Upcoming Changes to Home Health Quality Reporting

Mary Pratt, MSN, RN
Director
Division of Chronic and Post Acute Care
Quality Measurement and Health Assessment Group
Center for Clinical Standards and Quality, CMS

March 24, 2014
National Association for Home Care & Hospice
March on Washington Conference

Upcoming Changes to HH Quality Reporting

- CMS Quality Goals and Strategies for Home Health
- New Home Health Quality Measures
- Revisions to OASIS Data Collection
- Planned revisions to Home Health Compare website
CMS Quality Goals

- Make care safer by reducing harm caused in the delivery of care
- Strengthen person and family engagement as partners in their care
- Promote effective communication and coordination of care
- Promote effective prevention and treatment of chronic disease
- Work with communities to promote best practices of healthy living
- Make care affordable

CMS Quality Strategies

- Measuring and publicly reporting providers’ quality performance
- Providing technical assistance and fostering learning networks for quality improvement
- Adopting evidence-based national coverage determinations
- Setting clinical standards for providers that support quality improvement
- Creating survey and certification processes that evaluate capacity for quality assurance and quality improvement
Measure Applications Partnership (MAP)

- The MAP is a multi-stakeholder group convened by the National Quality Forum (NQF) that supports HHS and CMS in the development and refinement of QI strategies.
- The MAP assists with the selection of performance measures for public reporting and performance-based payment programs:
  - Identifies the best available performance measures for use in specific applications - care settings, care providers, and patient populations.
  - Provides input to HHS on measures for use in public reporting, performance-based payment, and other programs.
  - Encourages alignment of measure development efforts across HHS and between the public- and private-sector.

MAP PAC/LTC Workgroup

- Defines priorities and core measure concepts for PAC and LTC performance measurement.
- Recommends a pathway for improving the use of measures through:
  - filling priority measure gaps
  - developing standardized care planning tools
  - monitoring for unintended consequences
### MAP PAC/LTC Recommendations

#### Priority Areas for PAC/LTC Performance Measurement

<table>
<thead>
<tr>
<th>Priority Area</th>
<th>Core Measure Concepts</th>
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<tbody>
<tr>
<td>Function</td>
<td>• Functional and cognitive status assessment</td>
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<td></td>
<td>• Mental health</td>
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<tr>
<td>Goal Attainment</td>
<td>• Establishment of patient/family/caregiver goals</td>
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<tr>
<td></td>
<td>• Advanced care planning and treatment</td>
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<tr>
<td>Patient Engagement</td>
<td>• Experience of care</td>
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<td></td>
<td>• Shared decision-making</td>
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<tr>
<td>Care Coordination</td>
<td>• Transition planning</td>
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<tr>
<td>Safety</td>
<td>• Falls</td>
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<td></td>
<td>• Pressure ulcers</td>
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<td></td>
<td>• Adverse drug events</td>
</tr>
<tr>
<td>Cost/Access</td>
<td>• Inappropriate medicine use</td>
</tr>
<tr>
<td></td>
<td>• Infection rates</td>
</tr>
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<td></td>
<td>• Avoidable admissions</td>
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#### PAC/LTC Care Measure Coordination Strategy

- Address gaps in core measurement areas, especially cost and access (avoidable admissions, readmissions, and emergency department visits)
- Develop care transition measures to promote coordination and shared accountability across the care continuum
- Ensure that measure sets are efficient
  - minimum number of measures and the least burdensome measures that achieve program goals
  - emphasis on measures that can be used across multiple programs
New Home Health Measures - Readmissions

- Patients who have been hospitalized prior to home health care are at a heightened risk of future hospital admissions and emergency department use
- Between July 2010 and June 2013,
  - 13.6% of home health patients rehospitalized within 30 days of the start of home health care
  - 9.2% of home health patients have reported emergency department use without hospital readmission
- Research suggests home health agencies can reduce hospital and emergency department visits through care coordination and other intervention strategies (e.g., tele-health, prompt physician follow-up)

New Home Health Measures - Readmissions

2 New Claims Based Measures of Readmission

- Evaluate home health agencies on the care they provide to patients who have been recently discharged from the hospital to ensure appropriate care
- Address the MAP PAC/LTC core concepts of avoidable admissions and care coordination
- Aligned with Hospital-Wide All-Cause Unplanned Readmission Measure
- Reinforces the important role measures of readmissions play in promoting shared accountability across the care continuum
## New Home Health Measures - Readmissions

### Measure 1: Rehospitalization During the First 30 Days of Home Health:

- Percentage of home health stays in which patients who had an acute inpatient hospitalization in the 5 days before the start of their home health stay were admitted to an acute care hospital during the 30 days following their home health stay.

### Measure 2: Emergency Department Use without Hospital Readmission During the First 30 Days of Home Health:

- Percentage of home health stays in which patients who had an acute inpatient hospitalization in the 5 days before the start of their home health stay used an emergency department but were not admitted to an acute care hospital during the 30 days following the start of the home health stay.
New Home Health Measures - Readmissions

CMS is working to implement these 2 measures for HHQI

- **Risk adjustment** – both measures are risk-adjusted to account for differences in patient health characteristics; currently undergoing NQF review
- **CASPER reporting** – in January 2014, CMS began reporting each home health agency’s performance rate on these measures on Certification And Survey Provider Enhanced Reports (CASPER)
- **Public reporting**
  - Starting in 2015, CMS intends to publicly report performance for HHAs with at least 20 home health stays, using a three-year reporting period
  - Public reporting will be of performance categories (i.e., “Better than Expected”, “Same as Expected”, or “Worse than Expected”) rather than measure rates

New OASIS-based Home Health Measures

**Depression Screening Conducted with Follow-Up Plan**

- Measures whether a standardized, validated depression assessment has been conducted AND a follow-up plan is documented in the physician ordered Plan of Care
- Recommended by MAP - addresses the PAC/LTC core concept of mental health and includes the element of follow-up, better promoting person- and family-centered care
- Endorsed by NQF - aligned with NQF-endorsed measure used in the Physician Quality Reporting System (PQRS)
- Will be publicly-reported once sufficient OASIS-C1 data are collected (starting in 2015) and will replace the existing measure of “Depression Assessment Conducted”
## New OASIS-based Home Health Measures

### New or Worsened Pressure Ulcer

- Currently there are no publicly-reported HH outcome measures for pressure ulcers
- A new measure in development will report whether the patient has a pressure ulcer that is new or has “worsened” (increased in numerical stage) since the most recent Start or Resumption of Care assessment
- Recommended by MAP and aligned with NQF-endorsed measures used in the Nursing Home and Inpatient Rehab setting
- Will be reviewed by NQF once sufficient OASIS-C1 data are collected – planned for public-reporting starting in 2015

## Updates to OASIS Data Set

- OASIS-C1 goes into effect 10/01/2014
- Changes are designed to:
  - Enable the coding of diagnoses using the ICD-10-CM coding set required as of October 1, 2014
  - Reduce burden associated with OASIS data collection by removing items not currently used by CMS for payment or quality measurement
  - Address issues raised by stakeholders, including updating clinical concepts and improving item clarity
  - Increase “harmonization” between OASIS items and other PAC/LTC data sets, such as MDS and CARE
Updates to OASIS Data Set – OASIS-C1

- OASIS-C1 supports the new/revised HHQI measures
  - M1309 – New or Worsened Pressure Ulcer item added to support new pressure ulcer measure
  - M2250 – Plan of Care item revised to support new depression measure

- OASIS-C1 Manual includes revised guidance for items used in QMs
  - Draft version will be available on the OASIS page at CMS.gov in April 2014

References and Resources

- CMS Quality Strategy - 2013 – Beyond, November 18, 2013

- MAP Coordination Strategy for PAC/LTC Performance Measurement Report, February 1, 2012
  https://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id &ItemID=70404

  https://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id &ItemID=74635
OASIS

- OASIS-C1 developed for implementation of ICD-10 and revision of and clarification of OASIS-C items
- OASIS-C1 was approved by OMB on 2/6/2014 for implementation 10/01/2014
- Posted at: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/OASIS-C1
• OASIS-C1 User manual will be posted at:

OASIS-C1 Training

• Webinar to be provided Wednesday, April 30, 2014 @ 2PM
• Details to be published in S&C letter
• Primarily for Surveyors and OECs, but will have 1,000 lines
• Webinar materials will be posted approximately 2 weeks prior to webinar
• Questions to be submitted to OASIS mailbox: cmsoasisquestions@oasisanswers.com
OASIS-C Guidance Manual Updates

- The OASIS-C1 Guidance Manual has been revised to accommodate OASIS-C1
- The revised OASIS-C1 Q&As will be posted at:
  - https://www.qtso.com/hhadownload.html
- CMS will have OASIS-C and OASIS-C1 Q&As posted until 10/1/2014, then OASIS-C will be archived

Resources-OASIS Items

OASIS Home Page

OASIS data set
- OASIS-C1 Guidance Manual - Chapter 3
- Revised January 2014 (to be posted April 2014)
Resources-OASIS Items

OASIS Training Modules
• http://www.cmstraining.info/index.aspx
  – Click on “I AM A PROVIDER”
  – Click on “Web based Training”
  – Scroll down and click on “Outcome and Assessment Information Set (OASIS) Training” link
  – Click on “Launch the Course”
• http://surveyortraining.cms.hhs.gov/pubs/CourseMenu.aspx?cid=0CMSOASISCWBT

OASIS Web-based Training
• Series of modules to replace old web based training
• Will be revised to accommodate OASIS-C1
• OASIS-C Modules currently posted
  – Overview and Conventions
  – Patient Tracking Domain
  – Clinical Record Items Domain
  – Patient History and Diagnosis
  – Living Arrangements & Sensory Status
OASIS Training

• Modules (cont.)
  – Integumentary Status Domain – Pressure Ulcers Part 1 and Part 2 and Stasis Ulcers, Surgical Wounds & Skin Lesions
  – Respiratory & Cardiac Status Domain
  – Elimination Status Domain
  – Neuro/Emotional/Behavioral Status Domain
  – ADLs/IADLS (Part 1 and Part 2)
  – Medications
  – Care Management, Therapy Need and Emergent care
  – Care Planning and Interventions

OASIS Transmission Changes

• New system, ASAP, effective 10/01/2014, HHA will transmit to ASAP system (Assessment Submission and Processing System) National Repository, not State Servers
  • HAVEN replaced by jHAVEN
  • State servers will shut down 9/26/2014
OASIS Transmission Changes

- After 10/1/2014, ASAP is seamless to provider
- BUT, HHAs need to clean up “open episodes”
  - Submit missing Follow-up or DC assessments
- After 10/01/2014, ASAP will reject assessments with M0090 date greater than 36 months for active HHA and 24 months for closed HHA

Additional Manuals

Resources for Data Transmission

OASIS Educations and Automation Coordinators

- QTSO help
  - Phone: 800-339-9313
  - E-mail: help@qtso.com

Process Measure Update

- Added to our toolkit - [www.youtube.com/user/CMSHHSgov](http://www.youtube.com/user/CMSHHSgov)
- Understanding PBQI
  - [http://www.youtube.com/user/CMSHHSgov#p/search/1/hNno1GIVAPA](http://www.youtube.com/user/CMSHHSgov#p/search/1/hNno1GIVAPA)
Accurately Responding to Process Items:

- Plan of Care Synopsis (M2250)
  
  http://www.youtube.com/user/CMSHHSgov#p/search/10/H7mdobdIXr4

- Focus on the Fall Risk Assessment (M1910)
  
  http://www.youtube.com/user/CMSHHSgov#p/u/3/qUFeQZWQycY

- Focus on the Intervention Synopsis (M2400)
  
  http://www.youtube.com/user/CMSHHSgov#p/u/0/XrPJ85GQJVg

OASIS Submission

- OASIS submission is now tied to the
  - Conditions of Participation
  - Quality Measures – Pay 4 Reporting (P4R) and HH Compare
  - OBQI/OBQM (used for survey)
  - Conditions for Coverage/Payment

- The goal being accurate data in the National Repository for all Medicare/Medicaid payment sources
Home Health Care CAHPS® Survey known as HHCAHPS

March 2014

HHCAHPS APU Participation Periods

<table>
<thead>
<tr>
<th>APU Year</th>
<th>HHCAHPS Survey Participation Period</th>
<th>Deadline to Submit a PER form</th>
</tr>
</thead>
<tbody>
<tr>
<td>CY 2014</td>
<td>Submit an HHCAHPS Survey data file for each month from April 2012 to March 2013</td>
<td>January 17, 2013</td>
</tr>
<tr>
<td>CY 2015</td>
<td>Submit an HHCAHPS Survey data file for each month from April 2013 to March 2014</td>
<td>January 16, 2014</td>
</tr>
<tr>
<td>CY 2016</td>
<td>Submit an HHCAHPS Survey data file for each month from April 2014 to March 2015</td>
<td>January 15, 2015</td>
</tr>
</tbody>
</table>
Contact Information

• HHAs new to HHCAHPS should call: 1-800-345-0985 or email hhcahps@rti.org
• HHAs must register for HHCAHPS, and authorize an HHCAHPS survey vendor to do the survey for them. The registration and vendor authorization are done on https://homehealthcahps.org
• The only official CMS website for HHCAHPS is https://homehealthcahps.org. This website contains everything about HHCAHPS.

Conditions of Participation

• Appendix B of State Operations Manual
• Revisions to CoPs proposed March 1997
• Publication delayed
• Revised Conditions in clearance now
Survey Frequency

- Statutory requirement to survey HHAs no less frequently than every 36 months
- Mission and Priority Document
  - States receive Tier 1 list – all statutory requirements
- Validation Surveys
  - Federal
  - Accrediting Organizations (AOs)

Surveyor Focus

- Quality of Care
- Patient Safety
- Outcome Oriented
- Types of Surveys
  - Standard Survey
  - Partial Extended
  - Fully Extended
Survey Tasks

• Pre-survey preparation
• Entrance Interview
• Information gathering
• Information analysis
• Exit Conference
• Formation of Statement of Deficiencies (2567)

Revised Surveyor Protocols

• Issued February 11, 2011, S&C letter 11-11
• Implemented May 2011
• Latest Revisions to Appendix B posted with S&C letter 14-14, March 14, 2014
HHA Alternative Sanctions

- Legislated as part of OBRA “87
- Final regulation published as part of CY2013 Home Health PPS Rule, November 8, 2012
- Survey and Enforcement Requirements for Home Health Agencies, 42 CFR 488, Survey, Certification and Enforcement Procedures

CMS Expectations

- Provider remain in substantial compliance with Medicare program requirements as well as State law
  - Emphasis on continued rather than cyclical compliance
  - Enforcement mandates that policies be established to correct deficient practice and correction is lasting
  - HHAs take the initiative and responsibility for monitoring performance to sustain compliance
CMS Expectations

- Deficiencies will be addressed promptly
  - The standard is substantial compliance
  - Alternative sanctions could be imposed by CMS in lieu of immediate termination
  - Can remain in place for up to six months
- Individuals under the care of the HHA receive the care and services they need to attain and maintain their highest practicable functional ability

FY 2011 - Top 10 Survey Deficiencies – Home Health

- G158 – Written Plan of Care established & periodically reviewed
- G159 – Plan of Care covers diagnosis, required services, visits, etc.
- G337 – Assessment includes review of all medications
- G236 – Record with past/current findings maintained for all patients
- G121 – Compliance with accepted professional standards/principles
Top 10 Survey Deficiencies
Home Health

- G143 – Coordination of Patient Services
- G170 – Skilled Nursing Services furnished in accordance with Plan of Care
- G229 – Supervisory visits if skilled care no less than once every 2 weeks
- G176 – RN prepares notes, coordinates, informs MD, other staff of changes
- G164 – Alert physician to changes that suggest a need to alter POC
- G165 – Drugs and treatment administered only as ordered by physician

Top 10 OASIS Warning Errors

- 286 – Warning – Inconsistent M0090/Submission Date
- 82 – Warning – Patient provider update: the patient was previously cared for by a “prior” provider
- 81 – Warning – Patient information updated: Submitted data in the field is not the same as the data previously submitted for this patient. Verify that the “new” information is correct.
Top 10 OASIS Warning Errors

• 1002 – Warning – Inconsistent record sequence: The submitted record does not satisfy the sequence guidelines. The submitted (M0100) does not logically follow the (M0100) previously accepted by the State.

Top 10 OASIS Warning Errors

• 1003 – Warning – Inconsistent effective date sequence. The record submitted does not satisfy the sequence guidelines. The effective date of the record submitted is a date earlier than the effective date of the most current record in the State system.
Top 10 OASIS Warning Errors

• 320 – The submitted HIPPS_VERSION must match the calculated HIPPS_VERSION value

• 262 – Warning – Inconsistent M0090 date: The RFA 04 (M0090) does not meet CMS guidelines.

• 129 – Warning - Inconsistent M0090 date: Discharge record was not completed within CMS timing requirements

Top 10 OASIS Transmission Errors

• 265 – Warning – New Patient – A new patient has been created in the database of the CMS OASIS system at the State

• 257 – Warning – The submitted HIPPS_CODE must match the calculated HIPPS_CODE value
### Top 10 Fatal Errors

1. **1000 – Duplicate assessment**
2. **213 – Invalid data value**
3. **1007 – No match found (for correction)**
4. **305 – Inconsistent M0150 values**
5. **279 – Inconsistent M0016 – No branch found**

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### Top 10 Fatal Errors

1. **26 – Invalid record HHA_ID**
2. **402 – Inconsistent M1022 value**
3. **222 – Inconsistent CCN Number**
4. **53 – Invalid format**
5. **134 – Inconsistent M0150/M0065 value**
Other Resources

• HHA Center -
  http://www.cms.gov/Center/Provider-Type/Home-Health-Agency-HHA-Center.html
• HHA PPS –
  http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/index.html
• Open Door Forums -
  http://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/ODF_HH_HDME.html

Other Resources (cont.)

• State Operations Manual – SOM -
• Conditions of Participation - CoPs