
  - Physician or NPP orders
  - Met all goals?
  - Patient set up for success
- Plans for Discharge—follow through with patient's personal goals
  - Dangers of the Desk DC or NBDC or BODC
- Treat OASIS as a part of the patient's ongoing health care instead of something we *have to do* for Medicare



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Role of Follow-Up Phone Calls

- Role of Tuck-In Calls
- Use follow-up phone calls to supplement visits before discharge
  - Include medications, pain and safety on all the calls
- Include follow-up calls in your documentation
- Include follow-up calls on your claim with appropriate G code (no payment)

- Continue follow-up phone calls after discharge (no bill)
  - Once per week for 30 days (include it in your discharge teaching)
  - Medications, safety and pain
  - Any changes?
- Your goals are to:

1) Anticipate any changes warranting additional care
  - New referral
  - Keep them out of the ACH/LTCH

2) Top of mind if they receive their patient satisfaction survey

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DC Function Measure: OASIS Items

Item	Item Description
GG0130A	Eating
GG0130B	Oral Hygiene
GG0130C	Toileting Hygiene
GG0170A	Roll Left and Right
GG0170C	Lying to Sitting on Side
GG0170D	Sit to Stand
GG0170E	Chair/Bed-to-Chair Transfer
GG0170F	Toilet Transfer
GG0170I	Walk 10 Feet
GG0170J	Walk 50 Feet with 2 Turns
GG0170R	Wheel 50 Feet with 2 Turns

- 10 GG items used to score 10-60
- The observed discharge functio score is the sum of individual function items at discharge if scored with a 1-6.
- *If an ANA score is used, the imputation occurs*
- Different locomotion items are used if the patient uses a wheelchair than for the remaining patients.

CMS has RFI

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Knee Surgery – Both start as a 29 – What is the expectation?

Item	Item Description	
GG0130A	Eating	6
GG0130B	Oral Hygiene	6
GG0130C	Toileting Hygiene	3
GG0170A	Roll Left and Right	2
GG0170C	Lying to Sitting on Side	2
GG0170D	Sit to Stand	2
GG0170E	Chair/Bed-to-Chair Transfer	2
GG0170F	Toilet Transfer	2
GG0170I	Walk 10 Feet	2
GG0170J	Walk 50 Feet with 2 Turns	2
GG0170R	Wheel 50 Feet with 2 Turns	

Expectation 48

Expectation 60

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Covariate Groups Used to Risk-Adjust DC Function Score

Age Category	Admission Source
Admission Function Score	Body Mass Index
Prior surgery	Risk for Hospitalization
Prior Function/Device Use	Confusion
Pressure Ulcers	Vision
Cognitive Function	Medication Management Needs
Incontinence	Supervision and Safety Sources of Assistance
Availability of Assistance and Living Arrangement	HCC Comorbidities

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ANA Codes

- *Low Scores on DC Function?*

- Audit your use of ANA Codes
  - **07:** Patient Refused
  - **10:** Not Attempted - Due to environmental limitations (e.g., lack of equipment, weather constraints)
  - **09:** Not Applicable - Patient did not perform this activity prior to the current illness, exacerbation, or injury
  - **88:** Not Attempted - Due to medical condition or safety concerns
- Educate your staff!

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iQIES Preview of HHA Quality Measure Scores to be posted on Care Compare
End Result Outcome Measures
(REPORTING PERIOD: 04/01/2023 - 03/31/2024)
Measure Name
Number of HHA Episodes Included in the Numerator
Number of HHA Episodes Included in the Denominator
Agency Average % [2]
State Average % [3]
National Average %
Improvement in Bathing
34
81
73.03
66.65
69.28
Improvement in Bed Transfer
13
53
48.97
66.01
68.09
Improvement in Ambulation/Locomotion
25
70
67.98
64.97
67.50
Discharge Function Score
63
69
93.30
70.58
67.15
Improvement in Management of Oral Medications
57
92
82.63
65.21
65.94
Improvement in Dyspnea
36
66
78.91
68.32
69.70
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury
0
115
0.00
0.38
0.25
Percent of Patients Experiencing One or More Falls with Major Injury
4
216
1.85
1.57
0.65
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iQIES Preview of HHA Quality Measure Scores to be posted on Care Compare
Claims Based Outcomes Post-Discharge [1]
Discharge To Community - Post Acute Care (PAC) Home Health Quality Reporting Program
(REPORTING PERIOD: 01/01/2022 - 12/31/2022)
Number of Discharges to Community
Number of Eligible Stays
Observed Discharge to Community Rate
Risk-Standardized Discharge to Community Rate**
National Observed Rate
Agency Performance Category
Number of HHAs that Performed Better than the National Rate
Number of HHAs that Performed No Different than the National Rate
Number of HHAs that Performed Worse than the National Rate
Number of HHAs that Have Too Few Cases for Public Reporting
998
1,285
84.22%
89.48% (87.82%, 91.43%)
76.06%
Better Than National Rate
3,545
2,900
1,002
1,744
Claims Based Outcome Within-Stay [1]
Home Health Within Stay Potentially Preventable Hospitalization Measure:
(REPORTING PERIOD: 01/01/2023 - 12/31/2023)
Number of Within Stay Hospitalizations
Number of Eligible Stays
Observed Within Stay Hospitalization Rate
Risk-Standardized Within Stay Hospitalization Rate**
National Observed Rate
Agency Performance Category
Number of HHAs that Performed Better than the National Rate
Number of HHAs that Performed No Different than the National Rate
Number of HHAs that Performed Worse than the National Rate
Number of HHAs that Have Too Few Cases for Public Reporting
20
640
4.38%
5.61% (4.17%, 7.47%)
9.90%
Better Than National Rate
751
5,797
818
2,113
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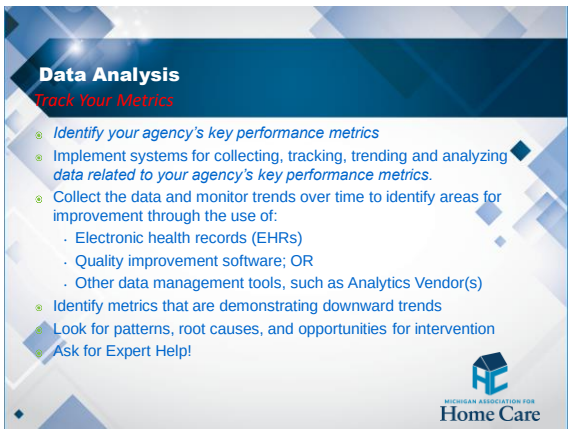
Data Analysis
Track Your Metrics
Identify your agency's key performance metrics
Implement systems for collecting, tracking, trending and analyzing data related to your agency's key performance metrics.
Collect the data and monitor trends over time to identify areas for improvement through the use of:
Electronic health records (EHRs)
Quality improvement software; OR
Other data management tools, such as Analytics Vendor(s)
Identify metrics that are demonstrating downward trends
Look for patterns, root causes, and opportunities for intervention
Ask for Expert Help!
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Strategies
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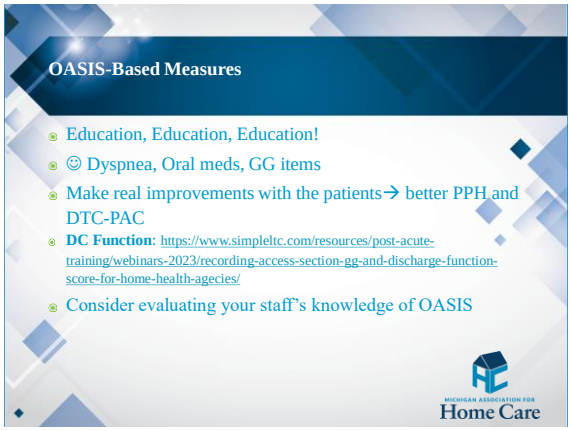
OASIS-Based Measures
Education, Education, Education!
☺ Dyspnea, Oral meds, GG items
Make real improvements with the patients→ better PPH and DTC-PAC
DC Function: https://www.simpleltc.com/resources/post-acute-training/webinars-2023/recording-access-section-gg-and-discharge-function-score-for-home-health-agecies/
Consider evaluating your staff's knowledge of OASIS
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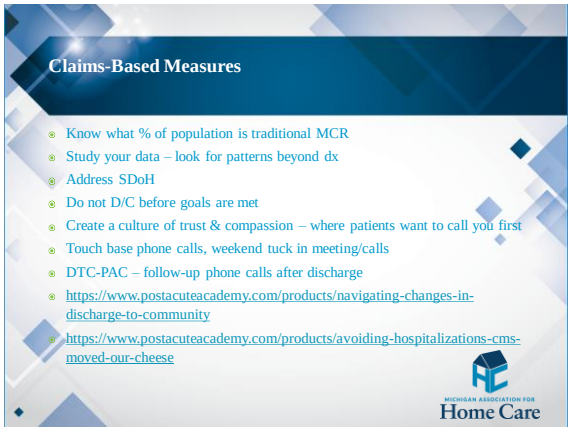
Claims-Based Measures
Know what % of population is traditional MCR
Study your data – look for patterns beyond dx
Address SDoH
Do not D/C before goals are met
Create a culture of trust & compassion – where patients want to call you first
Touch base phone calls, weekend tuck in meeting/calls
DTC-PAC – follow-up phone calls after discharge
https://www.postacuteacademy.com/products/navigating-changes-in-discharge-to-community
https://www.postacuteacademy.com/products/avoiding-hospitalizations-cms-moved-our-cheese
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Sample Data – Affects OASIS, Claims and Pt Satisfaction

2025 Data	
Periods per Episode	1.38
Revenue per Period	$1,653
Revenue per Episode	$2,275
Visits per Period	7.99
Visits per Episode	11.00
Percent Early Periods	57.56%
Average Early Case Mix	1.19
Average Case Mix	1.02
LUPA Rate	14.15%
Percent Outliers	9.94%
Percent Functional Low	73.58%
Percent Functional Medium	17.05%
Percent Functional High	9.38%
Average Wage Index	0.84
Recert Rate	12.08%

2025 National Data	
Periods per Episode	1.68
Revenue per Period	$1,920
Revenue per Episode	$3,219
Visits per Period	7.98
Visits per Episode	13.39
Percent Early Periods	30.64%
Average Early Case Mix	1.19
Average Case Mix	0.96
LUPA Rate	6.84%
Percent Outliers	4.98%
Percent Functional Low	29.66%
Percent Functional Medium	31.88%
Percent Functional High	38.46%
Average Wage Index	0.99
Recert Rate	30.69%

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HHCAHPS

- Is your vendor doing mailings, phone calls or combo?
- What is your response rate?
- Customer service training with staff
- Can you give us a 10 for this visit?
- Touch base phone calls during episode and after
- Copy of envelope in the admission packet
- Stickers on computer, magnet on fridge
- Continuity of care
- https://www.simpleltc.com/resources/post-acute-training/webinars-2024/recording-access-personalizing-patient-care/

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Where Are My reports?

- CMS will notify HHAs via email when new reports are available.
- HHVBP Reports are available on the iQIES portal: https://iqies.cms.gov/
- Log in, go to *My Reports* → *HHA Provider Preview Reports* folder → select report → download as an excel
- Available reports include IPR and APR. **APR Final 2024 is the most current data for APRs!**
- Check you April IPR—how did you do on the OASIS measures?
- July IPR will include the first quarter of 2025. How are you doing on the DC Function?

https://www.cms.gov/priorities/innovation/media/document/hhvbp-exp-reports-access-instr

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Questions??
LisaSelman-Holman@McBeeAssociates.com
Home Care

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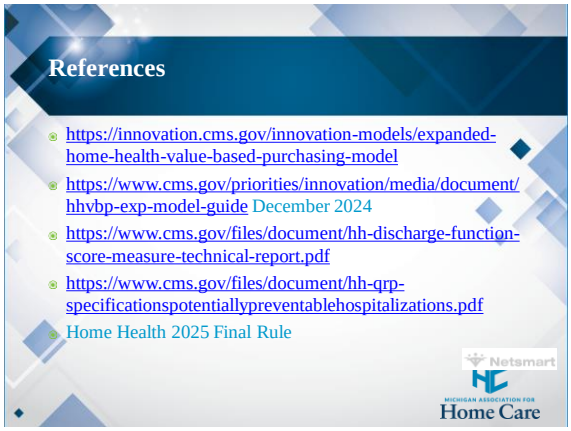
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https://www.cms.gov/priorities/innovation/media/document/hhvbp-exp-model-guide December 2024
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Home Health 2025 Final Rule
Netsmart
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The End
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