

# CMS Home Health Spotlights and Announcements

## 2015

### **November 10, 2015**

Updated Measure Specifications for the application of Percent of Residents or Patients with Pressure Ulcers that are New and Worsened (NQF #0678)

Final measure specifications, along with the final OASIS item wording to support this measure, have been posted on the [Home Health Quality Measures page](#)

### **ICD-10 Implementation**

ICD-10 coding was required starting October 1, 2015. More information, can be found on the [Home Health Quality Reporting Page](#) .

### **Update on Home Health Quality Reporting**

In the CY 2015 Home Health Final Rule (Federal Register/Vol. 79, No. 215 / Thursday, November 6, 2014, p. 66074 ff), CMS established a new “Pay-for-Reporting Performance Requirement” to support measurement of provider compliance with already-existing quality reporting program requirements. Provider compliance will be measured using a “Quality Assessment Only” (QAO) metric. In summary, the QAO metric divides (a) the number of assessments submitted that can be used for quality measurement by (b) the total number of assessments submitted that should be usable for quality measurement to yield (c) a percentage that is the level of compliance. The first performance period for which this compliance level will be measured is July 1, 2015 through June 30, 2016 and the minimum compliance standard for this period is 70%. HHAs with compliance levels below 70% for this period will see a two percentage point reduction in their annual payment update (APU) for calendar year (CY) 2017.

**QAO Historical Performance Reports.** To assist HHAs in assessing their current level of QAO compliance, CMS has distributed informational QAO Historical Performance Reports to providers’ CASPER Shared folders. These reports show the calculation of the QAO metric based on the provider’s OASIS submissions during the period July 2013 – June 2014. Note that these reports are purely informational and will have no impact on providers’ payments. They will be available in the CASPER folders for 120 days, or until October 26, 2015. Providers having problems accessing their CASPER folder can consult the section on “Shared Folders” in the [CASPER Reporting Provider User Guide](#) or contact the QTSO Help Desk by telephone at 800-339-9313 or by e-mail to: help@qtso.com

**Additional information on the QAO metric.** On June 2, the Centers for Medicare & Medicaid Services (CMS) hosted a Special Open Door Forum (SODF) call to provide home health agencies (HHAs) and other interested parties with additional information on the QAO metric and the QAO Historical Performance Reports. The materials from this SODF (including a slide deck, a sample QAO Historical Performance Report, and a ZIP file containing the agenda, the transcript, and an audio recording), as well as other information on the QAO metric, are available on the [Home Health Quality Reporting Program web page](#).

### **Ongoing Implementation of Star Ratings for Home Health Compare**

CMS established the Home Health Compare (HHC) website on Medicare.gov as a key tool for consumers to use when choosing a home health care provider. As announced in December 2014, CMS is adding star ratings to HHC in order to make the information there easier to use. The star ratings summarize some of the current measures of home health care provider performance that the site already offers, and will provide further support to consumers’ health care decision-making, while none of the current information on the site will be removed. CMS solicited and received substantial stakeholder input since the initial announcement of the star ratings in December 2014, and has made revisions to the star rating methodology in response. Implementation of the new star ratings is now proceeding.

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The **Quality of Patient Care Star Ratings**, a summary of 9 of the quality measures based on OASIS patient assessments and Medicare claims data, will be published on Home Health Compare beginning **July 16, 2015**, and will be updated on a quarterly basis. Quality of Patient Care Star Rating **Provider Preview Reports** showing the calculation of the July 2015 star rating were distributed to providers (via their CASPER folders on the QIES system) at the beginning of April. CMS sponsored a webinar in March 2015 to review the format of the report. The slide deck, a sample report, and a link to view a recording of the webinar, as well as additional information on the Quality of Patient Care Star Rating, are posted on the [Home Health Star Ratings web page](#). Providers wishing to review the initial Quality of Patient Care Star Rating as published on Home Health Compare in July should use this initial preview report. It has a file name ending with the report sequence number (1) and the scheduled distribution date, "Star\_Preview1\_31 MAR 2015".

The **Patient Survey Star Ratings** is a separate set of star ratings that will be calculated from the patient experience of care measures, which are based on the Home Health Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey data. These are scheduled for publication on HHC in January 2016. CMS held a Special Open Door Forum (SODF) in May 2015 to describe the rationale for these star ratings and to give a detailed description of the methods for calculating the ratings and assigning stars. The SODF presentation slides, Technical Paper, and FAQs are posted on the [HCAHPS web page](#). Questions or comments about the HCAHPS Patient Survey Star Ratings can be submitted to: [HHCAHPS@RTI.org](mailto:HHCAHPS@RTI.org).

### Other Enhancements to the Home Health Quality Reporting Program

**Two new measures to be added to Home Health Compare.** Beginning in July 2015, two new NQF-endorsed quality measures will be added to HHC:

- Rehospitalization During the First 30 Days of Home Health (NQF #2380)
- Emergency Department Use without Hospital Readmission During the First 30 Days of Home Health (NQF #2505)

These measures were added to the CASPER reports in January 2014 and were originally scheduled to be published in 2014, but were deferred to coincide with other updates to HHC taking place in July 2015. Technical documentation on these measures and their risk adjustment models is available [here](#).

**Provider Preview Reports to be Published Quarterly.** As of April 1, 2015, Home Health Agencies began to receive Provider Preview Reports (for all Process Measures and Outcome Measures) on a quarterly, rather than annual, basis. The second quarterly report has just been distributed to provider's CASPER folders.

The opportunity for providers to review their data prior to public reporting aligns with our other quality reporting programs and the requirement for provider review under the Improving Medicare Post-Acute Care Transformation Act of 2014 (the IMPACT Act). Specifically, the third phase laid out in section 2(e) of the IMPACT Act requires the public reporting of the measures implemented to satisfy the measure domains delineated within it. Section 2(g) of the IMPACT Act sets forth the requirement of public reporting and that providers have an opportunity to review their data prior to public reporting. For more information on the IMPACT Act of 2014 we refer readers to: <http://www.gpo.gov/fdsys/pkg/BILLS-113hr4994enr/pdf/BILLS-113hr4994enr.pdf>.