



## MEMORANDUM

DATE: October 1, 2003

SUBJECT: Preview of the publicly reported Home Health Quality Measures for the national rollout of the Home Health Quality Initiative

TO: Medicare-certified Home Health Agencies

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The Centers for Medicare & Medicaid Services (CMS) is pleased to announce the national rollout of the Home Health Quality Initiative (HHQI). Beginning in the Fall of 2003, consumers and providers will be able to view agency-specific quality measures at <http://www.medicare.gov/HHCompare/home.asp> for each Medicare-certified home health agency in the 50 states, District of Columbia, Puerto Rico, and the Virgin Islands. The measures posted in the Fall of 2003 will reflect the care delivered to home health agency patients between June 2002 and May 2003. Subsequent updates to the demographic data will occur monthly and quality measure data updates will occur quarterly.

As a courtesy to all Medicare-certified home health agencies, CMS will allow home health agencies to preview their own demographic and quality measure data prior to public posting in Fall 2003. The preview period will be from October 1 through the date of the national rollout. The agency specific rates, state reference rate, and national reference rate will be available via each agency's QIES mailbox (folder). The purpose of the preview is to provide home health agencies an opportunity to view their demographic and quality measure data prior to the public release of this information. Data from the preview are not for public dissemination before Home Health Compare goes live.

During the preview period, agencies may access the preview reports through their CMS OASIS System Welcome Page (the page used to submit HHA assessments and receive OBQI/OBQM reports). The agency can click on the **Online Reports (OBQI, OBQM & HHA)** link from the CMS OASIS System Welcome page. This connects to the CASPER Reporting System, which is part of QIES. Once **logged into the CASPER system**, click the "FOLDER" button. This will bring up a list of folders. The name of the folder containing the preview report for the agency is comprised of the state prefix for the agency, followed by "HHA", followed by the agency FACID (the login used to access the state system). Folder name example: WV HHA WVXXXXXX (where WVXXXXXX represents the agency login id). Open the folder to view the preview data for the agency. If agency staff are not familiar with getting reports from the CMS Welcome Page, it would be best to locate the person in the HHA that routinely obtains the OBQI/OBQM reports for assistance.

Appendix A of this document gives information about how the HHQI quality measures differ from the OBQI outcome reports. Appendix B provides a crosswalk of the Consumer Language titles of the quality measures with the OASIS outcome measures. Please visit the official CMS website for HHQI information at [www.cms.hhs.gov/quality/hhqi](http://www.cms.hhs.gov/quality/hhqi) for more details about the HHQI: the selection of the publicly reported measures, how these reports differ from the OBQI outcome reports, a spreadsheet to calculate the risk-adjusted outcome rates appearing on Home Health Compare from the OBQI outcome reports, and what each HHA's preview will look like. This site contains frequently asked questions (FAQs) that are updated as needed. Viewers can register on the site for updates for specific FAQs and will be notified when that FAQ is updated.

Any agency with questions about its specific quality measures, or concerns that are not answered in the FAQs is to contact the Quality Improvement Organization (QIO) for its state. Agencies should also carefully check the administrative information (name, address, phone number). For corrections or questions about the administrative information, the home health agency should e-mail or phone its state agency OSCAR/ASPEN coordinator. Changes to administrative information will not be reflected on the website until 1 month after the ASPEN coordinator enters the changes. It is important to note that each agency's service area information is derived from the OASIS data. The state agency OSCAR/ASPEN coordinator cannot correct the service area. The contact information for both the QIO Coordinators and the OSCAR/ASPEN Coordinators can be found at the HHQI website at [www.cms.hhs.gov/quality/hhqi](http://www.cms.hhs.gov/quality/hhqi).

## APPENDIX A:

### COMPARISON OF OUTCOME RATES APPEARING IN OBQI REPORTS WITH OUTCOME RATES APPEARING ON HOME HEALTH COMPARE WEB SITE Fall 2003

The risk-adjusted outcome report produced by CMS for home health agencies include, for each outcome measure, the agency's observed outcome rate and a risk-adjusted national reference rate. The national reference rate is calculated based on the risk factor case mix of the agency's patients, using statistical models estimated on a national sample of home health agency patients. Currently, the method used to calculate the national reference rate is as follows:

- For each home health agency patient to whom a particular outcome measure applies, a predicted outcome probability is calculated, based on the patient's health status and other attributes at admission to home health care.
- Predicted outcome probabilities are averaged across all of the agency's patients to yield a predicted outcome rate for that agency.
- The agency's national (risk-adjusted) reference rate is calculated using the formula: agency predicted outcome rate + (national observed outcome rate - national predicted outcome rate).

For the purposes of public reporting, the risk adjustment calculation process is essentially reversed so that, instead of reporting an observed agency outcome rate and a risk-adjusted national reference rate, a constant national rate is reported and agency outcome rates are risk adjusted. The formula for calculation of the risk adjusted outcome rate is as follows:

- Risk-adjusted agency outcome rate = agency observed outcome rate + (national predicted outcome rate - agency predicted outcome rate)

Reference outcome rates reported will reflect outcome rates for home health patients in a respective state or in the nation. State rates will be risk-adjusted for any difference in case mix between the state and the nation as a whole, in the same manner as agency outcome rates are adjusted.

It is possible for a home health agency to determine the risk-adjusted outcome rate that will appear on the Home Health Compare Web site from the current agency observed rate and risk-adjusted reference rate that appear on the OBQI risk-adjusted outcome report as follows:

- Home Health Compare risk-adjusted agency outcome rate = OBQI report agency observed outcome rate + (national observed outcome rate - OBQI report reference outcome rate)

The national observed and predicted outcome rates for June 1, 2002 through May 31, 2003 (the time period applicable to the outcome data presented on Home Health Compare for the national release of HHC) are included in a spreadsheet, which serves as a tool to calculate the risk-adjusted outcome rate appearing on Home Health Compare from the OBQI report outcome rates. The spreadsheet is titled "OBQI\_HHQI\_Converter". It can be found at [www.cms.hhs.gov/quality/hhqi](http://www.cms.hhs.gov/quality/hhqi).

**APPENDIX B:**

<b>Crosswalk between Consumer Language and Technical OASIS Outcome Measures Titles</b>	
<b>Consumer Language</b>	<b>OASIS Outcome Measure</b>
Patients who get better at getting dressed	Improvement in upper body dressing
Patients who get better at bathing	Improvement in bathing
Patients who stay the same (don't get worse) at bathing	Stabilization in bathing
Patients who get better getting to and from the toilet	Improvement in toileting
Patients who get better at walking or moving around	Improvement in ambulation/locomotion
Patients who get better at getting in and out of bed	Improvement in transferring
Patients who get better at taking their medicines correctly (by mouth)	Improvement in management of oral medications
Patients who are confused less often	Improvement in confusion frequency
Patients who have less pain when moving around	Improvement in pain interfering with activity
Patients who had to be admitted to the hospital	Acute care hospitalization
Patients who need urgent, unplanned medical care	Any emergent care provided