

# QUARTERLY OASIS UPDATE

October 18, 2023

October 2023



PRESENTED BY: OASIS ANSWERS, INC.



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## Presenters

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# SESSION HANDOUTS:

OAI Quarterly OASIS Update Slides 

CMS October 2023 OASIS Quarterly Q&As 

Application Scenarios 

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# AGENDA:

## OASIS Answers Updates

### CMS Updates

#### Highlights

- OIG Home Health Falls Report
- Health Equity Confidential Feedback Reports
- HHVBP Update - Interim Performance Reports
- Potentially Preventable Hospitalization Measure Review

#### Feature Presentation

- Review of NEW October 2023 CMS Quarterly OASIS Q&As
- Application Scenarios – October 2023 CMS Quarterly OASIS Q&As

#### Participant Questions and Answers

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# U.S. Dept. of Health and Human Services Office of Inspector General (OIG) Home Health Falls Report: Implications for OASIS Accuracy



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## OIG Home Health Falls Report



- Office of Inspector General (OIG)
- US Department of Health and Human Services
- Established 1976
- Fights waste, fraud and abuse and to improving the efficiency of Medicare, Medicaid and more than 100 other Department of Health & Human Services (HHS) programs.
- OIG is the largest inspector general's office in the Federal Government with approximately 1,650 personnel.



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U.S. Department of Health and Human Services  
Office of Inspector General



**Home Health Agencies Failed To Report Over Half of Falls With Major Injury and Hospitalization Among Their Medicare Patients**

Ann Maxwell  
Deputy Inspector General  
for Evaluation and Inspections  
September 2023, OEI-05-22-00290



U.S. Department of Health and Human Services  
Office of Inspector General  
Issue Brief  
September 2023, OEI-05-22-00290



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# Home Health Agencies Failed To Report Over Half of Falls With Major Injury and Hospitalization among Their Medicare Patients, OIG, 9/5/2023\*

### Why did OIG conduct the review?

- To **assess quality**, information is:
  - reported by HHAs
  - publicly reported
- OIG has found problems associated with this process in the past
- **Study conducted to determine:**
  - the **extent of falls** reporting by HHAs
  - implications for the **accuracy of the falls** information on **Care Compare**

### How did OIG conduct the review?

- Identified **falls with major injury** in Medicare hospital claims for home health patients
- Checked whether the falls were reported in the **Transfer OASIS** assessments, since **HHAs are required to submit Transfer OASIS** whenever their patients are hospitalized
- Examined if **reporting rates differed** by patient or HHA characteristics, including if **HHAs had low fall rates on Care Compare**

### What did OIG find?

- **55% of falls** OIG identified in Medicare claims were **not reported** in associated OASIS assessments as required
- For many **Medicare HH patients who fell and were hospitalized**, there was **no OASIS assessment**
- HHAs with **lowest** Care Compare major injury fall rates **reported falls less often** than HHAs with higher Care Compare fall rates
- **Falls reporting on OASIS was lower for:** younger HH patients; Black, Hispanic, or Asian patients; and for-profit HHAs

### Key Takeaway

"Among Medicare home health patients hospitalized for falls with major injury, **over half of the falls were not reported on patient assessments by home health agencies (HHAs)** as required. These patient assessments are used by the Centers for Medicare & Medicaid Services (CMS) to monitor and provide public information about home health care quality. Due to this high rate of non reporting, Care Compare may not provide accurate information about the incidence of these falls."



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\*<https://oig.hhs.gov/oei/reports/OEI-05-22-00290.asp>

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# OIG Recommendations\*

### For CMS to:

1. Take steps to **ensure completeness and accuracy of HHA-reported OASIS data** used to calculate falls with major injury quality measure
2. **Use data sources** in addition to OASIS assessments, to improve the accuracy of the quality measure related to falls with major injury
3. **Ensure that HHAs submit required OASIS assessments** when their patients are hospitalized
4. Explore whether **improvements to the quality measure related to falls** can also be used to **improve the accuracy of other home health measures**.

**CMS concurred with all four recommendations**



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\*DHHS, OIG. (2023, Sept 5) Home Health Agencies Failed to Report Over Half of Falls with Major Injury and Hospitalization Among Their Medicare Patients. <https://oig.hhs.gov/oei/reports/OEI-05-22-00290.asp>

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## Percent of Patients Experiencing One or More Falls with Major Injury

Description: Percentage of quality episodes in which the patient experiences one or more falls with major injury (defined as bone fractures, joint dislocations, and closed-head injuries with altered consciousness, or subdural hematoma) during the home health quality episode.\*

<b>OASIS-E Items Used</b>	M0100. Reason for Assessment J1800. Any falls since SOC/ROC J1900. Number of falls since SOC/ROC
<b>Numerator</b>	Number of quality episodes in which the patient experienced one or more falls since SOC/ROC that resulted in major injury during the quality episode.
<b>Denominator</b>	All home health quality episodes, except for those meeting the exclusion criteria.
<b>Measure-specific Exclusions</b>	- Home health quality episodes during which the occurrence of falls was not assessed (J1800 = dash). OR - Home health quality episodes where the assessment indicates that a fall occurred AND the number of falls with major injury was not assessed (J1900 = dash).
<b>Publicly Reported</b>	- HHAs required to report data starting in 2019 - Measure reported on Care Compare, beginning 2022 - Care Compare: "How often patients experienced one or more falls with major injury"

\*Measure is not risk-adjusted. Falls with major injury are considered "never events" and as such are not to be risk adjusted. HH QRP QM Users Manual V2.0 (pdf), page 39. <https://www.cms.gov/files/document/hh-qrp-qm-users-manual-v20.pdf>



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## M0100. This Assessment is Currently Being Completed for the Following Reason (Reason for Assessment)



M0100. This Assessment is Currently Being Completed for the Following Reason	
Enter Code	Start/Resumption of Care
<input type="checkbox"/>	<ol style="list-style-type: none"> <li>Start of care – further visits planned</li> <li>Resumption of care (after inpatient stay)</li> </ol>
	Follow-Up
	<ol style="list-style-type: none"> <li>Recertification (follow-up) reassessment</li> <li>Other follow-up</li> </ol>
	Transfer to an Inpatient Facility
	<ol style="list-style-type: none"> <li>Transferred to an inpatient facility – patient not discharged from agency</li> <li>Transferred to an inpatient facility – patient discharged from agency</li> </ol>
	Discharge from Agency – Not to an Inpatient Facility
	<ol style="list-style-type: none"> <li>Death at home</li> <li>Discharge from agency</li> </ol>

**For this Quality Measure:**  
Denominator includes all home health quality episodes of care, defined as a:  
Start/Resumption of Care assessment  
M0100 =  
1. Start of care, or  
3. Resumption of care  
**paired with a corresponding**  
M0100 =  
6. Transfer to inpatient facility – not discharged),  
7. Transfer to inpatient facility – discharged  
8. Death at home,  
9. Discharge from agency  
other than those covered by generic and measure-specific denominator exclusions.

**Considerations for your HHA Processes:**  
OASIS assessments **not** based on in-person clinical assessments:  

- Who is responsible for completing **Transfer** and **Death at Home OASIS Assessments** (RFA 6., 7., & 8.)? Who might be assigned?
- Are they **trained in accurate coding of the OASIS items** included in these time points (RFA 6., 7., & 8.)?
- What percentage are completed **accurately** and submitted **timely**?



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# J1800. Any Falls Since SOC/ROC, and Definition of Falls

Transfer  
Death at home  
Discharge from agency

J1800. Any Falls Since SOC/ROC, whichever is more recent	
Enter Code <input type="checkbox"/>	Has the patient had any falls since SOC/ROC, whichever is more recent? 0. No → Skip to M1400, Short of Breath at DC; Skip to M2005, Medication Intervention at TRN and DAH 1. Yes → Continue to J1900, Number of Falls Since SOC/ROC

**Definition of Fall\***

- **Unintentional change in position coming to rest on the ground, floor or next lower surface.** The fall may be witnessed, reported by the patient/observer or identified when the patient is found on the floor or ground
- **An intercepted fall is considered a fall.** This occurs when the patients would have fallen if they had not been caught by themselves or had not been intercepted by another person
- Falls are **not a result of an overwhelming external force** (e.g., a patient pushes another patient)
- **Not considered a fall:** An anticipated loss of balance resulting from a supervised therapeutic intervention where the patient's balance is being intentionally challenged during balance training.



Copyright 2023 OASIS Answers, Inc. \*CMS. Outcome and Assessment Information Set: OASIS-E Manual, effective 1/1/2023 <https://www.cms.gov/files/document/oasis-e-guidance-manual51622.pdf>

# J1800. Any Falls Since SOC/ROC Coding Responses and Tips

Transfer  
Death at home  
Discharge from agency

J1800. Any Falls Since SOC/ROC, whichever is more recent	
Enter Code <input type="checkbox"/>	Has the patient had any falls since SOC/ROC, whichever is more recent? 0. No → Skip to M1400, Short of Breath at DC; Skip to M2005, Medication Intervention at TRN and DAH 1. Yes → Continue to J1900, Number of Falls Since SOC/ROC

J1800. Any Falls	
Coding Responses	<ul style="list-style-type: none"> <li>• Code 0. No, if the patient has not had any falls since the most recent SOC/ROC.</li> <li>• Code 1. Yes, if the patient has fallen since the most recent SOC/ROC, and continue to J1900. Number of Falls since SOC/ROC</li> </ul>

**Coding Tips**

*Do all your HHA staff:*

- Use the CMS OASIS-E Manual **Definition of Fall** when completing J1800?
- Report falls that **occurred at any time during the quality episode, regardless of where the fall occurred.** For example,
  - o a fall that occurred at the doctor's office during the HH quality episode would be reported
- A fall that occurred during a qualifying inpatient facility transfer (e.g., hospital or SNF) would not be reported as it did **not** occur within a HH quality episode

**Important:** Any place, any time since the most recent SOC/ROC



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# J1900. Number of Falls Since SOC/ROC, and Definitions

Transfer  
Death at home  
Discharge from agency

J1900. Number of Falls Since SOC/ROC, whichever is more recent	
↓ Enter Codes in Boxes	
<b>Coding:</b> 0. None 1. One 2. Two or more	<input type="checkbox"/> A. <b>No injury:</b> No evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the patient; no change in the patient's behavior is noted after the fall
	<input type="checkbox"/> B. <b>Injury (except major):</b> Skin tears, abrasions, lacerations, superficial bruises, hematomas, and sprains; or any fall-related injury that causes the patient to complain of pain
	<input type="checkbox"/> C. <b>Major injury:</b> Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

**Definitions of Fall-Related Injuries\***

- Injury Related to a Fall** - Any documented injury that occurred as a result of or was recognized within a short period of time (e.g., hours to a few days) after the fall and attributed to the fall.
- A. No Injury** - No evidence of any injury noted on assessment; no complaints of pain or injury by the patient; no change in the patient's behavior is noted after the fall
- B. Injury (except Major)** - Includes skin tears, abrasions, lacerations, superficial bruises, hematomas, and sprains; or any fall-related injury that causes the patient to complain of pain
- C. Major Injury** - Includes only bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma



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\*CMS. Outcome and Assessment Information Set: OASIS-E Manual, effective 1/1/2023 <https://www.cms.gov/files/document/oasis-e-guidance-manual51622.pdf>

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# J1900. Number of Falls Since SOC/ROC Coding Instructions

Transfer  
Death at home  
Discharge from agency

J1900. Number of Falls Since SOC/ROC, whichever is more recent	
↓ Enter Codes in Boxes	
<b>Coding:</b> 0. None 1. One 2. Two or more	<input type="checkbox"/> A. <b>No injury:</b> No evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the patient; no change in the patient's behavior is noted after the fall
	<input type="checkbox"/> B. <b>Injury (except major):</b> Skin tears, abrasions, lacerations, superficial bruises, hematomas, and sprains; or any fall-related injury that causes the patient to complain of pain
	<input type="checkbox"/> C. <b>Major injury:</b> Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

J1900. Number of Falls	
<b>Coding Responses</b>	<ul style="list-style-type: none"> <li>Enter Code for Number of Falls <i>in each row</i> for the Level of Injury                             <ul style="list-style-type: none"> <li>Row A: No Injury</li> <li>Row B: Injury (except major)</li> <li>Row C: Major Injury</li> </ul> </li> <li>Code <b>0. None</b> when none of the patient's falls resulted in that level of injury, in rows A, B or C</li> <li>Code <b>1. One</b> if one fall resulted in that level of injury, in rows A, B or C</li> <li>Code <b>2. Two or more</b> when two or more falls resulted in that level of injury, in rows A, B or C</li> <li>Code each fall only once. If the patient has <b>multiple injuries</b> in a single fall, <b>code the fall for the highest level of injury.</b></li> </ul>



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# J1900. Number of Falls Since SOC/ROC Coding Tips

Transfer  
Death at home  
Discharge from agency

J1900. Number of Falls Since SOC/ROC, whichever is more recent	
↓ Enter Codes in Boxes	
<b>Coding:</b> 0. None 1. One 2. Two or more	<input type="checkbox"/> A. <b>No injury:</b> No evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the patient; no change in the patient's behavior is noted after the fall
	<input type="checkbox"/> B. <b>Injury (except major):</b> Skin tears, abrasions, lacerations, superficial bruises, hematomas, and sprains; or any fall-related injury that causes the patient to complain of pain
	<input type="checkbox"/> C. <b>Major injury:</b> Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

**Coding Tips**

Do all your HHA staff:

- Use the CMS OASIS-E Manual **Definitions of Fall-Related Injuries** when completing J1900?
- Determine
  - The **number of falls** that occurred **since the most recent SOC/ROC**, and
  - For **each fall**, identify the **type of injury** that occurred, if any, and
  - Enter the **number of falls in each row**: 0. - if no falls occurred with that level of injury; 1. - if one fall occurred with that level of injury, or 2. - if two or more falls occurred with that level of injury?
- Code the **number of falls** and *not the number of injuries*? **Code the fall based on the highest level of injury?**

A dash is a valid response for this item. CMS expects dash use to be a rare occurrence.



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## Scenario

Mrs. O was admitted to home health on 12/01/2022.

On 10/10/2023, Mrs. O fell, lacerated her head, and was sent to the ER, where a head CT scan revealed a subdural hematoma. **The patient was admitted to the hospital on 10/11/2023.**

The HHA completes a Transfer OASIS; the patient is not discharged from the agency.

In addition to this fall, documentation in Mrs. O's HHA record includes another fall resulting in bruises and a laceration on her right elbow on 12/03/2022 when Mrs. O was leaving her doctor's appointment.

How should an accurate and timely Transfer OASIS be coded?

M0100. This Assessment is Currently Being Completed for the Following Reason	
Enter Code	Start/Resumption of Care
6	1. Start of care – further visits planned
	3. Resumption of care (after inpatient stay)
	Follow-Up
	4. Recertification (follow-up) reassessment
	5. Other follow-up
	Transfer to an Inpatient Facility
	6. Transferred to an inpatient facility – patient not discharged from agency
	7. Transferred to an inpatient facility – patient discharged from agency
	Discharge from Agency – Not to an Inpatient Facility
	8. Death at home
	9. Discharge from agency

The Transfer OASIS is completed within 2 days of transfer or knowledge of qualifying transfer to inpatient facility

J1800. Any Falls Since SOC/ROC, whichever is more recent	
Enter Code	Has the patient had any falls since SOC/ROC, whichever is more recent?
1	0. No → Skip to M1400, Short of Breath at DC; Skip to M2005, Medication Intervention at TRN and DAH
	1. Yes → Continue to J1900, Number of Falls Since SOC/ROC

J1900. Number of Falls Since SOC/ROC, whichever is more recent	
↓ Enter Codes in Boxes	
<b>Coding:</b> 0. None 1. One 2. Two or more	<input type="checkbox"/> A. <b>No injury:</b> No evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the patient; no change in the patient's behavior is noted after the fall
	<input type="checkbox"/> B. <b>Injury (except major):</b> Skin tears, abrasions, lacerations, superficial bruises, hematomas, and sprains; or any fall-related injury that causes the patient to complain of pain
	<input type="checkbox"/> C. <b>Major injury:</b> Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

Total Number of Falls = Two (12/03/2022 & 10/10/23)

**Will be included in QM numerator**



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# Health Equity Confidential Feedback Reports (CFRs)

Home Health QRP



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## CMS Announces PAC Health Equity Reports

**CMS**  
CENTERS FOR MEDICARE & MEDICAID SERVICES

### Post-Acute Care Quality Reporting Programs

**Coming Soon: 2023 CMS Health Equity Confidential Feedback Reports to be Released Next Month**

Next month, The Centers for Medicare & Medicaid Services (CMS) will release two new Health Equity Confidential Feedback Reports to post-acute care (PAC) providers in the Home Health (HH), Inpatient Rehabilitation Facility (IRF), Long-Term Care Hospital (LTCH), and Skilled Nursing Facility (SNF) settings: the Discharge to Community (DTC) Health Equity Confidential Feedback Report and the Medicare Spending Per Beneficiary (MSPB) Health Equity Confidential Feedback Report. The PAC Health Equity Confidential Feedback Reports will stratify the DTC and MSPB measures by dual-enrollment status and race/ethnicity.

CMS will release the Health Equity Confidential Feedback Reports through the Internet Quality Improvement & Evaluation System (IQIES) reports folders. Additionally, an educational webinar recording and fact sheet providing an overview of the Health Equity Confidential Feedback Reports will be released alongside the reports next month on each of the following post-acute care setting's pages:

- HH Training & Education [webpage](#);
- IRF Training & Education [webpage](#);
- LTCH Training & Education [webpage](#); and the
- SNF Training & Education [webpage](#).

Center for Clinical Standards and Quality

Announced  
September  
15<sup>th</sup>

Available in  
October  
2023

Stratify the current  
DTC and MSPB measures by  
1) race/ethnicity and  
2) dual enrollment status



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## Health Equity Confidential Feedback Reports for Post-Acute Care

CMS Definition:

CMS defines **health equity** as the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.

CMS Goal:

“Compare measure outcomes between Fee-for Service Medicare-Medicaid dually enrolled patients (duals) and Non-duals, as well as between Non-White and White patients.”



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### PAC Health Equity Reports FACTS



✓ Fall 2023 PAC Health Equity Confidential Feedback Reports are **confidential**, and **not publicly reported**.

✓ Measure performance period for Fall 2023 reports:

- HH: Calendar Year (CY) 2021-2022
- IRF, LTCH, and SNF: Fiscal Year (FY) 2021-2022

✓ Health Equity Confidential Feedback Reports will be **updated annually**.



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## Stratification

- ✓ Research suggests that certain **social risk factors (SRFs)**, such as having a low-income background or being of a particular race/ethnicity, may be associated with an increased risk of poor health outcomes.<sup>1</sup>
- ✓ Stratified Health Equity Confidential Feedback Reports will provide data on whether **differences in measure outcomes for patients with SRFs are occurring at your facility/agency**. Providers can use these results to develop strategies to reduce the impacts of SRFs for their patients.

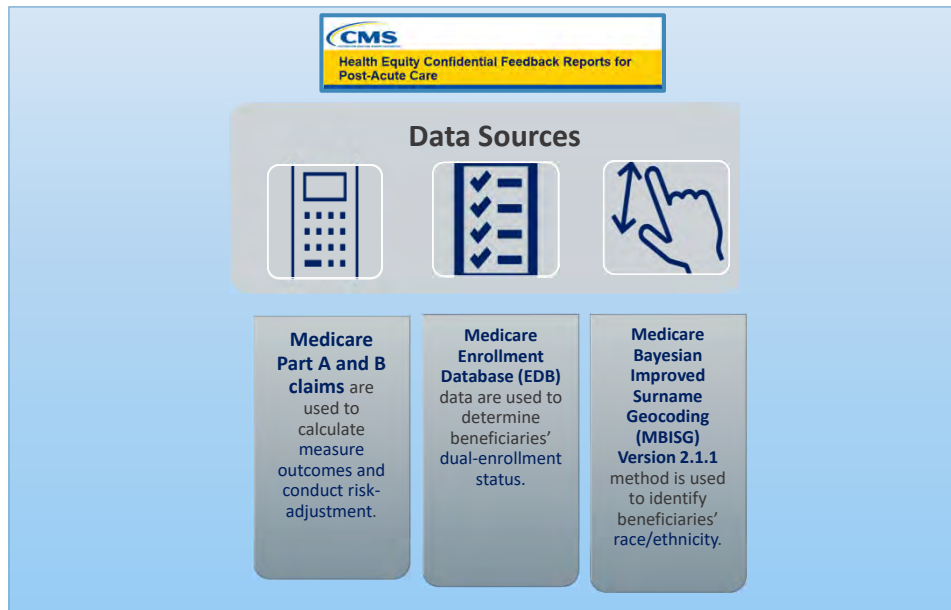
## PAC Health Equity Reports STRATIFICATION

The arrangement or classification of something into different groups



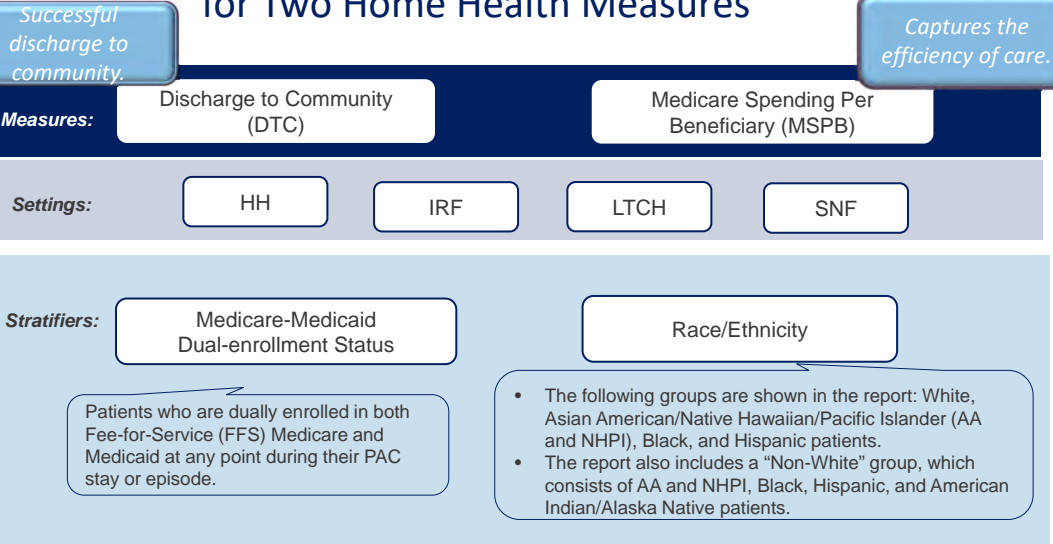
<sup>1</sup> See, for example, National Academies of Sciences, Engineering, and Medicine. *Accounting for social risk factors in Medicare payment*. Washington, DC: National Academies Press, 2017.

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## Stratified Health Equity Confidential Feedback Reports for Two Home Health Measures



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### Three Types of Comparisons are Presented in the Reports

#### Across-Provider Comparisons

Outcomes of a given population of patients at your facility/agency are compared to:

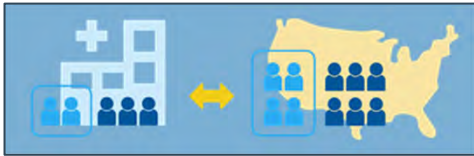
- 1 Compared to: **National Performance Among All Patients**
- 2 Compared to: **National Performance Among Same Population**

#### Within-Provider Comparisons

- 3 Comparison of outcomes **between populations at your facility/agency**

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## Across-Provider Comparisons



- 1 Compared to:  
**National Performance  
Among All Patients**
- 2 Compared to:  
**National Performance  
Among Same Population**

- **Definition:** Compare a given provider to all other providers across their same care setting (e.g., your Home Health Agency compared to all Home Health Agencies nationwide.)
- **Goal:** Compare the measure outcome for your agency patient populations to the national performance across all patients in your care setting.
- **Simple Calculation:** Your patients' performance minus the national performance.

- **Definition:** Compare stratified patient populations within the individual provider's care (e.g., your Home Health Agency Medicare-Medicaid Dual-enrollment Status (duals) patients compared to your Home Health Agency non-duals).

- **Goal:** Compare measure outcomes between patient populations within the same agency.

- **Simple Calculation:** Your HHA duals' Discharge to Community (DTC) rate minus your HHA's non-duals' DTC rate.

## Within-Provider Comparisons



- 3 Comparison of outcomes  
**between populations at  
your facility/agency**

## Accessing Your CFR Report

1. Log into iQIES
2. From the Reports menu, select My Reports
3. From the My Reports page, locate and select the **Health Equity Confidential Feedback Reports** folder link **NEW FOLDER!**
4. Displayed for you is a list of reports available for download.
5. Select the report name link to view the **Health Equity Confidential Feedback Report** data. **2 NEW REPORTS!**

If there are questions regarding accessing the Health Equity Confidential Feedback reports in iQIES, please contact the iQIES Service Center by email at [iQIES@cms.hhs.gov](mailto:iQIES@cms.hhs.gov) or by phone at (800) 339-9313

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## CMS Education and Outreach Resources:

For further information regarding the 2023 Health Equity Confidential Feedback Reports, please refer to:

- Health Equity Confidential Feedback Reports Fact Sheet (2023)
- Upcoming resources: Questions and Answers Webinar session, FAQ document, and Methodology Report (CMS release dates TBD).

- Education and Outreach materials are located here:

[HH QRP Training page](#)

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## Resources

Division of Chronic and Post-Acute Care (DCPAC), and Centers for Medicare & Medicaid Services. "Health Equity Confidential Feedback Reports for Post-Acute Care." *Education and Outreach Webinar*, 2023, [Home Health QRP Spotlight and Announcements | CMS](#).

Division of Chronic and Post-Acute Care (DCPAC), and Centers for Medicare & Medicaid Services. (2023). *Health Equity Confidential Feedback Reports: Post-Acute Care Quality Reporting Programs (PAC QRPs)*. Fact Sheet.

[iQIES Report User Manual](#)

[Post-Acute Quality Initiatives Home Page](#)



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Considerations for the Expanded HHVBP Model  
Interim Performance Reports (IPRs):

What do I need to know about the  
October 2023 IPRs?

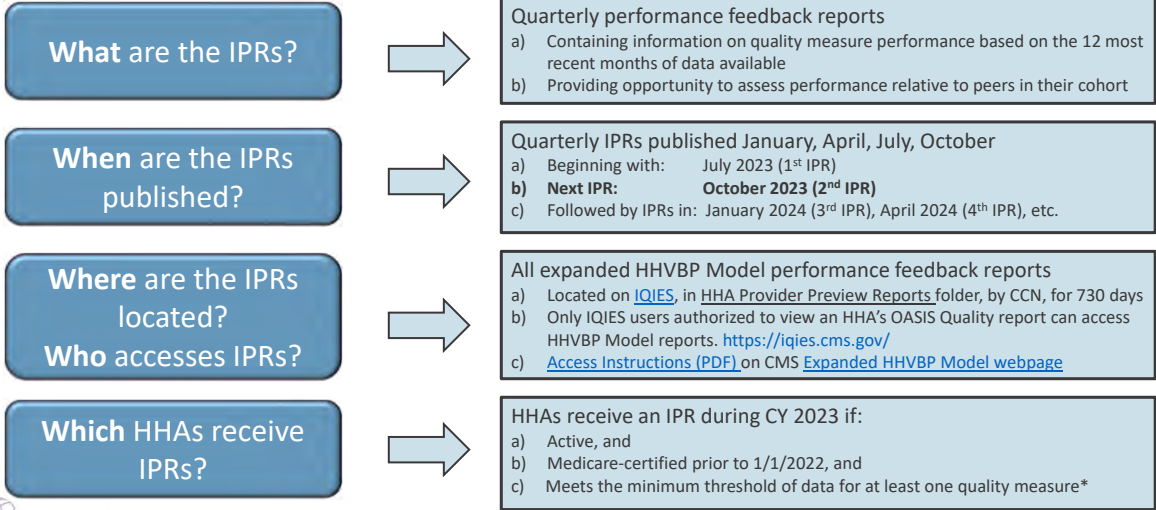
HHVBP



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# Expanded HHVBP Model: Interim Performance Reports (IPRs)



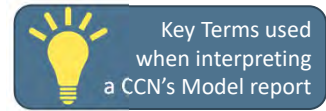
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*\*If an agency has more than one CCN which meets the criteria, a report will be available for each CCN.*

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# Expanded HHVBP Model: Glossary



Term	Description
Achievement Threshold (AT)	The <b>median (50th percentile)</b> of Medicare-certified HHAs' performance scores on <b>each</b> quality measure <b>during the designated Model baseline year</b> , calculated separately for the larger and smaller-volume cohorts. <i>Used to calculate an HHA's achievement points (score) for each measure.</i>
Benchmark (BM)	The <b>mean of the top decile (90th percentile)</b> of all Medicare-certified HHAs' performance scores on the specified quality measure during the <b>Model baseline year</b> , calculated separately for the larger and smaller-volume cohorts. <i>Used to calculate the achievement and improvement scores.</i>
Care Points	The <b>higher of achievement points or improvement points</b> for <b>each</b> measure reported in the HHA's IPR and APR. Maximum <b>achievement points = 10 points</b> . Maximum <b>improvement points = 9 points</b> .
Improvement Threshold	An individual competing <b>HHA's performance on an applicable measure</b> during the <b>HHA baseline year</b> . <i>Used to calculate an HHA's improvement points (score) for each measure.</i>
Total Performance Score (TPS)	The <b>numeric score ranging from zero to 100</b> awarded to <b>each qualifying HHA</b> , based on the performance scores for each applicable measure and the summed weighted measure points.



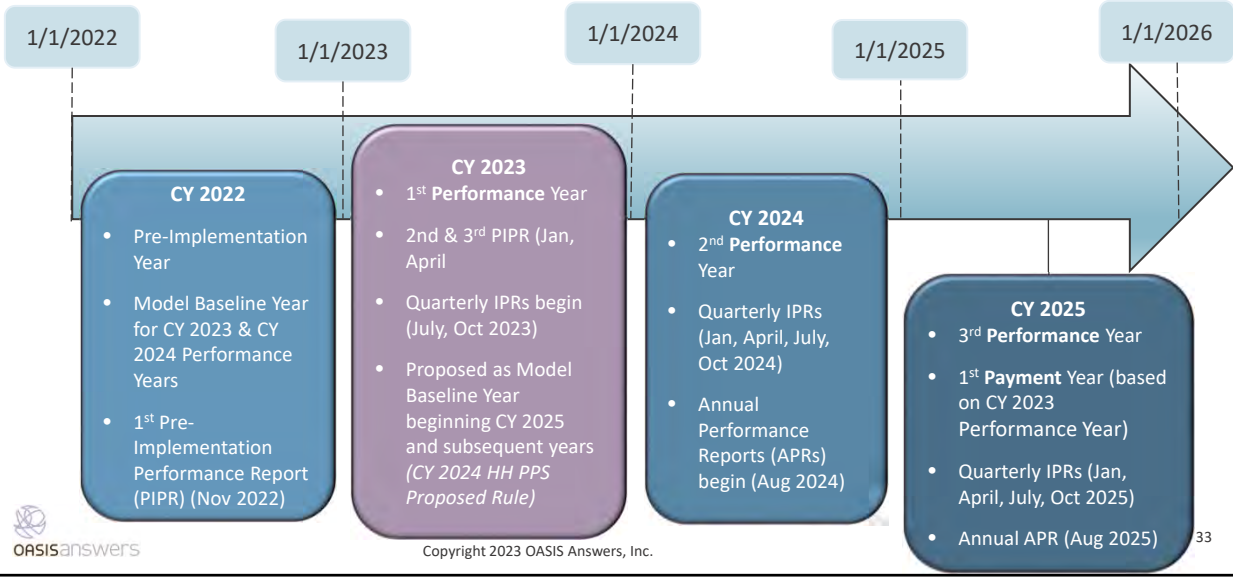
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# Expanded HHVBP Model: Performance Feedback Reports - Timeline

 Next IPR available October 2023



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## What information is provided in my home health agency's IPR?


 In Oct 2023 IPR, Care Points can be based on Achievement or Improvement in each measure

#	Tab (total of 8 tabs)	Contents	July 2023 IPR	October 2023 IPR
1	<b>Overview</b>	<ul style="list-style-type: none"> <li>CCN-specific information</li> <li>CCN's cohort assignment</li> <li>12-month data collection time period for all measures, by measure category</li> <li>CCN's Interim TPS</li> <li>Recalculation Request instructions</li> </ul>	<p><b>Data collection time periods</b></p> <p>OASIS-based: 4/1/22-3/31/23</p> <p>Claims-based and HHCAHPS Survey-based: 1/1/22-12/31/22</p>	<p><b>Data collection time periods</b></p> <p>OASIS-based: 7/1/22-6/30/23</p> <p>Claims-based and HHCAHPS Survey-based: 4/1/22-3/31/23</p>
2	<b>Achievement</b>	<ul style="list-style-type: none"> <li>Shows how well the CCN performed when compared to the performance of HHAs in their cohort during Model baseline year</li> </ul>	<p>Model baseline year = CY 2022</p> <p>Maximum possible achievement points for each measure = 10</p>	
3	<b>Improvement</b>	<ul style="list-style-type: none"> <li>Shows how well the CCN performed when compared to the CCN's own performance during their HHA baseline year</li> </ul>	<p>HHA baseline year = CY 2022</p> <p>Maximum possible improvement points for each measure = 9</p>	
4	<b>Care Points</b>	<ul style="list-style-type: none"> <li>Shows the CCN's total Care Points based on the higher of the CCN's Achievement or Improvement Points for each measure*</li> </ul>	<p><b>July 2023:</b> Improvement Points possible for <b>only</b> OASIS-based measures*</p> <p><b>July 2023:</b> Care Points in Claims &amp; HHCAHPS measure categories based <b>only</b> on <b>Achievement Points</b></p>	<p><b>Oct 2023:</b> Improvement Points possible for OASIS, Claims, &amp; HHCAHPS measures*</p> <p><b>Oct 2023:</b> Care Points in Claims &amp; HHCAHPS measure categories may be based on <b>Achievement or Improvement Points</b></p>

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# What information is provided in my home health agency's IPR? *(continued)*

 In Oct 2023 IPR, identify own interim TPS and percentile ranking in cohort

#	Tab (total of 8 tabs)	Contents	July 2023 IPR	October 2023 IPR
5	<b>Measure Scorecard</b>	Demonstrates the <b>calculation of the HHA's interim TPS</b> .  A <b>percentile ranking</b> shows how the HHA compares to other HHAs in their cohort.	The <b>HHA's interim TPS</b> is the <b>sum</b> of the HHA's weighted measure points. <ul style="list-style-type: none"> <li>For each measure, the <b>HHA's Weighted Measure Points</b> are calculated by dividing the HHA's Care Points by the Maximum Possible Points and multiplying by the Measure Weight.</li> </ul>	
6	<b>TNC Change Reference*</b>	Shows the HHA's performance on <b>individual OASIS items</b> composing TNC Mobility and TNC Self-care measures.	A reference tool showing the percent of <b>positive change, negative change, and no change</b> for the OASIS item responses for the eligible quality episodes (SOC/ROC → EOC)	
7	<b>Achievement Threshold and Benchmark*</b>	Displays the <b>final Achievement Thresholds (AT) and Benchmarks (BM)</b> by larger- and smaller-volume cohorts.	The 12-month data period is the <b>Model Baseline Year</b> : <ul style="list-style-type: none"> <li><b>CY 2022</b> --- 01/01/2022 – 12/31/2022</li> </ul>	
8	<b>Model Resources*</b>	Lists <b>expanded HHVBP Model resources</b> to assist with understanding the Model and Model reports.	All resources are accessed through the <a href="#">Expanded HHVBP Model webpage</a> .	




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*\*References and Resources to support analysis of Report*

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# What can my home health agency do NOW?

 Use information in the October IPR to improve your HHA's performance

## A. Understand the quality measures in the Model

For **Calendar Year (CY) 2023 and CY 2024**:  
12 applicable measures

- OASIS-based = 5
- Claims-based = 2
- HHCAHPS Survey-based = 5

**Proposed<sup>1</sup> beginning CY 2025 and subsequent performance years**:  
10 applicable measures

- OASIS-based = 3
- Claims-based = 2
- HHCAHPS Survey-based = 5

## B. Collect and code accurate OASIS data

Identify **OASIS items** used in **measure calculations**, including **risk adjustment**

Identify **regular training and auditing** opportunities for accurate OASIS data:

- All clinical teams
- On-boarding new staff
- Joint visits during OASIS time points
- Regular record reviews
- Small group clinical sessions: quality support time

## C. Identify how your HHA's points are determined in HHVBP

**Data** and time periods used in **measure calculations**:

- HHA's performance scores on each measure
- Achievement Points
- Achievement Threshold
- Benchmark
- Improvement Points
- Improvement Threshold
- Care Points

Your HHA's **interim TPS** and **percentile ranking in your cohort**

## D. Trend and analyze data and performance plans; update QAPI plan

**Trend** and **analyze** July 2023 and October 2023 IPR information

Include other HHA data as needed, noting the **data collection time periods** and if **risk-adjusted** or **non-risk adjusted**

**Improvement Strategies** with **key HHA stakeholders**:

- Analyze information
- Develop plan with specific goals
- Implement actions
- Regularly evaluate performance and refine plan



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<sup>1</sup>CY 2024 HH PPS proposed rule, CMS-1780-P, published July 10, 2023

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## A. Understand the Expanded HHVBP Model Measure Set



October 2023 IPR:  
12 measures if sufficient data for each measure

Measures <i>All have 1-year data periods, except DTC-PAC (2-year data period)</i>	CY 2023 (1 <sup>st</sup> ), CY 2024 (2 <sup>nd</sup> ) performance years	<i>Proposed:</i> beginning CY 2025 (3 <sup>rd</sup> ) performance year
<b>OASIS-based Measures</b>		
Discharged to Community	X	
TNC Change in Mobility	X	
TNC Change in Self-Care	X	
Improvement in Dyspnea	X	X
Improvement in Management of Oral Medications	X	X
DC Function		X
<b>Claims-based Measures</b>		
ACH	X	
ED Use	X	
Potentially Preventable Hospitalizations (PPH)		X
Discharge to Community-Post Acute Care (DTC-PAC) (2-year data period)		X
<b>HHCAHPS Survey-based Measures</b>		
Care of Patients	X	X
Communications Between Providers and Patients	X	X
Specific Care Issues	X	X
Overall Rating of Home Health Care	X	X
Willingness to Recommend the Agency	X	X



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## A. Understand the Data Included in the Quality Measures



What data are included in the October 2023 IPR?

Quality Measure Category	Data Included
<b>OASIS-based</b>	<p><b>OASIS quality episodes that end during the 12-month performance year data period</b>, determined from the date of the OASIS End of Care (EOC) assessment, e.g., Transfer, Discharge, Death.</p> <p><b>October 2023 IPR:</b> Quality episodes with EOC = 7/1/2022 – 6/30/23</p>
<b>Claims-based</b>	<p><b>Home health stays with a start date during the 12-month performance year data period.</b> Home health stays are constructed through analysis of Medicare FFS claims.</p> <p><b>October 2023 IPR:</b> Home health stays with start date = 4/1/2022 – 3/31/23</p>
<b>HHCAHPS Survey-based</b>	<p>HHCAHPS Survey participants are <b>selected or sampled from all eligible patients receiving services from an HHA during a sample month and during a 60-day lookback period.</b> HHCAHPS Survey participants can include patients discharged during the sample month, as well as those continuing to receive services. Patients are not asked to participate in the HHCAHPS Survey more than once every six (6) months.</p>



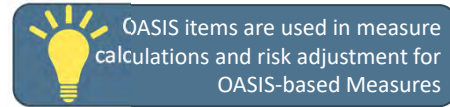
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**October 2023 IPR:** Survey participants are a sample of those who meet the criteria 4/1/2022 – 3/31/23

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## B. Accurate collection and coding of OASIS Data



Measures	OASIS Items (M0100 and M2420 are used in each measure)
Discharged to Community	M2410, M2420
TNC Change in Mobility	M1840, M1850, M1860, M1700, M1710, M1720
TNC Change in Self-Care	M1800, M1810, M1820, M1830, M1845, M1870, M1700, M1710, M1720
Improvement in Dyspnea	M1400
Improvement in Management of Oral Medications	M2020, M1700, M1710, M1720
DC Function Score (Proposed)	GG0130A, GG0130B, GG0130C, GG0170A, GG0170C, GG0170D, GG0170E, GG0170F, GG0170I, GG0170J, GG0170R

**OASIS Data Used in Risk Adjustment Calculations:**  
**OASIS-based Measures** – Risk factor adjustment includes **multiple** OASIS items, including but **not limited to:** M1000 Inpatient Facility; M1033 Risk for Hospitalization; M1100 Availability of Assistance; M1306, M1311, M1322 Pressure Ulcers; M1610 Urinary Status<sup>1</sup>  
**Claims-based Measures** – Risk Adjustment  
**HHCAHPS Survey-based Measures** – Patient-mix adjustment factors



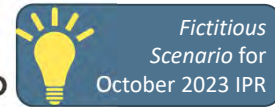
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<sup>1</sup> CMS. (2023). HH QRP Measure Calculations and Reporting User's Manual, version 2.0, Appendix A. <https://www.cms.gov/files/document/hh-qrp-qm-users-manual-v20.pdf>

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## C. Identify how Your HHA's points are determined in HHVBP



Achievement Measure	Performance Year Data Period ends	HHA's Performance Year Measure Value	Cohort's Achievement Threshold	Cohort's Benchmark	HHA's Achievement Points
Improvement In Mgmt of Oral Medications	06/30/2023	83.000	81.222	98.001	1.060
ACH	03/31/2023	13.233	13.755	8.200	0.940

Improvement Measure	Performance Year Data Period ends	HHA's Performance Year Measure Value	HHA's Improvement Threshold (uses HHA Baseline year)	Cohort's Benchmark	HHA's Improvement Points
Improvement In Mgmt of Oral Medications	06/30/2023	83.000	83.988	98.001	0.000
ACH	03/31/2023	13.233	16.005	8.200	3.196

Care Points Measure	HHA's Achievement Points	HHA's Improvement Points	HHA's Care Points	HHA's Percentile Ranking Within HHA's Cohort
Improvement In Mgmt of Oral Medications	1.060	0.000	1.060	
ACH	0.940	3.196	3.196	



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## D. Trend and evaluate Your HHA's Data and Improvement Plans



Measure	Performance Year Data Period ends	HHA's Performance Measure Value	Care Points*	Performance Year Data Period ends	HHA's Performance Measure Value	Care Points*	Action
<b>OASIS-based</b>		July 2023 IPR		October 2023 IPR			
Discharged to Community	03/31/2023	71.003	0.987/I	06/30/2023	70.215	0.000	High Priority
TNC Change in Mobility	03/31/2023	0.880	1.542/A	06/30/2023	0.910	1.544/A	Sustain
TNC Change in Self-Care	03/31/2023	2.333	4.222/A	06/30/2023	2.544	4.298/A	Sustain
Improvement in Dyspnea	03/31/2023	81.007	0.000	06/30/2023	87.901	3.007/I	Sustain
Improvement In Oral Meds	03/31/2023	82.673	1.500/A	06/30/2023	83.000	1.060/A	Sustain
<b>Claims-based</b>							
ACH	12/31/2022	14.001	0.000	03/31/2023	13.233	3.196/I	Sustain
ED Use	12/31/2022	13.237	0.000	03/31/2023	13.119	0.000	High Priority
<b>HHCAHPS Survey-based</b>							
Care of Patients	12/31/2022	89.768	1.006/A	03/31/2023	89.800	1.327/A	Sustain
Communications	12/31/2022	85.333	0.000	03/31/2023	86.113	3.004/I	Sustain
Specific Care Issues	12/31/2022	84.178	4.546/A	03/31/2023	85.860	4.729/A	Sustain
Overall Rating of HH Care	12/31/2022	86.295	2.117/A	03/31/2023	86.115	1.988/A	Reverse trend
Willingness to Recommend HHA	12/31/2022	78.237	0.000	03/31/2023	79.380	0.000	High Priority

Interim TPS = \_\_\_ Percentile Ranking = \_\_\_ Interim TPS = \_\_\_ Percentile Ranking = \_\_\_



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\*Care Points from Achievement = A or Improvement = I

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## New and Updated HHVBP Webpage and Resources!



Expanded HHVBP Model webpage with Updated Educational and Informational Resources Categories:

- Expanded HHVBP Model YouTube Playlist
- Model Overview
- FAQs, Model Guide & Resource Index
- Model Reports, including Access Instructions
- Newsletters
- Quality Measures, Care Points
- Quality Improvement
- Total Performance Score & Payment Adjustment
- Health Equity
- Regulations & Notices



Patient and Family/Caregiver Engagement: Assessment and Goal Setting

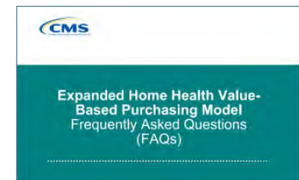
Care Transitions: Medication Management

### Quality Improvement

- Essentials Module: Patient and Family/Caregiver Engagement: Assessment and Goal Setting
  - Recording | Slides (PDF)
- Essentials Module: Care Transitions: Provider Communication
  - Recording | Slides (PDF)
- Essentials Module: Patient and Family/Caregiver Engagement: Teaching and Guidance
  - Recording | Slides (PDF)
- Essentials Module: Care Transitions: Medication Management
  - Recording | Slides (PDF)

### HHVBP Resources

- Expanded HHVBP Model YouTube Playlist
  - Expanded HHVBP Model Playlist - all recorded content for the expanded HHVBP Model is posted here
- Model Overview
  - Webinar: HHVBP Model Expansion 101 - Thursday, February 10 2:00 pm ET
    - Recording | Slides (PDF) | Transcript (PDF)
- FAQs, Model Guide & Resource Index
  - Expanded HHVBP Model Frequently Asked Questions (PDF)
  - Expanded HHVBP Model Guide - November 2022 (PDF)
  - Making the Most of HHVBP Resources Instructional Recording
  - Expanded HHVBP Model Resource Index (PDF)



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# HH Within-Stay Potentially Preventable Hospitalization (PPH)

HHVBP and HH QRP



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## HH Within-Stay Potentially Preventable Hospitalization Measure (PPH) Details

### Measure Description:

Home health agency-level rate of risk-adjusted potentially preventable hospitalization (PPH) or potentially preventable observation stay (PPOBS) that occur within a home health stay for all eligible stays

### Home Health Stay:

For the Potentially Preventable Hospitalization measure, a stay is a sequence of HH payment episodes separated from other HH payment episodes by at least two days.

### Measure Window:

The measure will be calculated using one calendar year of data. The PPH observation window begins from the start of home health stay and spans to 1 day after discharge.

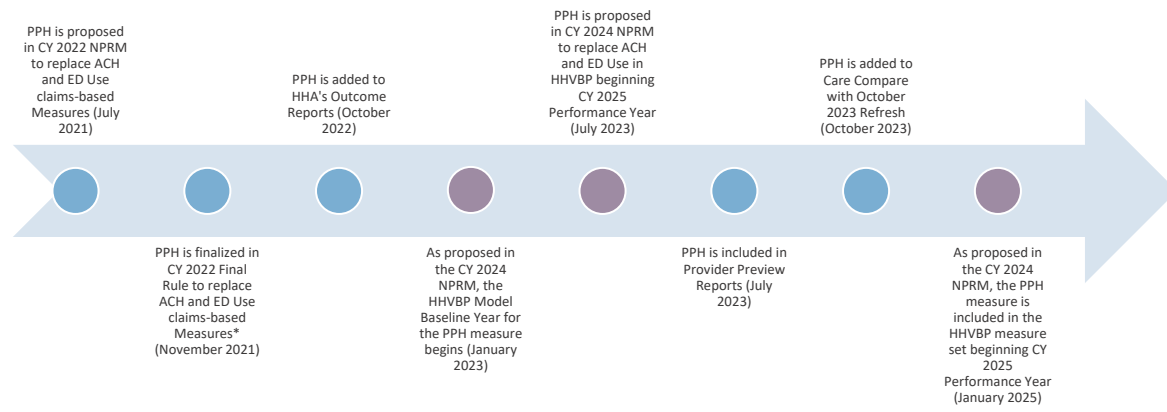
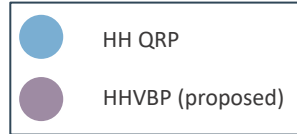


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# PPH - Timeline



\* CMS has not announced a date when ACH and ED Use will be retired.

## HH Within-Stay Potentially Preventable Hospitalization (PPH)



Claims-based measure that reports an HHA-level rate of risk-adjusted potentially preventable hospitalization (PPH) or potentially preventable observation stays (PPOBS) that occur within a HH stay\* for all eligible stays at each agency

<b>Numerator</b>	The number of patients in the denominator with at least one potentially preventable hospitalization <b>or</b> observation stay during the HH stay
<b>Denominator</b>	The risk-adjusted expected number of hospitalizations or observation stays. The “expected” number of observation stays or admissions is the projected number of risk-adjusted hospitalizations if the same patients were treated at the average HHA appropriate to the measure. <b>This population is the group of Medicare FFS HH patients whose stays end during the observation window and who are not excluded for the reasons below.</b>
<b>Exclusions</b>	<ul style="list-style-type: none"> <li>- Patients are less than 18 years old</li> <li>- Patients were not continuously enrolled in Part A FFS for the 12 months prior to the HH admission date through the end of the home health stay</li> <li>- Stays that begin with a LUPA claim</li> <li>- Patients who receive service from multiple agencies during the home health stay</li> <li>- Stays where the information required for risk adjustment is missing</li> </ul>

\*For the PPH measure, a HH stay is a sequence of HH payment episodes separated from other HH payment episodes by at least 2 days.



## Differences between PPH and PPR Measures

	Home Health <i>Within-Stay</i> Potentially Preventable Hospitalization (PPH)	Potentially Preventable 30-Day <i>Post-Discharge</i> Readmission Measure (PPR)
Measure Type	Claims-based measure 	Claims-based measure 
Measure Utilization	HH QRP and HHVBP	HH QRP
Risk-adjusted?	Yes	Yes
Numerator	Number of patients with at least one <i>potentially preventable hospitalization</i> (i.e., in an ACH/ LTCH) or <i>observation stay during the HH stay</i> .	Number of home health stays for patients with an <b>unplanned, potentially preventable readmissions in the 30-day window beginning two days after home health discharge</b> .
Denominator	The risk-adjusted expected number of hospitalizations or observation stays (the projected number of risk-adjusted hospitalizations if the same patients were treated at the average HHA appropriate to the measure)	Number of home health stays that begin during the 3-year observation period for patients who had an acute inpatient hospital discharge within the 30 days prior to the start of the HH stay and were discharged to the community from HH.
Measure Time Window	One year of data	Three years of data

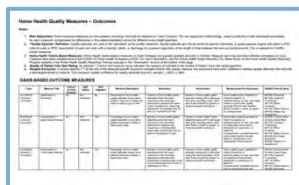
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## Resources Available for Question re: PPH Measure

Home Health Quality Measure webpage

<https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/homehealthqualityinits/home-health-quality-measures>

Home Health Quality Measures – Outcomes Table



Specifications for the Home Health Within-Stay Potentially Preventable Hospitalization Measure for the Home Health Quality Reporting Program - January 2023

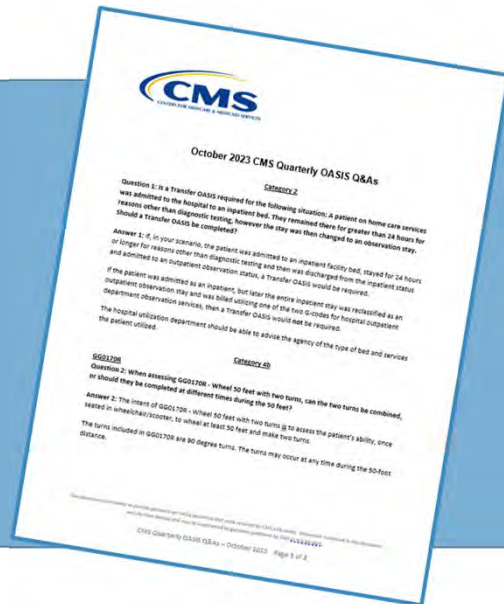


Expanded Home Health Value-Based Purchasing Model webpage

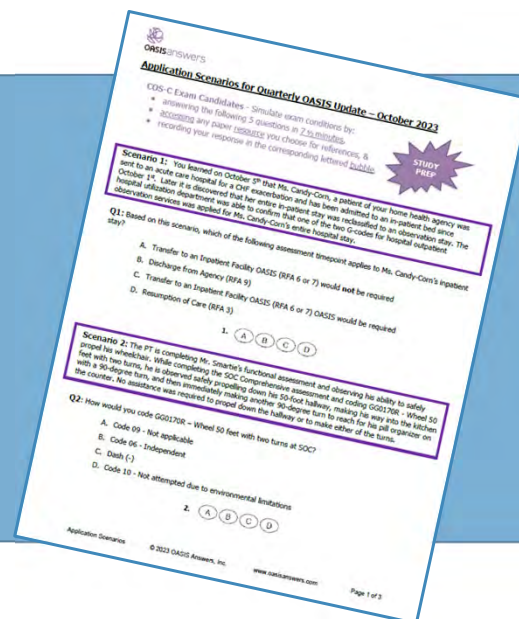
<https://www.cms.gov/priorities/innovation/innovation-models/expanded-home-health-value-based-purchasing-model>

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# October 2023 CMS Quarterly OASIS Q&As



# Application Scenarios



# Questions???

OASIS Questions that relate to existing OASIS guidance or issues otherwise not presented on today's call may be forwarded to your state's OASIS Education Coordinator:  
 OASIS Education Coordinators (by state) posted at:  
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/OASIS-Coordinators>

Questions related to quality measures or OASIS data collection may be forwarded to  
[homehealthqualityquestions@cms.hhs.gov](mailto:homehealthqualityquestions@cms.hhs.gov) (for OASIS and claims-based measures)  
 and [hhcahps@rti.org](mailto:hhcahps@rti.org) (for HH CAHPS measures).

To register for future OASIS Answers Quarterly OASIS Updates, visit [www.oasisanswers.com](http://www.oasisanswers.com) or call 425-868-2304



WORKSHOP



## 2-DAY OASIS DATA COLLECTION WORKSHOP

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Experience the comprehensive and nationally acclaimed two-day Blueprint for OASIS Accuracy workshop, presented by OASIS Answers' expert Blueprint Presenter Team.

EXAM

## COS-C EXAM

The Certificate for OASIS Specialist - Clinical (COS-C) Exam is a voluntary certificate examination that evaluates an individual's knowledge of CMS' OASIS data collection guidance.



### TESTING OPTIONS AVAILABLE:

- Paper & Pencil Test @ a Workshop Location
- Computer Based Test @ a Computer Based Testing Center

City	State	Blueprint for OASIS Accuracy 2-day workshop	COS-C Exam Administration
Scottsdale	AZ	Feb 1-2, 2023	Feb 3, 2023
Atlanta	GA	Mar 1-2, 2023	Mar 3, 2023
Houston	TX	Mar 22-23, 2023	Mar 24, 2023
Indianapolis	IN	Apr 26-27, 2023	Apr 28, 2023
Salt Lake City	UT	May 10-11, 2023	May 12, 2023
Nashville	TN	May 17-18, 2023	May 19, 2023
Portland	OR	July 12-13, 2023	July 14, 2023
Austin	TX	Sept 13-14, 2023	Sept 15, 2023
Baltimore	MD	Sept 20-21, 2023	Sept 22, 2023
Cleveland	OH	Oct 4-5, 2023	Oct 6, 2023
Boise	ID	Oct 25-26, 2023	Oct 27, 2023
Dallas	TX	Nov 1-2, 2023	Nov 3, 2023
Las Vegas	NV	Dec 6-7, 2023	Dec 8, 2023

VISIT [www.oasisanswers.com](http://www.oasisanswers.com) for more information and to register for OASIS Answers' training and testing.







RECORDED RESOURCE

# COS-C EXAM CRAM

Updated for OASIS-E

 OASIS ANSWERS

A virtual exam refresher session with interactive test questions. The webinar is organized to mimic the breakdown of the COS-C exam, with education modeled to demonstrate use of test taking strategies using CMS references. All domains of the COS-C Exam will be represented in the mock exam questions and training.

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Updated for 2023, the **OASIS Now** three-part webinar series is designed to provide important core foundational OASIS guidance to support an agency's OASIS orientation and competency program. This streamlined training is based on current OASIS guidance.

# OASIS Now



Updated January 2023

 **RECORDED** 63

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## Upcoming Teleconference Schedule

Wednesday – January 17, 2024

**1:00-2:30 Eastern**

**12:00-1:30 Central**

**11:00-12:30 Mountain**

**10:00-11:30 Pacific**



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## Nursing Contact Hours Disclosure

*This nursing continuing professional development activity was approved by Montana Nurses Association, an accredited approver with distinction by the American Nurses Credentialing Center's Commission on Accreditation.*

*Participants who attend the entire session as demonstrated by signing in and who complete the post-workshop evaluation within 15 days of the Quarterly OASIS Update event, will be awarded 1.5 contact hours. Certificates will be emailed to participants by OASIS Answers within 30 days of completion of the workshop.*

*The authors, planners, reviewers and faculty of this educational activity declare no conflicts of interest with this activity. There are no commercial interests or sponsorships related to this educational activity.*

*Please direct questions regarding this educational activity to OASIS Answers, Inc. at [oaionline@oasisanswers.com](mailto:oaionline@oasisanswers.com)*

### **Additional information**

*The certificates will be emailed to participants by OASIS Answers, Inc. to the email address provided at registration. If you do not receive your certificate within four weeks of attending the workshop, please contact OASIS Answers, Inc. at [oaionline@oasisanswers.com](mailto:oaionline@oasisanswers.com).*



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