# Leading Through CY 2023 Changes: Transition to OASIS-E and HHVBP Expansion

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◁ NEHCC Annual Conference

SHP STRATEGIC HEALTHCARE PROGRAMS | Corridor

PRESENTED BY

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# Objectives

- Describe upcoming OASIS-E additions related to social determinant items, changes to pain items, and addition of medication list items
- Describe HHVBP national expansion highlighting measures included in total performance score, how agencies will be compared, and how the total performance score will be calculated
- Leaders will understand how to successfully educate, check staff competency, and plan performance activities in the OASIS-E transition and HHVBP national expansion
- Presenter will share tools/resources to assist with messaging and educating agency teams on these two initiatives

# Questions Leaders Are Asking about how best to Transition to OASIS-E and HHVBP

- When should we introduce the content?
- How much do clinicians need to know about both?
- How do we determine clinician competency?
- Do these two initiatives overlap?
- How can I best train when there is a staffing crunch and patients to be seen?

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# Options for training during staffing challenges

- Podcast while driving to patient homes especially for educating on SDOH, Impact Act or HHVBP overview
- Offer multiple times for education and stagger clinicians pulled from each team so patients can still be seen
- Offer virtual webinars vs making staff come into office
- Use post tests especially with virtual learning to make sure staff is learning
- Provide multiple ways of providing education to keep content interesting
- Provide ‘mock’ assessment training when training on new items especially BIMS

# Leadership Approach to Transition Staff to HHVBP on 1/1/23:

Why educate on Home Health Value Based Purchasing first?

- What you do in 2022 can impact your performance when it counts in 2023
- Your clinicians are already accustomed to answering OASIS-D, HHCAHPs and claims data items
- Assess your current status with VBP items
  - as compared to your 2019 baseline year
  - as compared to 2019 national benchmarks
- Can determine where you can make the biggest impact
- Can develop Performance Improvement Plans to make that impact and begin by June

# Key Points to Share with Clinicians about HHVBP

- Brief overview of why HH VBP pilot moved to national expansion
- High level overview of how Total Performance Score is calculated
- Discuss how HHVBP affects agency resources and reputation
- Identify items from OASIS, Claims Data, and HHCAHPs which are part of HHVBP
- Discuss difference between improvement and benchmark points
- Recommend how a clinician can make a difference

# Describe HHVBP national expansion highlighting measures included in total performance score, how agencies will be compared, and how the total performance score will be calculated.

# CMS CY 2022 Final Rule on HHVBP

- Finalized to expand HHVBP demonstration nationally effective January 1st, 2023
- All HHAs certified to participate in Medicare program prior to 1/1/22 required to participate
- Payment incentive range with an increase or decrease of up to 5% of Medicare FFS revenues
- Creating Smaller and Larger-volume cohorts based comparing against HHAs nationally
- Points scoring similar to the approach used in CMMI PY 4 demonstration
  - 10 points for Achievement; 9 points for Improvement

# Key Dates

- HHVBP dates
  - CY 2019 – Baseline year for Model and HHA baseline scores
  - CY 2022 – Pre-Implementation Year
  - CY 2023 – 1st Performance Year
  - CY 2025 – 1st Payment Adjustment Year
- Newly certified HHA schedule

| Medicare-certification Date | Model Baseline Year* (for Achievement Threshold) | HHA Baseline Year** (for Improvement Threshold) | Performance Year (CY) | Payment Year (CY) |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
| Prior to January 1, 2019 | 2019 | 2019 | 2023 | 2025 |
| On January 1, 2019 – December 31, 2019 | 2019 | 2021 | 2023 | 2025 |
| On January 1, 2020 – December 31, 2020 | 2019 | 2021 | 2023 | 2025 |
| On January 1, 2021 – December 31, 2021 | 2019 | 2022 | 2023 | 2025 |

Source: CMS HHVBP Model Expansion 101 - Feb 10, 2022

# Quality Measures

- Applicable measures included in the measure set

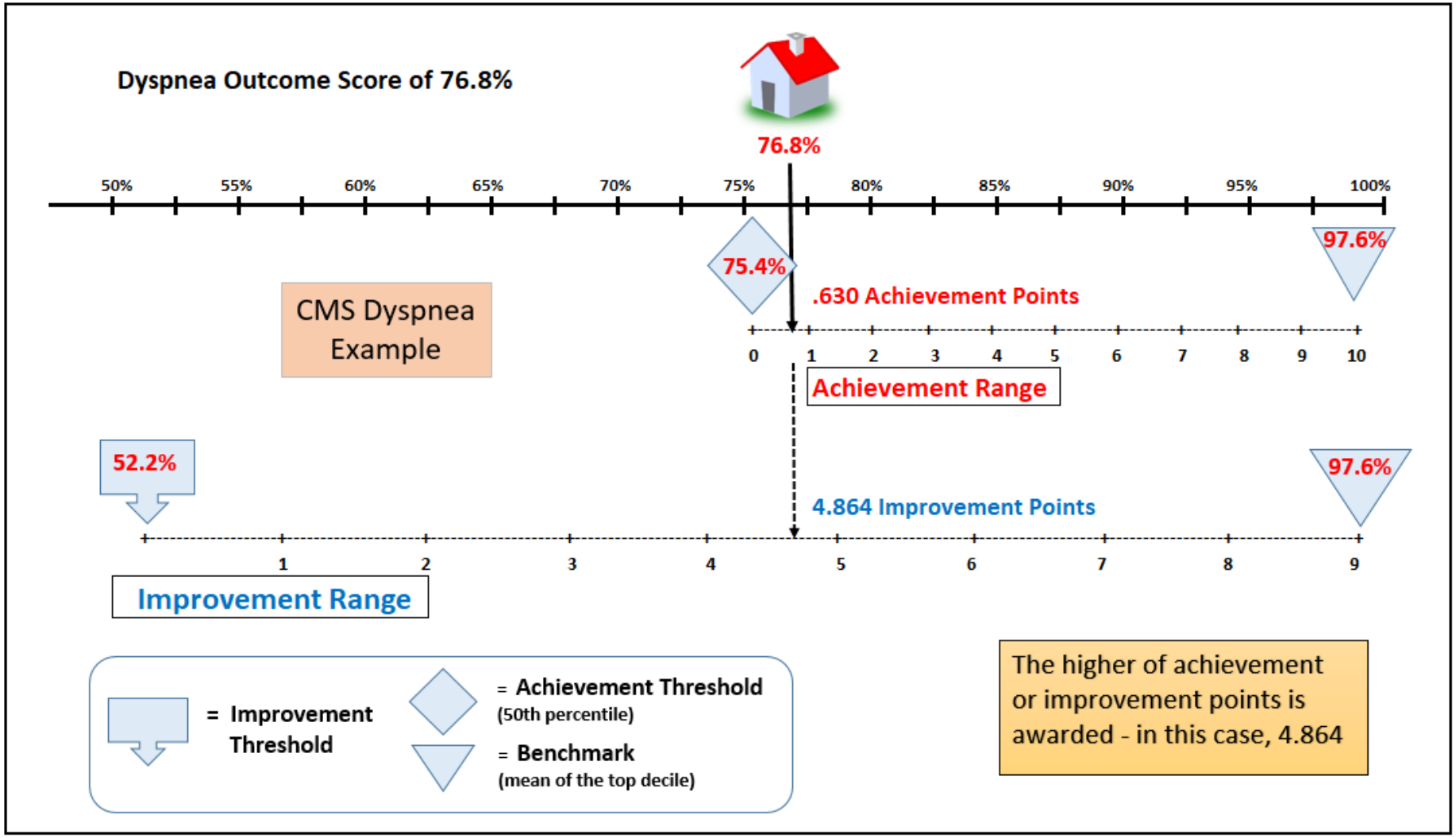
| Category | Count | Quality Measure |
|---|---|---|
| OASIS-based | 5 | Improvement in Dyspnea |
| | | Discharged to Community |
| | | Improvement in Management of Oral Medications |
| | | Total Normalized Composite Change in Mobility |
| | | Total Normalized Composite Change in Self-Care |
| Claims-based | 2 | Acute Care Hospitalization |
| | | Emergency Department Use without Hospitalization |
| HHCAHPS Survey-based | 5 | Professional Care |
| | | Communication |
| | | Team Discussion |
| | | Overall Rating |
| | | Willingness to Recommend |
| | | |

*Additional information about the HHVBP quality measures will be available during the CY 2022 Pre-implementation Year.*



Source: CMS HHVBP Model Expansion 101 - Feb 10, 2022

# HHVBP Measure Points Scoring



# HHVBP Cohorts and Weighting

- Creating Smaller- and Larger – Volume HHA Cohorts for setting benchmarks, achievement thresholds and competing for payments
- Smaller-volume HHA cohort are exempt from submitting the HHCAHPS survey under HH QRP (fewer than 60 eligible patients)
- Cohorts would be compared nationwide vs by state
- TPS Weighting
  - OASIS Items 35% (5 measures)
  - Claims Data 35% (2 measures)
    - *75% 60-Day Hospitalization*
    - *25% ED use without Hospitalization*
  - HHCAHPS 30% (5 measures)

# Finalized Weighting Schedule

| Measure | Measure Reporting Scenarios | | | |
|---|---|---|---|---|
| | All Measures | No HHCAHPS | No Claims | No Claims or HHCAHPS |
| **OASIS** | | | | |
| TNC Self-Care | 8.75% | 12.50% | 13.46% | 25.00% |
| TNC Mobility | 8.75% | 12.50% | 13.46% | 25.00% |
| Oral Medications | 5.83% | 8.33% | 8.98% | 16.67% |
| Dyspnea | 5.83% | 8.33% | 8.98% | 16.67% |
| Discharged to Community | 5.83% | 8.33% | 8.98% | 16.67% |
| *Total for OASIS-based measures* | *35.00%* | *50.00%* | *53.85%* | *100.00%* |
| **Claims** | | | | |
| ACH | 26.25% | 37.50% | 0.00% | 0.00% |
| ED Use | 8.75% | 12.50% | 0.00% | 0.00% |
| *Total for claims-based measures* | *35.00%* | *50.00%* | *0.00%* | *0.00%* |
| **HHCAHPS Survey Measure Components** | | | | |
| HHCAHPS Professional Care | 6.00% | 0.00% | 9.23% | 0.00% |
| HHCAHPS Communication | 6.00% | 0.00% | 9.23% | 0.00% |
| HHCAHPS Team Discussion | 6.00% | 0.00% | 9.23% | 0.00% |
| HHCAHPS Overall Rating | 6.00% | 0.00% | 9.23% | 0.00% |
| HHCAHPS Willingness to Recommend | 6.00% | 0.00% | 9.23% | 0.00% |
| *Total for the HHCAHPS Survey-based measure* | *30.00%* | *0.00%* | *46.15%* | *0.00%* |

Source: CMS HH CY 2022 Final Rule

# Total Performance Score (TPS)

- A numeric score, ranging from 0 to 100, awarded to each qualifying HHA based on the weighted sum of the performance scores for each applicable quality measure
- The HHA's TPS would reflect all of the claims- and OASIS-based measures for which the HHA meets the minimum of 20 home health episodes of care per year
- The individual components that compose an HHCAHPS survey measure for which the HHA meets the minimum of 40 HHCAHPS surveys received in the performance year
- HHA needs at least 5 Quality Measure scores to have a TPS score

# TPS Example

| ① Quality Measure | ② Points for Applicable Measures | ③ Proposed Weight (percentage) | ④ Weighted Points |
|---|---|---|---|
| | | | |
| **OASIS** | | | |
| TNC Self-care | 7.661 | 8.75 | 6.703 |
| TNC Mobility | 5.299 | 8.75 | 4.637 |
| Oral Medications | 3.302 | 5.83 | 1.925 |
| Dyspnea | 4.633 | 5.83 | 2.701 |
| Discharged to Community | 0.618 | 5.83 | 0.360 |
| **Claims** | | | |
| ACH | 1.180 | 26.25 | 3.098 |
| ED Use | 0.000 | 8.75 | 0.000 |
| **HHCAHPS Survey Components** | | | |
| HHCAHPS Professional Care | 10.000 | 6.00 | 6.000 |
| HHCAHPS Communication | 10.000 | 6.00 | 6.000 |
| HHCAHPS Team Discussion | 10.000 | 6.00 | 6.000 |
| HHCAHPS Overall Rating | 5.921 | 6.00 | 3.553 |
| HHCAHPS Willingness to Recommend | 8.406 | 6.00 | 5.044 |
| **Total Performance Score** | | **100.00** | **46.021** |

Source: CMS HH CY 2022 Final Rule

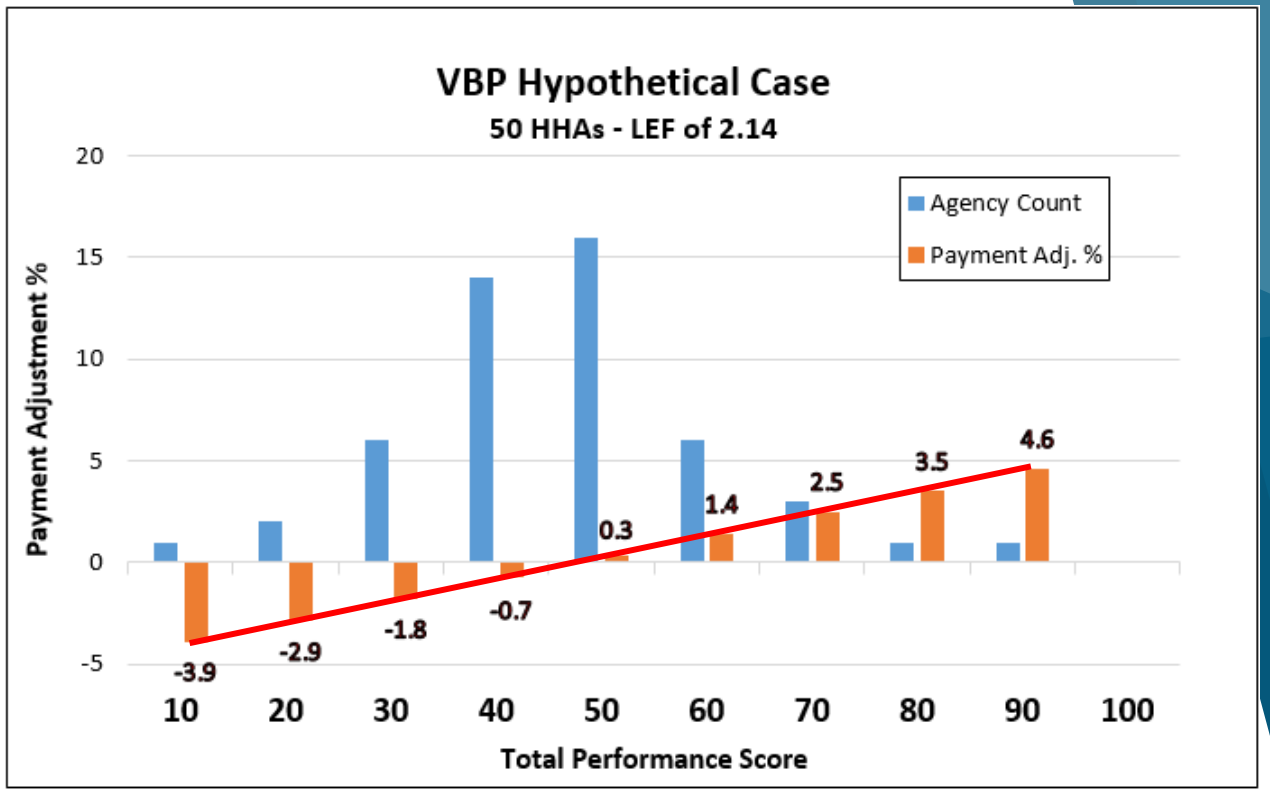
# Linear Exchange Function (LEF)

| | | Step 1 | Step 2 | Step 3 | Step 4 | Step 5 | Step 6 | Step 7 |
|---|---|---|---|---|---|---|---|---|
| HHA | TPS | Prior Year Aggregate HHA Payment Amount* | 5-Percent Payment Reduction Amount (C2*5 percent) | TPS Adjusted Reduction Amount (C1/100)*C3 | Linear Exchange Function (LEF) (Sum of C3/ Sum of C4) | Final TPS Adjusted Payment Amount (C4*C5) | Quality Adjusted Payment Rate (C6/C2) | Final Percent Payment Adjustment +/- (C7-5%) |
| | (C1) | (C2) | (C3) | (C4) | (C5) | (C6) | (C7) | (C8) |
| HHA1 | 38 | $100,000 | $5,000 | $1,900 | 1.931 | $3,669 | 3.669% | -1.331% |
| HHA2 | 55 | $145,000 | $7,250 | $3,988 | 1.931 | $7,701 | 5.311% | 0.311% |
| HHA3 | 22 | $800,000 | $40,000 | $8,800 | 1.931 | $16,995 | 2.124% | -2.876% |
| HHA4 | 85 | $653,222 | $32,661 | $27,762 | 1.931 | $53,614 | 8.208% | 3.208% |
| HHA5 | 50 | $190,000 | $9,500 | $4,750 | 1.931 | $9,173 | 4.828% | -0.172% |
| HHA6 | 63 | $340,000 | $17,000 | $10,710 | 1.931 | $20,683 | 6.083% | 1.083% |
| HHA7 | 74 | $660,000 | $33,000 | $24,420 | 1.931 | $47,160 | 7.146% | 2.146% |
| HHA8 | 25 | $564,000 | $28,200 | $7,050 | 1.931 | $13,615 | 2.414% | -2.586% |
| Sum | | | $172,611 | $89,379 | | $172,611 | | |

Source: CMS HH CY 2022 Final Rule

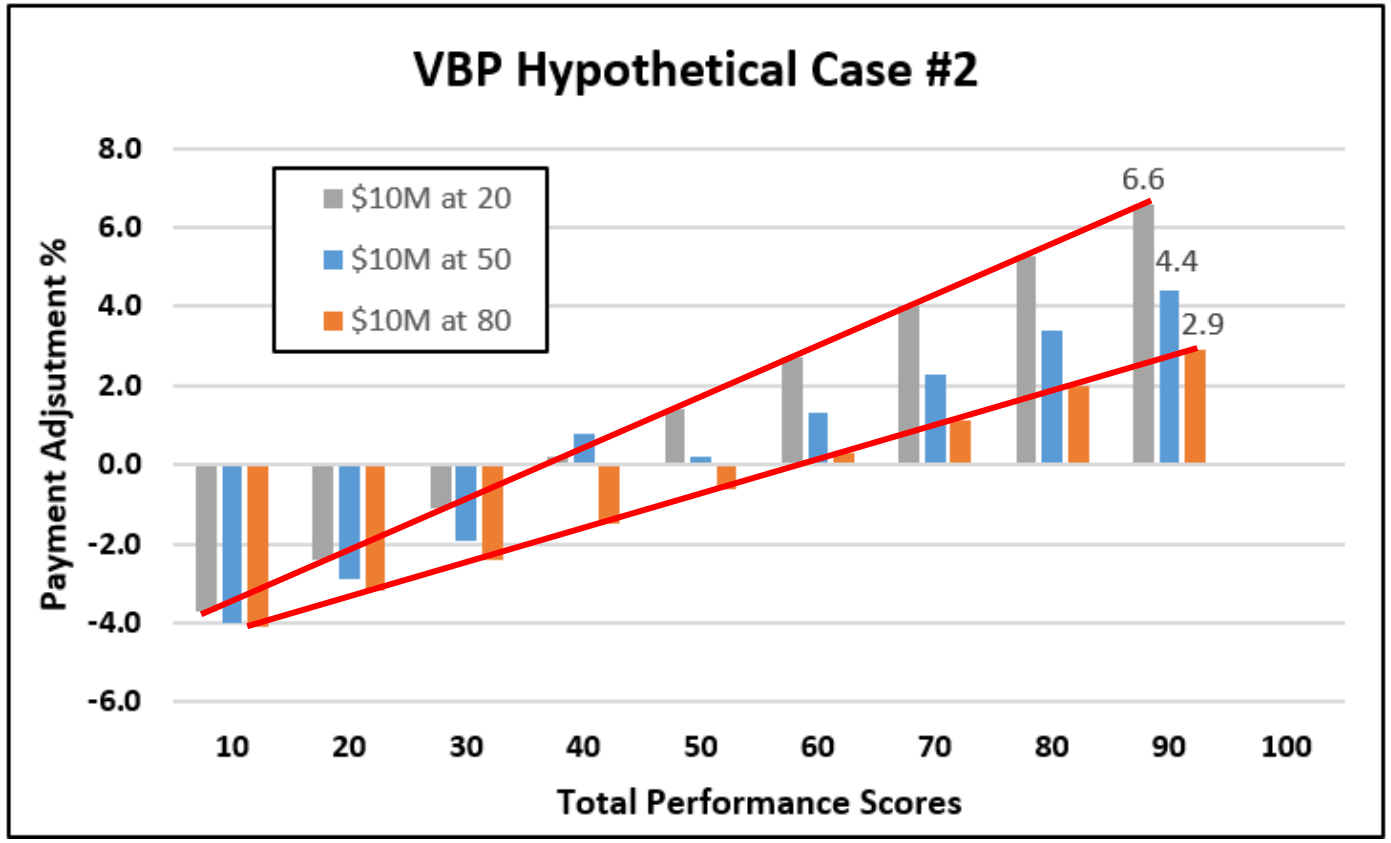
# Linear Exchange Function (LEF)

- Each agency's value-based incentive payment amount for a fiscal year will depend on:
  - Range and distribution of agency total performance scores
  - Amount of agency's base operating HHRG payment amount
- The value-based incentive payment amount for each agency will be applied as an adjustment to the base operating HHRG payment amount for each episode



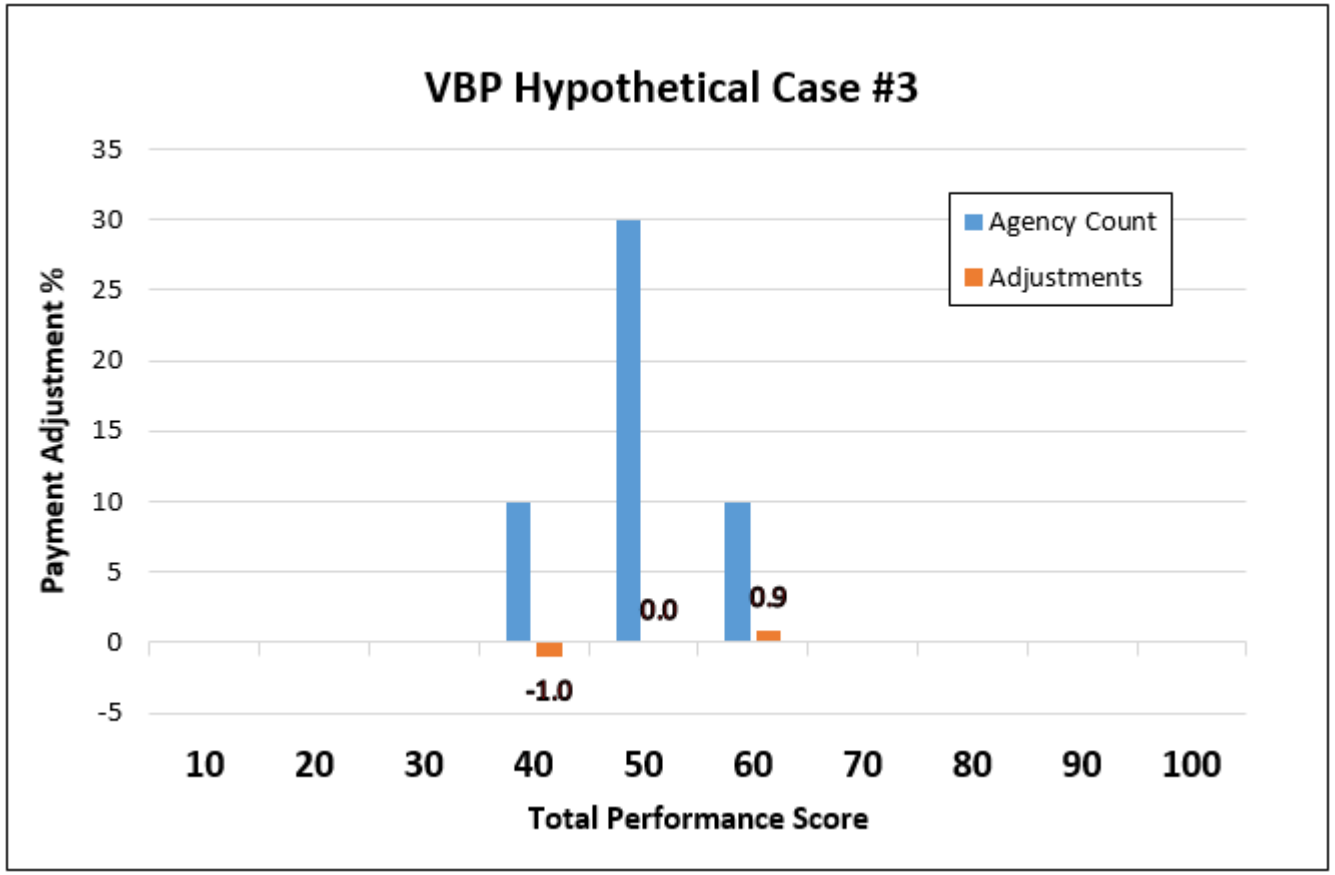
# Linear Exchange Function (LEF) Examples

- One agency is 10 times the size of the others with TPS scores of 20 vs 50 vs 80



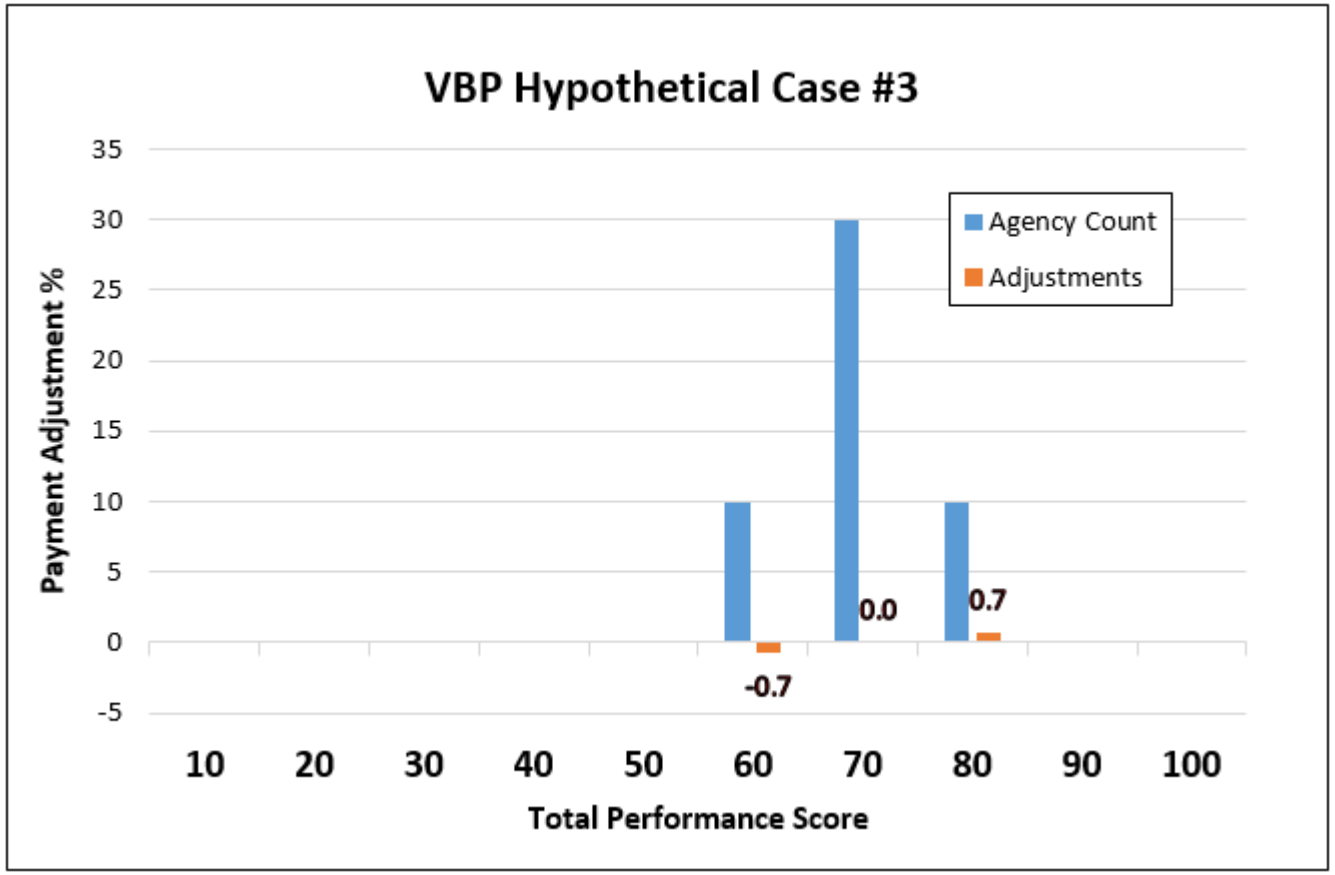
# Linear Exchange Function (LEF) Examples

- Same 50 Agencies but with TPS scores closer together…



# Linear Exchange Function (LEF) Examples

- And then they all increase their TPS scores by 20 Points…



# Linear Exchange Function (LEF) Examples

- Shared in the Final Rule – Large volume cohort

| State | # of HHAs | Average Payment Adjustment % | Payment Adjustment Percentile Distribution (%) | | |
|---|---|---|---|---|---|
| | | | 20% | 50% | 80% |
| ND | 12 | 2.004 | 0.465 | 2.186 | 3.503 |
| VT | 10 | (1.145) | (2.771) | (1.555) | 0.310 |
| NH | 20 | (0.376) | (2.041) | (0.189) | 1.494 |
| ME | 19 | 1.081 | (0.501) | 0.704 | 2.862 |
| MA | 127 | (0.162) | (2.207) | (0.091) | 1.582 |
| RI | 18 | 0.504 | (1.925) | 0.663 | 1.658 |
| CT | 74 | (0.083) | (2.908) | (1.481) | 1.206 |
| TX | 978 | 0.154 | (2.350) | (0.090) | 2.732 |
| FL | 676 | 0.933 | (1.416) | 0.760 | 3.530 |
| NJ | 42 | (0.730) | (1.931) | (1.311) | 0.656 |
| **All** | **7,064** | **0.429** | **(1.919)** | **0.244** | **2.857** |

Source: CMS HH CY 2022 Final Rule

# Performance Feedback Reports

- Interim Performance Report (IPR)
  - Distributed Quarterly (first one in July 2023)
  - Includes 12 most recent months of data
  - Provides feedback to HHAs regarding performance both achievement and improvement within their applicable nationwide cohort
  - Both Preliminary and Final IPRs (after any appeals) will be issued
- Annual TPS and Payment Adjustment Report (3)
  - Preview Annual Report – confidential review of scores and adjustments
  - Preliminary Annual Report (if applicable) if agencies appeal their data
  - Final Annual Report – issued before the start of the payment adjustment year

# CMS Reporting Timeline

| Report Title (Month Issued) | OASIS-based Measures | Claims-based and HHCAHPS Survey-based Measures |
|---|---|---|
| July 2023 IPR (July 2023) | 12 months ending 3/31/2023 | Baseline data only |
| October 2023 IPR (October 2023) | 12 months ending 6/30/2023 | 12 months ending 3/31/2023 |
| January 2024 IPR (January 2024) | 12 months ending 9/30/2023 | 12 months ending 6/30/2023 |
| April 2024 IPR (April 2024) | 12 months ending 12/31/2023 | 12 months ending 9/30/2023 |
| July 2024 IPR (July 2024) | 12 months ending 3/31/2024 | 12 months ending 12/31/2023 |
| Annual TPS and Payment Adjustment Report (Preview version, Aug 2024) | 12 months ending 12/31/2023 | 12 months ending 12/31/2023 |

Source: CMS HHVBP Model Expansion 101 - Feb 10, 2022

# Leadership Approach to Transitioning to OASIS-E on 1/1/23:

Why wait to educate on OASIS-E?

- If train too far in advance on new questions, clinicians may need to be re-educated as they will not be using the tool yet
- Recommend beginning education in November into December
- Recommend auditing of new questions 1-2 months into 2023 (end Jan/Feb)
- Ask for feedback from clinicians on challenges they have with new questions in January
- Develop re-education plan based on audit results and clinician feedback in February/March

# Educating on OASIS-E so it will stick

Clinicians need to understand the “why” behind the changes from OASIS D to OASIS-E:

- Provides more buy in as they are learning new questions/response options
- How clinician answers the OASIS-E can affect:
  - quality outcome results
  - agency and clinician reputation
  - future payment for HH (including Social Determinants of Health, risk adjustment)
  - how standardized post acute tool is developed (one tool for all post acute care)

# Key Points to Educate on the "why" OASIS-E changes

- Clarification of existing questions
- Possible PDGM payment changes based on potential new questions
- Impact Act of 2014
- Role of social determinants of health in patient improvement
- Development of one tool across post acute care

# Social Determinants of Health Categories

- Economic Stability
- Education Access/Quality
- Health Care Access/Quality
- Neighborhood & Environment
- Social & Community Context

# IMPACT ACT of 2014

## Quality Measure Domains:

- Skin integrity and changes in skin integrity;
- Functional status, cognitive function, and changes in function and cognitive function;
- Medication reconciliation;
- Incidence of major falls;
- Transfer of health information when an individual transitions;

## Assessment Categories:

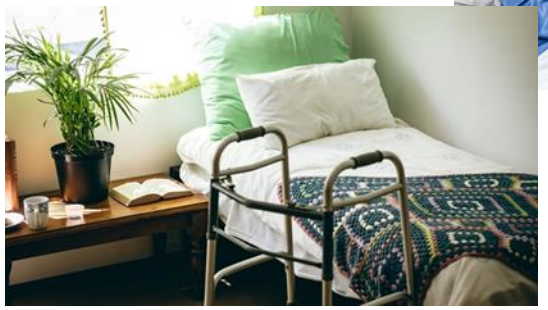
- Functional status
- Cognitive function and mental status
- Special services, treatments, and interventions
- Medical conditions and co-morbidities
- Impairments

## Resource Use and Other Measure Domains:

- Resource use measures, MSPB Discharge to community
- All-condition risk-adjusted potentially preventable hospital readmissions rates

# Item Set - Across PAC Providers

- Designed to standardize assessment of patients' medical, functional, cognitive, and social support status
- CMS is planning for one tool to drive how post acute setting is paid
- Across acute and post-acute settings:
  long-term care hospitals (LTCHs)
  inpatient rehabilitation facilities (IRFs)
  skilled nursing facilities (SNFs)
  home health agencies (HHAs)



# Why the Brief Interview of Mental Status?

- BIMS (Brief Interview of Mental Status), will provide important baseline information about cognitive function when patients are discharged to the HH setting
- In the post acute community, two-thirds of patients in the HH setting 19% were cognitively moderately impaired, and 11% were severely impaired
- Cognitive impairment is also associated with re-hospitalization among elderly patients receiving home health care

# Patient Health Questionnaire for Depression PHQ-2 and PHQ 9

- Current OASIS D depression screening will be replaced as follows with PHQ-2/PHQ 9
- PHQ-2 uses data elements as summed-item scoring approach to first screen for signs and symptoms of depressed mood in patients by assessing the two cardinal criteria for depression:
  - depressed mood
  - anhedonia (inability to feel pleasure)

- If positive screen for PHQ-2, then proceed with PHQ 9 questions

# Other OASIS-E Changes of Note

**ADDITIONS:**

- Med List Questions
- Pain interfering with therapy
- Nutritional Approaches
- High Risk Drug Classes

**REMOVALS:**

- Depression Screen-replaced by PHQ (Patient Health Questionnaire)
- Therapies Received at Home
- PPV Questions

# A2123 Reconciled Meds at Discharge

- Includes - Provision of Current Reconciled Medication List to Subsequent Provider at Discharge and Transfer

| **A2123. Provision of Current Reconciled Medication List to Patient at Discharge**<br>At the time of discharge, did your facility provide the patient's current reconciled medication list to the patient, family and/or caregiver? | |
|---|---|
| Enter Code<br>☐ | 0. **No– Current reconciled medication list not provided to the patient, family and/or caregiver** → Skip to B1300, Health Literacy<br>1. **Yes – Current reconciled medication list provided to the patient, family and/or caregiver**→ Continue to A2124, Route of Current Reconciled Medication List Transmission to Patient. |

| **A2124. Route of Current Reconciled Medication List Transmission to Patient**<br>Indicate the route(s) of transmission of the current reconciled medication list to the patient/family/caregiver. | |
|---|---|
| **Route of Transmission** | ↓ **Check all that apply** ↓ |
| A. **Electronic Health Record** | ☐ |
| B. **Health Information Exchange Organization** | ☐ |
| C. **Verbal** (e.g., in-person, telephone, video conferencing) | ☐ |
| D. **Paper-based** (e.g., fax, copies, printouts) | ☐ |
| E. **Other Methods** (e.g., texting, email, CDs) | ☐ |

# High Risk Drug Classes

- Antipsychotics
- Anticoagulants
- Antibiotics
- Opioids
- Antiplatelets
- Hypoglycemics including insulin

# New "Patient Response" Options

- "Patient Unable to Respond" added for:
  - Ethnicity
  - Race
  - Transportation
  - Health Literacy
  - Social Isolation

# Pending CY2023 Additions to FU Assessment (Recert)

- Pending adoption of changes, may affect PDGM payments
- Following items could be added to FU assessment: (pulled from GG items)
  - Shower/bathe self
  - Upper body dressing
  - Lower body dressing
  - Putting on/taking off footwear
  - Car Transfer
  - Walk 150 feet
  - 12 steps
  - Wheel 150

# GG0170 Mobility Question

**SOC/ROC**

**GG0170. Mobility**

Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).

**Coding:**

**Safety** and **Quality of Performance** – If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.

*Activities may be completed with or without assistive devices.*

06. **Independent** – Patient completes the activity by him/herself with no assistance from a helper.
05. **Setup or clean-up assistance** – Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.
04. **Supervision or touching assistance** – Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.
03. **Partial/moderate assistance** – Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.
02. **Substantial/maximal assistance** – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
01. **Dependent** – Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.

**If activity was not attempted, code reason:**

07. **Patient refused**
09. **Not applicable** – Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.
10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
88. **Not attempted due to medical conditions or safety concerns**

| 1. SOC/ROC Performance | 2. Discharge Goal | |
|---|---|---|
| ↓Enter Codes in Boxes↓ | | |
| ☐☐ | ☐☐ | A. **Roll left and right**: The ability to roll from lying on back to left and right side, and return to lying on back on the bed |
| ☐☐ | ☐☐ | B. **Sit to lying**: The ability to move from sitting on side of bed to lying flat on the bed. |
| ☐☐ | ☐☐ | C. **Lying to sitting on side of bed**: The ability to move from lying on the back to sitting on the side of the bed with no back support. |
| ☐☐ | ☐☐ | D. **Sit to stand**: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed. |
| ☐☐ | ☐☐ | E. **Chair/bed-to-chair transfer**: The ability to transfer to and from a bed to a chair (or wheelchair). |

Presenter will share tools/resources to assist with messaging and educating agency teams on these two initiatives.

# Comparing and Trending Your scores to National Scores

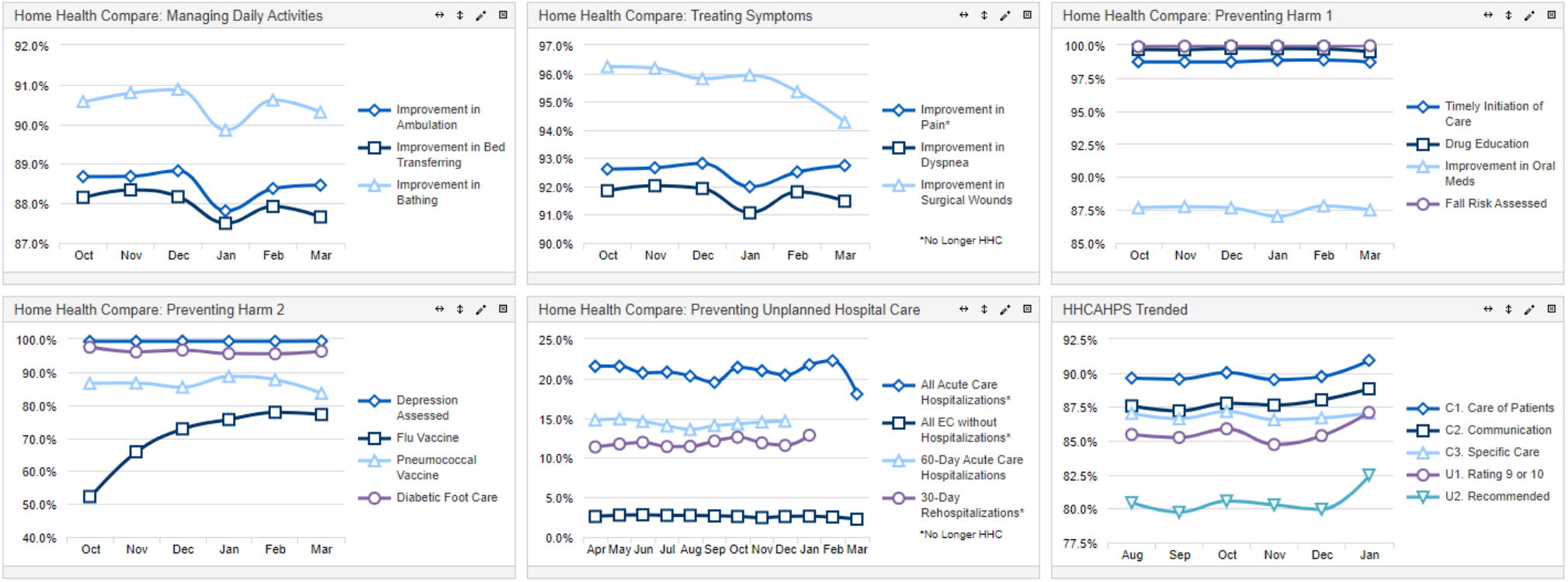
- How do I measure up in CY 2021 and in Real-Time?

| HHVBP Measures | CY 2021 SHP National | CY 2021 My HHA | Percent Change |
|---|---|---|---|
| Improvement in Mgmt of Oral Meds (Risk Adjusted) | 82.8% | 83.6% | 1.0% |
| Improvement in Dyspnea (Risk Adjusted) | 87.5% | 88.5% | 1.1% |
| TNC Change in Mobility (Risk Adjusted) | 0.795 | 0.834 | 4.9% |
| TNC Change in Self-Care (Risk Adjusted) | 2.192 | 2.282 | 4.1% |
| Discharged to Community (Risk Adjusted) | 73.1% | 73.7% | 0.8% |
| 60-Day Hospitalizations (Observed) | 14.9% | 15.0% | -0.7% |
| Care of Patients | 89.2% | 88.6% | -0.7% |
| Communications | 86.8% | 86.1% | -0.8% |
| Specific Care Issues | 84.6% | 82.6% | -2.4% |
| % who Rated Agency 9,10 | 84.5% | 83.5% | -1.2% |
| % who would Recommend | 79.0% | 77.9% | -1.4% |

Source: SHP National Database – Clinical Scorecard, PDGM Overview reports

# Comparing and Trending Your scores to National Scores

- Track performance against goals for CY 2022




Source: SHP Dashboard Example

# Plug and Play What If?

**CCN Provider Name** Percentage Improvement **1.00%**

| Quality Measure | Agency Base Year | Agency Real-Time | Threshold | Benchmark | What if | Revised Achv. Pts. | Revised Imprv. Pts. | Proposed Weight % | Potential Weighted Points |
|---|---|---|---|---|---|---|---|---|---|
| **OASIS Measures** | | | | | | | | | |
| TNC Self-care | 2.244 | 2.714 | 1.931 | 2.193 | 2.741 | 10.000 | - | 8.75 | 8.750 |
| TNC Mobility | 1.046 | 1.367 | 0.712 | 0.820 | 1.381 | 10.000 | - | 8.75 | 8.750 |
| Oral Medications | 73.1 | 75.8 | 71.9 | 87.0 | 76.5 | 3.078 | 2.232 | 5.83 | 1.795 |
| Dyspnea | 82.7 | 84.0 | 80.7 | 92.4 | 84.9 | 3.547 | 1.995 | 5.83 | 2.068 |
| Discharge to Community | 80.3 | 82.4 | 72.9 | 79.3 | 83.3 | 10.000 | - | 5.83 | 5.830 |
| **Claims Measures** | | | | | | | | | |
| ACH | 19.7 | 15.3 | 15.0 | 10.3 | 15.1 | - | 4.359 | 26.25 | 11.443 |
| ED Use | 9.9 | 9.9 | 12.8 | 7.5 | 9.8 | 5.658 | 0.371 | 8.75 | 4.951 |
| **HHCAHPS Measures** | | | | | | | | | |
| Care of Patients | 92.0 | 90.4 | 89.0 | 94.0 | 91.3 | 4.648 | - | 6.00 | 2.789 |
| Communication | 90.0 | 88.4 | 86.0 | 92.0 | 89.3 | 5.541 | - | 6.00 | 3.324 |
| Specific Care Issues | 83.0 | 85.0 | 84.0 | 92.0 | 85.9 | 2.312 | 2.850 | 6.00 | 1.710 |
| Overall Rating | 87.0 | 91.4 | 85.0 | 94.0 | 92.3 | 8.093 | 6.793 | 6.00 | 4.856 |
| Willing to Recommend | 85.0 | 86.5 | 79.0 | 90.0 | 87.4 | 7.641 | 4.330 | 6.00 | 4.585 |
| **Total Performance Score** | | | | | | | | | **60.851** |

# Plug and Play What If – Weighting Considerations

- Look at the spread between the achievement threshold and benchmark
- A 50% improvement in your ACH score within the achievement range generates 12.8 TPS points versus 2.9 and 3.0 for Dyspnea and Care of Patients, respectively
- A two percentage point improvement in scores produces over double the weighted points between Dyspnea (1.0 pts) compared to Care of Patients (2.4 pts) due to the tighter range of scores.

| Quality Measure | Achievement Threshold (median) | Benchmark (mean of top decile) | Range (Threshold - Benchmark) | 25% Score Improvement | 50% Score Improvement | 75% Score Improvement | 2% Point Score Improvement |
|---|---|---|---|---|---|---|---|
| Dyspnea Scores (OASIS) | 80.7 | 92.4 | 11.7 | 83.6 | 86.6 | 89.5 | 82.7 |
| Dyspnea Weighted Points | | | | 1.4 | 2.9 | 4.4 | 1.0 |
| 60-Day ACH Scores (Claims) | 15.0 | 10.3 | 4.7 | 13.8 | 12.7 | 11.5 | 13.0 |
| 60-Day ACH Weighted Points | | | | 6.7 | 12.8 | 19.5 | 11.2 |
| Care of Patients Scores (HHCAHPS) | 89.0 | 94.0 | 5.0 | 90.3 | 91.5 | 92.8 | 91.0 |
| Care of Patients Weighted Points | | | | 1.6 | 3.0 | 4.6 | 2.4 |

# Greatest Opportunity to Improve

- Considerations
  - What if all clinicians improve by X% point?
    - Or elevate lowest 50th percentile to median
  - What are the easier measures to change?
    - Claims Measures, Outcomes, HHCAHPS
    - Are there best practices already in my agency
    - Drill down to Team, Branch and Clinician to evaluate
  - At what cost – Return on Investment (ROI)?
    - $1,000,000 Medicare revenue = $50,000 risk first year
    - What is the opportunity cost – of not doing something?

# OASIS-D1 to OASIS-E Crosswalk

- Link included in the Appendix

| OASIS-D | Patient History (continued) / Sensory Status (continued) / Health Conditions | |
|---|---|---|

**M1033. Risk for Hospitalization** — SOC ROC FU

Which of the following signs or symptoms characterize this patient as at risk for hospitalization?

↓ Check all that apply

| | | |
|---|---|---|
| ☐ | 1. | History of falls (2 or more falls – or any fall with an injury – in the past 12 months) |
| ☐ | 2. | Unintentional weight loss of a total of 10 pounds or more in the past 12 months |
| ☐ | 3. | Multiple hospitalizations (2 or more) in the past 6 months |
| ☐ | 4. | Multiple emergency department visits (2 or more) in the past 6 months |
| ☐ | 5. | **Decline in mental, emotional, or behavioral status in the past 3 months** |
| ☐ | 6. | Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months |
| ☐ | 7. | Currently taking 5 or more medications |
| ☐ | 8. | **Currently reports exhaustion** |
| ☐ | 9. | **Other risk(s) not listed in 1-8** |
| ☐ | 10. | **None of the above** |

**M1242. Frequency of Pain Interfering** with patient's activity or movement — SOC ROC DC

Enter Code ☐

0. **Patient has no pain**
1. **Patient has pain that does not interfere with activity or movement**
2. **Less often than daily**
3. **Daily, but not constantly**
4. **All of the time**

| OASIS-E | Section J | Health Conditions | J |
|---|---|---|---|

**M1033. Risk for Hospitalization** — SOC ROC FU

Which of the following signs or symptoms characterize this patient as at risk for hospitalization?

↓ Check all that apply

| | | |
|---|---|---|
| ☐ | 1. | History of falls (2 or more falls – or any fall with an injury – in the past 12 months) |
| ☐ | 2. | Unintentional weight loss of a total of 10 pounds or more in the past 12 months |
| ☐ | 3. | Multiple hospitalizations (2 or more) in the past 6 months |
| ☐ | 4. | Multiple emergency department visits (2 or more) in the past 6 months |
| ☐ | 5. | **Decline in mental, emotional, or behavioral status in the past 3 months** |
| ☐ | 6. | Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months |
| ☐ | 7. | Currently taking 5 or more medications |
| ☐ | 8. | **Currently reports exhaustion** |
| ☐ | 9. | **Other risk(s) not listed in 1-8** |
| ☐ | 10. | **None of the above** |

**J0510. Pain Effect on Sleep** — SOC ROC DC

Enter Code ☐

Ask patient: "*Over the past 5 days,* ***how much of the time has pain made it hard for you to sleep at night?***"

0. **Does not apply – I have not had any pain or hurting in the past 5 days** → Skip to M1400, Short of Breath at SOC/ROC; Skip to J1800 Any Falls Since SOC/ROC at DC
1. **Rarely or not at all**
2. **Occasionally**
3. **Frequently**
4. **Almost constantly**
8. **Unable to answer**

**J0520. Pain Interference with Therapy Activities** — SOC ROC DC

Enter Code ☐

Ask patient: "*Over the past 5 days,* ***how often have you limited your participation in rehabilitation therapy sessions due to pain?***"

0. **Does not apply – I have not received rehabilitation therapy in the past 5 days**
1. **Rarely or not at all**
2. **Occasionally**
3. **Frequently**
4. **Almost constantly**
8. **Unable to answer**

**J0530. Pain Interference with Day-to-Day Activities** — SOC ROC DC

Enter Code ☐

Ask patient: "*Over the past 5 days,* ***how often you have limited your day-to-day activities (excluding rehabilitation therapy session) because of pain?***"

1. **Rarely or not at all**
2. **Occasionally**
3. **Frequently**
4. **Almost constantly**
8. **Unable to answer**

# Resources Utilized for Presentation

- https://innovation.cms.gov/innovation-models/expanded-home-health-value-based-purchasing-model
- https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Post-Acute-Care-Quality-Initiatives/CARE-Item-Set-and-B-CARE
- https://www.cms.gov/files/document/final-specifications-hh-qrp-quality-measures-and-spade.pdf
- https://www.mcknightshomecare.com/study-social-isolation-loneliness-increase-cardiovascular-risk-in-older-women/
- http://go.myhomecarebiz.com/blog/oasis-e-new-rules-for-m2010-high-risk-medications
- CMS HHVBP Model Expansion 101 Webinar – Feb 10, 2022

# Questions?

# Contact Information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# Appendix

# OASIS-D1 to OASIS-E Crosswalk Guide

With the OASIS-E assessment form going into effect on January 1st, 2023, SHP is pleased to provide home health agencies with a complete side-by-side comparison of the OASIS-D1 and expected OASIS-E assessment forms. Items that have been added or removed between the two OASIS versions are indicated with color coding.

This document includes all items recorded at start of care (SOC), resumption of care (ROC), follow-up (FU), transfer (TRF), discharge (DC), and death at home (DAH). A box next to each item lists the assessment reasons for which the item is recorded, with (o) indicating an optional item.

*We recommend printing copies for your staff to aid in the transition to OASIS-E and beyond.*

This guide is an excellent reference for anyone who works with OASIS Assessments and will improve accuracy, help reduce coding errors, and potentially reduce the number of returned claims.

https://www.shpdata.com/media/2242/shp-oasis-d1-to-oasis-e-crosswalk-16.pdf