QUARTERLY OASIS UPDATE Teleconference Series

QUARTERLY OASIS UPDATE

April 17, 2024

April 2024

PRESENTED BY: OASIS ANSWERS, INC.

OASISanswers

Presenters:

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SESSION HANDOUTS:

OAI Quarterly OASIS Update Slides

CMS April 2024 OASIS Quarterly Q&As

Application Scenarios

AGENDA:

OASIS Answers Updates

CMS Updates

- State Operations Manual, Appendix B: Revisions to Home Health Agencies (HHA)
- HHQRP Quality Measure Resources
- HHCAHPS
- Home Health Value-Based Purchasing Model

Highlights

- Application of Percent of Residents Experiencing One or More Falls with Major Injury --- Quality Measure and OASIS Coding
- Discharge to Community – Post-Acute Care --- Quality Measure

Feature Presentation

- Review of NEW April 2024 CMS Quarterly OASIS Q&As
- Application Scenarios

Participant Questions and Answers

CMS Updates

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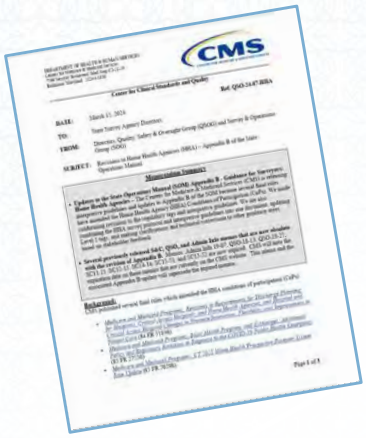
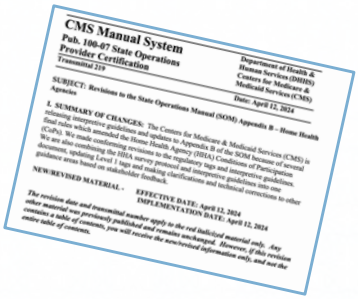
State Operations Manual, Appendix B: Revisions to Home Health Agencies



Revisions to Appendix B of the State Operations Manual can be found here (under "Downloads"):
https://www.cms.gov/medicare/health-safety-standards/quality-safety-oversight-general-information/policy-memos-states/revisions-home-health-agencies-hha-appendix-b-state-operations-manual

Online version, 4/12/24: Revisions to the State Operations Manual (SOM) Appendix B – Home Health Agencies
https://www.cms.gov/files/document/r219soma.pdf



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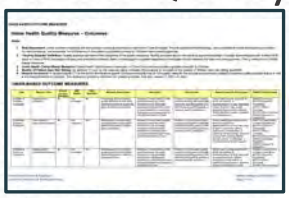
Updates

CMS Quality Measure Resources



Downloads

Home Health PAE Measures Table OASIS-E_2024 (PDF)

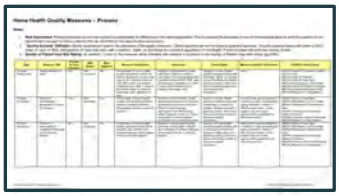
Home Health Process Measures Table_OASIS-E_2024 (PDF)

Home-Health-Outcome-Measures-Table-OASIS-E_2024 (PDF)

Risk Adjustment Technical_Specifications_2024 (PDF)

HH_Discharge Function Score_Technical_Report_2024 (PDF)

DC-Function-Imputation-Appendix-HH (XLSX)



CMS HHQRP Home Health Quality Measures webpage
https://www.cms.gov/medicare/quality/home-health/home-health-quality-measures

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Home Health Care Consumer Assessment of Healthcare Providers and Systems (CAHPS)

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Home Health Care Consumer Assessment of Healthcare Providers and Systems (CAHPS) - Review

Background

- The Home Health Care CAHPS are a collection of surveys given to patients that allows CMS to collect patient-reported data about patients' experiences with the care they received from a Medicare-certified home health agency (HHAs).
  - Comprised of 34 questions
    - 9 demographic questions
    - 25 core questions

Purpose

- To measure patient experience in a standardized format
- To incentivize HHA to provide high quality care
- To share information with consumers in a transparent manner

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Home Health Care Consumer Assessment of Healthcare Providers and Systems (CAHPS) – Eligibility Criteria

Patient eligible to be included in the survey sampling if:

**All must be true in order to be eligible.*

Patient excluded if:

- Received routine maternity care only.
- They are deceased.
- They are now receiving hospice care.
- They requested that the HHA not release any personal information.
- They have an illness or condition that their state prohibits the release of health information for that specific patient populations.

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Home Health Care Consumer Assessment of Healthcare Providers and Systems (CAHPS) – HHA Impacts

Public Reporting

- Number of completed surveys, survey response rate, measure results and a patient survey summary rating are all displayed on Care Compare
- Agency measure results are compared to state and national averages
- Rolling 4 quarters of data are updated and reported each quarter

Patient Survey Star Rating

- 5-star rating on Care Compare
- Average of 4 survey measures for a home health agency
- Need at least 40 patient surveys for a given data collection period

Home Health Value Based Purchasing (VBP)

- CAHPS measures, in combination with OASIS-based and claims-based measures, are used to calculate a home health agency's Total Performance Score (TPS)
- Home Health CAHPS survey-eligible beneficiaries are also used to determine smaller-volume or larger-volume cohort placement

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Home Health Care Consumer Assessment of Healthcare Providers and Systems (CAHPS) – HHCAHPS Fact Sheet

We care about your home health care experience.

[HHA NAME] is collecting feedback from patients who use our agency. The survey asks patients like you about their home health care and if they would recommend the agency to someone else. Your feedback will help us improve our care.

If you receive a survey in the mail or a phone call from **[INSERT VENDOR NAME]**, please take a few minutes to share your experience about the care you received from our agency.

Your voice matters!

- Visit medicare.gov/care-compare to find and compare the quality of home health care agencies across the country.

Your answers will help us improve the quality of our care and help others choose a home health agency! Your participation in the survey is voluntary and your information is kept private by law. No one will be able to connect your answers to your name.

Thank you in advance for your feedback!

[INSERT AGENCY LOGO HERE]

[INSERT VENDOR OR CMS LOGO HERE]

- CMS encourages agencies to include the fact sheet in the initial patient information packet
- Available in English and Spanish
- Agencies should personalize the fact sheet with their agency name, their vendor's name, their agency logo and the vendor's or CMS logo.

For additional information, please reference the HHCAHPS Survey Protocols & Guidelines Manual

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Home Health Care Consumer Assessment of Healthcare Providers and Systems (CAHPS) – Improving Patient Participation

Agencies CAN

- Provide their patients with the official HHCAHPS Fact Sheet found on Home Health Care CAHPS (homehealthcahps.org).
- Contact the Home Health Care CAHPS Help Desk (hhcahps@rti.org) for additional information related to improving patient participation or for clarification on proper use of the fact sheet.
- Encourage patients to utilize the phone number on their mailed surveys to confirm that the mailing is from the federal government

Agencies CAN NOT

- Mail or e-mail patients in advance to alert them to the survey (other than the information provided to all patients)
- Provide a copy of the survey or cover letter to the patient
- Use words or phrases from the survey in marketing or promotional materials
- Attempt to influence patients to answer the survey
- Tell patients that the agency hopes or expects its patients will give them a high rating or respond certain ways
- Offer patients any incentives for completing the survey
- Cue or give answers to any questions
- Ask patients about certain answers they gave on completed surveys
- Promote the agency in any survey materials that are provided to the patient (including, but not limited to, cover letters and questionnaires and telephone interview scripts)
- Ask patients if they would like to participate in the survey

For additional information, please reference the HHCAHPS Survey Protocols & Guidelines Manual

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Home Health Care Consumer Assessment of Healthcare Providers and Systems (CAHPS) – Resources

- For additional information on Home Health CAHPS, please utilize the following resources:
  - Home Health Care CAHPS Survey website: Home Health Care CAHPS (homehealthcahps.org)
    - Including the HHCAHPS Survey Protocols & Guidelines Manual
  - Home Health Care CAHPS Help Desk: hhcahps@rti.org or call 1-866-354-0985
  - HHCAHPS Fact Sheet: https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fhomehealthcahps.org%2FPortals%2F0%2FDocs%2FHHCAHPS_FactSheet_Template_English.docx&wdOrigin=BROWSELINK

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Expanded Home Health Value-Based Purchasing (HHVBP) Model

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Expanded HHVBP Model

HHVBP Model Interim Performance Reports (IPRs)

Final January 2024 IPRs *(published March 21, 2024)*

- Available now in iQIES, in the **HHA Provider Preview Reports** folder, by the **CCN** assigned to the HHA
- Only iQIES users authorized to view an HHA's reports can access the expanded HHVBP Model reports*

Preliminary April 2024 IPRs

- Available later this month in iQIES

Measure Category	Time Period	Minimum Threshold
OASIS-based	January 1, 2023 – December 31, 2023	20 HH quality episodes
Claims-based	October 1, 2022 – September 30, 2023	20 HH stays
HHCAHPS Survey-based	October 1, 2022 – September 30, 2023	40 completed surveys

*For the **CY 2023 Performance Year**, HHAs will receive an IPR if:*

- ❑ *Active*
- ❑ *Medicare-certified prior to January 1, 2022*
- ❑ *Have sufficient data for at least one (1) quality measure*

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**For assistance: Contact the QIES/iQIES Service Center at (800) 339-9313 or by email at iqies@cms.hhs.gov.*

Expanded HHVBP Model

HHVBP Model Performance Reports – Planning Ahead

Preliminary IPR → HHA Recalculation Request **Within 15 Days** of Preliminary IPR → Final IPR

Preliminary IPRs Recalculation Requests

- Once Preliminary IPRs are published, an HHA has 15 days to submit a recalculation request if it:
  - *Wishes to dispute the calculation of the interim performance scores.*
  - *Has evidence there may be an error in the calculations*
  - *Submits a copy of any supporting documentation*
- Email: hhvbp_recalculation_requests@abtassoc.com

Annual Performance Report (APR)

- Anticipate Preview APR in August 2024
- Performance impacts CY 2025 payment

Measure Category	Time Period – CY 2023	Minimum Threshold
OASIS-based	January 1, 2023 – December 31, 2023	20 HH quality episodes
Claims-based	January 1, 2023 – December 31, 2023	20 HH stays
HHCAHPS Survey-based	January 1, 2023 – December 31, 2023	40 completed surveys

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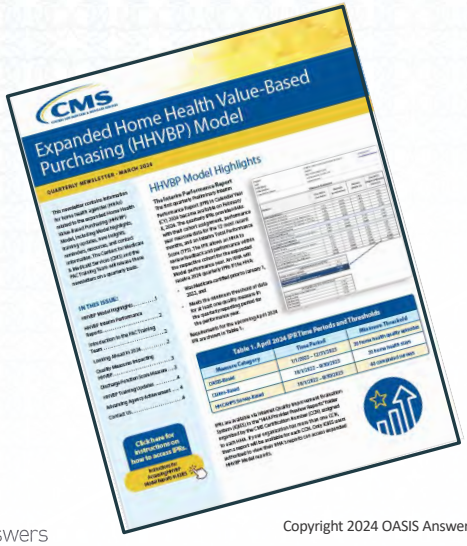
Access Instructions and Recalculation Instructions are located on the Expanded HHVBP Model webpage, in the Model Reports section.

Expanded HHVBP Model Resources

Expanded HHVBP Model Newsletter



The Expanded HHVBP Model Newsletter:

- Published March 2024
- Located on the **CMS Expanded HHVBP Model webpage***, in the **Newsletters** section
- Provides highlights regarding HHVBP Model reports, measure set, training, and resources with contact information.

To receive CMS emails related to the expanded HHVBP Model, subscribe to the HHVBP Model Expansion Listserv on the CMS email updates webpage:
https://public.govdelivery.com/accounts/USCMS/subscriber/new?topic_id=USCMS_12825%22%3EClick%20to%20subscribe%3C/a%3E

*Expanded HHVBP Model webpage:
https://www.cms.gov/priorities/innovation/innovation-models/expanded-home-health-value-based-purchasing-model

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Expanded HHVBP Model Resources

Expanded HHVBP Model Resources*

Understanding Your HHA's HHVBP Model Performance Feedback Reports

Videos, Recordings, and Written Resources:

1. Expanded HHVBP Model IPR Quick Reference Guide (pdf)
2. Overview of the IPR: The July 2023 IPR, 7/27/23
3. How Measure Performance Becomes Care Points Instructional Video
4. How Care Points Become the TPS
5. How the TPS Becomes the Final Payment Adjustment

Plus the FAQs and Model Guide

Quality Improvement in the Expanded HHVBP Model

6. How to Use Existing QAPI Processes to Support Improvement in the Expanded HHVBP Model (pdf)
7. Two Recorded Panels:
   Home Health Agency Perspectives: Quality Management, Innovation
8. Four Essentials Modules:
   Medication Management, Teaching & Guidance, Provider Communication, Assessment & Goal Setting

Plus podcasts and more on the ***CMS Expanded HHVBP Model Playlist***

*Available on the Expanded HHVBP Model webpage: https://www.cms.gov/priorities/innovation/innovation-models/expanded-home-health-value-based-purchasing-model

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Application of Percent of Residents Experiencing One or More Falls with Major Injury

HHQRP Quality Measure

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OIG Home Health Falls Report

Why did OIG conduct the review?

- To assess quality information submitted by HHAs
- To assess quality information that is publicly reported
- To review problems associated with this process in the past
- Complete a study to determine:
  - The extent of falls reporting by HHAs
  - Implications for the accuracy of the falls information on Care Compare

Key Takeaways

- "Among Medicare home health patients hospitalized for falls with major injury, **over half of the falls (55%)** were **not reported** on **patient assessments by home health agencies** as required."
- For many Medicare HH patients who fell and were hospitalized, there was no OASIS assessment
- "Due to this high rate of non reporting, **Care Compare may not provide accurate information** about the incidence of these falls."

OIG Recommendations for CMS

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.

https://oig.hhs.gov/oei/reports/OEI-05-22-00290.asp

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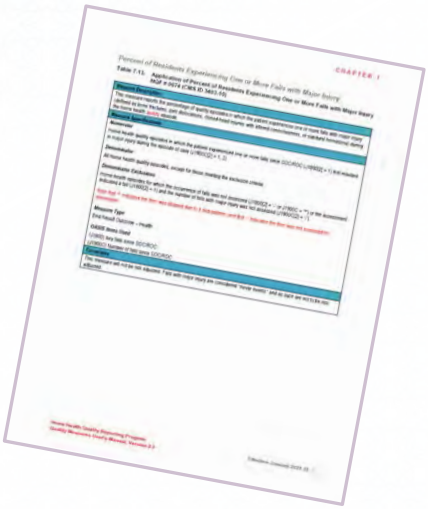
Application of Percent of Residents Experiencing One or More Falls with Major Injury Quality Measure

This measure reports the 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.



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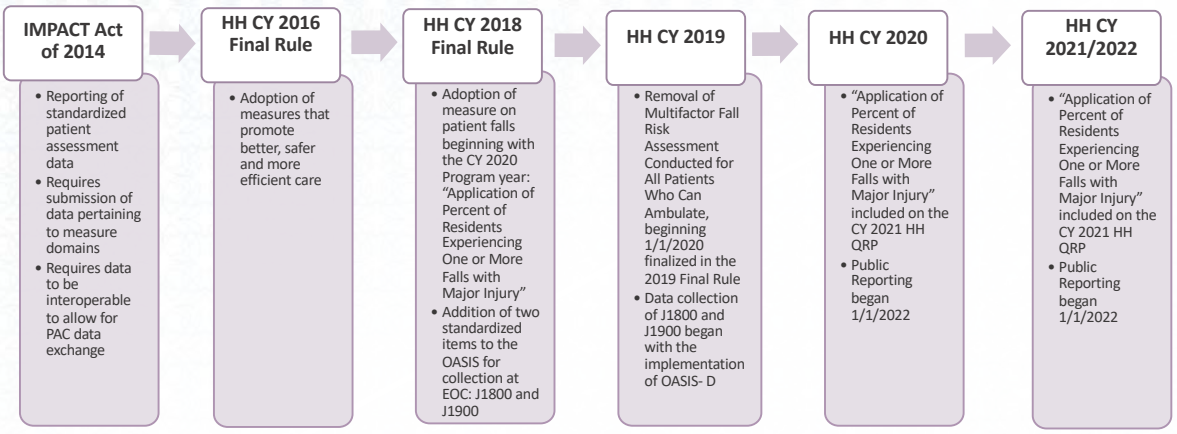
Origins & History



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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.*

OASIS-E Items Used	M0100. Reason for Assessment J1800. Any falls since SOC/ROC J1900. Number of falls since SOC/ROC
Numerator	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 (J1900C = 1,2).
Denominator	All home health quality episodes ending with a discharge during the reporting period, except for those meeting the exclusion criteria.
Measure-specific Exclusions	- Home health quality episodes during which the occurrence of falls was not assessed (J1800 = dash or J1900 is skipped). 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).

*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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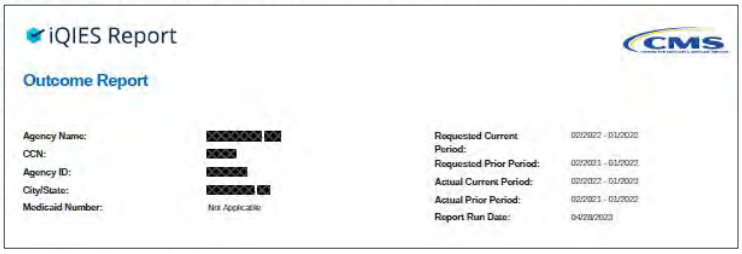
Percent of Patients Experiencing One or More Falls with Major Injury
Name and description of iQIES Report



iQIES Report

CMS

Outcome Report

Agency Name:	[redacted]	Requested Current Period:	02/2022 - 01/2023
CCN:	[redacted]	Requested Prior Period:	02/2021 - 01/2022
Agency ID:	[redacted]	Actual Current Period:	02/2022 - 01/2023
City/State:	[redacted]	Actual Prior Period:	02/2021 - 01/2022
Medicaid Number:	Not Applicable	Report Run Date:	04/28/2023

End Result Outcomes (Non Risk Adjusted)	HHA Obs Eligible Cases	HHA Obs Cases with Outcome	HHA Obs % Cases with Outcome	HHA Prior Obs[2] Eligible Cases	HHA Prior Obs[2] % Cases with Outcome	Nat'l Obs Eligible Cases	Nat'l Obs % Cases with Outcome	Nat'l Obs Significance
Application of Percent of Residents Experiencing One or More Falls with Major Injury	1,320	11	0.8%	1,245	0.7%	7,015,342	0.9%	1.00

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Application of Percent of Residents Experiencing One or More Falls with Major Injury Quality Measure

Where to find measure results on Care Compare and Patient Data Catalog

- **Care Compare**

Public Reporting

How often patients experienced one or more falls with major injury

Lower percentages are better

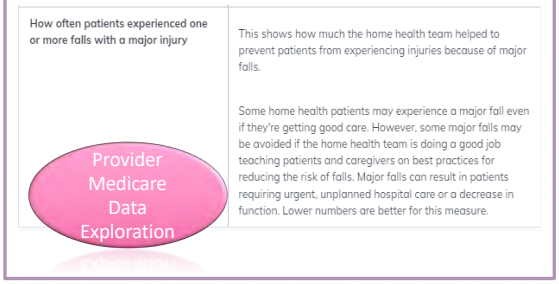
1.3%

National average: 0.9%

Florida average: 0.8%

Falls may result in major injuries and are a risk for patients living at home.

- **Provider Data Catalog**



How often patients experienced one or more falls with a major injury

This shows how much the home health team helped to prevent patients from experiencing injuries because of major falls.

Some home health patients may experience a major fall even if they're getting good care. However, some major falls may be avoided if the home health team is doing a good job teaching patients and caregivers on best practices for reducing the risk of falls. Major falls can result in patients requiring urgent, unplanned hospital care or a decrease in function. Lower numbers are better for this measure.

Provider Medicare Data Exploration

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J1800. Any Falls Since SOC/ROC

Transfer
Death at home
Discharge from agency

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? 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

Item Intent: To code any witnessed or unwitnessed falls since the most recent SOC/ROC

Response Specific Instructions:

- Interview the patient and/or caregiver
- Review the home health clinical record
- Review any other relevant clinical documentation such as incident reports or fall logs
- Include all falls since the most recent SOC/ROC, regardless of where the fall occurred

Coding Instructions:

- A **dash** (-) is a valid response for this item, indicating "no information". CMS expects dash use to be a rare occurrence.

Coding Tips:

- Report falls that occurred at any time during the quality episode, regardless of where the fall occurred.
  - 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.

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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

Definition of Falls

A FALL

- **Unintentional change in position** coming to rest on the ground, floor or next lower surface.
- An **intercepted fall** occurs when the patient **would have fallen** if they had not **caught themselves** or **another person**
- **Falling due to a medical event**

NOT A FALL

- Falls are **not a result of an overwhelming external force** (e.g., a patient pushes another patient)
- Falls are not a result of an **anticipated loss of balance** resulting from a supervised therapeutic intervention where the patient's balance is being intentionally challenged during balance training.

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J1900. Number of Falls Since SOC/ROC

Transfer
Death at home
Discharge from agency

J1900. Number of Falls Since SOC/ROC, whichever is more recent	↓ Enter Codes in Boxes
Coding: 0. None 1. One 2. Two or more	☐ A. **No injury:** 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
	☐ B. **Injury (except major):** 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:** Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

Item Intent: To code the number of falls a patient had since the most recent SOC/ROC and fall-related injury

Response Specific Instructions:

- Interview the patient and/or caregiver,
- Review the home health clinical record,
- Review any other relevant clinical documentation such as incident reports or fall logs
- Include all falls since the most recent SOC/ROC, no matter where the fall occurred

General Coding Instructions:

- Determine the number of falls that occurred since the most recent SOC/ROC and code the level of fall-related injury for each
- Code each fall only once. If the patient has multiple injuries in single fall, code the fall for the highest level of injury
- A **dash** (-) is a valid response for this item, indicating "no information". CMS expects dash use to be a rare occurrence.

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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

Fall-Related Injuries Definitions

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*

CMS encourages agencies to correct errors regarding fall related-injuries:

- Fall injuries can present themselves later
- Knowledge of the level of injury may not occur until after OASIS assessment is completed
- Errors should be corrected according to your agency's policy.
- The M0090 date would not necessarily be changed

The Falls with Major Injury quality measure reports **ONLY** falls resulting in **Major Injury**

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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

Include All Falls Since the Most Recent SOC/ROC

A patient was admitted to your agency January 11th. Clinical record review shows that the patient was transferred and admitted to an acute care hospital on January 18th for a fall with fracture and a transfer OASIS was completed. Home care was resumed January 26th, and you are discharging the patient today, February 18th. There were no other falls reported or documented for this patient.

Based on this scenario how would you complete J1800 - Any Falls Since SOC/ROC and J1900 - Number of Falls since SOC/ROC at discharge?

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?
☐	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

Coding:	↓ Enter code in boxes	
0. None 1. One 2. Two or more	☐	A. **No injury:** 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
	☐	B. **Injury (except major):** 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:** Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

J1800 = 0 - No
J1900 = skipped (blank)

Rationale:
The fall did not occur during this quality episode.

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Include all falls since the most recent SOC/ROC, no matter where the fall occurred

You are discharging your patient from your agency and are reviewing the clinical record to complete J1800 - Any Falls Since SOC/ROC and J1900 - Number of Falls since SOC/ROC. A clinical note details that shortly after the SOC visit the patient went to the hospital for tachycardia. The patient was placed under observation in the ED and reported that they fell on their way to the bathroom and sustained a skin tear. No other falls were reported or documented during the quality episode.

Based on this scenario how would you complete J1800 - Any Falls Since SOC/ROC and J1900 - Number of Falls since SOC/ROC at discharge?

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?
☐	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

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	☐	B. **Injury (except major):** 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:** Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

J1800 = 1 - Yes
J1900A = 0
J1900B = 1
J1900C = 0

Rationale:
The fall that occurred while at the hospital under observation would still be reported as a fall during the home health quality episode. A skin tear would be captured under J1900B – Injury (except major)

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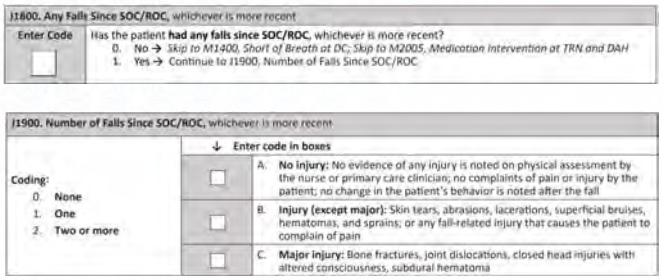
An Intercepted Fall is Considered a Fall

A patient is ambulating with a new cane in their home, with the assistance of the physical therapist. Unexpectedly the patient begins to fall forward, and the therapist grasps the patient's gait belt, to prevent a fall to the ground. No injury was reported or documented.

Based on this scenario how would you complete J1800 - Any Falls Since SOC/ROC and J1900 - Number of Falls since SOC/ROC at discharge?



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?
☐	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

Coding:	↓ Enter code in boxes	
0. None 1. One 2. Two or more	☐	A. **No injury:** 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
	☐	B. **Injury (except major):** 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:** Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

J1800 = 1 - Yes
J1900A = 1
J1900B = 0
J1900C = 0

Rationale:
The patient experienced an intercepted fall while ambulating with the PT. This would not be an example of where the patient's loss of balance occurred during a supervised therapeutic intervention designed to intentionally challenge the patient's balance during balance training.

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Discharge to Community – Post-Acute Care

HHQRP Quality Measure

OASISanswers

Quality Measure – CMS Uses

Discharge to Community - Post Acute Care *(claims-based)*

CMS Uses			
	HHQRP: **Home Health Quality**	HHQRP: **HHVBP**	**Other PACs**
Availability of measure reporting for HHAs	Currently in iQIES	Beginning CY 2025 Performance Year, with Model Baseline Year = 2023	✓ IRF ✓ LTCH ✓ SNF
Data Collection Time Period	2 years		2 years
Data Source	Medicare Fee-for-Service (FFS) claims		Medicare FFS claims
Public Reporting	Care Compare since 2019: *"How often patients remained in the community after discharge from home health"*	Anticipate on or after December 1, 2026, the date by which CMS intends to complete the APR process for CY 2025 performance/CY 2027 payment	Fall 2018

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Quality Measure – Rationale

Discharge to Community - Post Acute Care

Rationale

Why is this measure important and being used by CMS?

Discharge to community is an **actionable health care outcome**, as **targeted interventions** have been shown to successfully increase discharge to community rates in a variety of post-acute settings.

Many of these **interventions** involve discharge planning or specific rehabilitation strategies, such as **addressing discharge barriers and improving medical and functional status**.

The effectiveness of these interventions suggests that **improvement** in discharge to community rates among PAC patients is **possible through modifying provider-led processes and interventions**.

Measuring and comparing HH-level discharge to community rates is expected to help **differentiate among HHAs** with varying performance in this important domain, and to help **avoid disparities in care** across patient groups.

Variation in discharge to community rates has been reported within and across PAC settings - across a variety of HH-level characteristics, such as geographic location, ownership, and freestanding or hospital-based units; and across patient- level characteristics.

Research has shown the Medicare FFS population to experience **better rates for this measure in home health** than in other PAC settings.

Source: CMS Specifications for HH QRP Quality Measures and SPADE, November 2019. https://www.cms.gov/files/document/final-specifications-hh-qrp-quality-measures-and-spade.pdf

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Quality Measure - Overview
Discharge to Community - Post Acute Care

Claims-based measure	
Description	Percentage of home health stays in which Medicare FFS patients were **discharged to the community** and *do not have an unplanned admission to an acute care hospital or LTCH in the **31 days*** and *remain alive in the **31 days*** following discharge to community.
Numerator	The **risk-adjusted prediction of the number of HH stays resulting in a discharge to the community** (Patient Discharge Status codes equal to 01 or 81), without an unplanned admission to an ACH/LTCH or death in the 31-day 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 ***projected number*** *of risk-adjusted discharges to community if the same patients were treated at the average HHA appropriate to the measure.* Numerator over denominator times the national observed DTC-PAC rate equals the reported risk-standardized rate.

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Definition of terms – "Community"
Discharge to Community - Post Acute Care

"Community"	
Description	Percentage of home health stays in which patients were **discharged to the community** and do not have an unplanned admission to an acute care hospital or LTCH in the 31 days and remain alive in the 31 days following discharge to community.
Numerator	The risk-adjusted prediction of the number of HH stays resulting in a **discharge to the community** (Patient Discharge Status codes equal to 01 or 81), without an unplanned admission to an ACH/LTCH or death in the 31-day 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 projected number of risk-adjusted discharges to community if the same patients were treated at the average HHA appropriate to the measure. Numerator over denominator times the national observed DTC-PAC rate equals the reported risk-standardized rate.

"Community"

for the
Discharge to Community measure
is defined as:

Home/self-care, without home health services, based on Patient Discharge Status Codes 01 and 81 on the Medicare FFS claim

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Definition of terms – "Home Health Stay"

Discharge to Community - Post Acute Care

"Home Health Stay"	
Description	Percentage of **home health stays** in which patients were discharged to the community and do not have an unplanned admission to an acute care hospital or LTCH in the 31 days and remain alive in the 31 days following discharge to community.
Numerator	The risk-adjusted prediction of the number of **HH stays** resulting in a discharge to the community (Patient Discharge Status codes equal to 01 or 81), without an unplanned admission to an ACH/LTCH or death in the 31-day 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 projected number of risk-adjusted discharges to community if the same patients were treated at the average HHA appropriate to the measure. Numerator over denominator times the national observed DTC-PAC rate equals the reported risk-standardized rate.

"Home Health Stay"
for the
Discharge to Community measure is defined as:

*A sequence of home health (HH) payment episodes separated by two or fewer days. A separation between HH payment episodes greater than two days results in **separate** HH stays.*

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Quality Measure - Exclusions

Discharge to Community - Post Acute Care

Measure-specific Exclusions

The Denominator excludes claims for patients who are:

- Under 18 years of age
- Discharged to a psychiatric hospital
- Discharged against medical advice
- Discharged to disaster alternative care sites or federal hospitals
- Discharged to court/law enforcement
- Discharged to hospice
- Enrolled in hospice during the post-discharge observation window
- Not continuously enrolled in Parts A and B FFS Medicare for the 12 months prior to the PAC admission date, and at least 31 days after post-acute discharge date, or are ever enrolled in Part C Medicare Advantage during this period
- Experience a short-term acute care stay or psychiatric stay for non-surgical treatment of cancer in the 30 days prior to PAC admission
- Discharged to another home health agency
- Baseline nursing facility residents that return to their nursing home as a place of residence

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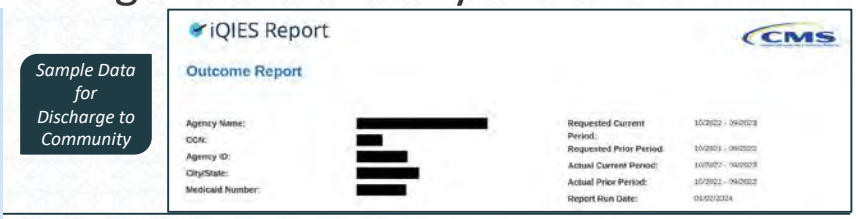
Report Review

Discharge to Community – Post-Acute Care

Sample Data for Discharge to Community


iQIES Report

Outcome Report

CMS

Agency Name: [redacted]
CCN:
Agency ID:
City/State:
Medicaid Number:

Requested Current Period:
Requested Prior Period:
Actual Current Period:
Actual Prior Period:
Report Run Date:

Definitions:

HHA Obs:
HHA's Observed Rate – the HHA's actual performance for the selected current period.

Nat'l Obs:
National Observed Rate – the average performance of all HHAs that have a HH discharge for the selected period for the measure.

Requested Current Period (Claims): 10/2022 - 09/2023
Actual Current Period (Claims): 07/2020 - 12/2022

 # Cases Curr [redacted]
Number of Cases (National): 2,200,943

Claims Based Outcomes (Risk Adjusted)	Current Period	HHA Obs Eligible Cases	HHA Obs Cases with Outcome	HHA Obs % Cases with Outcome	Nat'l Obs Eligible Cases	Nat'l Obs % Cases with Outcome	Nat'l Obs Significance	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
Discharge to Community	01/2021 - 12/2022	546	458	83.9%	4,994,919	76.5%	0.00**	Better Than National Rate	3,585	4,100	2,019	-

2 years of data

NOTE: When a measure value is calculated using less than 10 episodes of care, the statistical significance level will not be displayed on the report.

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Quality Measure – Key Take-aways

Discharge to Community - Post Acute Care

Key Take-aways

- ✓ Purpose: Assesses successful discharge to the community from an HHA, which includes patients who
  - Do **not have an unplanned admission** to an acute care hospital or LTCH, and
  - Remain **alive**

  →In the **31 days following discharge from the home health agency.**
- ✓ Claims-based, using Medicare Fee-for-Service claims
- ✓ Risk adjusted
- ✓ Available to HHAs in iQIES
- ✓ Publicly Reported on Care Compare, using 2 years of data

For this claims-based measure, higher values demonstrate success

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Resources

Discharge to Community - Post Acute Care

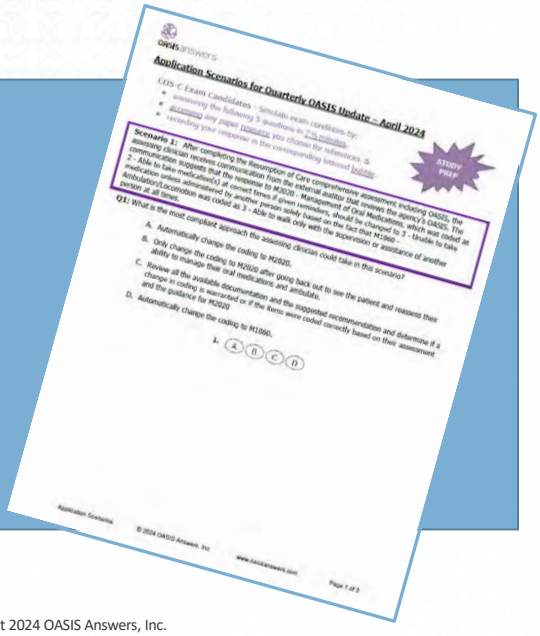
Discharge to Community Quality Measure *Title of resource*	**Resource location** *CMS HH Quality Measures webpage Downloads*	**url**
Home Health Quality Reporting Program Measure Calculations and Reporting User's Manual Version 2.0, Effective January 2023	HH QRP QM Users Manual V2.0 (pdf), pages 5-7	https://www.cms.gov/files/document/hh-qrp-qm-users-manual-v20.pdf
Home Health Quality Measures - Outcomes, 4/1/2024	Home-Health-Outcome-Measures-Table-OASIS-E_2024 (pdf)	https://www.cms.gov/files/document/home-health-outcome-measures-table-oasis-e2024.pdf
Specifications for HH QRP Quality Measures and Standardized Patient Assessment Data Elements (SPADES), Abt and RAND, November 2019, effective 1/1/2021	Final Specifications for HH QRP Quality Measures and SPADE (pdf), pages 14-24 and Appendix B	https://www.cms.gov/files/document/final-specifications-hh-qrp-quality-measures-and-spade.pdf

OASISanswers

April 2024 CMS Quarterly OASIS Q&As

OASISanswers

Application Scenarios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Application Scenarios for Quarterly OASIS Update – April 2024

CMS C Exam Candidates – Simulate exam conditions by:

- reviewing the following 5 questions in 2.5 minutes.
- answering any paper response you choose for reference, &
- recording your response in the corresponding bolded bubble.

STUDY PREP

Scenario 1: After completing the Resumption of Care comprehensive assessment including OASIS, the assessing clinician receives communication from the external auditor that reviews the agency's OASIS. The communication suggests that the response to M1060 - Ambulation/Locomotion, which was coded as 2 - Able to take medication(s) at correct times if given reminders, should be changed to 3 - Unable to take medication unless administered by another person solely based on the fact that M1900 - 2 - Unable to walk only with the supervision or assistance of another person at all times.

Q1: What is the most compliant approach the assessing clinician could take in this scenario?

A. Automatically change the coding to M2020.

B. Only change the coding to M2020 after going back out to see the patient and reassess their ability to manage their oral medications and ambulate.

C. Review all the available documentation and the supported recommendation and determine if a change in coding is warranted or if the items were coded correctly based on their assessment and the guidance for M2020

D. Automatically change the coding to M1060.

1: A B C D

Application Scenarios © 2024 OASIS Answers, Inc. www.oasisanswers.com Page 1 of 3

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 (for OASIS and claims-based measures) and hhcahps@rti.org (for HH CAHPS measures).

To register for future OASIS Answers Quarterly OASIS Updates, visit www.oasisanswers.com or call 425-868-2304

WORKSHOP

2-DAY OASIS DATA COLLECTION WORKSHOP

Effective, up-to-the-minute, in person education targeted for field data collectors, their supervisors and those preparing for the COS-C Exam.

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

City, State	Blueprint for OASIS Accuracy Workshop	COS-C Exam Administration
~~Phoenix, AZ~~	~~February 7-8, 2024~~	~~February 9, 2024~~
~~Atlanta, GA~~	~~March 13-14, 2024~~	~~March 15, 2024~~
~~Denver, CO~~	~~April 10-11, 2024~~	~~April 12, 2024~~
Nashville, TN	May 15-16, 2024	May 17, 2024
Portland, OR	June 26-27, 2024	June 28, 2024
Baltimore, MD	September 25-26, 2024	September 27, 2024
Dallas, TX	October 9-10, 2024	October 11, 2024
Las Vegas, NV	December 4-5, 2024	December 6, 2024

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

VISIT **www.oasisanswers.com** for more information and to register for OASIS Answers' training and testing.

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RECORDED RESOURCE

COS-C EXAM CRAM

Updated for OASIS-E and 2024

OASIS ANSWERS

A virtual exam refresher session with interactive test questions. The webinar is organized to mimic the break-down 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 2024, 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.

Updated January 2024

OASISanswers

Upcoming Teleconference Schedule

Wednesday – July 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 confirming their participation in the resource activity 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

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*.*

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