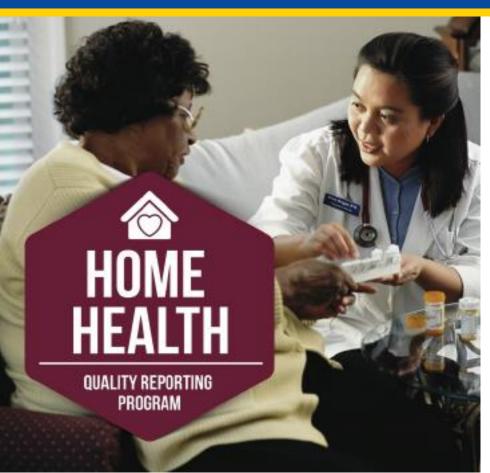


Home Health Quality Reporting Program Provider Training



Review and Correct Report Provider Training

Presenter: Kathryn D. Roby

Date: March 6, 2018



Welcome!

Today's Presenter



Kathryn D. Roby, M.Ed., M.S., R.N., CHCE, CHAP/ACHC Senior Consultant, Home Health Services Qualidigm

Housekeeping

- This webinar is being recorded.
- Closed captioning is enabled and will appear at the bottom of your screen.
- If you have a question at any point throughout today's presentation, enter it at the bottom of the Q&A box in the lower lefthand corner of the screen. Submit by clicking the "Ask" button.

How to Download the Handout Materials

 Training materials can be downloaded from the Downloads section of the Home Health Quality Reporting Program (QRP) Training Webpage at the following URL:

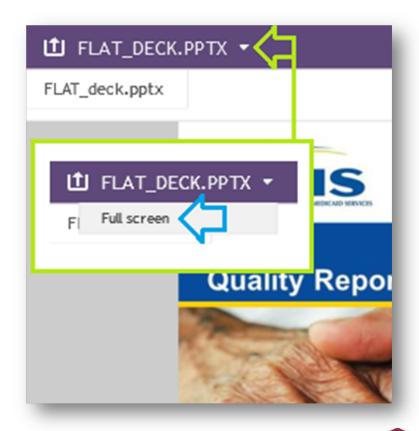
https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Home-Health-Quality-Reporting-Training.html

 The Downloads section is at the bottom of the Training Webpage.



How to Enter Full Screen Mode

- Click on the PPT Presentation Title located above the presentation area.
- The option for FULL SCREEN will appear.
- Click on FULL SCREEN to maximize and change your view to ONLY the presentation.
- Hit the ESC key on your keyboard to return to the normal view.





Knowledge Check Questions

- During this presentation, you will be asked to respond to questions that test your knowledge of the material presented.
- When prompted with a question, review the options offered and select your answer.
- Once you select your answer, it will automatically be submitted for you.
- Following a brief pause, the presenter will review the correct responses and rationale for each question.

Polling Question

How many people (including you) are participating in this webinar together?

- A. Just me—I am the only one participating.
- B. Two people.
- C. Three or four people.
- D. Five or more people.



Disclaimer

This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently, so links to the source documents have been provided within the document for your reference.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.



Acronyms in This Presentation

- ASAP: Assessment Submission and Processing
- ASPEN: Automated Survey Processing Environment
- CASPER: Certification and Survey Provider Enhanced Reports
- CCN: CMS Certification Number
- CMS: Centers for Medicare & Medicaid Services
- HH: Home Health
- HHA: Home Health Agency
- MAC: Medicare Administrative Contractor
- NHSN: National Healthcare Safety Network



Acronyms in This Presentation (cont.)

- NQF: National Quality Forum
- OASIS: Outcome and Assessment Information Set
- QAO: Quality Assessments Only
- QIES: Quality Improvement and Evaluation System
- QM: Quality Measure
- QRP: Quality Reporting Program
- QTSO: QIES Technical Support Office
- RO: Regional Office
- ROC: Resumption of Care
- SOC: Start of Care



Objectives

- Discuss public reporting in the context of the Home Health (HH) Quality Reporting Program (QRP).
- Discuss the quality measures (QMs) used for public reporting contained in the Review and Correct Report.
- Review the structure and content of the Review and Correct Report.

Objectives (cont.)

- Describe how to access the Review and Correct Report.
- Identify additional Certification and Survey Provider Enhanced Reports (CASPER) and resources available to agencies.



Public Reporting

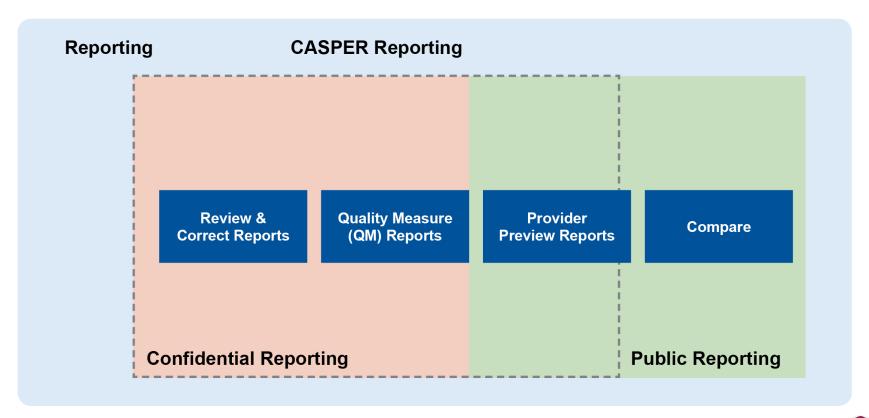


Public Reporting

- Since the fall of 2003, the Centers for Medicare & Medicaid Services (CMS) has posted a subset of the Outcome and Assessment Information Set (OASIS)-based quality performance information on "Home Health Compare."
- These publicly reported measures include:
 - Outcome measures that indicate how well home health agencies (HHAs) assist their patients in regaining or maintaining their ability to function.
 - Process measures that evaluate the rate at which HHAs use specific evidence-based processes of care.
- Downloadable data is available at https://data.medicare.gov.



Public Reporting Overview



CASPER Reports: Review and Correct Report

Review and Correct Report

- User-requested CASPER report.
- Displays numerator and denominator counts for OASIS assessment-based quality measures, by quarter.
- Reports non-risk-adjusted quality measure result scores.
- Identifies if missing or corrected OASIS data should be submitted prior to a quarter's data submission deadline.
- Includes only OASIS data submitted and accepted prior to a quarter's data submission deadline.



CASPER Reports: Quality Measures Reports

Quality Measures Reports

- User-requested CASPER reports.
- Include process and outcome quality measure result data at the patient-level and agency-level.
- Provide confidential feedback to agencies on their performance.
- Result data are risk-adjusted where applicable.
- Claims-based measures are also included in the agency-level reports.
- Include all data submitted from OASIS assessments with a target date within the requested reporting period, regardless of their submission date.



CASPER Reports: Provider Preview Report

Provider Preview Report

- Distributed CASPER report (shared folder within CASPER).
- Available quarterly, approximately three months prior to display on Home Health Compare.
- Provides opportunity to review agency-level risk-adjusted assessment and claims-based quality measure data for measures that will be publicly reported on the Home Health Compare website for that reporting period.
- Measure results are final and cannot be updated.



Quality Reporting Program and Quality Measures

Home Health Quality Reporting Program

 The HH QRP was implemented on January 1, 2007, with HH quality data being collected with the OASIS data collection instrument.



Quality Measures Used in HH QRP

 The following two categories of quality measures are used in the HH QRP.







HH QRP: Outcome Measures

- Outcome measures assess the results of healthcare experienced by patients.
- The data for the HH outcome measures are derived from two sources:

Assessment-Based

Data collected in OASIS and submitted by HH agencies.

Medicare Claims-Based

Data submitted in Medicare claims.

 Only assessment-based measures are included in the Review and Correct Report.



HH QRP: Process Measures

- Process measures evaluate the rate at which HHAs use specific evidence-based processes of care.
- The HH QRP process measures focus on high-risk, high-volume, problem-prone areas for HH care.
- The data for HH process measures are derived from the following source:

Assessment-Based

Data collected in OASIS and submitted by HH agencies.



Quality Measures Included in the Review and Correct Report

Quality Measure		Туре
1.	Percent of Residents or Patients With Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)	Outcome
2.	Percent of Patients with Drug Regimen Review Conducted With Follow-Up for Identified Issues	Process
3.	Improvement in Ambulation/Locomotion (NQF #0167)	Outcome
4.	Improvement in Bed Transferring (NQF #0175)	Outcome
5.	Improvement in Bathing (NQF #0174)	Outcome
6.	Improvement in Pain Interfering With Activity (NQF #0177)	Outcome
7.	Improvement in Dyspnea	Outcome
8.	Improvement in Status of Surgical Wounds (NQF #0178)	Outcome

Quality Measures Included in the Review and Correct Report (cont.)

Quality Measure	Туре
9. Improvement in Management of Oral Medications (NQF #0176)	Outcome
10. Timely Initiation of Care (NQF #0526)	Process
11. Depression Assessment Conducted (NQF #0518)	Process
12. Multifactor Fall Risk Assessment Conducted for All Patients Who Can Ambulate (NQF #0537)	Process
13. Diabetic Foot Care and Patient Education Implemented During All Episodes of Care (NQF #0519)	Process
14. Drug Education on All Medications Provided to Patient/Caregiver During All Episodes of Care	Process
15. Influenza Immunization Received for Current Flu Season	Process
16. Pneumococcal Polysaccharide Vaccine Ever Received	Process



Quality Measures

- For a complete list of QMs, see the following website:

Knowledge Check 1

- 1. The Review and Correct Report includes which of the following measures:
 - A. Medicare claims-based measures.
 - B. Assessment-based measures.
 - C. All of the above.



Knowledge Check 2

- 2. The Review and Correct Report can be accessed through:
 - A. Automated Survey Processing Environment (ASPEN).
 - B. National Healthcare Safety Network (NHSN).
 - C. Quality Improvement and Evaluation System (QIES).
 - D. Certification and Survey Provider Enhanced Reports (CASPER).



Knowledge Check 3

- 3. The quality measures included in the Review and Correct Reports are classified as:
 - A. Outcome measures.
 - B. Process measures.
 - C. Both A and B.
 - D. None of the above.



Review and Correct Report

Review and Correct Report

- User on-demand report.
- Confidential to providers.
- Displays quarterly rates.
 - When reporting quarter ends, the report is available the next business day.
 - Providers are able to obtain aggregate performance for up to the past 4 full quarters as the data are available.
- Available for providers to run with updated data weekly (until the data correction deadline).

Review and Correct Report (cont. 1)

- Displays data correction deadlines and whether the data correction period is open or closed.
- Updates/corrections to the underlying assessment data via the CMS QIES Assessment Submission and Processing (ASAP) system submitted before the data correction deadline will be reflected in the Review and Correct Report.

Review and Correct Report (cont. 2)

- Accessed through CASPER.
- Provides a "snapshot" of current performance based on assessments in CASPER.
- Contains QM information at the agency level.
- Assessment-based measures only.
- Not risk-adjusted. Only observed (raw) rates are provided.



Data Collection Periods

Calendar Year Data Collection Quarter	Data Collection/ Submission QRP	Quarterly Review and Correction Periods
Quarter 1	January 1 to March 31	April 1 to August 15
Quarter 2	April 1 to June 30	July 1 to November 15
Quarter 3	July 1 to September 30	October 1 to February 15
Quarter 4	October 1 to December 31	January 1 to May 15

Review and Correct Report: Header Information



CASPER Report HHA Review and Correct Report OASIS-C2 Quality Measures: Report #1 for 2017

Run Date: 01/18/2018 Page 2 of 16

CMS Certification Number: 999999

Agency Name: HOME HEALTH AGENCY
Street Address Line 1: 1234 MAIN STREET

Street Address Line 2:

City: ANYWHERE

 State:
 US

 ZIP Code:
 12345

 County Name:
 County

 Telephone Number:
 111-222-3333

- Report Title, Setting, Report Number.
- Report Run Date, Number of Pages.
- CMS Certification Number (CCN).
- Agency Name.
- Address (Street, City/State, ZIP Code, County).
- Telephone Number.



Review and Correct Report: Header Information (cont.)

- Carefully review the information about your agency to ensure accuracy, including:
 - o CCN.
 - Agency Name.
 - Street Address.
 - City/State/ZIP Code.
 - County Name.
 - Telephone Number.



Agency Information: Ensure Accuracy

How to Correct Agency Information:

- Contact your Medicare Administrative Contractor (MAC) to update your agency information.
- MAC contact information is available at the following link: https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map.

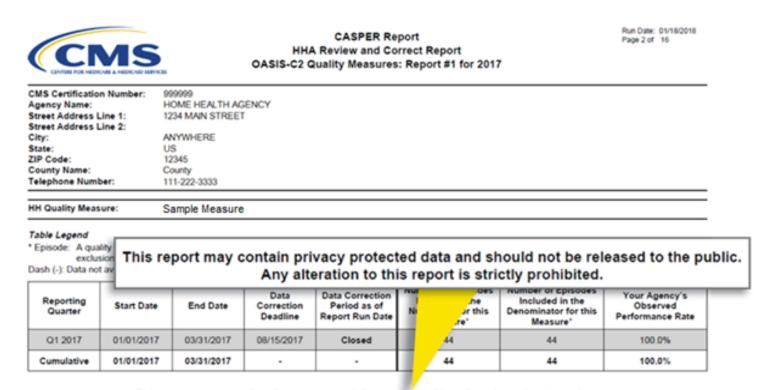
Agency Information: Ensure Accuracy (cont.)

How to Correct Agency Information:

- Once on the website, click on your State on the map or select it from the drop-down list below the map.
- Contact information for your State will then be displayed below the map.
- You can find your Regional Office (RO) at https://www.cms.gov/About-CMS/Agency-Information/RegionalOffices/index.html.
- Contact information for each RO is available in PDFs at the bottom of the page.



Review and Correct Report: Footer Information



This report may contain privacy protected data and should not be released to the public.

Any alteration to this report is strictly prohibited.



Review and Correct Report: General Items

- Quality Measure Name.
- National Quality Forum (NQF) Number (if applicable).
- Table Legend.
 - Provides important information for interpreting results.
- · Reporting Quarter.
- Start Date/End Date.
- Data Correction Deadline.
- Data Correction Period as of Report Run Date (Open/Closed).



Review and Correct Report: General Items (cont. 1)



CASPER Report

HHA Review and Correct Report

OASIS-C2 Quality Measures: Report #1 for 2017

Run Date: 01/18/2018 Page 2 of 16

CMS Certifi Agency Nai Street Addi Street Addi

City:

Table Legend

* Episode: A quality episode begins with a start or resumption of care (SOC/ROC) and ends with a death,

discharge or transfer. Additional measure-specific exclusions may apply.

State: Dash (-): Data not available or not applicable.

County Name: County
Telephone Number: 111-222-3333

HH Quality Measure: Sample Measure

Table Legend

Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Episodes Included in the Numerator for this Measure*	Number of Episodes Included in the Denominator for this Measure*	Your Agency's Observed Performance Rate
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Closed	44	44	100.0%
Cumulative	01/01/2017	03/31/2017			44	44	100.0%

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Any alteration to this report is strictly prohibited.



^{*} Episode: A quality episode begins with a start or resumption of care (SOC/ROC) and ends with a death, discharge or transfer. Additional measure-specific exclusions may apply.

Review and Correct Report: General Items (cont. 2)

Table Legend

Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Episodes Included in the Numerator for this Measure*	Number of Episodes Included in the Denominator for this Measure*	Your Agency's Observed Performance Rate
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Closed	44	44	100.0%
Cumulative	01/01/2017	03/31/2017	-	-	44	44	100.0%

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^{*} Episode: A quality episode begins with a start or resumption of care (SOC/ROC) and ends with a death, discharge or transfer. Additional measure-specific exclusions may apply.

Review and Correct Report: General Items (cont. 3)

Table Legend

Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Episodes Included in the Numerator for this Measure*	Number of Episodes Included in the Denominator for this Measure*	Your Agency's Observed Performance Rate
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Closed	44	44	100.0%
Cumulative	01/01/2017	03/31/2017	-	-	44	44	100.0%

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Any alteration to this report is strictly prohibited.



^{*} Episode: A quality episode begins with a start or resumption of care (SOC/ROC) and ends with a death, discharge or transfer. Additional measure-specific exclusions may apply.

Review and Correct Report: General Items (cont. 4)

Table Legend

Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Episodes Included in the Numerator for this Measure*	Number of Episodes Included in the Denominator for this Measure*	Your Agency's Observed Performance Rate
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Closed	44	44	100.0%
Cumulative	01/01/2017	03/31/2017	-	-	44	44	100.0%

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Any alteration to this report is strictly prohibited.



^{*} Episode: A quality episode begins with a start or resumption of care (SOC/ROC) and ends with a death, discharge or transfer. Additional measure-specific exclusions may apply.

Review and Correct Report: General Items (cont. 5)

Table Legend

Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Episodes Included in the Numerator for this Measure*	Number of Episodes Included in the Denominator for this Measure*	Your Agency's Observed Performance Rate
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Closed	44	44	100.0%
Cumulative	01/01/2017	03/31/2017		-	44	44	100.0%

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Any alteration to this report is strictly prohibited.



^{*} Episode: A quality episode begins with a start or resumption of care (SOC/ROC) and ends with a death, discharge or transfer. Additional measure-specific exclusions may apply.

Review and Correct Report: General Items (cont. 6)

Table Legend

Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Episodes Included in the Numerator for this Measure*	Number of Episodes Included in the Denominator for this Measure*	Your Agency's Observed Performance Rate
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Closed	44	44	100.0%
Cumulative	01/01/2017	03/31/2017	-		44	44	100.0%

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Any alteration to this report is strictly prohibited.



^{*} Episode: A quality episode begins with a start or resumption of care (SOC/ROC) and ends with a death, discharge or transfer. Additional measure-specific exclusions may apply.

Review and Correct Report: General Items (cont. 7)

Table Legend

Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Episodes Included in the Numerator for this Measure*	Number of Episodes Included in the Denominator for this Measure*	Your Agency's Observed Performance Rate
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Closed	44	44	100.0%
Cumulative	01/01/2017	03/31/2017	-	-	44	44	100.0%

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Any alteration to this report is strictly prohibited.



^{*} Episode: A quality episode begins with a start or resumption of care (SOC/ROC) and ends with a death, discharge or transfer. Additional measure-specific exclusions may apply.

Review and Correct Report: General Items (cont. 8)

Table Legend

Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Episodes Included in the Numerator for this Measure*	Number of Episodes Included in the Denominator for this Measure*	Your Agency's Observed Performance Rate
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Closed	44	44	100.0%
Cumulative	01/01/2017	03/31/2017	-	-	44	44	100.0%

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Any alteration to this report is strictly prohibited.



^{*} Episode: A quality episode begins with a start or resumption of care (SOC/ROC) and ends with a death, discharge or transfer. Additional measure-specific exclusions may apply.

Review and Correct Report: General Items (cont. 9)

Table Legend

Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Episodes Included in the Numerator for this Measure*	Number of Episodes Included in the Denominator for this Measure*	Your Agency's Observed Performance Rate
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Closed	44	44	100.0%
Cumulative	01/01/2017	03/31/2017	-	-	44	44	100.0%

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^{*} Episode: A quality episode begins with a start or resumption of care (SOC/ROC) and ends with a death, discharge or transfer. Additional measure-specific exclusions may apply.

Observed Performance Calculation

Numerator

Number of Episodes Included in the Numerator for this Measure

Denominator

Number of Episodes Included in the Denominator for this Measure

Your Agency's Observed Performance Rate = $\left(\frac{Numerator}{Denominator}\right) x 100$



Example: Improvement in Pain Interfering with Activity

HH Quality Measure: Improvement in Pain Interfering with Activity (NQF #0177)

Table Legend

Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Episodes Included in the Numerator for this Measure*	Number of Episodes Included in the Denominator for this Measure*	Your Agency's Observed Performance Rate
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Closed	30	37	81.1%
Cumulative	01/01/2017	03/31/2017	-	-	30	37	81.1%



^{*} Episode: A quality episode begins with a start or resumption of care (SOC/ROC) and ends with a death, discharge or transfer. Additional measure-specific exclusions may apply.

Subsequent Review and Correct Reports

- After the first quarter, data from subsequent reporting quarters are added until four quarters are displayed.
- When four quarters of data are displayed, the oldest quarter is dropped to accommodate the newest reporting quarter (i.e., rolling quarters).

Example: Review and Correct Report Quarters 1 to 4

HH Quality Measure: Improvement in Pain Interfering with Activity (NQF #0177)

Table Legend

Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Episodes Included in the Numerator for this Measure*	Number of Episodes Included in the Denominator for this Measure*	Your Agency's Observed Performance Rate
Q4 2017	10/01/2017	12/31/2017	05/15/2018	Open	33	35	94.3%
Q3 2017	07/01/2017	09/30/2017	02/15/2018	Open	38	39	97.4%
Q2 2017	04/01/2017	06/30/2017	11/15/2017	Closed	26	31	83.9%
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Closed	30	37	81.1%
Cumulative	01/01/2017	12/31/2017	-	-	127	142	89.4%

^{*} Episode: A quality episode begins with a start or resumption of care (SOC/ROC) and ends with a death, discharge or transfer. Additional measure-specific exclusions may apply.

Example: Review and Correct Report Quarter 1 for Next Reporting Year

HH Quality Measure: Improvement in Pain Interfering with Activity (NQF #0177)

Table Legend

Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Episodes Included in the Numerator for this Measure*	Number of Episodes Included in the Denominator for this Measure*	Your Agency's Observed Performance Rate
Q1 2018	01/01/2018	03/31/2018	08/15/2018	Open	27	33	81.8%
Q4 2017	10/01/2017	12/31/2017	05/15/2018	Open	33	35	94.3%
Q3 2017	07/01/2017	09/30/2017	02/15/2018	Closed	38	39	97.4%
Q2 2017	04/01/2017	06/30/2017	11/15/2017	Closed	26	31	83.9%
Cumulative	04/01/2017	03/31/2018	-	-	124	138	89.9%

^{*} Episode: A quality episode begins with a start or resumption of care (SOC/ROC) and ends with a death, discharge or transfer. Additional measure-specific exclusions may apply.

- 4. When a given quarter's data becomes available, the Review and Correct Report provide QM results that are updated on a basis, up until the submission deadline.
 - A. Weekly.
 - B. Monthly.
 - C. Quarterly.
 - D. Annually.



- 5. Providers can address questions, correct inaccurate information, and ensure accuracy regarding their agency information by which of the following actions:
 - A. Contact your MAC.
 - B. Contact your RO.
 - C. None of the above.
 - D. Both A and B.



The Review and Correct Report contains patient-level data for each quality measure.

A. True.

B. False.

- 7. Which of the following statements is an accurate description of the Review and Correct Report:
 - A. After the first quarter, data from subsequent reporting quarters are added until four quarters are displayed.
 - B. When four quarters of data are displayed, the oldest quarter is dropped to accommodate the newest reporting quarter.
 - C. Both A and B.
 - D. Neither A or B.

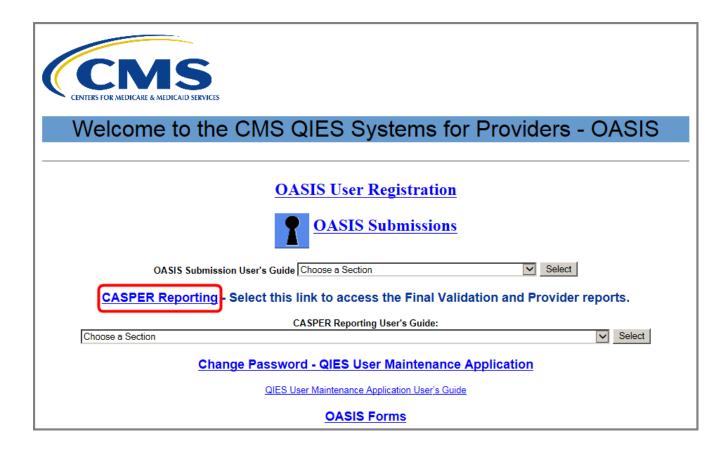




Obtaining Reports



How to Obtain Reports



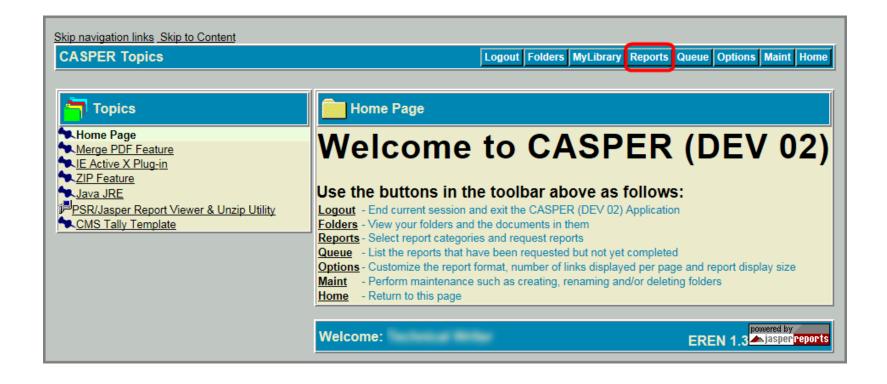


How to Obtain Reports (cont. 1)

CEMISSION AND VALUE & WHILE AND SERVICES	QIES National System Login	
	Welcome to CASPER Reporting Please enter your User ID and Password User ID: Password: Login Unable to login? Go to the QIES User Maintenance application to reset your User ID/Password.	



How to Obtain Reports (cont. 2)

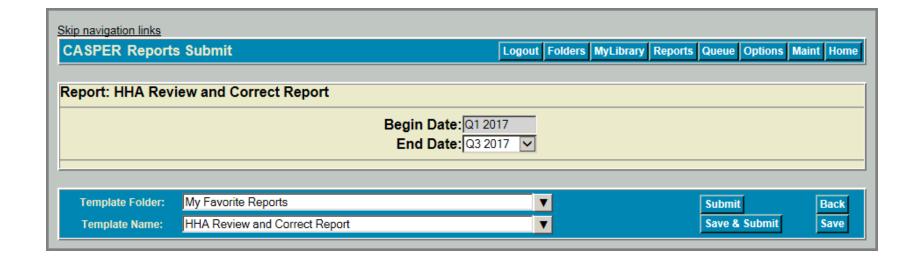




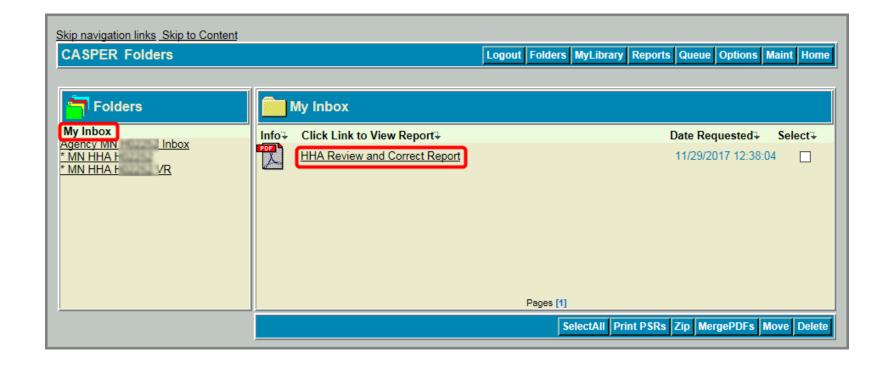
How to Obtain Reports (cont. 3)



How to Obtain Reports (cont. 4)



How to Obtain Reports (cont. 5)





Researching Review and Correct Report Data

Overview of Research Steps

Access Review and Correct Report and review data.

If you have questions regarding performance rate(s) for an open quarter, run Process and/or Outcome Tally Reports to assist in research.

If determined to be necessary, submit new or modified assessment(s).

Access Review and Correct Report the following week to verify updated performance rate(s).



Detailed Research Steps

1

Run Process and Outcome Tally Reports for each open quarter to see patient-level measure results.

Available in the OASIS
 Quality Improvement
 CASPER report
 category, along with the
 Review and Correct
 Report.

2

Review patients who did not trigger the measure (not included in the Numerator).

3

Measure results should be the same or similar between the Review and Correct Report and the Tally Report, depending on when reports were accessed.



Researching Report Data

Report data are updated at different intervals:

Review and **Correct Report** Calculations once per week on Mondays.

Tally Reports

Calculations twice per month on second and fourth Saturdays.



Researching Report Data (cont.)

Tally Report Calculations

Second Saturday

New OASIS records with a complete episode of care ending during the month that is 3 months before the calculation month.

(e.g., 4/14/18 calculation will be for records with a complete episode of care ending in Jan. 2018.)

Fourth Saturday

New, modification or inactivation OASIS records with a complete episode of care ending during any previously calculated months.

(e.g., 4/28/18 calculation will be for records with a complete episode of care ending in Jan. 2018 or prior.)





Research Example 1

Research Example 1: Modifications Early in Month



Monday, 4/2/18
HHA accesses Review and
Correct Report (Q1 2018
data added to report 4/1/18).



HHA runs applicable Process or Outcome Tally Report for Q1 2018.

APRIL 2018

continues >



HHA has questions about Q1 2018 measure performance rate displayed.



HHA reviews patient outcomes for measure in question.

HHA determines which patients did not trigger the measure.



Research Example 1: Modifications Early in Month (cont. 1)



HHA checks accuracy of submitted OASIS data for patients who did not trigger measure.



Monday, 4/9/18

Next Review and Correct

Report calculations performed.

APRIL 2018

continues >



Wednesday, 4/4/18

HHA submits modified

OASIS assessment(s) to ASAP

(if incorrect data found).



Research Example 1: Modifications Early in Month (cont. 2)



Monday, 4/9/18

HHA accesses Review and Correct Report.

HHA confirms measure performance rate was updated for Q1 2018 based on modified assessment(s) submitted 4/4/18.



Monday, 4/30/18

HHA accesses applicable Tally Report for Q1 2018.

HHA confirms patient measure outcome(s) were updated based on modified assessment(s) submitted 4/4/18.

APRIL 2018

End.



Saturday, 4/28/18

Next Tally Report calculations performed (fourth Saturday of month).



APRIL 2018

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	HHA accesses Review and Correct Report.	3	HHA submits modified OASIS assessment(s) to ASAP.	5	6	7
8	Next Review and Correct Report calculations performed. HHA confirms measure performance rate has been updated.	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	Next Tally Report calculation performed (4th Saturday of month).
29	30 HHA accesses applicable Tally Report to confirm patient measure outcome(s) has been updated.	t				





Research Example 2

Research Example 2: Modifications Late in Month



Monday, 4/23/18
HHA accesses Review and Correct Report.



HHA runs applicable Process or Outcome Tally Report for Q1 2018.

APRIL 2018

continues >



HHA has questions about Q1 2018 measure performance rate displayed.



HHA reviews patient outcomes for measure in question.

HHA determines which patients did not trigger the measure.



Research Example 2: Modifications Late in Month (cont. 1)



HHA checks accuracy of submitted OASIS data for patients who did not trigger measure.



Saturday, 4/28/18

Next Tally Report

calculations performed

(fourth Saturday of month).

APRIL 2018

continues >



Thursday, 4/26/18
HHA submits modified OASIS assessment(s) to ASAP (if incorrect data found).



Research Example 2: Modifications Late in Month (cont. 2)



Monday, 4/30/18

Next Review and Correct Report calculations performed.



Monday, 4/30/18
HHA accesses applicable
Tally Report for Q1 2018.

HHA confirms patient measure outcome(s) were updated based on modified assessment(s) submitted 4/26/18.

APRIL 2018

End.



Monday, 4/30/18

HHA accesses Review and Correct Report.
HHA confirms measure performance rate updated for Q1
2018 based on modified assessment(s) submitted 4/26/18.



APRIL 2018

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23 HHA accesses Review and Correct Report.	24	25	26 HHA submits modified OASIS assessment(s) to ASAP.	27	28 Next Tally Report calculations performed (4th Saturday of month).
29	Next Review and Correct Report calculations performed. HHA accesses Review and Correct Report and Tally Report to confirm data was updated for Q1 2018.					



Research Example 3

Research Example 3: Modifications After Quarter Closed



Monday, 8/20/18
HHA accesses Review and Correct Report.



HHA runs applicable Process or Outcome Tally Report for Q1 2018.

AUGUST 2018

continues >



HHA has questions about Q1 2018 measure performance rate displayed.



HHA reviews patient outcomes for measure in question.

HHA determines which patients did not trigger the measure.



Research Example 3: Modifications After Quarter Closed (cont. 1)



HHA checks accuracy of submitted OASIS data for patients who did not trigger measure.



Correction deadline for Q1 2018 was 8/15/18.

No further Q1 2018 Review and Correct Report calculations performed.

AUGUST 2018

continues >



Thursday, 8/23/18

HHA submits modified

OASIS assessment(s) to ASAP

(if incorrect data found).



Research Example 3: Modifications After Quarter Closed (cont. 2)



Saturday, 8/25/18

Next Tally Report calculations performed (fourth Saturday of month).



Monday, 8/27/18

HHA accesses applicable Tally Report for Q1 2018.

Confirms patient measure outcome(s) were updated based on modified assessment(s) submitted 8/23/18.

AUGUST 2018

End.



Monday, 8/27/18

HHA accesses Review and Correct Report.

Measure performance rate was not updated for
Q1 2018 based on modified assessment(s) submitted
8/23/18 because correction period was closed.



AUGUST 2018

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	Review and Correct Report correction deadline for Q1 2018.	16	17	18
19	20 HHA accesses Review and Correct Report.	21	22	HHA submits modified OASIS assessment(s) to ASAP.	24	Next Tally Report calculations performed (4th Saturday of month).
26	Review and Correct Report data not updated for Q1 2018 because correction period was closed. HHA accesses Tally Report to confirm data was updated for Q1 2018.	28	29	30	31	



Other Helpful Reports for Research: OASIS Error Detail by Agency

- Located in CASPER HHA Provider report category.
- Request by date range.
- Shows list of all errors encountered in assessments submitted during date range.
- Specifies, per assessment ID, whether WARNING or FATAL error.
 - Assessments with FATAL errors are not accepted into database and will not be included in QM calculations.

OASIS Error Detail by Agency Report Example

Run Date: 10/21/2017 Page 97 of 211 **CASPER Report** (IA) OASIS Error Detail by Agency from 04/01/2017 thru 06/30/2017 Agency ID: Agency Name: Agency City: Assessment ID: 70047762898 (M0100) RFA: Submission Date: 05/09/2017 Error Number Error Description Error Type Field In Error Value In Error -5110 Invalid Skip Pattern: If M1306 is equal to 0, then all **FATAL** M1306 UNHLD STG2 PRSR ULCR, 0,01,^,^,^,^,^,^,^,^,^,^,^, items M1307 through M1320 must equal blank (^). M1307 OLDST STG2 AT DSCHRG through M1320 STUS PRBLM PRSR ULCR This report may contain privacy protected data and should not be released to the public.



Other Helpful Reports for Research: OASIS Assessment Print Report

- Located in CASPER HHA Provider report category.
- Request by Assessment ID (shown on Final Validation Report).
- Shows all values submitted for the assessment.
- Easily identify what values submitted for OASIS items were included in QM calculations.



OASIS Assessment Print Report Example



Run Date: 10/21/2017 Page 11 of 15

CASPER Report OASIS Assessment Print

State: MI Agency ID:

Agency Name: Patient Name:

Assessment ID: 70050170220

SECTION 24: Medications

M2000 DRUG RGMN RVW DRUG REGIMEN REVIEW

M2001 DRUG RGMN RVW DRUG REGIMEN REVIEW 1 - Yes - issues found during review

M2002 MDCTN FLWP MEDICATION FOLLOW-UP

M2003 MDCTN FLWP MEDICATION FOLLOW-UP - - Not assessed/no information

M2004 MDCTN INTRVTN MEDICATION INTERVENTION

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Any alteration to this report is strictly prohibited.





Review and Correct Report Research Scenario



Review and Correct Report Research Scenario

- On Friday, 11/3/17, Wellville HHA retrieves their Review and Correct Report from CASPER.
- While reviewing Q2 2017, the agency notes that one patient was not included in the numerator of the Drug Regimen Review process quality measure.
- The agency questions their Q2 2017 observed performance rate.



Review and Correct Report Research Scenario (cont. 1)



CASPER Report

HHA Review and Correct Report OASIS-C2 Quality Measures: Report #2 for 2017 Run Date: 11/03/2017 Page 2 of 16

CMS Certification Number:

Agency Name:

Street Address Line 1: Street Address Line 2:

Citv:

State: ZIP Code:

County Name: Telephone Number:

HH Quality Measure:

Percent of Patients with Drug Regimen Review Conducted with Follow-Up for Identified Issues

Table Legend

* Episode: A quality episode begins with a start or resumption of care (SOC/ROC) and ends with a death, discharge or transfer, Additional measure-specific exclusions may apply.

Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Episodes Included in the Numerator for this Measure*	Number of Episodes Included in the Denominator for this Measure*	Your Agency's Observed Performance Rate
Q2 2017	04/01/2017	06/30/2017	11/15/2017	Open	17	18	94.4%
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Closed	2	2	100.0%
Cumulative	01/01/2017	06/30/2017	-	-	19	20	95.0%

This report may contain privacy protected data and should not be released to the public. Any alteration to this report is strictly prohibited.

Please note: The rates displayed are for demonstration purposes only and do not represent actual agency results.



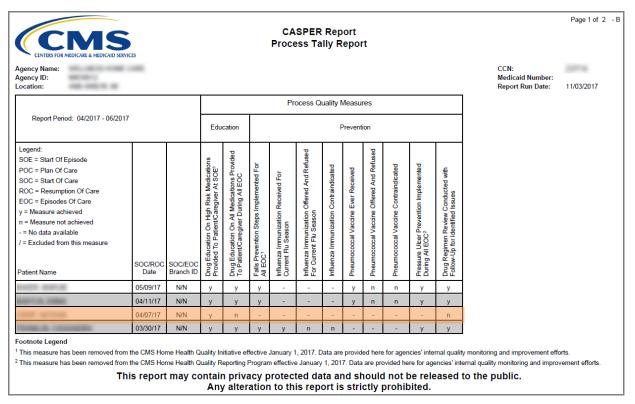
Knowledge Check 8

- 8. Which report would best assist Wellville HHA in identifying the patient who was not included in the numerator of the Drug Regimen Review quality measure for Q2 2017?
 - A. Outcome Tally Report.
 - B. Process Tally Report.
 - C. Provider Preview Report.
 - D. Quality Assessments Only Interim Performance Reports.



Review and Correct Report Research Scenario (cont. 2)

 Wellville HHA runs the Process Tally Report for Q2 2017 and discovers that Mr. W was not included in the numerator of the measure.





Review and Correct Report Research Scenario (cont. 3)

- To determine why Mr. W was not in the numerator, the agency wants to review the response values that were submitted in Mr. W's OASIS record for the Drug Regimen Review assessment items.
- These items include M2001, M2003, and M2005.



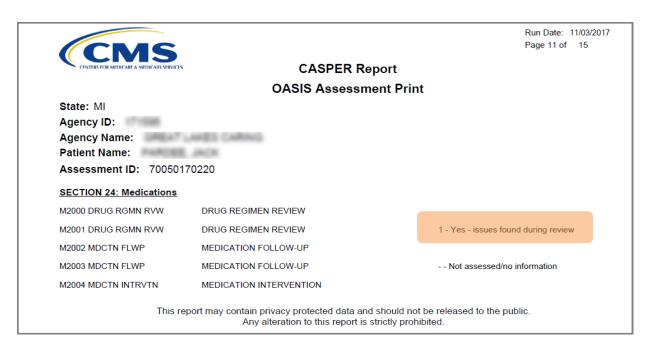
Knowledge Check 9

- 9. Which report would best identify the response values submitted in Mr. W's OASIS record for the Drug Regimen Review assessment items?
 - A. Outcome Tally Report.
 - B. Process Tally Report.
 - C. OASIS Error Detail by Agency Report.
 - D. OASIS Assessment Print Report.



Review and Correct Report Research Scenario (cont. 4)

 The OASIS Assessment Print Report reveals that item M2001 was submitted with a response value of 1, indicating that potentially clinically significant medication issues were identified for Mr. W during a drug regimen review.





Review and Correct Report Research Scenario (cont. 5)

- M2003 was submitted with a dash response value, indicating that this item was not answered for Mr. W.
 - If a dash is submitted for M2001, M2003, or M2005, then the record would be included in the denominator of the measure but not the numerator.





Review and Correct Report Research Scenario (cont. 6)

- The agency reviews Mr. W's medical record and determines that item M2003 was coded incorrectly.
- On Friday, 11/3/17, Wellville HHA submits a modification assessment to QIES ASAP for Mr. W.

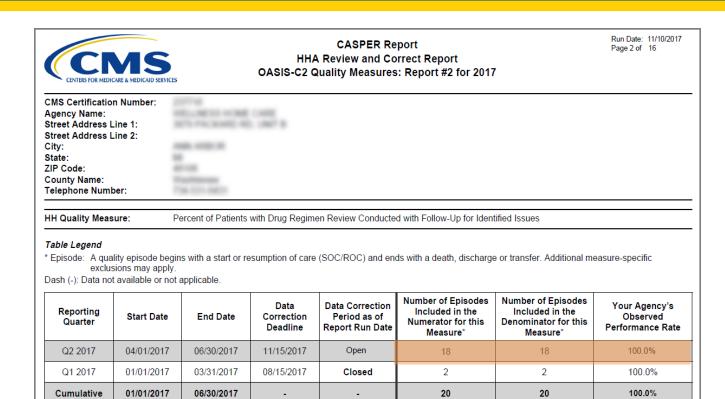
Knowledge Check 10

- 10. When can Wellville HHA expect an updated Review and Correct Report reflecting the modified assessment submitted on Friday, 11/3/17?
 - A. The next day (Saturday, 11/4/17)
 - B. The next Monday (11/6/17).
 - C. The second Saturday of the month (11/11/17).
 - D. The fourth Saturday of the month (11/25/17).

Review and Correct Report Research Scenario (cont. 7)

- On Friday, 11/10/17, Wellville HHA accesses their Review and Correct Report, which was updated on Monday, 11/6/17.
- The agency confirms that their observed performance rate for the Drug Regimen Review quality measure was updated based on the modified assessment they submitted the previous week.

Review and Correct Report Research Scenario (cont. 8)



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Knowledge Check 11

- 11. When can Wellville HHA expect an updated Process Tally Report reflecting the modified assessment submitted on Friday, 11/3/17?
 - A. The next day (Saturday, 11/4/17).
 - B. The next Monday (11/6/17).
 - C. The second Saturday of the month (11/11/17).
 - D. The fourth Saturday of the month (11/25/17).



Review and Correct Report Research Scenario (cont. 9)

- On Monday, 11/27/17, Wellville HHA accesses their Process Tally Report, which was updated on Saturday, 11/25/17.
- The agency confirms that Mr. W is now included in the numerator of the Drug Regimen Review quality measure.



CMS Update

Correction of Home Health Review and Correct Report

- Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (NQF #0678)
 - Denominator counts on the Home Health Review and Correct reports were incorrect.
 - Specifically, they did not include episodes where M1313 was coded as a valid skip, when the response to M1306 was "0" (No).
 - Numerator counts on these reports were calculated <u>correctly</u>.
- The pressure ulcer quality measure calculations were corrected on Monday, February 5, 2018.
 - Valid skips are now included in the denominator.
 - As a result, HHAs should expect to see lower rates for this measure on the CASPER Outcome Quality Measures report than have been displayed to date on the Review & Correct reports.
 - Updated specifications, clarifying the treatment of valid skips, are posted on the HH QI Quality Measures page.





Resources

Resources

- OASIS Educational Coordinators:
 https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/OASIS/downloads/OASISeducationalcoordinators.pdf.
- Quality Measures: Home Health Quality Reporting Program: HomeHealthQualityQuestions@cms.hhs.gov.
- OASIS Items and Payment Policy: Home Health Policy Mailbox: <u>HomehealthPolicy@cms.hhs.gov</u>.

Resources (cont.)

- OASIS User Guides and Training: <u>https://www.qtso.com/hhatrain.html</u>.
- Data Submission and CASPER: QIES Technical Support Office (QTSO) Help Desk:
 - Telephone: (800) 339-9313
 - Email: Help@qtso.com
 - Website: https://www.qtso.com/index.php







