



COVID-19 Public Reporting Tip Sheet

The second edition of the Home Health (HH) Public Reporting Tip Sheet is to help providers understand the Centers for Medicare & Medicaid Services' (CMS) public reporting approach to the HH Quality Reporting Program (QRP) to account for CMS quality data submissions that were either optional or excepted from public reporting due to the COVID-19 public health emergency (PHE). The impact on CMS' Care Compare website refreshes are also outlined. This tip sheet serves as a companion document to the first edition [HH COVID-19 Public Reporting Tip Sheet](#) published in July 2020.



Background The HH QRP

Since 2003, CMS has publicly reported a subset of HH quality measures (QMs) that relate to the care provided by Home Health Agencies (HHAs) across the country. The HH QRP was authorized by Section 1895(b)(3)(B)(v)(II) of the Social Security Act (the Act) in 2007. The Act requires that for 2007 and subsequent years, each HHA must submit to the Secretary data for the measurement of healthcare quality. Currently, data for the Quality of Patient Care and Patient Survey Star Ratings are reported on Care Compare and are derived from three sources:

- Outcome and Assessment Information Set (OASIS).
- Home Health Care Consumer Assessment of Healthcare Providers and Systems (HH CAHPS®) Survey.
- Medicare Fee-For-Service claims.

Current Quality Measures for the HH QRP OASIS Assessment-Based QMs

1. Timely Initiation of Care (National Quality Forum [NQF] #0526).*
2. Application of Percent of Long-Term Care Hospital Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631).
3. Drug Education on All Medications Provided to Patient/Caregiver.
4. Influenza Immunization Received for Current Flu Season (NQF #0522).
5. Drug Regimen Review Conducted With Follow-Up for Identified Issues.

6. Improvement in Ambulation – Locomotion (NQF #0167).
7. Improvement in Bed Transferring (NQF #0175).
8. Improvement in Bathing (NQF #0174).
9. Improvement in Management of Oral Medications (NQF #0176).
10. Improvement in Dyspnea (NQF #0179).
11. Application of Percent of Residents Experiencing One or More Falls With Major Injury (NQF #0674).
12. Changes in Skin Integrity Post-Acute Care (PAC): Pressure Ulcer/Injury.

** Note: This measure was previously approved or given time-limited endorsement by NQF but has been withdrawn from NQF submission.*

HH CAHPS® QMs

1. Care of Patients.
2. Communications Between Providers and Patients.
3. Specific Care Issues.
4. Overall Rating of Care.
5. Patient Willingness to Recommend HHA to Family and Friends.

Medicare Fee-for-Service Claims-Based QMs

1. Medicare Spending per Beneficiary (MSPB) – PAC HH QRP.
2. Acute Care Hospitalization (ACH) (NQF #0171).
3. Emergency Department (ED) Use Without Hospitalization (NQF #0173).
4. Discharge to Community (DTC) – PAC HH QRP (NQF #3477).
5. Potentially Preventable 30-Day Post-Discharge Readmission Measure for HH QRP.

Note: Public reporting of claims-based measures is being delayed by 6 months. CMS is targeting resumption of reporting for these measures in July 2022.

Temporary HH QRP Exceptions Due to the COVID-19 PHE

The CMS [March 27, 2020, Medicare Learning Network \(MLN\) memo](#) outlined temporary changes to the HH QRP data submission requirements, due to the COVID-19 PHE, to assist HHAs while they directed resources toward caring for patients, and ensuring the health and safety of patients and staff. CMS made optional and temporarily excepted providers from the submission of the OASIS assessment and HH CAHPS® Survey data for the quarters in Table 1.



Table 1. Quarters for Which Data Are Optional or Excepted

Quarter	CAHPS® and OASIS Data Submission
October 1, 2019 – December 31, 2019 (Q4 2019)	Optional
January 1, 2020 – March 31, 2020 (Q1 2020)	Excepted
April 1, 2020 – June 30, 2020 (Q2 2020)	Excepted

These changes to the HH QRP data submission requirements ended on **June 30, 2020**.

Current Data Submission for the HH QRP

The requirement for timely quality data collection and submission resumed on **July 1, 2020**, with new OASIS assessments and resumption of the HH CAHPS® Survey occurring on or after that date.

In order to calculate QMs from OASIS data, there must be a complete quality episode for each HHA patient, including a Start of Care (SOC) initial assessment or Resumption of Care (ROC) assessment that has a matching End of Care (EOC) (i.e., transfer, death, or discharge) assessment. These assessments must include all data elements used to calculate the HH QRP QMs. Note that there are additional combinations of SOC, ROC, and EOC assessments that can meet the requirements for a quality episode of care. Please see the [HH Quality Reporting Requirements](#) web page for more details.

In order to meet the quality assessment only (QAO) performance requirement for the annual payment update, HHAs must achieve a quality reporting compliance rate of 90 percent or more. The compliance threshold calculation for the QAO is based on a simple mathematical formula: the total number of quality assessments divided by the total number of quality and non-quality assessments, multiplied by 100.

There are no submission requirements for the Medicare claims data outside of the submission of the Medicare bill.

Public Reporting and Care Compare

Impact of Data Exceptions on Public Reporting

Since the HH QRP is a pay-for-reporting program, CMS is statutorily required to publicly report the data. In the March 27, 2020, announcement, CMS indicated that data submission for Q4 2019 was optional. As stated in the fiscal year (FY) 2022 Final Rule, submission rates in Q4 2019 for OASIS were not impacted and comparable to Q4 2018. Consequently, CMS decided to include these data in the measure calculations for public reporting.

The excepted data for Q1 2020 and Q2 2020 impact what is displayed on Care Compare; therefore, CMS developed an approach to accommodate these excepted quarters of data.



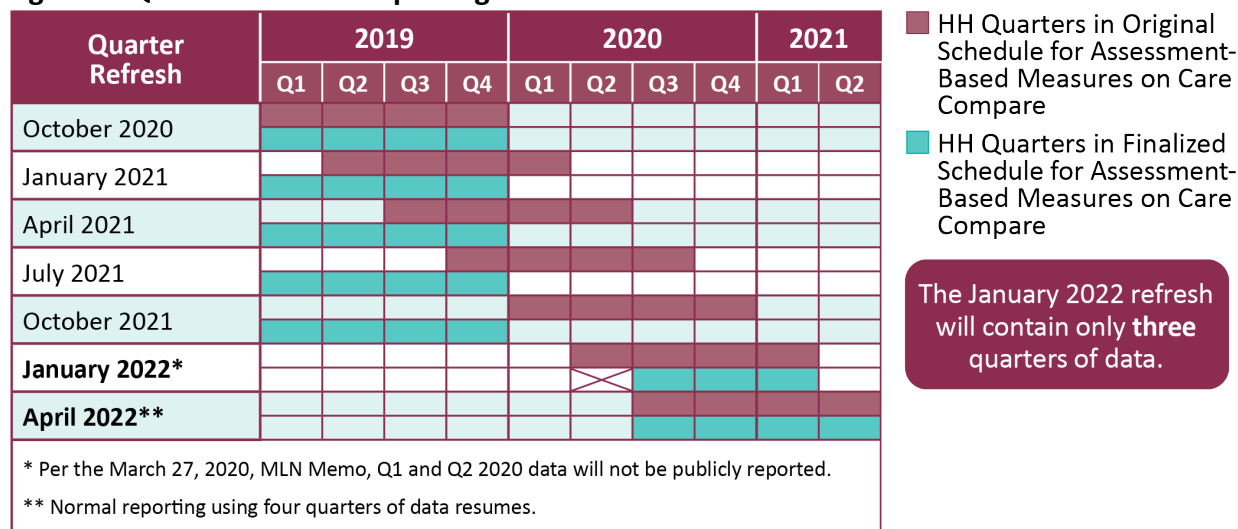
CMS Approach to Excepted Data

For Q1 2020 and Q2 2020, providers were excepted from data submissions. Because the exceptions created missing data, CMS made a decision to hold the data constant (i.e., froze the data) following the October 2020 refresh for HHAs, as these subsequent refreshes were originally scheduled to include the missing data (Q1 and Q2 2020). The affected Care Compare site refreshes that were scheduled to contain calendar year 2020 COVID-19 data (Q1 and Q2 2020) included January, April, July, and October 2021 for assessment-based measures, and January 2021 through October 2024 for claims-based measures. For HH CAHPS® Survey data, the COVID-19 PHE excepted quarters were held constant through October 2021.

The October 2020 assessment-based data will continue to display on Care Compare until HH QRP public reporting resumes for these and HH CAHPS® measures beginning with the January 2022 refresh. For claims-based measures, CMS has made the decision to delay public reporting of these measures by 6 months. This delay will allow CMS more time to analyze the calculation of these measures, given the exclusion of claims-based data from Q1 and Q2 2020, and the effect of this exclusion on certain aspects of measure calculation such as look-back periods and risk adjustment. For the HH QRP, this means that CMS will continue to display the currently posted claims-based measure results through the April 2022 refresh of Care Compare. CMS is targeting the July 2022 refresh of Care Compare for the resumption of the public reporting of HH claims-based measures.

In the quarter in which public reporting resumes, CMS will use less than the standard number of quarters of data for OASIS assessment- and claims-based measures. Figure 1 shows the quarters used for reporting the OASIS assessment-based measures.

Figure 1. Quarters Used in Reporting of OASIS Assessment-Based Measures



When will the data return to expected quarters of data displayed?

The HH QRP QM data on Care Compare will go back to displaying its expected quarters of data in April 2022 for OASIS assessment-based and HH CAHPS® Survey data. For HH QRP claims-based data, Care Compare will go back to displaying its expected quarters of data in October 2024. Figure 2 provides a summary of data refreshes for OASIS assessment-based, claims-based, and HH CAHPS® measures.

Figure 2. Summary of Data Refreshes for the HH QRP

Quarter Refresh	Care Compare OASIS Assessment-Based Measures	Claims-Based Measures ACH, ED Use, DTC, MSPB, PPR	Care Compare HH CAHPS®
October 2020–October 2021	Freeze (Q1 2019 to Q4 2019)	Freeze (includes Q4 2019 data)	Freeze (Q1 2019 to Q4 2019)
January 2022	Public reporting resumes using three quarters of data (Q3 2020 to Q1 2021)*	Freeze	Public reporting resumes using most recent four rolling quarters of data (Q3 2020 to Q2 2021)**
April 2022	Normal reporting resumes using four quarters of data	Freeze	Normal refresh
July 2022	Normal refresh	Public reporting resumes for claims-based data using fewer quarters*	Normal refresh
October 2022	Normal refresh	Some claims-based data reporting fewer quarters	Normal refresh
October 2023	Normal refresh	Some claims-based data reporting fewer quarters	Normal refresh
October 2024	Normal refresh	Normal reporting resumes for all claims-based data	Normal refresh

* Methodology used for measure calculation for this refresh to account for the missing PHE-expected data (Q1 and Q2 2020) was detailed in the FY 2022 Final Rule (see resources below).

** Resume rolling of most recent four rolling quarters of data. These are the same rolling quarters that would have displayed regardless of the COVID-19 PHE.

Note: The periods of performance within the table above are subject to change, dependent upon CMS final decisions regarding the methodology used for the calculation of claims-based quality measures, and the exclusion of Q1/Q2 2020 data.

Provider Reports

- **Provider Preview Report (PPR):** The purpose of the PPR is to give providers the opportunity to preview their OASIS, claims-based QM, and HH CAHPS® survey results prior to public display on Care Compare.
 - *How does the data freeze affect the PPR?*
 - Subsequent to the October 2020 refresh, no new PPR will be issued until public reporting resumes with the January 2022 refresh.
 - Release of the PPR in November 2021 was for the January 2022 refresh.
- **Review and Correct (R&C) Report:** The purpose of the R&C report is for providers to have access to QM data prior to the data correction deadline for public reporting. It includes data from the most current quarter and data from the previous three quarters. The report notes which quarters of data are “open” for correction and which are “closed,” no longer allowing correction.
 - *How did the data freeze affect the R&C Report?*
 - Providers had the opportunity to correct any data they submitted during Q1 and Q2 2020 even though these data were excepted from public reporting. At the time of the publication of this document, there are no Q1 or Q2 2020 data available (open) to correct, as all data correction deadlines for 2020 have now passed.
- **HH QM Reports:** These reports give providers confidential feedback on the agency’s performance and include both OASIS assessment-based and claims-based measures. The agency-level reports include OASIS and claims-based QMs and have two reporting periods—current and prior—to allow comparison of agency performance between the two periods. Patient-level reports only include OASIS QM data. Agencies can run these reports for any reporting period of their choice and they can include a full year of data if requested.
 - *How does the data freeze affect the QM Report?*
 - Providers will be able to confidentially review any data from Q1 and Q2 2020 that they chose to submit when those quarters are selected for their reports.

Resources

- For a fact sheet about the HH QRP Requirements as finalized in the FY 2022 Hospice and HH Final Rule (CMS-1745-F): <https://www.cms.gov/newsroom/fact-sheets/fiscal-year-fy-2022-hospice-payment-rate-update-final-rule-cms-1754-f>.
- For the finalized HH QRP Requirements in the FY 2022 Hospice and HH Final Rule: <https://www.federalregister.gov/documents/2021/08/04/2021-16311/medicare-program-fy-2022-hospice-wage-index-and-payment-rate-update-hospice-conditions-of>.
- For the CMS Medicare Learning Network memo released March 27, 2020: <https://www.cms.gov/files/document/guidance-memo-exceptions-and-extensions-quality-reporting-and-value-based-purchasing-programs.pdf>.
- For program guidance and information about the CMS response to COVID-19: <https://www.cms.gov/about-cms/agency-information/emergency/epro/current-emergencies/current-emergencies-page>.
- For program guidance, updates, and announcements regarding the HH QRP, visit the Spotlight & Announcements web page: <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/homehealthqualityinits/spotlight-and-announcements>.
- For more information about the HH QRP: <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/homehealthqualityinits>.
- For HH QRP data submission deadlines: <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/homehealthqualityinits/home-health-quality-reporting-data-submission-deadlines>.

Email questions to the Home Health Help Desk:

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