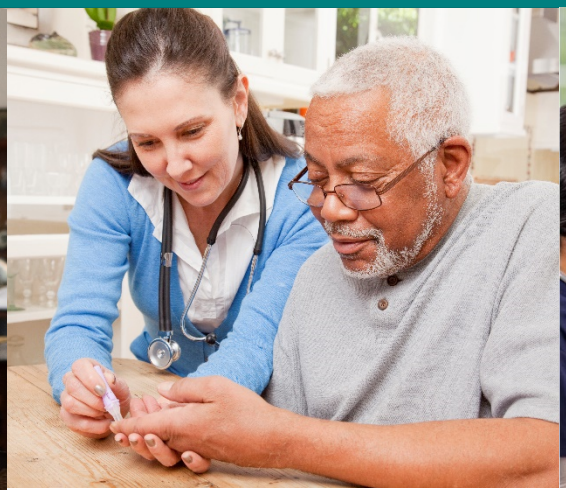
How to use Existing Quality Assurance and Performance Improvement (QAPI) Processes to Support Improvement in the Expanded HHVBP Model


April 2022

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OASISanswers

Not only are quality assurance and performance improvement (QAPI) programs required of home health agencies (HHAs) under the Home Health Conditions of Participation (CoPs); they are also essential to HHAs' ability to monitor and improve care quality and performance in the expanded Home Health Value-Based Purchasing (HHVBP) Model. The purpose of this document is to provide information on how agencies can link their existing or new quality improvement initiatives to the measures in the expanded Model.

QAPI Requirements

- CoP Final Home Health Agency Interpretive Guidance, Effective August 2018
- CoP for Home Health Agencies, Effective January 2018
- Data-driven Quality Assurance & Performance Improvement (QAPI) program (§484.65)

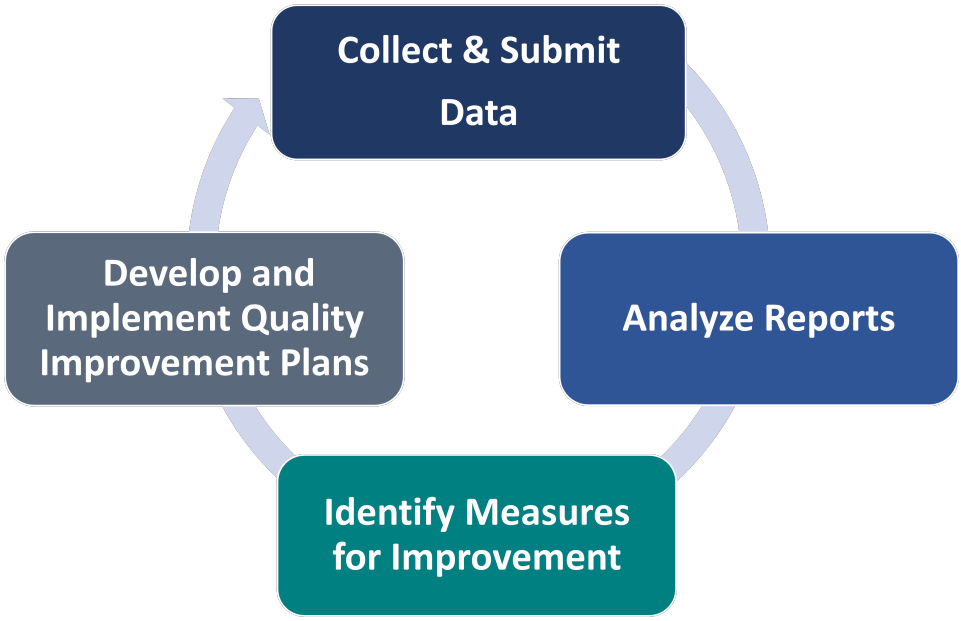
HHAs already have a variety of reports available in the Internet Quality Improvement and Evaluation System (iQIES). These reports contain detail on agency performance on a variety of quality measures, including those included in the expanded HHVBP Model, and can inform quality improvement initiatives. Available reports include the Quality of Patient Care Star Rating Scorecard, the Quality Measure Outcome Report, and the Care Compare website. Through participation in the expanded Model, agencies will receive additional performance feedback reports—the quarterly Interim Performance Reports (IPR), beginning July 2023, and the Annual Total Performance Score and Payment Adjustment Report (Annual Report), beginning August 2024. These expanded Model reports will allow agencies to monitor their overall progress in the expanded Model and use these reports to further inform their quality improvement efforts. See the Expanded Model Reports section for additional information on reports specific to the expanded Model.

Understanding the data collection, submission, and reporting cycle for the expanded HHVBP Model and other Centers for Medicare & Medicaid Services (CMS) quality improvement initiatives will assist HHAs with evaluating and improving their performance. Using this information, HHAs can identify measures for improvement, develop quality improvement plans, and then execute quality improvement plans. Through these efforts, agencies have an opportunity to improve performance across multiple CMS quality improvement initiatives and improve care delivery to patients and their caregivers.

QUALITY IMPROVEMENT CYCLE

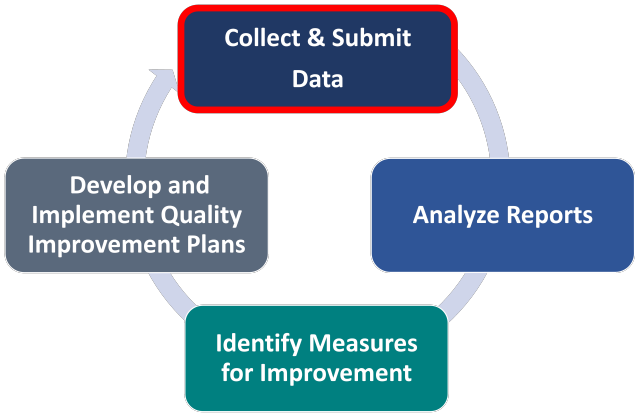
Exhibit 1 illustrates a simple quality improvement (QI) cycle for HHAs to consider as they prepare for the first performance year of the expanded HHVBP Model, calendar year 2023. Phases include collect and submit data, analyze reports, identify measures for improvement, and develop and implement quality improvement plans. This QI cycle complements the Plan-Do-Study-Act (PDSA), which emphasizes the importance of testing QI strategies, assessing effectiveness, and modifying improvement plans as necessary. As agencies move through the QI Cycle, they should ask themselves the same questions as those included with the PDSA: What are we trying to accomplish? How will we know that a change is an improvement? What changes can we make that will result in improvement?

Exhibit 1. Quality Improvement Cycle



COLLECT & SUBMIT DATA

Exhibit 2. Collect & Submit Data



The foundation for a solid quality improvement program begins with accurate data collection and timely submission, combined with an understanding of the calculations of measures (**Exhibit 2**). The quality measures data in the expanded HHVBP Model come from three sources: the Outcome and Assessment Information Set (OASIS) assessment instrument, Medicare claims, and the Home Health Consumer Assessment of Healthcare Providers and Systems (HHCAHPS) survey. Under the expanded Model, there are twelve (12) applicable quality measures in the measure set, including five (5) OASIS-based measures, two (2) Medicare claims-based measures, and five (5) measures from the HHCAHPS survey. For a complete list of the expanded Model measure set, see **Appendix A**.

HHAs can benefit from providing training to staff on methods to improve data collection accuracy and understanding the expanded HHVBP Model quality measures, similar to the training agencies use to support staff understanding of the OASIS instrument. Agencies may want to examine internal processes, in addition to processes already in place for data collection with their HHCAHPS vendor to ensure accuracy. Quality improvement efforts agencies take to improve data collection for the Home Health Quality Reporting Program (HH QRP) (e.g., providing staff with education on the data sources and measure calculations) will also benefit data collection activities required under the expanded Model.

The expanded HHVBP Model measure set uses existing data reported by HHAs through the HH QRP requirements or Medicare claims. To reduce reporting burden, agencies do not need to submit any additional data for the expanded Model[1]

- ✓ For applicable OASIS measures, HHAs must electronically report all OASIS data collected in accordance with **§ 484.55**, in order to meet the Medicare Home Health Conditions of Participation (CoPs), and as a condition for payment at **§ 484.205(c)**. HHAs submit the OASIS assessments in iQIES.
- ✓ HHAs are required to submit HHCAHPS survey measure data for HH QRP. HHAs are required to contract with an approved, independent HHCAHPS survey vendor to administer the HHCAHPS on its behalf, in accordance with **§ 484.245(b)(1)(iii)(B)**.
- ✓ In addition, the expanded Model measure set includes the following two claims-based measures derived from claims data submitted to CMS for payment purposes:
    - Acute Care Hospitalization During the First 60 Days of Home Health (ACH)
    - Emergency Department Use Without Hospitalization During the First 60 Days of Home Health (ED Use)

Exhibit 3 further illustrates the use of the measures included in the expanded HHVBP Model across various CMS quality improvement initiatives, including the expanded Model quality measure category, measure title, data source, and the respective CMS use.

[1] Data submission requirements reflect those outlined in the CY 2022 Home Health Prospective Payment System final rule.

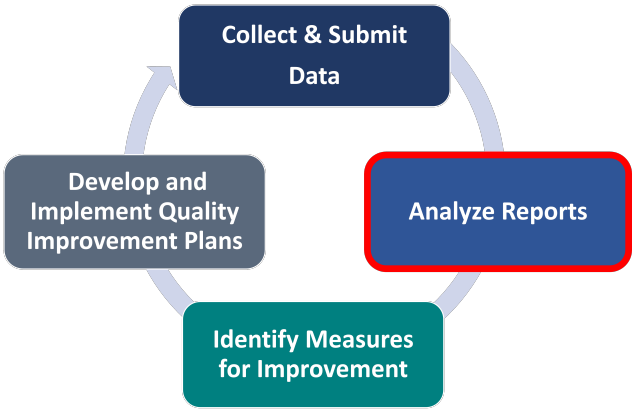
Exhibit 3. Expanded HHVBP Model Measure Data Sources and CMS Uses

Measure Category	Measure Title/Name	Data Sources	CMS Quality Improvement Initiatives			
			HHVBP	Quality of Patient Care Star Rating	Patient Survey Star Rating	Care Compare
OASIS-based	Improvement in Dyspnea	M1400	✓	✓		✓
	Discharged to Community	M2420	✓			
	Improvement in Management of Oral Medications	M2020	✓	✓		✓
	Total Normalized Composite Change in Self-Care	M1800, M1810 M1820, M1830 M1845, M1870	✓			
	Total Normalized Composite Change in Mobility	M1840 M1850 M1860	✓			
Claims-based	Acute Care Hospitalization	Hospital Claim Home Health Claim	✓	✓		✓
	Emergency Department Use without Hospitalization	ED Use Claim Hospital Claim Home Health Claim	✓			✓
HHCAHPS Survey-based	Care of Patients/Professional Care	Q9, Q16, Q19, Q24	✓		✓	✓
	Communication	Q2, Q15, Q17, Q18, Q22, Q23	✓		✓	✓
	Specific Care Issues/Team Discussion	Q3, Q4, Q5, Q10, Q12, Q13, Q14	✓		✓	✓
	Overall Rating	Q20	✓		✓	✓
	Willing to Recommend	Q25	✓			✓

ANALYZE REPORTS

Each quarter, HHAs in the expanded HHVBP Model can analyze the IPR to better understand their performance, including how it compares to other agencies in their respective smaller- or larger-nationwide cohort. Through this analysis, agencies can begin to identify trends in measure performance and develop an understanding of root causality for any performance issues to inform plans for quality improvement (**Exhibit 4**).

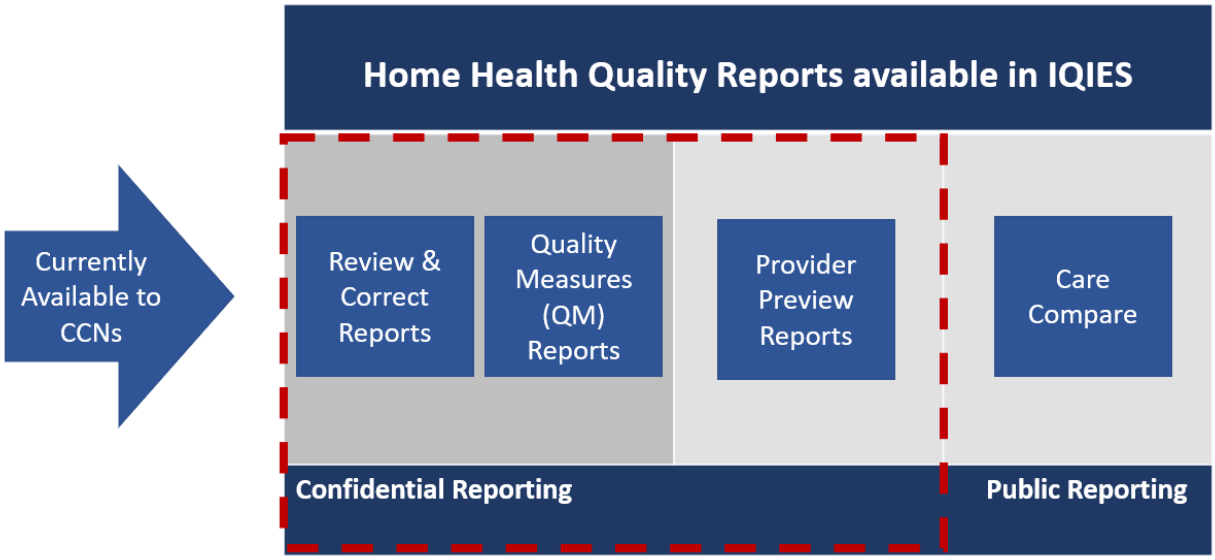
Exhibit 4. Analyze Reports



In addition to the expanded HHVBP Model performance feedback reports that will be available in 2023, there are a variety of existing reports currently available on iQIES that contain data that is also included in the expanded Model measure set.

HHAs can access the Home Health Quality Reports and data from iQIES under "My Reports." The Review & Correct Reports, the Quality Measures (QM) Reports, and the Provider Preview Reports are only available to providers (**Exhibit 5**).

Exhibit 5. Home Health Quality Reports Available in iQIES



Publicly available data is available on Care Compare, a report platform used for public access to an HHA's performance on quality measures. Public reporting of performance data for the expanded HHVBP Model will begin with the calendar year (CY) 2023 performance year/CY 2025 payment adjustment and for subsequent years.

These reports serve different purposes and present data in various formats, though they can serve as tools for HHAs to monitor recent agency performance as compared to national data. For the expanded HHVBP Model, use of existing reports developed by CMS for other quality initiatives should be for informational purposes only since the timing of the data collection and application of risk-adjustment methodologies may be different from the official reports generated for the expanded Model.

EXPANDED HHVBP MODEL REPORTS

CMS will publish two types of reports that provide HHAs with frequent information on their performance and payment adjustments under the expanded HHVBP Model. The first report, the IPR, is issued quarterly. The information in the IPR reflects calculation of the Total Performance Score (TPS) based on quarterly data collection periods. The second report is the Annual Total Performance Score & Payment Adjustment Reports (Annual Report). The Annual Report will focus primarily on the HHA's final TPS which determines their payment adjustment percentage for the upcoming calendar year. This report will include the HHA's adjusted payment percentage (APP, also

The IPRs and Annual Reports are available to each competing HHA through iQIES. CMS will notify each competing HHA via email when each report is available.

referred to as the payment adjustment percentage) and an explanation of when the adjustment will apply and how CMS determined the adjustment relative to the HHA's performance scores.

To receive a TPS and be subject to a payment adjustment, an HHA must meet a minimum threshold of episodes or completed HHCAHPS surveys. In addition, an HHA must have sufficient data to allow calculation of at least five (5) of the twelve (12) applicable quality measures in the baseline and performance years. The minimum threshold of data an agency must have per measure, per reporting period for each measure category is the following:

- For OASIS-based measures, twenty (20) home health quality episodes.
- For claims-based measures, twenty (20) home health stays.
- For the HHCAHPS survey-based measures, forty (40) completed surveys.

If an HHA does not meet the minimum threshold data for each measure category, as applicable, on five (5) or more applicable measures, the agency will not receive a TPS for the applicable performance year or be subject to a payment adjustment for the applicable payment year. An agency that does not meet the minimum threshold will still receive quarterly IPRs for applicable measures and will continue to have opportunities to receive a TPS and be subject to a payment adjustment in future years of the expanded HHVBP Model.

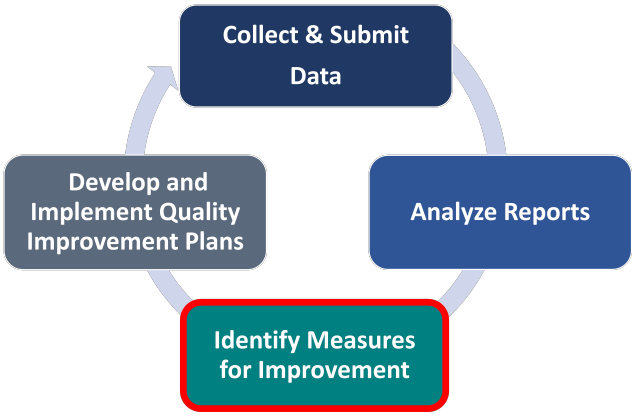
IDENTIFY MEASURES FOR IMPROVEMENT

Routine analysis of reports supports the HHA's ability to identify trends, both successes and needed improvements, regarding performance measures and the quality of care delivery.

Even prior to the release of the first expanded HHVBP Model reports, agencies can access existing data sources that will aid in identifying and prioritizing quality improvement efforts (**Exhibit 6**). Examples of data sources available to agencies include:

- Quality of Patient Care Star Rating Scorecard,
- Quality Measure Outcome Report, and
- Care Compare website.

Exhibit 6. Identify Measures for Improvement



QUALITY OF PATIENT CARE STAR RATING SCORECARD

The Quality of Patient Care Star Rating Scorecard (**Exhibit 7**) is available within the Quality of Patient Care Star Rating Provider Preview Report. This scorecard allows HHAs to view their performance on the

seven (7) measures that comprise the Quality of Patient Care Star Rating, including their performance compared to the national average. The expanded HHVBP Model includes three (3) of the seven (7) measures: Improvement in Management of Oral Medications, Improvement in Dyspnea, and Acute Care Hospitalizations.

In **Exhibit 7**, Improvement in Management of Oral Medications is higher (Measure 2, Row 12) than the national value (Measure 2, Row 15). For Improvement in Dyspnea, the HHA performance is slightly lower (Measure 6, Row 12) than the national average (Measure 6, Row 15). In this example, the HHA score in Acute Care Hospitalization is higher, which is less favorable, (Measure 7, Row 12) than the national average (Measure 7, Row 15). *Note, for the Acute Care Hospitalization measure, a lower score represents better performance.* Given these data, the agency may choose to prioritize quality improvement activities in the Improvement in Dyspnea and Acute Care Hospitalization measures, while at the same time taking steps to mitigate the risk of lower performance in the other measures.

Exhibit 7. Quality of Patient Care Star Rating Scorecard - Example

		Measure Score Cut Points by Initial Decile Rating						
1	Initial Group Rating	Measure 1. Timely Initiation of Care	Measure 2. Improvement in Management of Oral Medications	Measure 3. Improvement in Ambulation	Measure 4. Improvement in Bed Transferring	Measure 5. Improvement in Bathing	Measure 6. Improvement in Dyspnea	Measure 7. Acute Care Hospitalizatior
2	0.5	0.0-84.2	0.0-52.1	0.0-58.6	0.0-58.0	0.0-62.3	0.0-55.5	19.5-100.0
3	1.0	84.3-91.1	52.2-63.0	58.7-69.2	58.1-70.3	62.4-72.6	55.6-68.9	17.7-19.4
4	1.5	91.2-94.7	63.1-69.5	69.3-74.8	70.4-76.6	72.7-77.7	69.0-75.4	16.7-17.6
5	2.0	94.8-96.6	69.6-74.1	74.9-78.3	76.7-80.2	77.8-81.0	75.5-80.0	15.8-16.6
6	2.5	96.7-97.9	74.2-77.6	78.4-81.0	80.3-82.7	81.1-83.7	80.1-83.2	15.0-15.7
7	3.0	98.0-98.7	77.7-80.5	81.1-83.4	82.8-84.8	83.8-86.2	83.3-85.8	14.3-14.9
8	3.5	98.8-99.3	80.6-83.5	83.5-85.7	84.9-86.7	86.3-88.4	85.9-88.0	13.4-14.2
9	4.0	99.4-99.8	83.6-87.0	85.8-88.3	86.8-89.2	88.5-91.0	88.1-90.5	12.2-13.3
10	4.5	99.9-99.9	87.1-92.3	88.4-92.4	89.3-93.0	91.1-94.6	90.6-94.2	10.4-12.1
11	5.0	100.0-100.0	92.4-100.0	92.5-100.0	93.1-100.0	94.7-100.0	94.3-100.0	0.0-10.3
12	Your HHA Score	97.7	82.7	83.8	83.1	84.7	82.6	16.0
13	Your Initial Group Rating	2.5	3.5	3.5	3.0	3.0	2.5	2.0
14	Your Number of Cases (N)	8,228	5,042	5,262	5,238	5,280	4,827	3,993
15	National (All HHA) Middle Score	97.9	77.6	81.1	82.7	83.8	83.2	15.0
16	Your Statistical Test Probability Value (p-value)	0.077	0.000	0.000	0.215	0.033	0.128	0.037
17	Your Statistical Test Results (Is the p-value < 0.050?)	No	Yes	Yes	No	Yes	No	Yes
18	Your HHA Adjusted Group Rating	2.5	3.5	3.5	3.0	3.0	2.5	2.0[2]

19	Your Average Adjusted Rating	2.9
20	Your Average Adjusted Rating Rounded	3.0
21	**Your Quality of Patient Care Star Rating (1.0 to 5.0)**	**★★★½ (3.5 stars)**

Measures included in the expanded HHVBP Model
Measure 2: HHA score higher than National Middle Score
Measures 6: HHA score lower than National Middle Score
Measures 7: HHA score higher than National Middle Score

The Quality of Patient Care Star Rating Scorecard does not contain data specific to the composite measures, Total Normalized Composite (TNC) Change in Self-Care and TNC Mobility. However, the Scorecard does contain data on HHA performance regarding patient ambulation and bed transferring (Measures 3 and 4) that are part of the TNC Mobility measure, and bathing (Measure 5) that is part of

the TNC Self-Care measure. While not specific to performance under the expanded HHVBP Model, HHAs can assess performance in these quality measures, identify whether there is a need for improvement, and determine whether to prioritize the measures in their quality improvement plan.

QUALITY MEASURE OUTCOME REPORT

Also available to HHAs via iQIES is the Quality Measure (QM) Outcome Report. The Outcome Report provides an agency with their observed and risk-adjusted rates for publicly reported measures, and the national rate (if applicable). Agencies can use these reports to gauge their performance on the expanded HHVBP Model measures. For example, as illustrated in **Exhibit 8**, the Outcome Report includes data for the Discharged to Community measure. In this example, both the agency's observed and risk-adjusted prior rates are higher than the national average, which might make improvement in this OASIS-based quality measure less of a priority.

Exhibit 8. OASIS Quality Measure Outcome Report - Example

Utilization Outcomes (Risk Adjusted)	HHA Obs Eligible Cases	HHA Obs Cases with Outcome	HHA Obs % Cases with Outcome	HHA Adj Prior[1] Eligible Cases	HHA Adj Prior[1] % Cases with Outcome	HHA Obs Significance	Nat'l Obs Eligible Cases	Nat'l Obs % Cases with Outcome	Nat'l Obs Significance
Discharged to Community	102	87	85.3%	175	81.6%	0.51	4,936,509	72.9%	0.01**

CARE COMPARE

Care Compare provides the most recent publicly available data on an HHA's performance in both the Quality of Patient Care Star Rating and the Patient Survey Summary Star Rating. **Exhibit 9** displays an example of a Patient Survey Summary, noting an HHA's performance on the five (5) HHCAHPS survey-based measures used in the expanded HHVBP Model as compared to the average national performance and average state performance for those same components. Based on these results, this agency may want to consider prioritizing the Professional Care and Communication measure components, since the agency's performance was worse than the national average.

Exhibit 9. Care Compare: Patient Survey Summary - Example

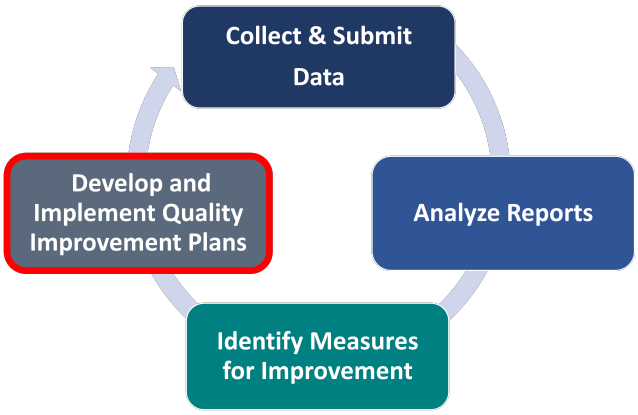
HHCAHPS survey-based Measures	Text Displayed in Care Compare – Patient Survey Summary	Sample Results
Care of Patients/Professional Care	How often the home health team gave care in a professional way	87% National Avg: **89%** State X Avg: 87%
Communication between Providers and Patients/Communication	How well did the home health team communicate with patients	83% National Avg: **85%** State X Avg: 84%
Special Care Issues/Team Discussion	Did the home health team discuss medicines, pain, and home safety with patients	84% National Avg: 82% State X Avg: 82%
Overall Rating of Home Health Care/Overall Rating	How do patients rate the overall care from the home health agency	84% National Avg: 84% State X Avg: 82%
Willingness to Recommend the Agency/Willing to Recommend	Would patients recommend the home health agency to friends and family	78% National Avg: 78% State X Avg: 77%

In addition, Care Compare provides links to HHAs' archived measure performance that are available separately in the Provider Data Catalog. This additional data supports the ability to trend performance on the expanded HHVBP Model measures over longer periods. Data available on Care Compare will usually have a lag time of at least six (6) months. However, utilizing this information in conjunction with other resources, such as the expanded Model reports, will inform the agency's understanding of their performance on expanded Model quality measures to support prioritization efforts when developing quality improvement plans.

DEVELOP AND EXECUTE QUALITY IMPROVEMENT PLANS

The next phase of the QI Cycle is to develop and implement quality improvement plans (**Exhibit 10**). HHAs may consider including one to two of the expanded HHVBP Model measures in their upcoming quality improvement priorities. These measures may align goals, timeframes for implementation of activities, measure-specific interventions, communication of quality improvement activities and feedback loops with current agency QI programs and processes.

Exhibit 10. Develop and Implement QI Plans



The S.M.A.R.T goal framework may be a tool to assist agencies with developing improvement plans that are clear, realistic, measurable, and will drive change. Goals should be:

- **S**pecific (simple, sensible, significant)
- **M**easurable (meaningful, motivating)
- **A**chievable (agreed, attainable)
- **R**elevant (reasonable, realistic, and resourced, results-based)
- **T**ime-bound (time-based, time-limited, time/cost limited, timely, time-sensitive)

A goal-setting worksheet is available to assist HHAs with the S.M.A.R.T goal framework. In addition, the Quality Improvement Organizations/Lake Superior Quality Innovation Network published the QAPI Written Plan How-To Guide that provides instructions on the design and implementation of improvement plans. Included in the *How-To Guide* is a list of planning resources, such as the Prioritization Worksheet for Performance Improvement Projects (PIP) and the PIP Launch Check List.

Appendix A
Measure Set for the Expanded HHVBP Model

Measure Set	NQS Domains	Measure Title/Short Form Name	Measure Type	Identifier	Data Source	Numerator*	Denominator*	Link to Measure Specifications
OASIS-based Measures	Clinical Quality of Care	Improvement in Dyspnea/ Dyspnea	Outcome	NA	OASIS (M1400)	Number of home health episodes of care where the discharge assessment indicates less dyspnea at discharge than at Start (or Resumption) of Care.	Number of home health episodes of care ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	https://www.cms.gov/files/document/home-health-outcome-measures-table-oasis-d1-11-2019.pdf
	Communication & Care Coordination	Discharged to Community	Outcome	NQF 3477	OASIS (M2420)	Number of home health episodes where the assessment completed at the discharge indicates the patient remained in the community after discharge.	Number of home health episodes of care ending with discharge or transfer to inpatient facility during the reporting period, other than those covered by generic or measure-specific exclusions.	https://www.cms.gov/files/document/home-health-outcome-measures-table-oasis-d1-11-2019.pdf
	Patient Safety	Improvement in Management of Oral Medications/ Oral Medication	Outcome	NQF0176	OASIS (M2020)	Number of home health episodes of care where the value recorded on the discharge assessment indicates less impairment in taking oral medications correctly at discharge than at Start (or Resumption) of Care.	Number of home health episodes of care ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	https://www.cms.gov/files/document/home-health-outcome-measures-table-oasis-d1-11-2019.pdf

Measure Set	NQS Domains	Measure Title/Short Form Name	Measure Type	Identifier	Data Source	Numerator*	Denominator*	Link to Measure Specifications
OASIS-based Measures (cont'd)	Patient and Family Engagement	Total Normalized Composite Change in Self-Care/ TNC Self-Care*	Composite Outcome	NA	OASIS (M1800) (M1810) (M1820) (M1830) (M1845) (M1870)	The total normalized change in self-care functioning across six (6) OASIS items (grooming, bathing, upper & lower body dressing, toilet hygiene, and eating).	A prediction model is computed at the episode level. The predicted value for the HHA and the national value of the predicted values are calculated and are used to calculate the risk-adjusted rate for the HHA, which is calculated using this formula: HHA Risk Adjusted = HHA Observed + National Predicted – HHA Predicted.	https://innovation.cms.gov/media/document/hhvbp-exp-composite-outcome-measures
	Patient and Family Engagement	Total Normalized Composite Change in Mobility/ TNC Mobility*	Composite Outcome	NA	OASIS (M1840) (M1850) (M1860)	The total normalized change in mobility functioning across three (3) OASIS items (toilet transferring, bed transferring, and ambulation/locomotion).	A prediction model is computed at the episode level. The predicted value for the HHA and the national value of the predicted values are calculated and are used to calculate the risk-adjusted rate for the HHA, which is calculated using this formula: HHA Risk Adjusted = HHA Observed + National Predicted – HHA Predicted.	https://innovation.cms.gov/media/document/hhvbp-exp-composite-outcome-measures

Measure Set	NQS Domains	Measure Title/Short Form Name	Measure Type	Identifier	Data Source	Numerator*	Denominator*	Link to Measure Specifications
Claims-based Measures	Efficiency & Cost Reduction	Acute Care Hospitalization During the First 60 Days of Home Health Use/ACH	Outcome	NQF0171	CCW (Claims)	Number of home health stays for patients who have a Medicare claim for an unplanned admission to an acute care hospital in the 60 days following the start of the home health stay.	Number of home health stays that begin during the 12-month observation period. A home health stay is a sequence of home health payment episodes separated from other home health payment episodes by at least 60 days.	https://www.cms.gov/files/document/home-health-outcome-measures-table-oasis-d1-11-2019.pdf
		Emergency Department Use without Hospitalization During the First 60 days of Home Health/ED Use	Outcome	NQF0173	CCW (Claims)	Number of home health stays for patients who have a Medicare claim for outpatient emergency department use and no claims for acute care hospitalization in the 60 days following the start of the home health stay.	Number of home health stays that begin during the 12-month observation period. A home health stay is a sequence of home health payment episodes separated from other home health payment episodes by at least 60 days.	https://www.cms.gov/files/document/home-health-outcome-measures-table-oasis-d1-11-2019.pdf
HHCAHPS survey-based Measure	Patient & Caregiver Centered Experience	Home Health Consumer Assessment Healthcare Providers and Systems (HHCAHPS) Survey	Outcome	NQF 0517	CAHPS	Survey-based. HHCAHPS has five (5) component questions that together are used to represent one NQF-endorsed measure.	Survey-based. HHCAHPS has five (5) component questions that together are used to represent one NQF-endorsed measure.	https://cmit.cms.gov/CMIT_public/ListMeasures?q=hhcahps

*Because the Total Normalized Composite (TNC) Change in Self-Care and TNC Change in Mobility measures are composite measures rather than simply outcome measures, the terms "Numerator" and "Denominator" do not apply. For information on TNC Change in Self-Care and TNC Change in Mobility measures, see the two expanded HHVBP Model resources, "*HHVBP Model Composite Measure Calculation Steps*" and "*HHVBP Model Technical Specifications Composite Outcome Measures*", located on the Expanded HHVBP Model webpage.