

# Expanded Home Health Value-Based Purchasing (HHVBP) Model

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## Quality Measures Used in the Expanded HHVBP Model

April 2022



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# Introduction & Speakers

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# Agenda

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- The quality measures included in the expanded HHVBP Model from the following measure categories:
  - OASIS-based – five measures
  - Claims-based – two measures
  - HHCAHPS Survey-based – five measures
- Quality measure resources
- Next steps

# Objectives

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- Describe the applicable **quality measures** included in the expanded HHVBP Model measure set
- Identify where to locate **agency data and quality measure** information
- Become familiar with **resources** regarding the quality measures

*For “next steps” the HHVBP TA Team will highlight an additional **quality improvement resource** to support home health agency (HHA) success in the expanded HHVBP Model.*

# Applicable Quality Measures in the Expanded HHVBP Model

# Applicable Measures in the Expanded HHVBP Model

Category	Count	Quality Measure
OASIS-based	5	Improvement in Dyspnea
		Discharged to Community
		Improvement in Management of Oral Medications
		Total Normalized Composite Change in Self-Care
		Total Normalized Composite Change in Mobility
Claims-based	2	Acute Care Hospitalization During the First 60 Days of Home Health Use
		Emergency Department Use without Hospitalization During the First 60 Days of Home Health
HCAHPS Survey-based	5	Care of Patients/Professional Care
		Communication
		Specific Care Issues/Team Discussion
		Overall Rating
		Willingness to Recommend

# Payers by Measure Category

Category	Count	Quality Measure	Payers
OASIS-based	5	Improvement in Dyspnea	Medicare FFS Medicare Advantage Medicaid FFS Medicaid managed care
		Discharged to Community	
		Improvement in Management of Oral Medications	
		Total Normalized Composite Change in Self-Care	
		Total Normalized Composite Change in Mobility	
Claims-based	2	Acute Care Hospitalization During the First 60 Days of Home Health Use	Medicare FFS
		Emergency Department Use without Hospitalization During the First 60 Days of Home Health	
HHAHPS Survey-based	5	Care of Patients/Professional Care	Medicare FFS Medicare Advantage Medicaid FFS Medicaid managed care
		Communication	
		Specific Care Issues/Team Discussion	
		Overall Rating	
		Willingness to Recommend	

# Quality Measures: Data Sources and 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	✓			✓
HCAHPS 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	✓			✓



# Quality Measure Template

Quality Measure Title/Name:

Quality Measure Sub-topics	Quality Measure Details by Sub-topic			
Use in Home Health by CMS	HHVBP	Quality of Patient Care Star Rating	Patient Survey Star Rating	Care Compare
Measure Category	OASIS-based, Claims-based, or HHCAHPS Survey-based			
Data Source	OASIS M Items, Medicare FFS Claims, or HHCAHPS Survey			
Measure Description				
Measure Calculation	For example, Numerator, Denominator, and Measure-specific Exclusions			
Measure Type	All are Outcomes, and include: End Result Outcome – Health, End Result Outcome – Functional, Utilization Outcome, or Composite Outcome			

# OASIS-based Measures

# Improvement in Dyspnea

Quality Measure Sub-topics	Quality Measure Details by Sub-topic		
Use in Home Health by CMS	HHVBP	Quality of Patient Care Star Rating	Care Compare
Measure Category	OASIS-based		
Data Source	OASIS item: M1400 – When is the patient dyspneic or noticeably Short of Breath?		
Measure Description	Percentage of home health (HH) quality episodes during which the patient became less short of breath or dyspneic.		
Measure Calculation	<p><b>Numerator:</b> Number of HH quality episodes where the discharge assessment indicates less dyspnea at discharge than at SOC or ROC.</p> <p><b>Denominator:</b> Number of HH quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions</p> <p><b>Measure-specific Exclusions:</b> Home health quality episodes for which the patient, at SOC/ROC, was not short of breath at any time, episodes that end with inpatient facility transfer or death.</p>		
Measure Type	End Result Outcome - Health		

# Improvement in Dyspnea: OASIS item

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(M1400)	When is the patient dyspneic or noticeably <b>Short of Breath</b> ?
Enter Code <input data-bbox="290 611 377 696" type="checkbox"/>	<ul style="list-style-type: none"><li data-bbox="522 561 1166 604">0 Patient is not short of breath</li><li data-bbox="522 618 1541 661">1 When walking more than 20 feet, climbing stairs</li><li data-bbox="522 675 2323 775">2 With moderate exertion (for example, while dressing, using commode or bedpan, walking distances less than 20 feet)</li><li data-bbox="522 789 2349 875">3 With minimal exertion (for example, while eating, talking, or performing other ADLs) or with agitation</li><li data-bbox="522 889 1151 932">4 At rest (during day or night)</li></ul>

# Improvement in Dyspnea (continued)

Quality Measure Sub-topics	Quality Measure Details by Sub-topic		
Use in Home Health by CMS	HHVBP	Quality of Patient Care Star Rating	Care Compare
Measure Category	OASIS-based		
Data Source	OASIS item: M1400 – When is the patient dyspneic or noticeably Short of Breath?		
<b>Measure Description</b>	Percentage of home health (HH) quality episodes during which the patient became less short of breath or dyspneic.		
<b>Measure Calculation</b>	<p><b>Numerator:</b> Number of HH quality episodes where the discharge assessment indicates less dyspnea at discharge than at SOC or ROC.</p> <p><b>Denominator:</b> Number of HH quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions</p> <p><b>Measure-specific Exclusions:</b> Home health quality episodes for which the patient, at SOC/ROC, was not short of breath at any time, episodes that end with inpatient facility transfer or death.</p>		
<b>Measure Type</b>	End Result Outcome - Health		

# Discharged to Community

Quality Measure Sub-topics	Quality Measure Details by Sub-topic
<b>Use in Home Health by CMS</b>	<b>HHVBP</b>
<b>Measure Category</b>	<b>OASIS-based</b>
<b>Data Sources</b>	<b>OASIS item: M2420</b> Discharge Disposition
Measure Description	Percentage of home health (HH) episodes after which patients remained in the community
Measure Calculation	<p><b>Numerator:</b> Number of HH episodes where the assessment completed at the discharge indicates the patient remained in the community after discharge.</p> <p><b>Denominator:</b> Number of HH quality episodes ending with a discharge or transfer to inpatient facility during the reporting period, other than those covered by generic or measure-specific exclusions.</p> <p><b>Measure-specific Exclusions:</b> Home health quality episodes that end in patient death.</p>
Measure Type	Utilization Outcome

# Discharged to Community: OASIS item

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<b>(M2420)</b>	<b>Discharge Disposition:</b> Where is the patient after discharge from your agency? <b>(Choose only one answer.)</b>	
Enter Code <input data-bbox="267 674 351 759" type="checkbox"/>	1	Patient remained in the community (without formal assistive services)
	2	Patient remained in the community (with formal assistive services)
	3	Patient transferred to a non-institutional hospice
	4	Unknown because patient moved to a geographic location not served by this agency
	UK	Other unknown

# Discharged to Community (continued)

Quality Measure Sub-topics	Quality Measure Details by Sub-topic
Use in Home Health by CMS	<div data-bbox="754 401 1085 505" style="background-color: #0056b3; color: white; padding: 10px; display: inline-block; border: 1px solid black;">HHVBP</div>
Measure Category	<b>OASIS-based</b>
Data Sources	<b>OASIS item: M2420</b> Discharge Disposition
<b>Measure Description</b>	Percentage of home health (HH) episodes after which patients remained in the community
<b>Measure Calculation</b>	<p><b>Numerator:</b> Number of HH episodes where the assessment completed at the discharge indicates the patient remained in the community after discharge.</p> <p><b>Denominator:</b> Number of HH quality episodes ending with a discharge or transfer to inpatient facility during the reporting period, other than those covered by generic or measure-specific exclusions.</p> <p><b>Measure-specific Exclusions:</b> Home health quality episodes that end in patient death.</p>
<b>Measure Type</b>	Utilization Outcome



# Improvement in Management of Oral Medications

Quality Measure Sub-topics	Quality Measure Details by Sub-topic		
Use in Home Health by CMS	HHVBP	Quality of Patient Care Star Rating	Care Compare
Measure Category	OASIS-based		
Data Sources	OASIS item: M2020		
Measure Description	Percentage of home health (HH) quality episodes during which the patient improved in ability to take their medicines correctly (by mouth)		
Measure Calculation	<p><b>Numerator:</b> Number of HH quality episodes where the value recorded on the discharge assessment indicates less impairment in taking oral medications correctly at discharge than at SOC or ROC.</p> <p><b>Denominator:</b> Number of HH quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions</p> <p><b>Measure-specific Exclusions:</b> Home health quality episodes for which the patient, at SOC/ROC, was able to take oral medications correctly without assistance or supervision, episodes that end with inpatient facility transfer or death, or patient is nonresponsive, or patient has no oral medications prescribed.</p>		
Measure Type	End Result Outcome - Functional		

# Improvement in Management of Oral Medications: OASIS item

<b>(M2020)</b>	<b>Management of Oral Medications:</b> <u>Patient's current ability</u> to prepare and take <u>all</u> oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. <b><u>Excludes</u> injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)</b>
Enter Code <input type="checkbox"/>	<p>0 Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.</p> <p>1 Able to take medication(s) at the correct times if:            (a) individual dosages are prepared in advance by another person; <u>OR</u>            (b) another person develops a drug diary or chart.</p> <p>2 Able to take medication(s) at the correct times if given reminders by another person at the appropriate times</p> <p>3 <u>Unable</u> to take medication unless administered by another person.</p> <p>NA No oral medications prescribed.</p>

# Improvement in Management of Oral Medications (continued)

Quality Measure Sub-topics	Quality Measure Details by Sub-topic		
Use in Home Health by CMS	HHVBP	Quality of Patient Care Star Rating	Care Compare
Measure Category	OASIS-based		
Data Sources	OASIS item: M2020		
<b>Measure Description</b>	Percentage of home health (HH) quality episodes during which the patient improved in ability to take their medicines correctly (by mouth)		
<b>Measure Calculation</b>	<p><b>Numerator:</b> Number of HH quality episodes where the value recorded on the discharge assessment indicates less impairment in taking oral medications correctly at discharge than at SOC or ROC.</p> <p><b>Denominator:</b> Number of HH quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions</p> <p><b>Measure-specific Exclusions:</b> Home health quality episodes for which the patient, at SOC/ROC, was able to take oral medications correctly without assistance or supervision, episodes that end with inpatient facility transfer or death, or patient is nonresponsive, or patient has no oral medications prescribed.</p>		
<b>Measure Type</b>	End Result Outcome - Functional		

# Total Normalized Composite Change in Self-Care

Quality Measure Sub-topics	Quality Measure Details by Sub-topic
Use in Home Health by CMS	<div style="background-color: #0056b3; color: white; padding: 5px; display: inline-block; border: 1px solid black;">HHVBP</div>
Measure Category	OASIS-based
Data Sources	OASIS items: M1800, M1810, M1820, M1830, M1845, M1870 – for TNC Self-Care
Measure Description	The magnitude of change, either positive or negative, based on the normalized amount of possible change on each of six OASIS M items.
Measure Calculation	<p>The total normalized change in self-care functioning across six OASIS items (grooming, bathing, upper &amp; lower body dressing, toilet hygiene, and eating)</p> <p>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 home health agency (HHA), which is calculated using this formula: <math>HHA\ Risk\ Adjusted = HHA\ Observed + National\ Predicted - HHA\ Predicted</math>.</p> <p><b>Measure-specific Exclusions:</b> Home health quality episodes for non-responsive patients and episodes that end with inpatient facility transfer or death</p>
Measure Type	Composite Outcome

# Total Normalized Composite Change in Self-Care: OASIS items

<b>(M1800)</b>	<b>Grooming:</b> Current ability to tend safely to personal hygiene needs (specifically: washing face and hands, hair care, shaving or make up, teeth or denture care, or fingernail care).
Enter Code <input type="checkbox"/>	<ul style="list-style-type: none"> <li>0 Able to groom self unaided, with or without the use of assistive devices or adapted methods.</li> <li>1 Grooming utensils must be placed within reach before able to complete grooming activities.</li> <li>2 Someone must assist the patient to groom self.</li> <li>3 Patient depends entirely upon someone else for grooming needs.</li> </ul>
<b>(M1810)</b>	<b>Current Ability to Dress Upper Body</b> safely (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps:
Enter Code <input type="checkbox"/>	<ul style="list-style-type: none"> <li>0 Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance.</li> <li>1 Able to dress upper body without assistance if clothing is laid out or handed to the patient.</li> <li>2 Someone must help the patient put on upper body clothing.</li> <li>3 Patient depends entirely upon another person to dress the upper body.</li> </ul>
<b>(M1820)</b>	<b>Current Ability to Dress Lower Body</b> safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes:
Enter Code <input type="checkbox"/>	<ul style="list-style-type: none"> <li>0 Able to obtain, put on, and remove clothing and shoes without assistance.</li> <li>1 Able to dress lower body without assistance if clothing and shoes are laid out or handed to the patient.</li> <li>2 Someone must help the patient put on undergarments, slacks, socks or nylons, and shoes.</li> <li>3 Patient depends entirely upon another person to dress lower body.</li> </ul>
<b>(M1830)</b>	<b>Bathing:</b> Current ability to wash entire body safely. <b>Excludes grooming (washing face, washing hands, and shampooing hair).</b>
Enter Code <input type="checkbox"/>	<ul style="list-style-type: none"> <li>0 Able to bathe self in <u>shower or tub</u> independently, including getting in and out of tub/shower.</li> <li>1 With the use of devices, is able to bathe self in shower or tub independently, including getting in and out of the tub/shower.</li> <li>2 Able to bathe in shower or tub with the intermittent assistance of another person: <ul style="list-style-type: none"> <li>(a) for intermittent supervision or encouragement or reminders, <u>OR</u></li> <li>(b) to get in and out of the shower or tub, <u>OR</u></li> <li>(c) for washing difficult to reach areas.</li> </ul> </li> <li>3 Able to participate in bathing self in shower or tub, <u>but</u> requires presence of another person throughout the bath for assistance or supervision.</li> <li>4 Unable to use the shower or tub, but able to bathe self independently with or without the use of devices at the sink, in chair, or on commode.</li> <li>5 Unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in bedside chair, or on commode, with the assistance or supervision of another person.</li> <li>6 Unable to participate effectively in bathing and is bathed totally by another person.</li> </ul>

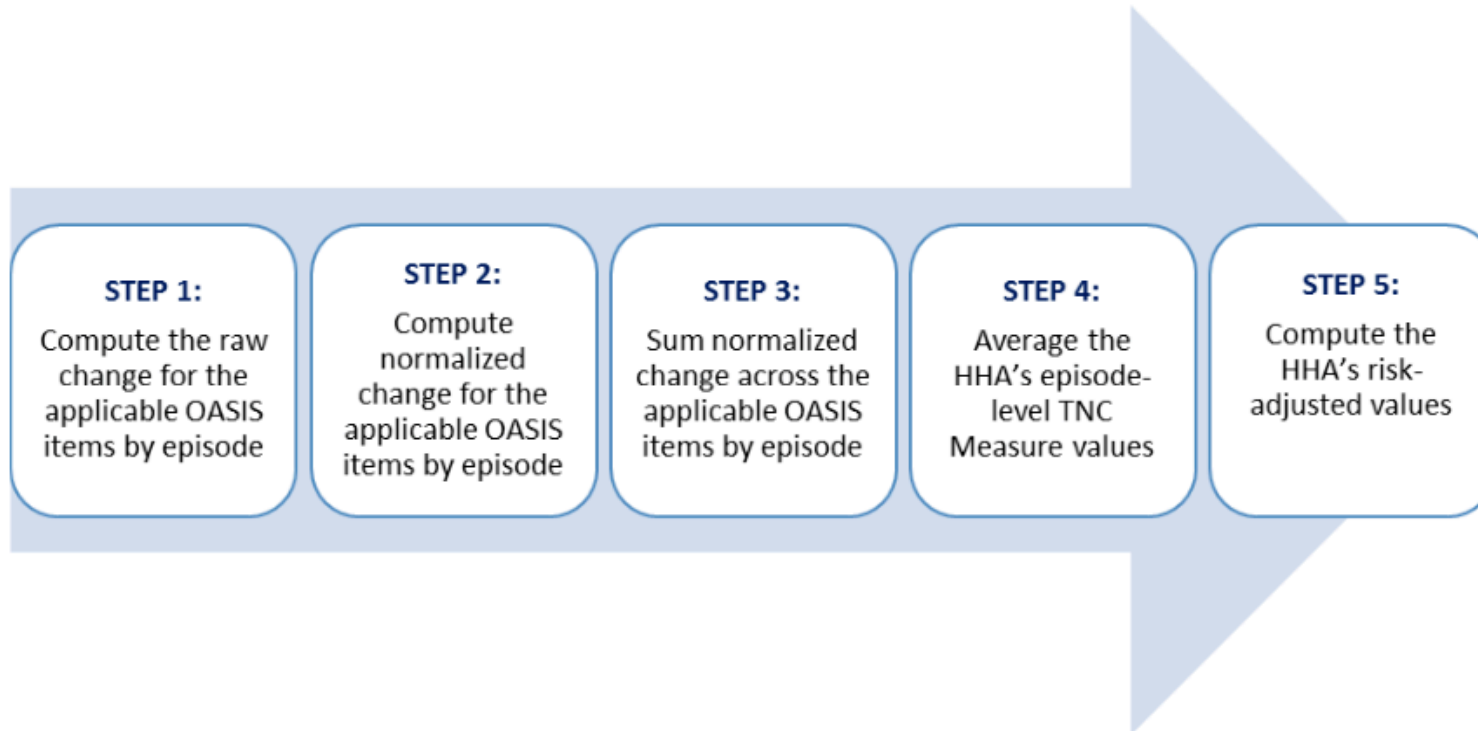
<b>(M1845)</b>	<b>Toileting Hygiene:</b> Current ability to maintain perineal hygiene safely, adjust clothes and/or incontinence pads before and after using toilet, commode, bedpan, urinal. If managing ostomy, includes cleaning area around stoma, but not managing equipment.
Enter Code <input type="checkbox"/>	<ul style="list-style-type: none"> <li>0 Able to manage toileting hygiene and clothing management without assistance.</li> <li>1 Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the patient.</li> <li>2 Someone must help the patient to maintain toileting hygiene and/or adjust clothing.</li> <li>3 Patient depends entirely upon another person to maintain toileting hygiene.</li> </ul>
<b>(M1870)</b>	<b>Feeding or Eating:</b> Current ability to feed self meals and snacks safely. Note: This refers only to the process of <u>eating, chewing, and swallowing, not preparing</u> the food to be eaten.
Enter Code <input type="checkbox"/>	<ul style="list-style-type: none"> <li>0 Able to independently feed self.</li> <li>1 Able to feed self independently but requires: <ul style="list-style-type: none"> <li>(a) meal set-up; <u>OR</u></li> <li>(b) intermittent assistance or supervision from another person; <u>OR</u></li> <li>(c) a liquid, pureed or ground meat diet.</li> </ul> </li> <li>2 <u>Unable</u> to feed self and must be assisted or supervised throughout the meal/snack.</li> <li>3 Able to take in nutrients orally <u>and</u> receives supplemental nutrients through a nasogastric tube or gastrostomy.</li> <li>4 <u>Unable</u> to take in nutrients orally and is fed nutrients through a nasogastric tube or gastrostomy.</li> <li>5 Unable to take in nutrients orally or by tube feeding.</li> </ul>

# Total Normalized Composite Change in Self-Care (continued)

Quality Measure Sub-topics	Quality Measure Details by Sub-topic
Use in Home Health by CMS	<div style="background-color: #4a7ebb; color: white; padding: 10px; display: inline-block;">HHVBP</div>
Measure Category	<b>OASIS-based</b>
Data Sources	<b>OASIS items: M1800, M1810, M1820, M1830, M1845, M1870 – for TNC Self-Care</b>
<b>Measure Description</b>	The magnitude of change, either positive or negative, based on the normalized amount of possible change on each of six OASIS M items.
<b>Measure Calculation</b>	<p>The total normalized change in self-care functioning across six OASIS items (grooming, bathing, upper &amp; lower body dressing, toilet hygiene, and eating)</p> <p>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 home health agency (HHA), which is calculated using this formula: <math>HHA\ Risk\ Adjusted = HHA\ Observed + National\ Predicted - HHA\ Predicted</math>.</p> <p><b>Measure-specific Exclusions:</b> Home health quality episodes for non-responsive patients and episodes that end with inpatient facility transfer or death</p>
<b>Measure Type</b>	Composite Outcome

# Five-Step Process for Computing the TNC Self-Care Measure

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**How is the term “normalized” applied in the measure calculations?**

*Normalizing occurs because there are multiple OASIS items used in the calculations of this composite measure and the **number** of coding options **varies** amongst the OASIS items. By **dividing** the quality episode raw change by the maximum possible change for that OASIS item, the **change score is normalized to fit a range of -1 to +1** for each OASIS item.*

# Total Normalized Composite Change in Mobility

Quality Measure Sub-topics	Quality Measure Details by Sub-topic
<b>Use in Home Health by CMS</b>	<b>HHVBP</b>
<b>Measure Category</b>	<b>OASIS-based</b>
<b>Data Sources</b>	<b>OASIS items: M1840, M1850, M1860 – for TNC Mobility</b>
Measure Description	The magnitude of change, either positive or negative, based on the normalized amount of possible change on each of three OASIS M items.
Measure Calculation	<p>The total normalized change in mobility functioning across three OASIS items (toilet transferring, bed transferring, and ambulation/locomotion)</p> <p>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 home health agency (HHA), which is calculated using this formula: <math>HHA\ Risk\ Adjusted = HHA\ Observed + National\ Predicted - HHA\ Predicted</math>.</p> <p><b>Measure-specific Exclusions:</b> Home health quality episodes for non-responsive patients and episodes that end with inpatient facility transfer or death</p>
Measure Type	Composite Outcome



# Total Normalized Composite Change in Mobility: OASIS items

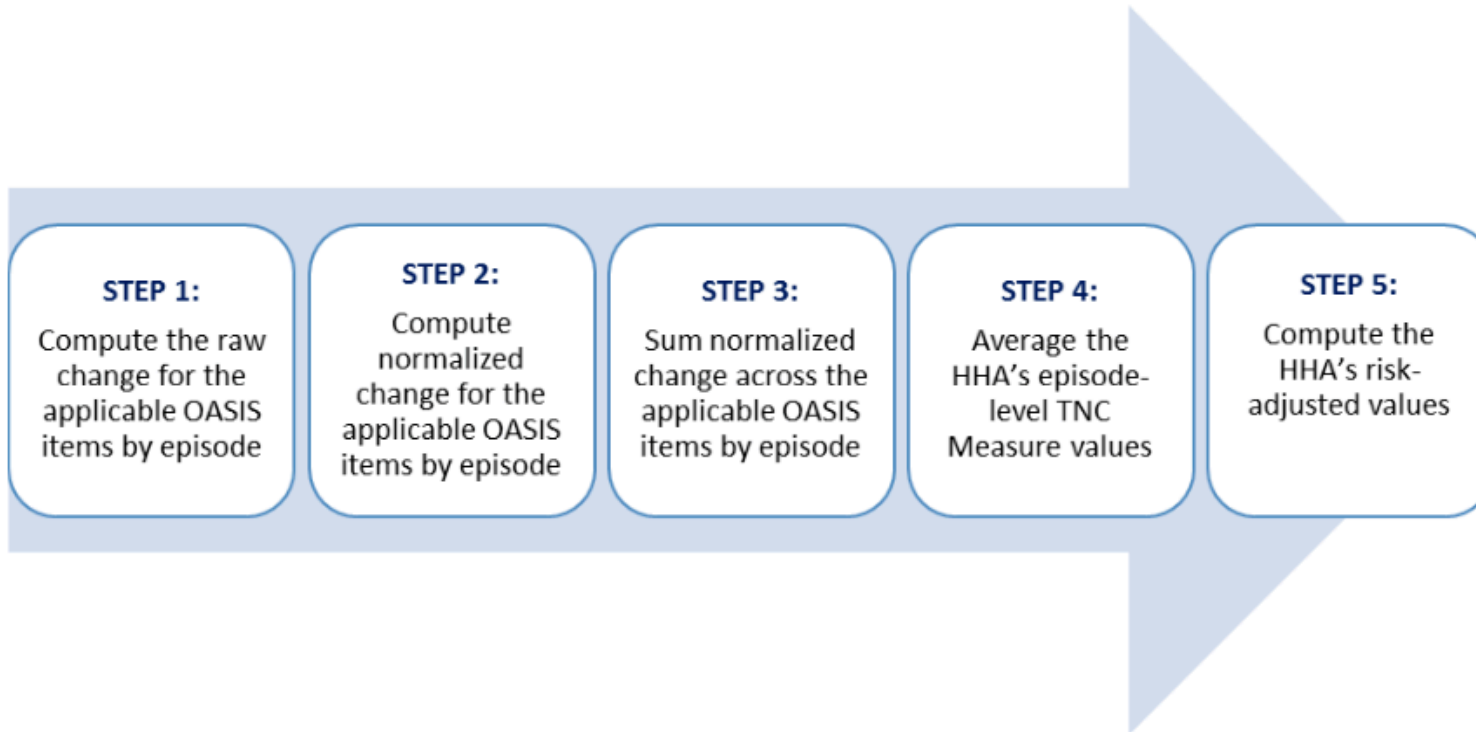
<b>(M1840)</b>		<b>Toilet Transferring:</b> Current ability to get to and from the toilet or bedside commode safely <u>and</u> transfer on and off toilet/commode.
Enter Code <input type="checkbox"/>	0	Able to get to and from the toilet and transfer independently with or without a device.
	1	When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer.
	2	<u>Unable</u> to get to and from the toilet but is able to use a bedside commode (with or without assistance).
	3	<u>Unable</u> to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently.
	4	Is totally dependent in toileting.
<b>(M1850)</b>		<b>Transferring:</b> Current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.
Enter Code <input type="checkbox"/>	0	Able to independently transfer.
	1	Able to transfer with minimal human assistance or with use of an assistive device.
	2	Able to bear weight and pivot during the transfer process but unable to transfer self.
	3	Unable to transfer self and is unable to bear weight or pivot when transferred by another person.
	4	Bedfast, unable to transfer but is able to turn and position self in bed.
	5	Bedfast, unable to transfer and is unable to turn and position self.
<b>(M1860)</b>		<b>Ambulation/Locomotion:</b> Current ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.
Enter Code <input type="checkbox"/>	0	Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (specifically: needs no human assistance or assistive device).
	1	With the use of a one-handed device (for example, cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings.
	2	Requires use of a two-handed device (for example, walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.
	3	Able to walk only with the supervision or assistance of another person at all times.
	4	Chairfast, <u>unable</u> to ambulate but is able to wheel self independently.
	5	Chairfast, unable to ambulate and is <u>unable</u> to wheel self.
	6	Bedfast, unable to ambulate or be up in a chair.

# Total Normalized Composite Change in Mobility

Quality Measure Sub-topics	Quality Measure Details by Sub-topic
Use in Home Health by CMS	<div data-bbox="718 416 1049 525" style="background-color: #0056b3; color: white; padding: 5px; text-align: center; width: fit-content; margin: auto;">HHVBP</div>
Measure Category	<b>OASIS-based</b>
Data Sources	<b>OASIS items: M1840, M1850, M1860 – for TNC Mobility</b>
<b>Measure Description</b>	The magnitude of change, either positive or negative, based on the normalized amount of possible change on each of three OASIS M items.
<b>Measure Calculation</b>	<p>The total normalized change in mobility functioning across three OASIS items (toilet transferring, bed transferring, and ambulation/locomotion)</p> <p>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 home health agency (HHA), which is calculated using this formula: <math>HHA\ Risk\ Adjusted = HHA\ Observed + National\ Predicted - HHA\ Predicted</math>.</p> <p><b>Measure-specific Exclusions:</b> Home health quality episodes for non-responsive patients and episodes that end with inpatient facility transfer or death</p>
<b>Measure Type</b>	Composite Outcome

# Five-Step Process for Computing the TNC Mobility Measure

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**How is the term “normalized” applied in the measure calculations?**

*Normalizing occurs because there are multiple OASIS items used in the calculations of this composite measure and the **number** of coding options **varies** amongst the OASIS items. By **dividing** the quality episode raw change by the maximum possible change for that OASIS item, the **change score is normalized to fit a range of -1 to +1** for each OASIS item.*

# Claims-based Measures

# Acute Care Hospitalization During the First 60 Days of Home Health Use (ACH)

Quality Measure Sub-topics	Quality Measure Details by Sub-topic		
Use in Home Health by CMS	HHVBP	Quality of Patient Care Star Rating	Care Compare
Measure Category	Claims-based		
Data Sources	Claims (Medicare FFS)		
Measure Description	Percentage of home health (HH) stays in which patients were admitted to an acute care hospital during the 60 days following the start of the home health stay.		
Measure Calculation	<p><b>Numerator:</b> Number of HH stays for patients who have a Medicare FFS claim for unplanned admission to an acute care hospital in the 60 days following the start of the HH stay.</p> <p><b>Denominator:</b> Number of HH stays that begin during the 12-month observation period.</p> <p><b>Measure-specific Exclusions:</b> Home health stays 1) that begin with a Low Utilization Payment Adjustment (LUPA) claim, 2) in which the patient receives service from multiple agencies during the first 60 days, or 3) for patients not continuously enrolled in Medicare FFS for the 6 months prior to the home health stay or for the 60 days following the start of the HH stay or until death.</p>		
Measure Type	Utilization Outcome		

# ACH (continued)

Quality Measure Sub-topics	Quality Measure Details by Sub-topic		
Use in Home Health by CMS	HHVBP	Quality of Patient Care Star Rating	Care Compare
Measure Category	Claims-based		
Data Sources	Claims (Medicare FFS)		
<b>Measure Description</b>	Percentage of home health (HH) stays in which patients were admitted to an acute care hospital during the 60 days following the start of the home health stay.		
<b>Measure Calculation</b>	<p><b>Numerator:</b> Number of HH stays for patients who have a Medicare FFS claim for unplanned admission to an acute care hospital in the 60 days following the start of the HH stay.</p> <p><b>Denominator:</b> Number of HH stays that begin during the 12-month observation period.</p> <p><b>Measure-specific Exclusions:</b> Home health stays 1) that begin with a Low Utilization Payment Adjustment (LUPA) claim, 2) in which the patient receives service from multiple agencies during the first 60 days, or 3) for patients not continuously enrolled in Medicare FFS for the 6 months prior to the home health stay or for the 60 days following the start of the HH stay or until death.</p>		
<b>Measure Type</b>	Utilization Outcome		

# ACH: Measure Calculation

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Number of home health stays for patients who have a Medicare FFS claim for an **unplanned admission** to an acute care hospital in the 60 days following the start of the home health stay

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Number of home health stays that begin during the 12-month observation period

## Home Health Stay

A sequence of home health payment episodes separated from other home health payment episodes by at least 60 days. This is relevant for claims-based measures.

# Emergency Department Use without Hospitalization During the First 60 Days of Home Health (ED Use)

Quality Measure Sub-topics	Quality Measure Details by Sub-topic
Use in Home Health by CMS	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="background-color: #4a7ebb; color: white; padding: 5px 15px; border-radius: 3px;">HHVBP</div> <div style="background-color: #666; color: white; padding: 5px 15px; border-radius: 3px;">Care Compare</div> </div>
Measure Category	Claims-based
Data Sources	Claims (Medicare FFS)
Measure Description	Percentage of home health (HH) stays in which patients used emergency department but were not admitted to the hospital during the 60 days following the start of the HH stay.
Measure Calculation	<p><b>Numerator:</b> Number of HH stays for patients who have a Medicare FFS claim for outpatient emergency department use and no claims for acute care hospitalization in the 60 days following the start of the HH stay.</p> <p><b>Denominator:</b> Number of HH stays that begin during the 12-month observation period.</p> <p><b>Measure-specific Exclusions:</b> Home health stays 1) that begin with a Low Utilization Payment Adjustment (LUPA) claim, 2) in which the patient receives service from multiple agencies during the first 60 days, or 3) for patients not continuously enrolled in Medicare FFS for the 6 months prior to the home health stay or for the 60 days following the start of the HH stay or until death.</p>
Measure Type	Utilization Outcome



# ED Use (continued)

Quality Measure Sub-topics	Quality Measure Details by Sub-topic
Use in Home Health by CMS	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="background-color: #4a7ebb; color: white; padding: 10px 20px; border-radius: 5px;">HHVBP</div> <div style="background-color: #666; color: white; padding: 10px 20px; border-radius: 5px;">Care Compare</div> </div>
Measure Category	<b>Claims-based</b>
Data Sources	<b>Claims</b> (Medicare FFS)
<b>Measure Description</b>	Percentage of home health (HH) stays in which patients used emergency department but were not admitted to the hospital during the 60 days following the start of the HH stay.
<b>Measure Calculation</b>	<p><b>Numerator:</b> Number of HH stays for patients who have a Medicare FFS claim for outpatient emergency department use and no claims for acute care hospitalization in the 60 days following the start of the HH stay.</p> <p><b>Denominator:</b> Number of HH stays that begin during the 12-month observation period.</p> <p><b>Measure-specific Exclusions:</b> Home health stays 1) that begin with a Low Utilization Payment Adjustment (LUPA) claim, 2) in which the patient receives service from multiple agencies during the first 60 days, or 3) for patients not continuously enrolled in Medicare FFS for the 6 months prior to the home health stay or for the 60 days following the start of the HH stay or until death.</p>
<b>Measure Type</b>	Utilization Outcome

# ED Use: Measure Calculation

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Number of home health stays for patients who have a Medicare FFS 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

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Number of home health stays that begin during the 12-month observation period

## Home Health Stay

A sequence of home health payment episodes separated from other home health payment episodes by at least 60 days. This is relevant for claims-based measures.

# HHCAHPS Survey-based Measures

# Home Health Consumer Assessment Healthcare Providers and Systems (HHCAHPS) Survey

Quality Measure Sub-topics	Quality Measure Details by Sub-topic			
<b>Use in Home Health by CMS</b>		<b>HHVBP</b>	<b>Patient Survey Star Rating</b>	<b>Care Compare</b>
<b>Measure Category</b>	<b>HHCAHPS Survey-based, with 3 Composites and 2 Global Ratings</b>			
<b>Data Sources</b>	<ul style="list-style-type: none"> <li>• Care of Patients/Professional Care [Composite] (Q9, Q16, Q19, Q24)</li> <li>• Communication [Composite] (Q2, Q15, Q17, Q18, Q22, Q23)</li> <li>• Specific Care Issues/Team Discussion [Composite] (Q3, Q4, Q5, Q10, Q12, Q13, Q14)</li> <li>• Overall rating [Global] (Q20)</li> <li>• Willingness to recommend the agency/Willing to Recommend (<i>No Star Rating</i>) [Global] (Q25)</li> </ul>			
<b>Measure Description</b>	Each of the HHCAHPS patient survey-based measures is calculated using data from one or more survey questions.			
<b>Measure Calculation</b>	<p><b>Numerator:</b> The number of respondents who gave the most positive response to each question.</p> <p><b>Denominator:</b> The total number of respondents who answered the question.</p> <p>Detailed scoring information is contained in the <i>Steps for Calculating Global Ratings and Composite Scores for the HHCAHPS Survey</i></p> <p><a href="https://homehealthcahps.org/Portals/0/HHCAHPS_steps_calculate_composites.pdf?ver=7PCs8ovwE7U9VewwEbtXVg%3d%3d">https://homehealthcahps.org/Portals/0/HHCAHPS_steps_calculate_composites.pdf?ver=7PCs8ovwE7U9VewwEbtXVg%3d%3d</a></p>			
<b>Measure Type</b>	Outcome			

# HHCAHPS: Care of Patients

<i>Care of Patients Composite</i> (“Patients who reported that their home health team gave care in a professional way.”)	<b>Response Categories</b>
<b>Q9.</b> In the last 2 months of care, how often did home health providers from this agency seem informed and up-to-date about all the care or treatment you got at home?	Never, Sometimes, Usually, <b>Always</b>
<b>Q16.</b> In the last 2 months of care, how often did home health providers from this agency treat you as gently as possible?	Never, Sometimes, Usually, <b>Always</b>
<b>Q19.</b> In the last 2 months of care, how often did home health providers from this agency treat you with courtesy and respect?	Never, Sometimes, Usually, <b>Always</b>
<b>Q24.</b> In the last 2 months of care, did you have any problems with the care you got through this agency?	Yes, <b>No</b>

# HHCAHPS: Communication Between Providers and Patients

<i>Communications Between Providers and Patients Composite</i> (“Patients who reported that their home health team communicated well with them.”)	<b>Response Categories</b>
<b>Q2.</b> When you first started getting home health care from this agency, did someone from the agency tell you what care and services you would get?	Yes, No
<b>Q15.</b> In the last 2 months of care, how often did home health providers from this agency keep you informed about when they would arrive at your home?	Never, Sometimes, Usually, Always
<b>Q17.</b> In the last 2 months of care, how often did home health providers from this agency explain things in a way that was easy to understand?	Never, Sometimes, Usually, Always
<b>Q18.</b> In the last 2 months of care, how often did home health providers from this agency listen carefully to you?	Never, Sometimes, Usually, Always
<b>Q22.</b> In the last 2 months of care, when you contacted this agency’s office did you get the help or advice you needed?	Yes, No
<b>Q23.</b> When you contacted this agency’s office, how long did it take for you to get the help or advice you needed?	Same day, 1 to 5 days, 6 to 14 days, More than 14 days

# HHCAHPS: Specific Care Issues

<i>Specific Care Issues Composite ("Patients who reported that their home health team discussed medicines, pain and home safety with them.")</i>	Response Categories
Q3. When you first started getting home health care from this agency, did someone from the agency talk with you about how to set up your home so you can move around safely?	<input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No
Q4. When you started getting home health care from this agency, did someone from the agency talk with you about all the prescription medicines you were taking?	<input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No
Q5. When you started getting home health care from this agency, did someone from the agency ask to see all the prescription medicines you were taking?	<input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No
Q10. In the last 2 months of care, did you and a home health provider from this agency talk about pain?	<input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No
Q12. In the last 2 months of care, did home health providers from this agency talk with you about the <b>purpose</b> for taking your new or changed prescription medicines?	<input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No
Q13. In the last 2 months of care, did home health providers from this agency talk with you about <b>when</b> to take these medicines?	<input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No
Q14. In the last 2 months of care, did home health providers from this agency talk with you about the <b>important side effects</b> of these medicines?	<input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No

## Calculation Steps

- For each question, calculate the **proportion of cases** in the quarter in which the respondent gave the **most positive response**
- **Average the proportions** calculated for the **7 questions**
- **Average the results** obtained from each of the **4 separate quarters**
- Statistically apply the **patient mix adjustment factors**

# HHCAHPS: Overall Rating

<i>Rating of Care Provided by the Agency:</i>	<b>Response Categories</b>
<b>Q20:</b> Using any number from 0-10, where 0 is the worst home health care possible, and 10 is the best home health care possible, what number would you use to rate your care from this agency's home health providers?	0 – Worst home health care possible, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 Best home health care possible

## Calculation Steps

- For Question 20, calculate the **proportion of survey responses** in the quarter with an overall rating of 9 or 10
- **Average the results** obtained from each of the **4 separate quarters**
- Statistically apply the **patient mix adjustment factors**

A Patient Survey Star Rating will appear if the agency is eligible for public reporting on Care Compare and had at least 40 completed surveys in the public reporting period.



# HHCAHPS: Willingness to Recommend

<i>Patient's Willingness to recommend the agency to his or her family or friends:</i>	<b>Response Categories</b>
<b>Q25:</b> Would you recommend this agency to your family and friends if they needed home health care?	Definitely no, Probably no, Probably yes, <b>Definitely yes</b>

## Calculation Steps

- For Question 25, calculate the **proportion of respondents who answered “Definitely Yes”**
- **Average the results** obtained from each of the **4 separate quarters**
- Statistically apply the **patient mix adjustment factors**

Q25. is not included in the Patient Survey Star Rating due to providing similar information to the “Overall Rating of the HHA” survey question, but is a publicly reported survey question on **Care Compare**.

# HHCAHPS Survey

Quality Measure Sub-topics	Quality Measure Details by Sub-topic		
Use in Home Health by CMS	HHVBP	Patient Survey Star Rating	Care Compare
Measure Category	HHCAHPS Survey-based, with 3 Composites and 2 Global Ratings		
Data Sources	<ul style="list-style-type: none"> <li>Care of Patients/Professional Care [Composite] (Q9, Q16, Q19, Q24)</li> <li>Communication [Composite] (Q2, Q15, Q17, Q18, Q22, Q23)</li> <li>Specific Care Issues/Team Discussion [Composite] (Q3, Q4, Q5, Q10, Q12, Q13, Q14)</li> <li>Overall rating [Global] (Q20)</li> <li>Willingness to recommend the agency/Willing to Recommend (<i>No Star Rating</i>) [Global] (Q25)</li> </ul>		
<b>Measure Description</b>	Each of the HHCAHPS patient survey-based measures is calculated using data from one or more survey questions.		
<b>Measure Calculation</b>	<p><b>Numerator:</b> The number of respondents who gave the most positive response to each question.</p> <p><b>Denominator:</b> The total number of respondents who answered the question.</p> <p>Detailed scoring information is contained in the <i>Steps for Calculating Global Ratings and Composite Scores for the HHCAHPS Survey</i></p> <p><a href="https://homehealthcahps.org/Portals/0/HHCAHPS_steps_calculate_composites.pdf?ver=7PCs8ovwE7U9VewwEbtXVg%3d%3d">https://homehealthcahps.org/Portals/0/HHCAHPS_steps_calculate_composites.pdf?ver=7PCs8ovwE7U9VewwEbtXVg%3d%3d</a></p>		
<b>Measure Type</b>	Outcome		

# Quality Measure Resources

# Quality Measure Resources

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## **CMS Home Health Quality Reporting Program**

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits>

- Help Desk: [homehealthqualityquestions@cms.hhs.gov](mailto:homehealthqualityquestions@cms.hhs.gov)

## **CMS Home Health CAHPS**

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/CAHPS/HHCAHPS>

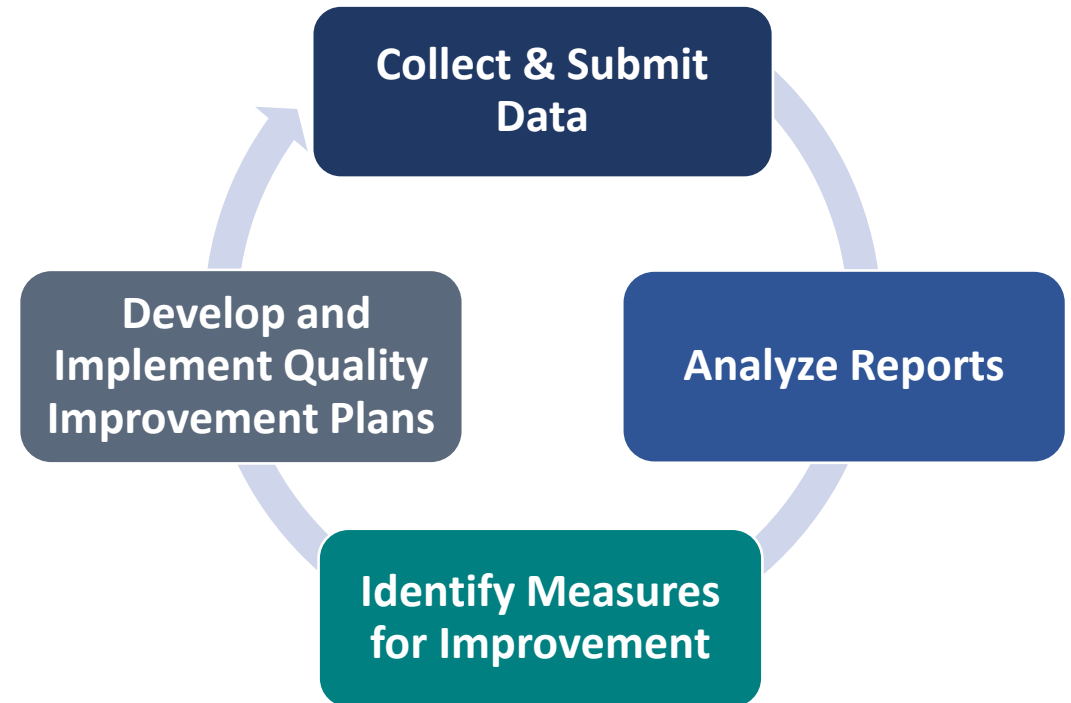
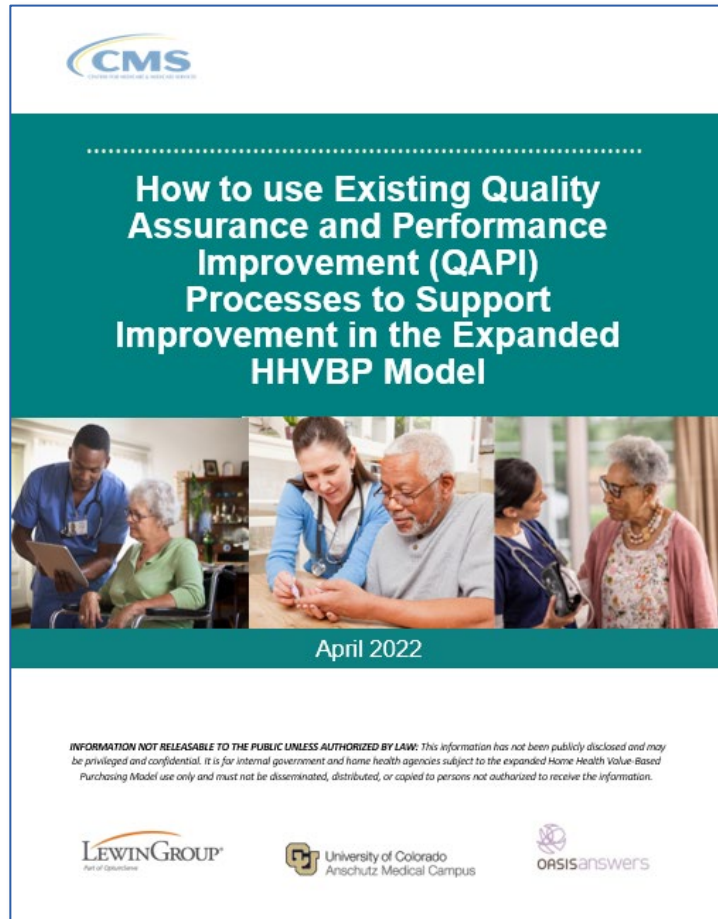
- Patient-Mix Adjustment Factors for Home Health Care CAHPS Survey Results Publicly Reported on Care Compare in January 2022 [https://homehealthcahps.org/Portals/0/PublicReporting/PMAandHHCAHPSresults\\_CY20Q3toCY21Q2.pdf](https://homehealthcahps.org/Portals/0/PublicReporting/PMAandHHCAHPSresults_CY20Q3toCY21Q2.pdf)
- Steps for Calculating Global Ratings and Composite Scores for the Home Health Care CAHPS Survey [https://homehealthcahps.org/Portals/0/HHCAHPS\\_steps\\_calculate\\_composites.pdf?ver=7PCs8ovwE7U9VewwEbtXVg%3d%3d](https://homehealthcahps.org/Portals/0/HHCAHPS_steps_calculate_composites.pdf?ver=7PCs8ovwE7U9VewwEbtXVg%3d%3d)
- Understanding the HHCAHPS Survey Preview Reports <https://homehealthcahps.org/Portals/0/UnderstandPrevRepSept2020.pdf?ver=7PCs8ovwE7U9VewwEbtXVg%3d%3d>
- Help Desk: [hhcahps@rti.org](mailto:hhcahps@rti.org) or call 1-866-354-0985

## **CMS Expanded HHVBP Model Web-page**

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

- Help Desk: [HHVBPquestions@lewin.com](mailto:HHVBPquestions@lewin.com)

# Quality Improvement Cycle



# Next Steps

# Next Steps

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Review with your team the details of the applicable Quality Measures included in the expanded HHVBP Model measure set



Access your agency's data and quality measure performance information



Utilize this recording, *Quality Measures used in the Expanded HHVBP Model*, and the written resource *How to use Existing Quality Assurance and Performance Improvement (QAPI) Processes to Support Improvement in Expanded Home Health Value-Based Purchasing (HHVBP) Model*

# Thank you!

*This material was prepared by Lewin Group under the HHVBP Technical Assistance contract (HHS-500-2014-00331.) with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS.*

