

Home Health Value-Based Purchasing Series: HHVBP Model 101

Wednesday, February 3, 2016



About the Alliance

- 501(c)(3) non-profit research foundation
- Mission: To support research and education on the value home health care can offer to patients and the U.S. health care system. Working with researchers, key experts and thought leaders, and providers across the spectrum of care, we strive to foster solutions that will improve health care in America.
- www.ahhqi.org



About VNAA

- 501(c)(3) non-profit research foundation
- VNAA is a national association that supports, promotes and advances mission driven, nonprofit providers of home and community-based healthcare, hospice and health promotion services to ensure quality care for their communities. VNAA members share a mission to provide cost-effective and compassionate care to some of the nation's most vulnerable individuals, particularly the elderly and individuals with disabilities.
- www.vnaa.org

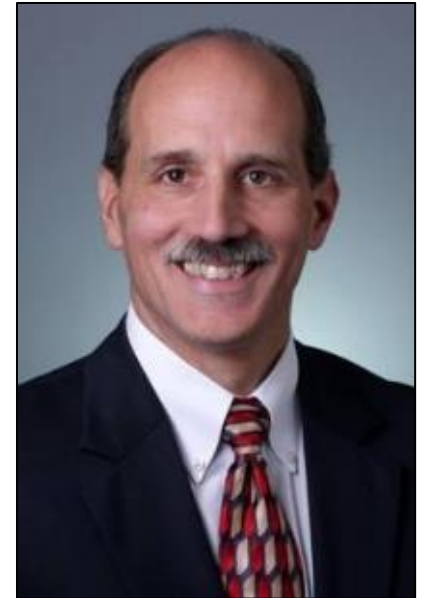


Today's Speaker

Chris Attaya

Vice President, Business Intelligence, Strategic Healthcare Programs

Chris Attaya joined SHP in 2014 after spending 28 years in executive and consulting positions within the Home Health and Hospice industry. In his role, he is responsible for product development and client relationships to help organizations achieve increased operational and financial performance through the use of SHP's industry leading analytics platform and benchmark data. Prior to SHP, Chris was the CFO at the VNA of Boston and had worked at Partners Health Care at Home as CFO and CEO. He received a B.A. in Public Health from Tufts University and an M.B.A. from the Graduate School of Management at Boston University concentrating in Health Care Finance.



Today's Webinar

- During the presentation submit questions to the moderator through the webinar chat box.
- Slides will be made available to participants following the webinar.

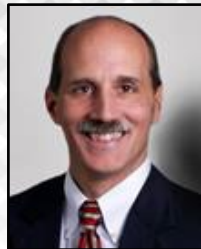


Home Health Value-Based Purchasing Series: HHVBP Model 101



Chris Attaya

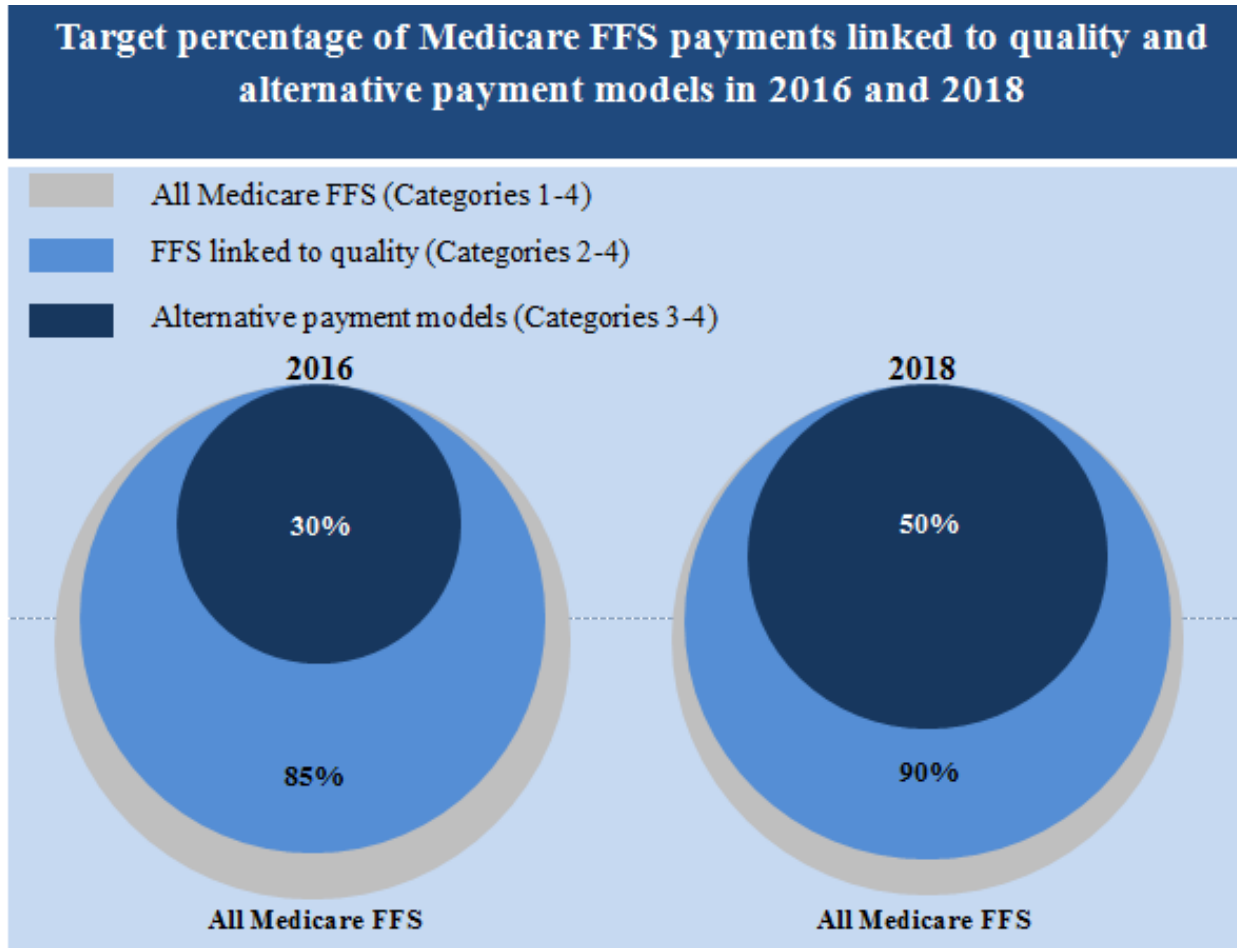
VP of Business Intelligence



Objectives

- Identify the components to Home Health Value Based Purchasing (HHVBP) defined in the October '15 Final Rule and updated CMS Q&A's
- Describe the implementation schedule as well as lessons learned from the Hospital VBP program
- Illustrate the methodology for the calculating the Total Performance Score (TPS) and the financial implications to agencies in the Pilot States
- Identify what actions your agency should be implementing now to create the improvement plans to better position your agency to be successful under HHVBP

CMS and Value Based Purchasing



Source: CMS Fact Sheet 01-26-2015

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HHVBP Components

- CMS HHVBP Goals
- OASIS, Claims and HHCAHPS Measures
- New Measures
- Piloted States Selection Criteria
- Measure Points Scoring
- Larger vs Small volume HHA Cohorts
- Important Updates from CMS Q & A's

CMS HHVBP Goals

CMS is proposing the use of quarterly performance reports, annual payment adjustment reports, and annual publicly-available performance reports as a means of developing greater transparency of Medicare data on quality and aligning the competitive forces within the market to deliver care based on value over volume

Specific Goals

- Incentivize HHAs to provide better quality care with greater efficiency
- Study new potential quality and efficiency measures for appropriateness in the home health setting
- Enhance current public reporting processes

Measures by NQF Domain

Domain	Measure	Measure Type	Source
1	Communications between Providers and Patients	Outcome	CAHPS
1	Specific Care Issues	Outcome	CAHPS
1	Overall rating of home health care	Outcome	CAHPS
1	Willingness to recommend the agency	Outcome	CAHPS
2	Improvement in Ambulation-Locomotion	Outcome	OASIS (M1860)
2	Improvement in Bed Transferring	Outcome	OASIS (M1850)
2	Improvement in Bathing	Outcome	OASIS (M1830)
2	Improvement in Dyspnea	Outcome	OASIS (M1400)
2	Drug Education on All Medications Provided to Patient/Caregiver during all EOC	Process	OASIS (M2015)
3	Discharged to Community	Outcome	OASIS (M2420)
3	Care Management: Types and Sources of Assistance	Process	OASIS (M2102)
4	Influenza Vaccine Data Collection	Process	OASIS (M1041)
4	Influenza Immunization Received for Current Flu Season	Process	OASIS (M1046)
4	Pneumococcal Polysaccharide Vaccine Ever Received	Process	OASIS (M1051)
4	Reason Pneumococcal vaccine not received	Process	OASIS (M1056)
5	Acute Care Hospitalization:	Outcome	CCW (Claims)
5	Emergency Department Use without Hospitalization	Outcome	CCW (Claims)
6	Improvement in Pain Interfering with Activity	Outcome	OASIS (M1242)
6	Improvement in Management of Oral Medications	Outcome	OASIS (M2020)
6	Prior Functioning ADL/IADL	Outcome	OASIS (M1900)
6	Care of Patients	Outcome	CAHPS
			Total

DOMAINS

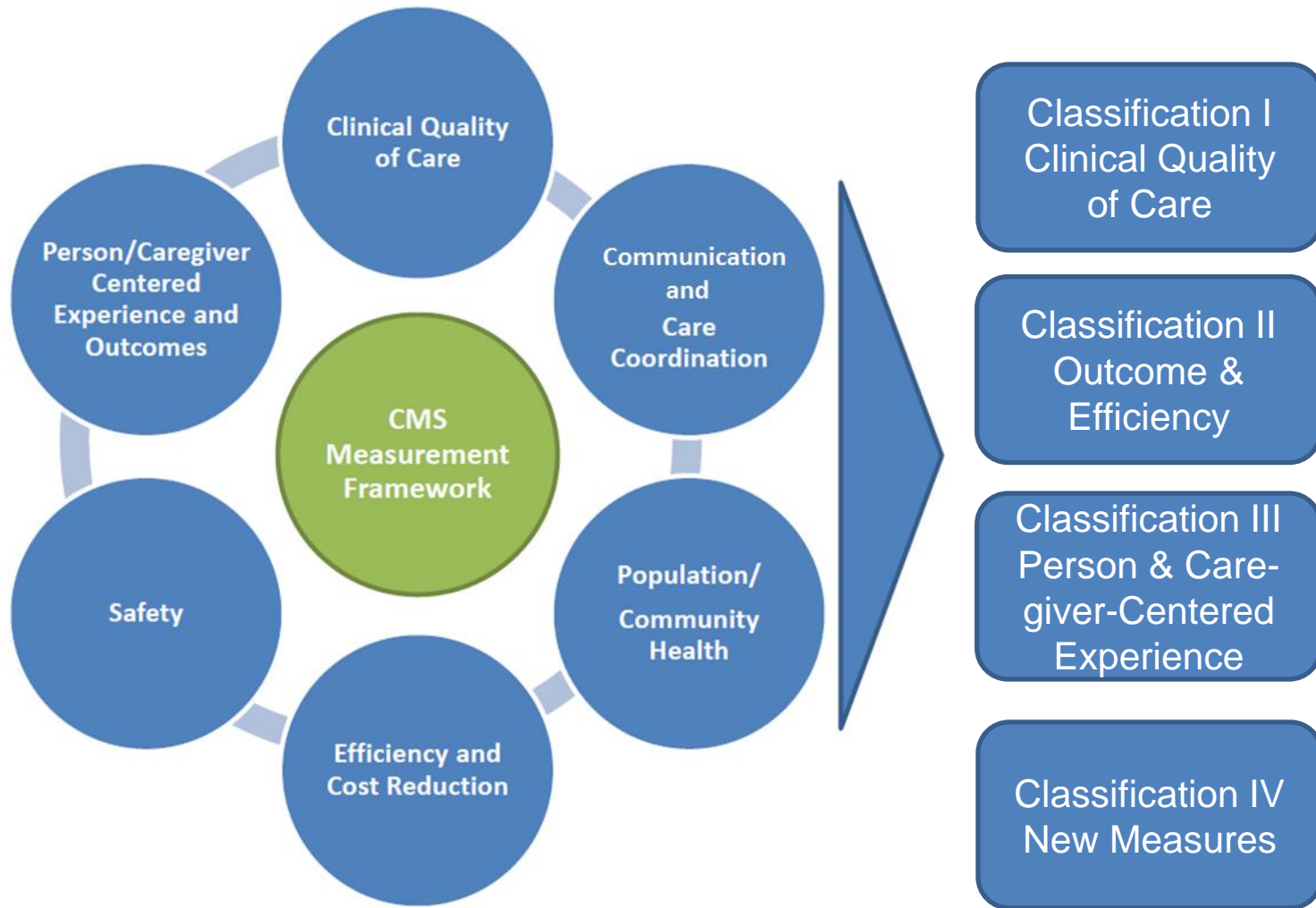
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|--|-----------------------------|
| 1) Patient and Caregiver centered experience | 2) Clinical Quality of Care |
| 3) Communication & Care Coordination | 4) Population Health |
| 5) Efficiency and cost reduction | 6) Safety |

New Measures

- Each of these new measures will need to be reported by HHAs through a Web Portal starting with Q3 data

Measure	Measure Type	Notes
Influenza Vaccination Coverage for Home Health Care Personnel	Process	% HHA personnel received or documented not received – medical condition, received elsewhere, declined, unknown. Need to have worked 1 day Oct 1 to March 31st
Herpes zoster (Shingles) vaccination: Has the patient ever received the shingles vaccination?	Process	# of Medicare beneficiaries over 60 that ever received shingles vaccine
Advanced Care Plan	Process	Patients over 18 with plan or discussed with patient (no surrogate or plan made)

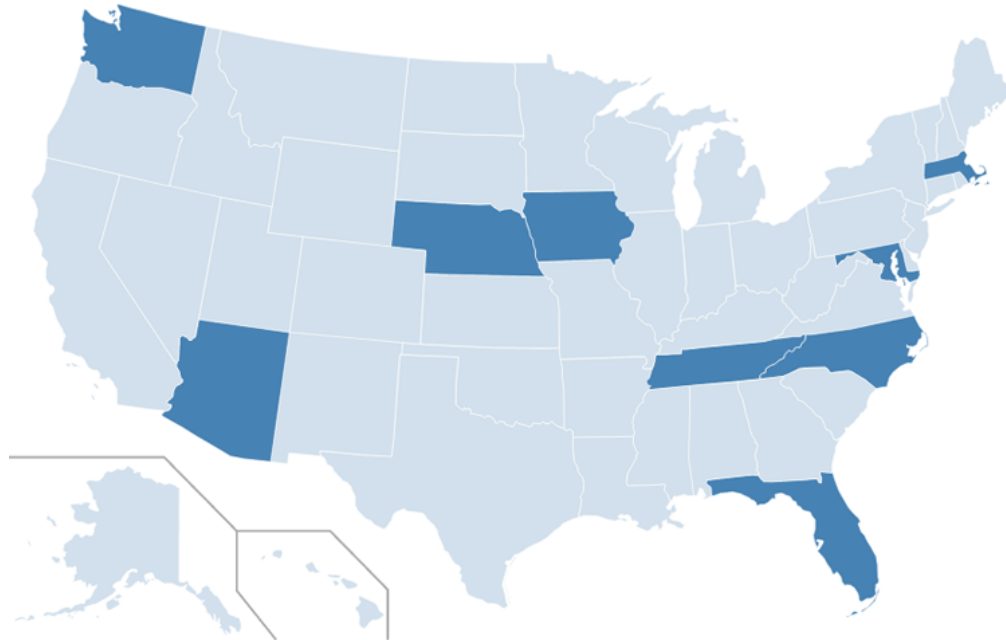
Domains into Classifications



Piloted State Selection Criteria

Randomly Selected States

- Started with nine geographically-defined groupings of five or six states based on geographic, sample size and patient characteristics



The 9 pilot states are: Massachusetts, Maryland, North Carolina, Florida, Washington, Arizona, Iowa, Nebraska, and Tennessee

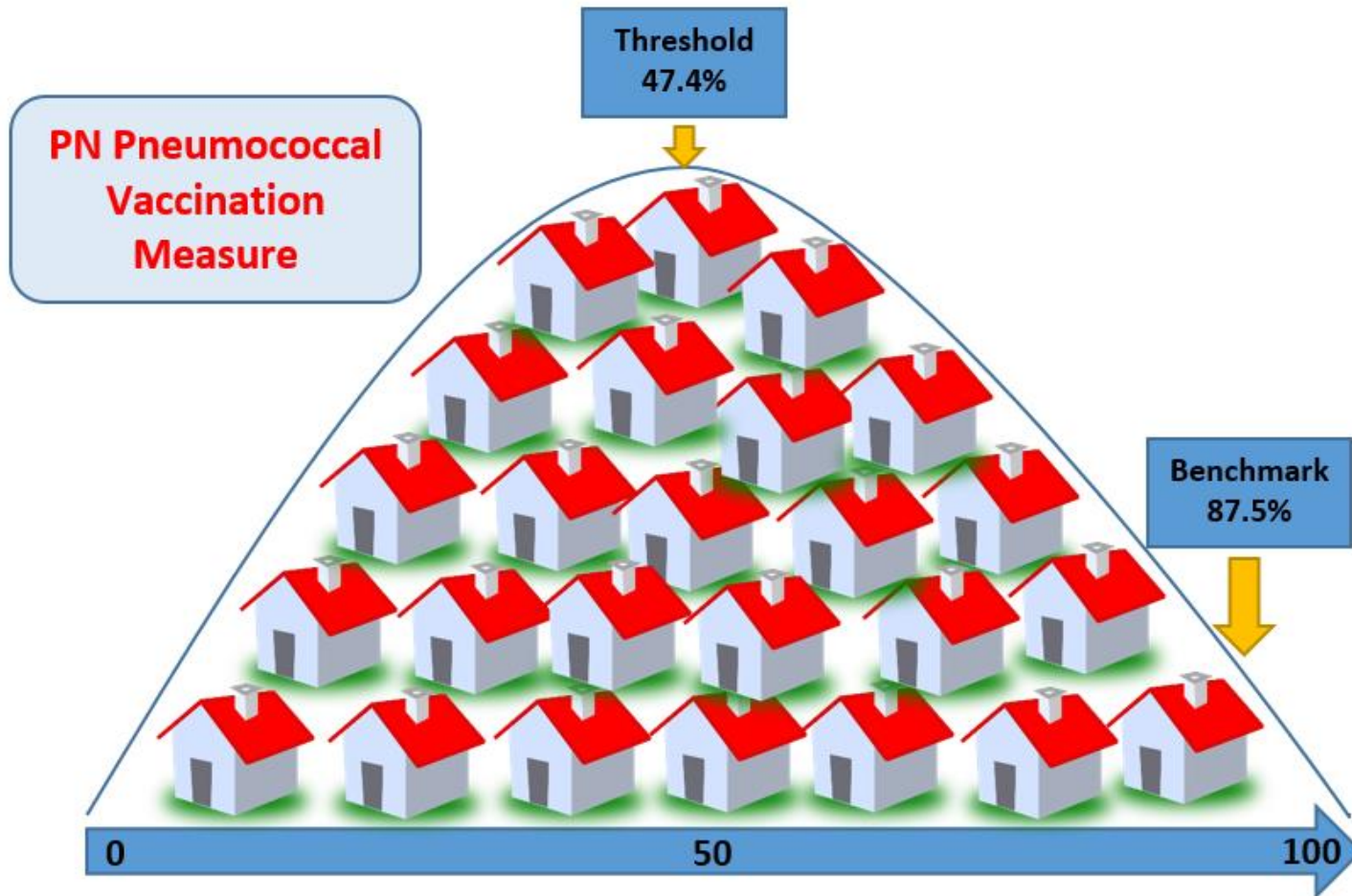
Measure Points Scoring

Each Measure will have points scored based on the higher of an achievement score or improvement score

- Using the Base Year Period two calculations are set
 - **Threshold Value** – 50th percentile (Median)
 - **Benchmark** – Mean of the top decile (~95 percentile)
- Base Year (Calendar Year 2015) will not change
- Performance Years 2016 – 2020
- Each measure needs 20 or more episodes to be included in the total performance scores
- New Measures will be scored based on self reporting data only

Measure Points Scoring (cont.)

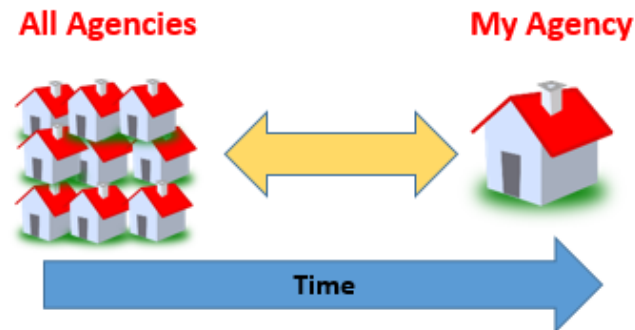
Thresholds and Benchmarks



Measure Points Scoring (cont.)

Achievement Points – By Pilot State

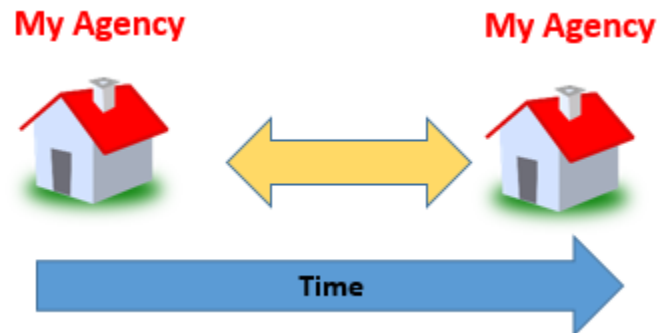
- Awarded by comparing an individual home health agency's rates during the performance period with all home health agency's rates from the baseline period
 - Rate equal to or better than the benchmark: 10 points
 - Rate less than the achievement threshold: 0 points
 - Rate equal to or better than the achievement threshold and worse than the benchmark: 1–9 points



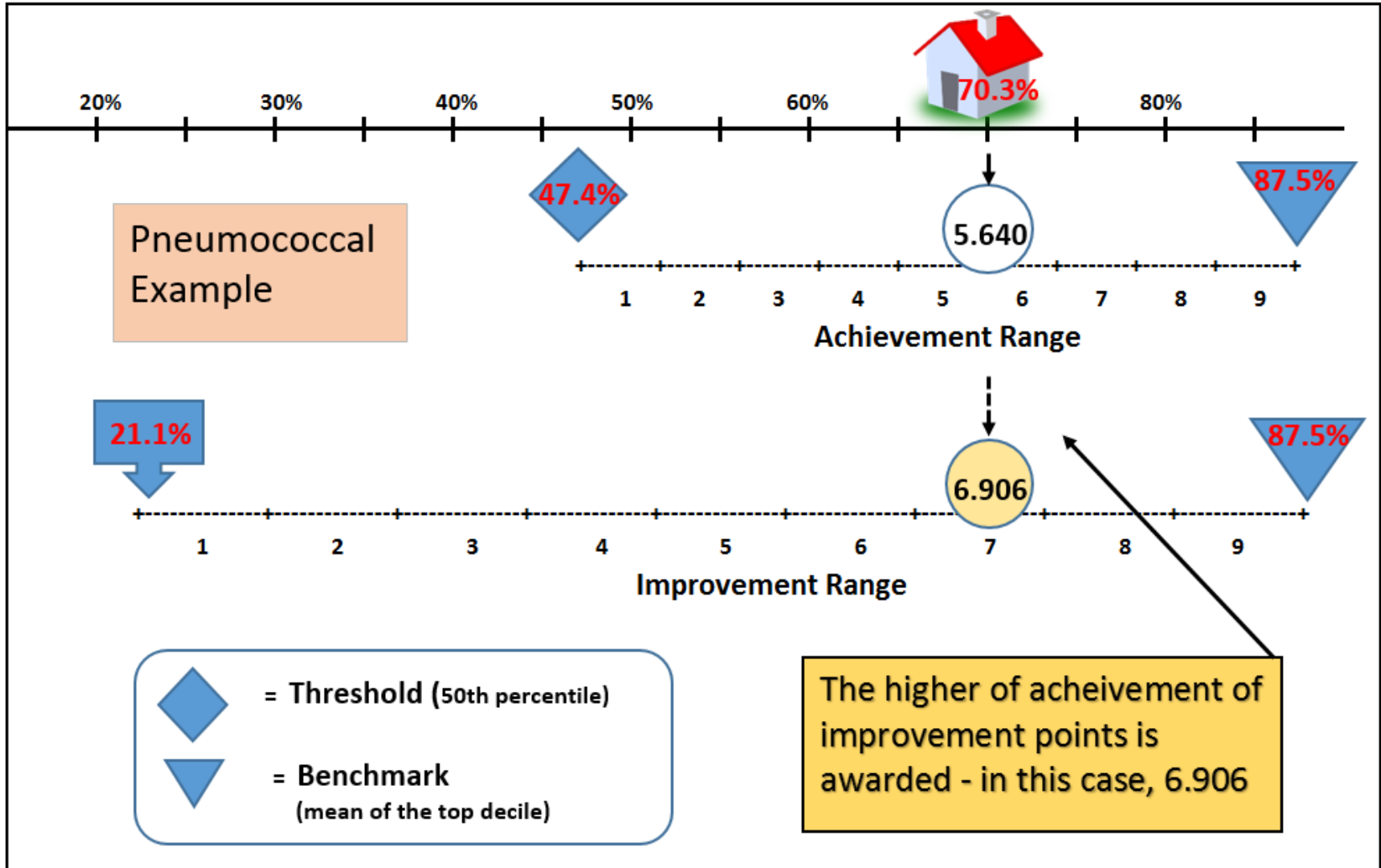
Measure Points Scoring (cont.)

Improvement Points – By Agency

- Awarded by comparing an individual home health agency's (HHA's) rates during the performance period with that same individual HHA's rates from the baseline period.
 - Rate equal to or better than the benchmark: 10 points
 - Rate worse than the agency's base year rate: 0 points
 - Rate equal to or better than the agency's base year rate and worse than the benchmark: 1–9 points



Measure Points Scoring (cont.)



Large vs. Small Agency Cohorts

- Agencies reporting will be broken down in 2 Cohorts – **Large**: HHCAHPS Participant, and **Small** (Exempt from HHCAHPS due to <60 eligible patients in the calendar year)
- Intention to is group “like agencies” for performance reporting

State	Small	Large	Total	% Small
AZ	31	82	113	27%
FL	353	672	1025	34%
IA	23	129	152	15%
MA	29	101	130	22%
MD	2	50	52	4%
NC	9	163	172	5%
NE	16	48	64	25%
TN	2	134	136	1%
WA	1	55	56	2%

Performance Reporting

- CMS quarterly will provide each agency with their scores
 - The first report will be available in July 2016 for the 2016 Q1 data
 - Agencies will have the opportunity to contest their scores within 30 days of receiving
- Agencies will also have a chance to review their TPS and payment adjustments
 - August 1st first notification
 - 30 days to request recalculation
 - Final report no later than November 1, 2017
- Annual quality performance reports will be made publically available

CMS Q&A's - Dec 2015

Source: <https://innovation.cms.gov/initiatives/Home-Health-Value-Based-Purchasing-Model/faq.html>

Notable Answers:

- The EIDM User ID will facilitate access to the Innovation Center Portal and then the Home Health Value-Based Purchasing (HHVBP) Secure Portal, where you will submit New Measure data and view quarterly and annual performance reports and annual payment adjustment reports.
- HHAs should assign a Point of Contact (POC) for each CCN. It is acceptable for one person to be the POC for multiple CCNs.
- All Medicare certified agencies in the 9 states are required to participate, even those with as few as 10 cases/year.
- OASIS-based measures are calculated using assessments from the OASIS assessments from Medicare FFS, Medicare Advantage, Medicaid FFS, and Medicaid Managed care.

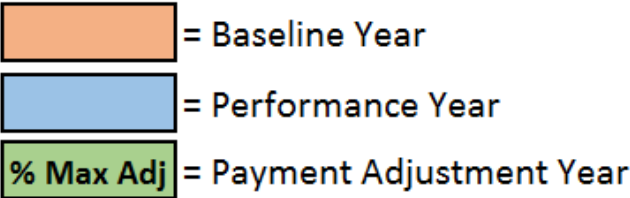
CMS Q&A's - Dec 2015 (Cont.)

- HHVBP Secure Portal will be available to the HHAs in March 2016.
- Information about the measures utilized in the first year of the HHVBP Model, including the measure specifications for the coordination of care and prior functioning measures will be presented during a webinar tentatively scheduled for January 2016 [Not yet scheduled]
- Benchmarks and achievement thresholds for the OASIS measures will be available in April 2016. Benchmarks and achievement thresholds for the HHCAHPS measures and the claims measures will be available by July 2016.
- CMS is compiling aggregate benchmark and achievement thresholds based on 2013 and 2014 data. Only the aggregate level Benchmarks and Achievement thresholds (by state and by cohort size) will be calculated using the 2013 and 2014 data.

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HHVBP Base Line and Performance Periods

	CY2015	CY2016	CY2017	CY2018	CY2019	CY2020	CY2021	CY2022
Demo Year - Proposed Rule								
Year 1				5 Percent				
Year 2					5 Percent			
Year 3						6 Percent		
Year 4							8 Percent	
Year 5								8 Percent
Demo Year - Final Rule								
Year 1				3 Percent				
Year 2					5 Percent			
Year 3						6 Percent		
Year 4							7 Percent	
Year 5								8 Percent
 <p> = Baseline Year = Performance Year % Max Adj = Payment Adjustment Year </p>								

Hospital Value Based Purchasing (HVBP)

What can we learn about this implementation?

- Has changed over time – The number of measures and domains have changed in each of the last 3 years since it's inception, including Domain weighting
- HCAHPS also includes points for consistency if better than the 50th percentile in each of the Patient Experience dimensions
- The Bonus or Penalty is netted against the withholds in each year limiting the impacts on cash flow
- Unlike the Home Health Proposal, the Base year for Hospitals change every year by one year

Hospital Value Based Purchasing (HVBP) (cont.)

Measures and Domains

	FY13	FY14	FY15	FY16
Domain Weighting				
Clinical Process of Care	70%	45%	20%	10%
Patient Experience of Care	30%	30%	30%	25%
Outcomes		25%	30%	40%
Efficiency			20%	25%
Total	100%	100%	100%	100%
	FY13	FY14	FY15	FY16
Number of Measures				
Clinical Process of Care	12	13	13	8
Patient Experience of Care	8	8	8	8
Outcomes		3	5	7
Efficiency			1	1
Total	20	24	27	24

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Total Performance Scoring (TPS)

- CMS proposing that TPS and payment adjustments would be calculated based on an HHA's CCN and therefore, based only on services provided in the selected states
- 21 OASIS/HHCAHPS/Claims based measures will be used in the TPS unless the an agency does not have 20 or more episodes per measure (Accounts for 90% of the score)
- Three New Measures will account for the 10% of the score
- If an HHA does not meet this threshold to generate scores on five or more of the Clinical Quality of Care, Outcome and Efficiency, and Person and Caregiver-Centered Experience measures, no payment adjustment will be made

Total Performance Scoring (TPS) (cont.)

TPS Example (HHA 1)

Domain	Measure	Measure Type	Source	Scores
1	Communications between Providers and Patients	Outcome	CAHPS	N/A
1	Specific Care Issues	Outcome	CAHPS	N/A
1	Overall rating of home health care	Outcome	CAHPS	N/A
1	Willingness to recommend the agency	Outcome	CAHPS	N/A
2	Improvement in Ambulation-Locomotion	Outcome	OASIS (M1860)	10
2	Improvement in Bed Transferring	Outcome	OASIS (M1850)	7
2	Improvement in Bathing	Outcome	OASIS (M1830)	7
2	Improvement in Dyspnea	Outcome	OASIS (M1400)	8
2	Drug Education on All Medications Provided to Patient/Caregiver during all EOC	Process	OASIS (M2015)	10
3	Discharged to Community	Outcome	OASIS (M2420)	7
3	Care Management: Types and Sources of Assistance	Process	OASIS (M2102)	5
4	Influenza Vaccine Data Collection	Process	OASIS (M1041)	5
4	Influenza Immunization Received for Current Flu Season	Process	OASIS (M1046)	2
4	Pneumococcal Polysaccharide Vaccine Ever Received	Process	OASIS (M1051)	5
4	Reason Pneumococcal vaccine not received	Process	OASIS (M1056)	8
5	Acute Care Hospitalization:	Outcome	CCW (Claims)	9
5	Emergency Department Use without Hospitalization	Outcome	CCW (Claims)	0
6	Improvement in Pain Interfering with Activity	Outcome	OASIS (M1242)	0
6	Improvement in Management of Oral Medications	Outcome	OASIS (M2020)	0
6	Prior Functioning ADL/IADL	Outcome	OASIS (M1900)	5
6	Care of Patients	Outcome	CAHPS	N/A
			Total	88

Total Performance Scoring (TPS) (cont.)

Scores on 16 available OASIS/HHCAHPS measures = 88 Points

- HHA 1's total possible points would be calculated by multiplying the total number of measures for which the HHA reported on least 20 (twenty) episodes by the maximum number of points for those measures ten (10), yielding a total of 160 possible points
- 88 points divided by the total 160 = .55
- .55 points X 90 = 49.5
- New Measures – all three entered equals 30 points out of a maximum of 30 = 1.0 X 10 points = 10 points
- **Total Points = 59.5**

Net Reimbursement Impacts

- 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
- Rule requires that the total amount of value-based incentive payments that CMS may distribute across all agencies must be equal to the amount of the base operating HHRG payment reduction (3% for FY 2016)
- Rule also requires that the value-based incentive payments be based on agency's performance scores

Value Based Purchasing (HHVBP)

- CMS will use a **linear exchange function (LEF)** to distribute the available amount of value-based incentive payments to agencies, based on agency's total performance scores on the HHVBP measures

Figure 9: 8-percent Reduction Sample

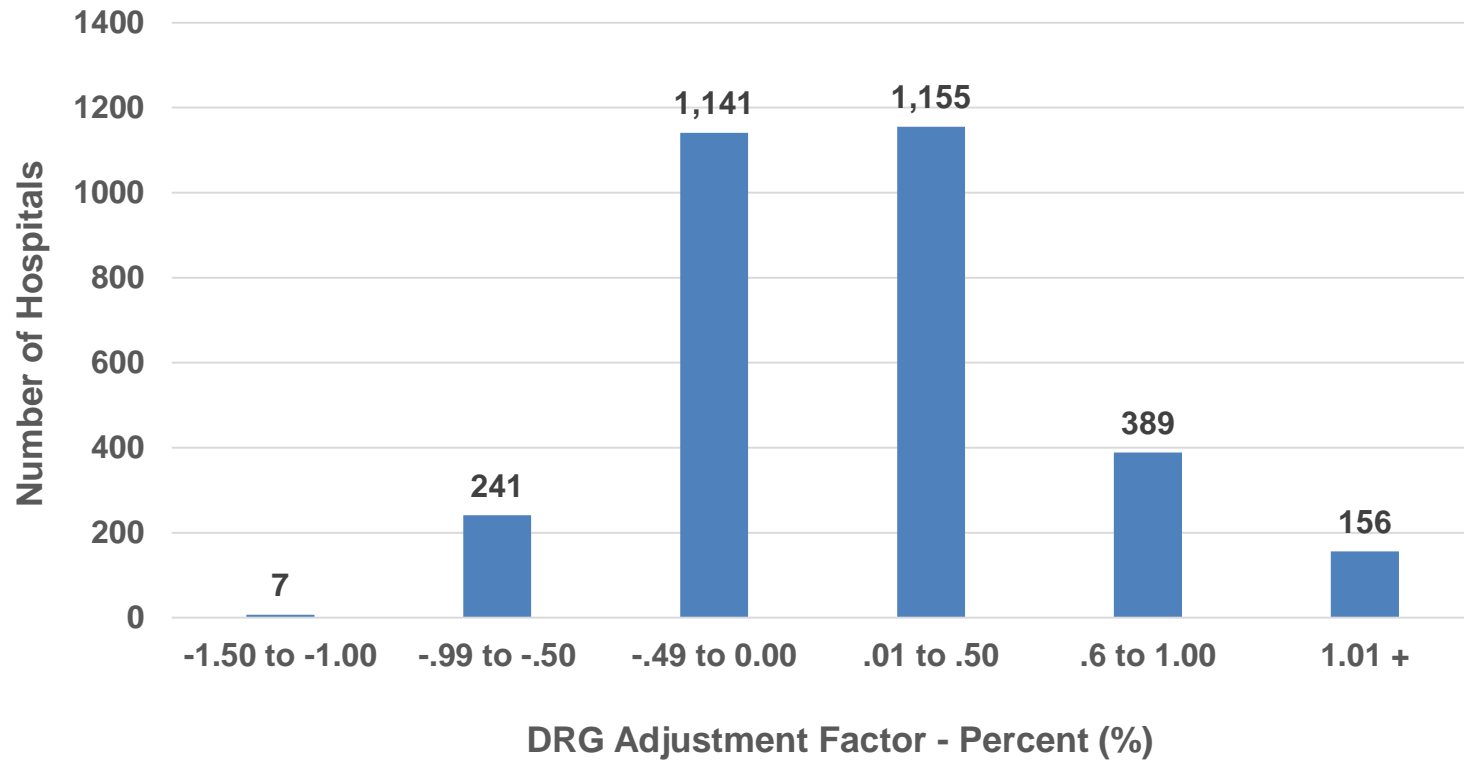
		Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7
HHA	TPS	Prior Year Aggregate HHA Payment*	8-Percent Payment Reduction Amount (C2*8%)	TPS Adjusted Reduction Amount (C1/100)*C3	Linear Exchange Function (LEF) (Sum of C3/ Sum of C4)	Final TPS Adjusted Payment Amount (C4*C5)	Quality Adjusted Payment Rate (C6/C2) *100	Final Percent Payment Adjustment +/- (C7-8%)
	(C1)	(C2)	(C3)	(C4)	(C5)	(C6)	(C7)	(C8)
HHA1	38	\$ 100,000	\$ 8,000	\$ 3,040	1.93	\$ 5,867	5.9%	-2.1%
HHA2	55	\$ 145,000	\$ 11,600	\$ 6,380	1.93	\$ 12,313	8.5%	0.5%
HHA3	22	\$ 800,000	\$ 64,000	\$ 14,080	1.93	\$ 27,174	3.4%	-4.6%
HHA4	85	\$ 653,222	\$ 52,258	\$ 44,419	1.93	\$ 85,729	13.1%	5.1%
HHA5	50	\$ 190,000	\$ 15,200	\$ 7,600	1.93	\$ 14,668	7.7%	-0.3%
HHA6	63	\$ 340,000	\$ 27,200	\$ 17,136	1.93	\$ 33,072	9.7%	1.7%
HHA7	74	\$ 660,000	\$ 52,800	\$ 39,072	1.93	\$ 75,409	11.4%	3.4%
HHA8	25	\$ 564,000	\$ 45,120	\$ 11,280	1.93	\$ 21,770	3.9%	-4.1%
Sum			\$ 276,178	\$ 143,007		\$ 276,002		

*Example cases.

Hospital VBP Impacts

Hospital FY15 Net Rate Impacts

Actual FY2015 Hospital VBP Adjustment Factors



CMS HHVBP Impact Reporting

- Distribution of the Payment Adjustments in the different model years

TABLE 22: Adjustment Distribution by Percentile Level of Quality Total Performance Score at Different Model Payment Adjustment Rates

Payment Adjustment Distribution	Range	Lowest Quality providers					Highest Quality Providers			
		Lowest 10th pctile*	20th pctile*	30th pctile*	40th pctile*	50th pctile*	60th pctile*	70th pctile*	80th pctile*	Highest 10th pctile*
3% Payment Adjustment for Performance Year 1 of Model	4.62%	-1.80%	-1.23%	-0.75%	-0.33%	0.09%	0.51%	1.05%	1.86%	2.82%
5% Payment Adjustment for Performance Year 2 of Model	7.69%	-2.98%	-2.04%	-1.23%	-0.54%	0.16%	0.83%	1.74%	3.08%	4.71%
6% Payment Adjustment for Performance Year 3 of Model	9.24%	-3.60%	-2.46%	-1.50%	-0.66%	0.18%	1.02%	2.10%	3.72%	5.64%
7% Payment Adjustment for Performance Year 4 of Model	10.77%	-4.17%	-2.86%	-1.72%	-0.75%	0.22%	1.16%	2.43%	4.31%	6.60%
8% Payment Adjustment for Performance Year 5 of Model	12.31%	-4.77%	-3.27%	-1.97%	-0.86%	0.25%	1.33%	2.78%	4.92%	7.54%

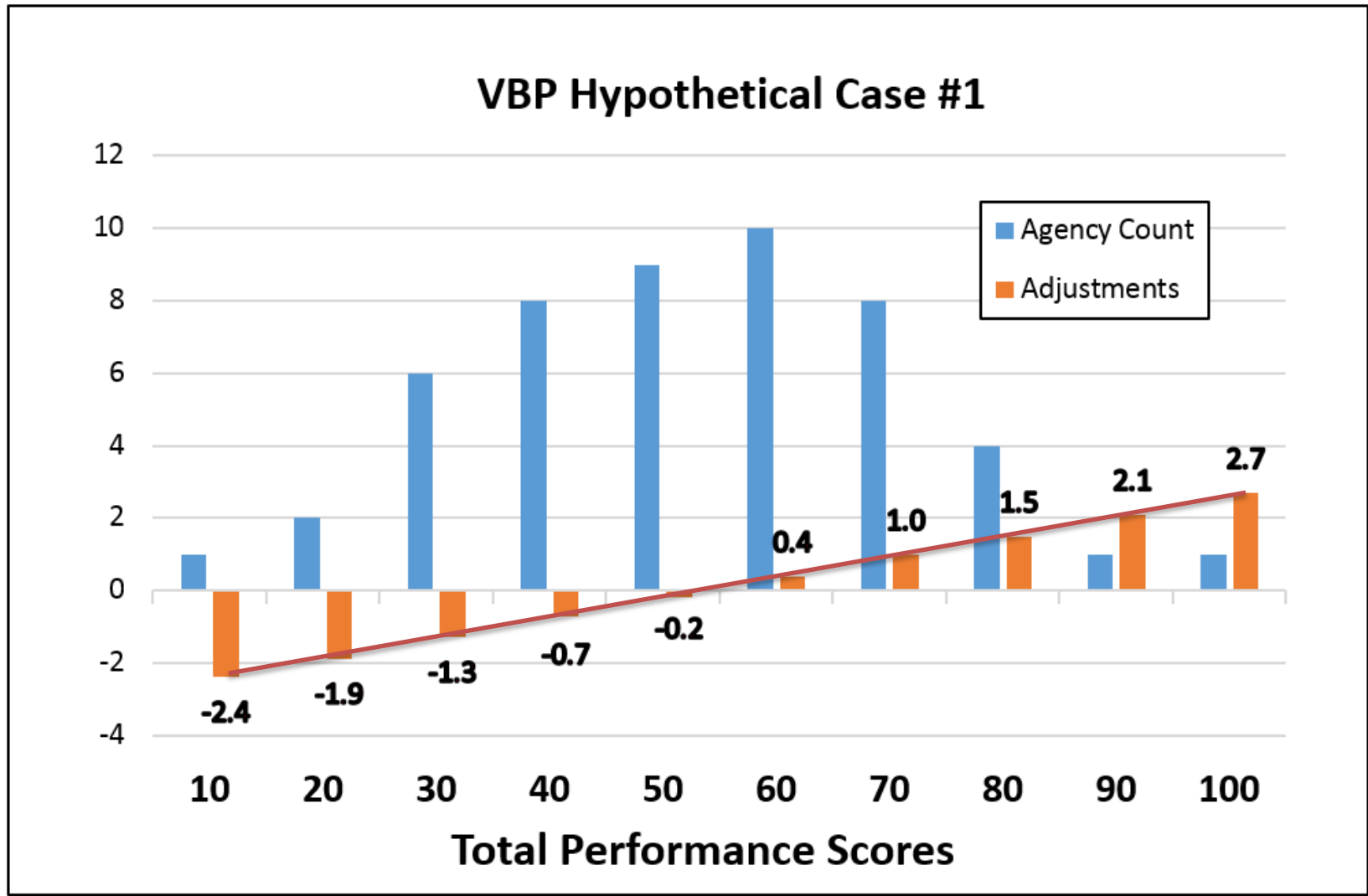
*pctile = percentile

CMS HHVBP Impact Reporting (cont.)

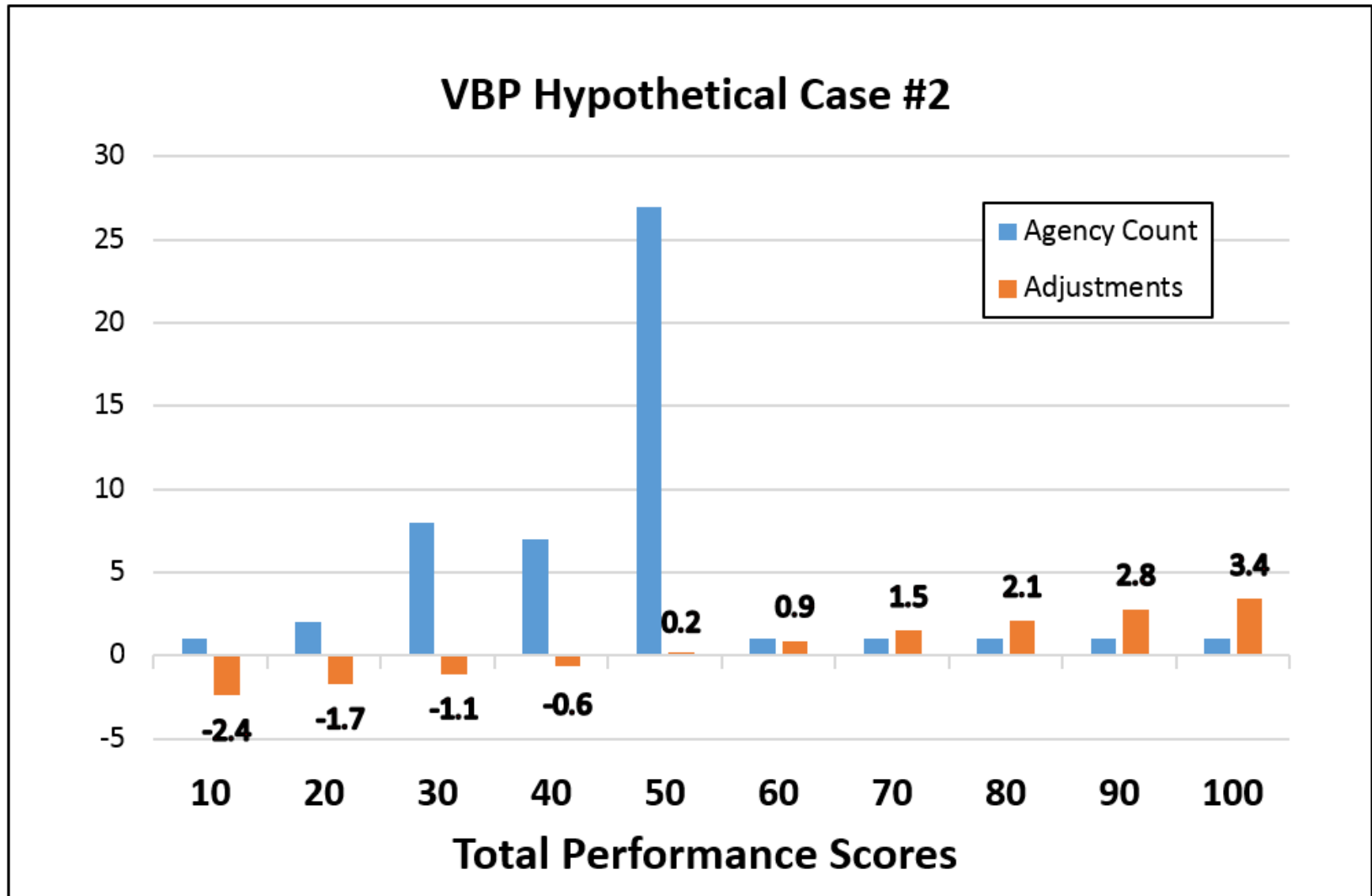
Example of HHA Large Cohort Payment Adjustments

Larger-volume HHA Cohort by State											
State	# of HHAs	Average payment adjustment	10%	20%	30%	40%	50%	60%	70%	80%	90%
AZ	82	0.39%	-3.31	-2.75	-2.19	-0.81	0.56	1.31	3.38	4.75	5.00
FL	672	0.41%	-3.00	-1.75	-1.60	-0.38	0.19	0.94	1.81	3.06	4.38
IA	129	-0.31%	-3.13	-2.31	-2.70	-1.13	-0.56	0.13	0.56	1.19	3.50
MA	101	0.64%	-2.88	-2.19	-1.50	-0.38	0.63	1.25	2.06	3.81	4.88
MD	50	0.41%	-2.75	-2.06	-2.30	-0.88	0.00	0.81	2.38	2.94	4.13
NC	163	0.65%	-2.75	-1.56	-1.30	-0.06	0.38	0.94	1.88	3.06	4.88
NE	48	0.37%	-2.63	-2.19	-1.40	-0.56	-0.19	0.50	1.31	2.31	5.00
TN	134	0.39%	-2.56	-1.81	-2.00	-0.63	-0.06	0.81	1.44	2.50	4.69
WA	55	0.39%	-2.75	-1.63	-2.00	-0.94	-0.19	0.69	1.94	3.31	4.06

LEF Distribution Examples



LEF Distribution Examples (cont.)



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Take Stock of your Scores and PI Programs

- How have your quality and satisfaction scores improved over time?
- Where are your agency's scores in relation to your state averages?
- How does your Quality of Patient Care Star Rating compare to your state's star ratings?
- Where do you have the best opportunity to improve your scores – Process measures, Outcomes, HHCAHPs?

VBP Scores on HHC CY2011 – CY2014

Home Health Compare Outcomes	Star Rated	CMS Scores CY 2011	CMS Scores CY 2012	CMS Scores CY 2013	CMS Scores CY 2014
Improvement in Oral Meds		47	49	51	53
Improvement in Dyspnea	★	63	64	65	65
Improvement in Pain Interfering with Activity	★	66	67	68	68
Improvement in Bathing	★	65	66	67	68
Improvement in Bed Transferring	★	54	55	57	59
Improvement in Ambulation	★	56	59	61	63
Pneumococcal Polysaccharide Vaccine Ever Received		65	68	71	73
Influenza Immunization Received for Current Flu Season	★	67	69	72	73
Drug Education on All Medications Provided to Patient	★	89	92	93	93
Emergency Department Use without Hospitalization		0	11	12	12
Acute Care Hospitalization (60-day)	★	0	17	16	16
HHCAHPS: Communications	★	85	85	85	85
HHCAHPS: Care of Patients	★	88	88	88	88
HHCAHPS: Specific Care Issues	★	83	83	84	84
HHCAHPS: % who Rated Agency 9,10	★	84	84	84	84
HHCAHPS: % who would Recommend		79	79	79	79

VBP Changes CY2011 – CY2014

Home Health Compare Outcomes	Star Rated	# Imprvmt CY 2011 to CY2012	# Imprvmt CY 2012 to CY2013	# Imprvmt CY 2013 to CY2014	% Imprvmt CY 2011 to CY2012	% Imprvmt CY 2012 to CY2013	% Imprvmt CY 2013 to CY2014
Improvement in Oral Meds		2	2	2	4.3%	4.1%	3.9%
Improvement in Dyspnea	★	1	1	0	1.6%	1.6%	0.0%
Improvement in Pain Interfering with Activity	★	1	1	0	1.5%	1.5%	0.0%
Improvement in Bathing	★	1	1	1	1.5%	1.5%	1.5%
Improvement in Bed Transferring	★	1	2	2	1.9%	3.6%	3.5%
Improvement in Ambulation	★	3	2	2	5.4%	3.4%	3.3%
Pneumococcal Polysaccharide Vaccine Ever Received		3	3	2	4.6%	4.4%	2.8%
Influenza Immunization Received for Current Flu Season	★	2	3	1	3.0%	4.3%	1.4%
Drug Education on All Medications Provided to Patient	★	3	1	0	3.4%	1.1%	0.0%
Emergency Department Use without Hospitalization		n/a	1	0	n/a	-9.1%	0.0%
Acute Care Hospitalization (60-day)	★	n/a	-1	0	n/a	5.9%	0.0%
HHAHPS: Communications	★	0	0	0	0.0%	0.0%	0.0%
HHAHPS: Care of Patients	★	0	0	0	0.0%	0.0%	0.0%
HHAHPS: Specific Care Issues	★	0	1	0	0.0%	1.2%	0.0%
HHAHPS: % who Rated Agency 9,10	★	0	0	0	0.0%	0.0%	0.0%
HHAHPS: % who would Recommend		0	0	0	0.0%	0.0%	0.0%

VBP Scores Trending

Home Health Compare Outcomes	Star Rated	CMS Scores CY 2011	CMS Scores CY 2012	CMS Scores CY 2013	CMS Scores CY 2014	Logarithmic Trend Line 2015	# Imprvmt CY 2014 to CY2015	% Imprvmt CY 2014 to CY2015
Improvement in Oral Meds		47	49	51	53	53.4	0.4	0.8%
Improvement in Dyspnea	★	63	64	65	65	65.5	0.5	0.8%
Improvement in Pain Interfering with Activity	★	66	67	68	68	68.5	0.5	0.8%
Improvement in Bathing	★	65	66	67	68	68.2	0.2	0.3%
Improvement in Bed Transferring	★	54	55	57	59	59.1	0.1	0.1%
Improvement in Ambulation	★	56	59	61	63	63.8	0.8	1.2%
Pneumococcal Polysaccharide Vaccine Ever Received		65	68	71	73	74.0	1.0	1.3%
Influenza Immunization Received for Current Flu Season	★	67	69	72	73	73.9	0.9	1.2%
Drug Education on All Medications Provided to Patient	★	89	92	93	93	94.2	1.2	1.3%
Emergency Department Use without Hospitalization		0	11	12	12	12.5	0.5	-4.1%
Acute Care Hospitalization (60-day)	★	0	17	16	16	15.5	(0.5)	3.1%
HHCAHPS: Communications	★	85	85	85	85	85.0	-	0.0%
HHCAHPS: Care of Patients	★	88	88	88	88	88.0	-	0.0%
HHCAHPS: Specific Care Issues	★	83	83	84	84	84.2	0.2	0.2%
HHCAHPS: % who Rated Agency 9,10	★	84	84	84	84	84.0	-	0.0%
HHCAHPS: % who would Recommend		79	79	79	79	79.0	-	0.0%

How About the VBP Measures not on HHC?

- There are 5 of the 21 OASIS, HHCAHPS and Claims measures that are not currently reported on HHC
 - Discharge to community
 - Care Management – Types and Sources
 - Prior Functioning ADL/IADL
 - Influenza Vaccine Data Collection
 - Reason Pneumococcal Vaccine not received
- The detail of the numerator and denominator are not well-defined in the final rule

	SHP Scores CY 2011	SHP Scores CY 2012	SHP Scores CY 2013	SHP Scores CY 2014	# Imprvmt CY 2011 to CY2012	# Imprvmt CY 2012 to CY2013	# Imprvmt CY 2013 to CY2014	% Imprvmt CY 2011 to CY2012	% Imprvmt CY 2012 to CY2013	% Imprvmt CY 2013 to CY2014
Discharge to Community	70.9	71.1	71.6	71.8	0.2	0.5	0.2	0.3%	0.7%	0.3%

VBP Measures National vs. Massachusetts

VBP Measure on HHC		National	MA	Var.
Improvement in Ambulation	★	63.5%	66.2%	2.7%
Improvement in Bed Transferring	★	58.9%	63.0%	4.1%
Improvement in Bathing	★	68.5%	69.1%	0.6%
Improvement in Pain	★	68.0%	71.2%	3.2%
Improvement in Dyspnea	★	66.0%	68.3%	2.3%
Drug Education All Meds	★	93.5%	96.1%	2.6%
Improvement in Mgmt of Oral Meds		53.2%	57.1%	3.9%
Flu Vaccine Received	★	71.0%	73.0%	2.0%
PPV Received		71.6%	71.2%	-0.4%
60-Day EC without Hospitalizations		12.2%	12.1%	0.1%
60-Day Hospitalizations	★	15.9%	16.9%	-1.0%
HHCAHPS: Care of Patients	★	88.0%	88.0%	0.0%
HHCAHPS: Communications	★	85.0%	85.0%	0.0%
HHCAHPS: Specific Care Issues	★	84.0%	85.0%	1.0%
HHCAHPS: % who Rated Agency 9,10	★	84.0%	85.0%	1.0%
HHCAHPS: % who would Recommend		79.0%	82.0%	3.0%

Source: HHC Scores Posted October 2015

New Measures for the Portal

Review and understand the numerator and denominator values before starting data collection

- Review the new Form sets made available by CMS on the January 28th webinar
- Do not wait to start collecting even though they are not due to be submitted until October 7th, 2016
- Centralize the collection and reporting within your organization based on the detail of each template
- Conduct your own dry run to ensure you have the data available and ready to enter into the Portal
- Plan to enter on the first the portal is available to make sure there are no glitches!

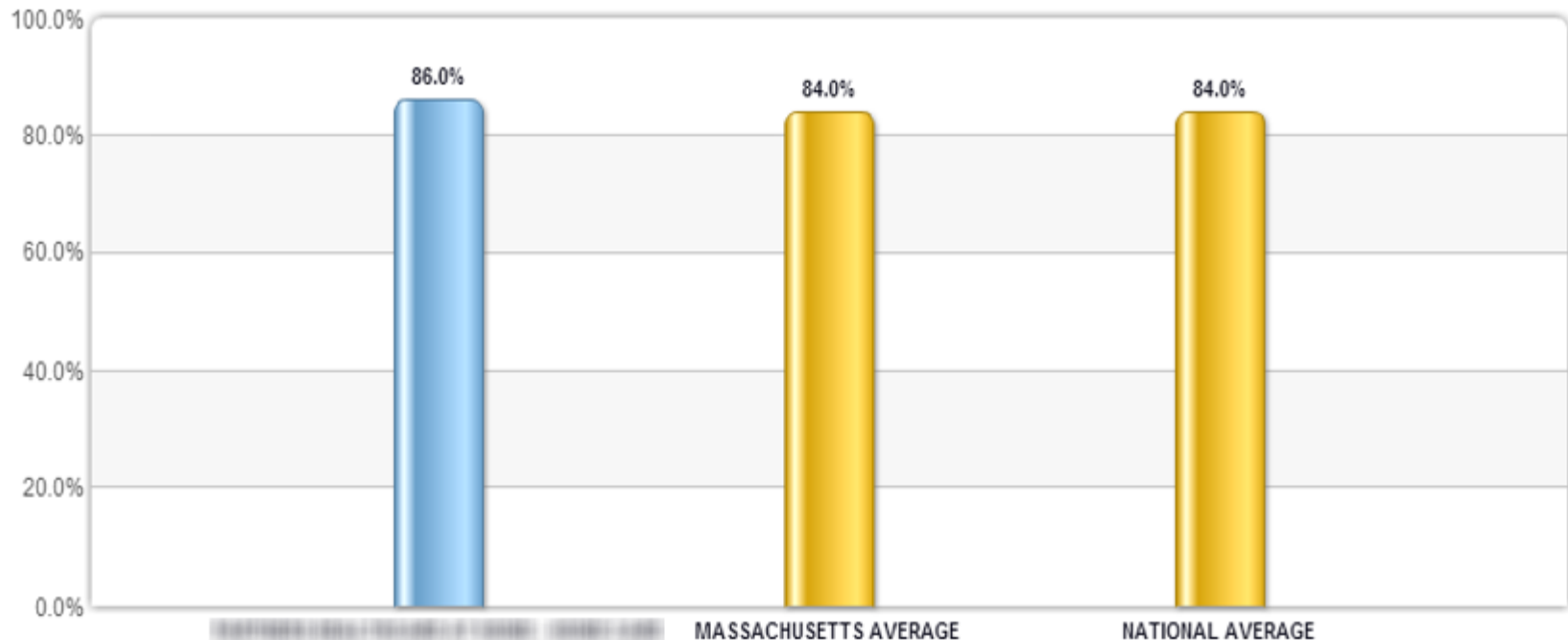
Study Your Outcomes

- Emphasize the HHVBP measures that are also Star Measures
- Strive to be **at or above** the state averages
- Review your CASPER Reports
 - Demographic information
 - Outcome and HHCAHPS scores
 - Risk adjustment factors
- Additional data management analysis

Home Health Compare - Measures

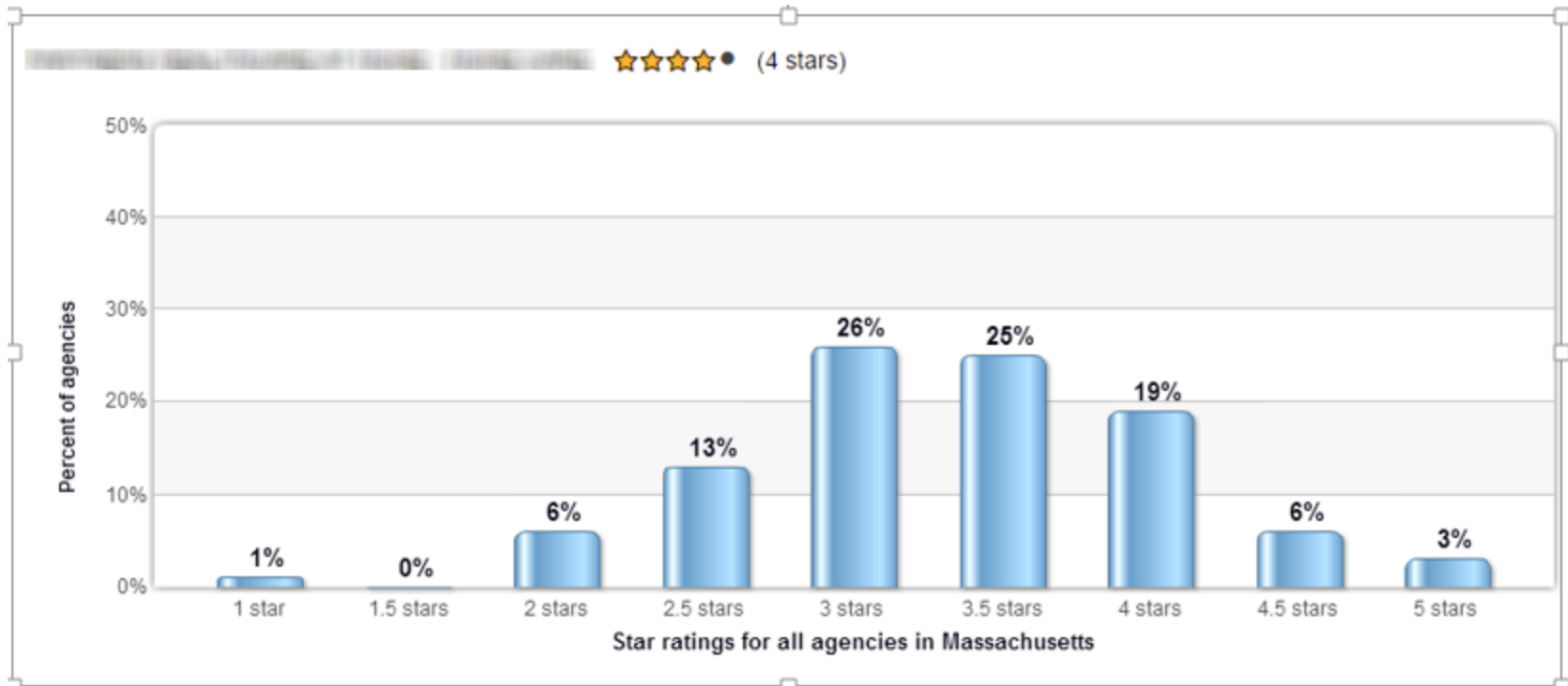
Measure: How do patients rate the overall care from the home health agency?

This information comes from the Home Health Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Patient Experience of Care Survey during the time period **January 1, 2014 - December 31, 2014**



Home Health Compare – Star Ratings

How do you compare to the State?



SHP Home Health Compare Reporting



Real-Time Home Health Compare

HHC Publication Date: 07/2015

Report Date: 9/4/2015

Your Overall Star Rating		Quality of Patient Care: ★★★★★									
Managing Daily Activities DC/TRF - You/SHP: 1/14 - 12/14 CMS: 1/14 - 12/14		You			State (MA)		National		Your % Rank		
		Actual	CMS	Risk Adj	CMS	SHP	CMS	SHP	CMS	SHP	
Improvement in Ambulation	★★★★★	71.1%	68.1%	68.2%	65.9%	70.7%	63.1%	66.5%	76.7%	75.6%	
Improvement in Bed Transferring	★★★★★	62.4%	64.4%	64.4%	62.4%	66.6%	58.6%	62.0%	76.6%	74.1%	
Improvement in Bathing	★★★★☆	73.1%	70.3%	70.5%	68.8%	72.4%	68.2%	70.4%	63.7%	58.6%	
Managing Pain and Treating Symptoms DC/TRF - You/SHP: 1/14 - 12/14 CMS: 1/14 - 12/14		You			State (MA)		National		Your % Rank		
		Actual	CMS	Risk Adj	CMS	SHP	CMS	SHP	CMS	SHP	
Pain Assessment Conducted	PM	99.4%	99.3%		98.6%	98.9%	98.8%	99.1%	45.2%	41.1%	
Pain Interventions	PM	99.4%	99.4%		99.1%	99.4%	98.4%	98.5%	45.2%	48.1%	
Improvement in Pain	★★★★	72.2%	70.0%	69.6%	70.9%	72.0%	67.9%	68.0%	60.4%	62.1%	
Heart Failure Symp Addressed	PM	98.8%	98.8%		99.1%	99.1%	98.0%	97.9%	42.3%	42.6%	
Improvement in Dyspnea	★★★★☆	70.2%	69.6%	69.6%	68.0%	70.6%	65.3%	68.3%	65.1%	57.9%	
Treating Wounds/Preventing Pressure Sores DC/TRF - You/SHP: 1/14 - 12/14 CMS: 1/14 - 12/14		You			State (MA)		National		Your % Rank		
		Actual	CMS	Risk Adj	CMS	SHP	CMS	SHP	CMS	SHP	
Improvement in Status of Surgical Wounds	PM	96.1%	93.6%	94.0%	92.3%	94.1%	89.4%	89.4%	63.6%	68.1%	
Pres Ulc Risk Assess Conducted	PM	99.9%	100.0%		98.9%	99.4%	98.7%	99.2%	99.0%	73.4%	
Pres Ulc Prevention in POC	PM	99.6%	99.6%		97.8%	98.6%	97.7%	98.2%	52.0%	55.8%	
Pres Ulc Prevention	PM	99.0%	99.0%		97.2%	98.2%	96.6%	97.0%	55.2%	59.3%	



SHP Home Health Compare Reporting (cont.)



Real-Time Home Health Compare

HHC Publication Date: 07/2015

Report Date: 9/4/2015

Your Overall Star Rating

Quality of Patient Care: ★★★★★

Preventing Harm

DC/TRF - You/SHP: 1/14 - 12/14 CMS: 1/14 - 12/14

	Stars	PM	You			State (MA)		National		Your % Rank	
			Actual	CMS	Risk Adj	CMS	SHP	CMS	SHP	CMS	SHP
Timely Initiation of Care	★★★★★	PM	96.6%	96.6%		94.0%	95.1%	91.7%	92.0%	75.1%	71.8%
Drug Education All Meds	★★★★	PM	96.3%	96.4%		95.8%	95.8%	92.8%	93.2%	53.7%	50.6%
Improvement in Mgmt of Oral Meds		○	66.0%	59.0%	60.0%	56.6%	62.3%	52.7%	56.2%	77.6%	74.5%
Fall Risk Assessment Conducted		PM	99.4%	99.4%		98.2%	98.1%	98.2%	98.7%	34.0%	32.4%
Depression Assessment Conducted		PM	98.6%	98.6%		97.9%	98.5%	97.8%	98.2%	42.0%	39.6%
Flu Vaccine Received	★★	PM	68.0%	67.9%		75.1%	76.8%	72.8%	75.8%	32.7%	21.1%
PPV Received		PM	62.0%	61.9%		72.0%	75.1%	72.7%	76.5%	28.4%	15.6%
Diabetic Foot Care & Education		PM	96.7%	96.7%		95.9%	97.2%	94.6%	95.1%	45.5%	47.1%

Preventing Unplanned Hospital Care

SOC - You/SHP: 10/13 - 9/14

CMS EC: 10/13 - 9/14 CMS Hosp: 10/13 - 9/14

	PM	You			State (MA)		National		Your % Rank	
		Actual	CMS	Projected	CMS	SHP	CMS	SHP	CMS	SHP
30-Day Rehospitalizations	○	12.6%	16.3%		12.3%		12.5%		49.3%	
60-Day Hospitalizations	★★★	17.4%	16.3%	16.0%	16.5%	16.4%	15.8%	15.6%	38.8%	48.5%
30-Day EC without Hospitalizations	○		11.2%		12.2%		12.0%		57.1%	
60-Day EC without Hospitalizations	○		11.2%		12.2%		12.0%		57.1%	

Note: In this section, lower scores are better.

HHC AHPs

Sample Months - You/SHP: 1/14 - 12/14 CMS: 1/14 - 12/14

	You		State (MA)		National		Your % Rank	
	Actual	CMS	CMS	SHP	CMS	SHP	CMS	SHP
Care of Patients	88.9%	87.0%	88.0%	89.6%	88.0%	88.9%	36.6%	48.7%
Communications	87.1%	85.0%	85.0%	86.4%	85.0%	86.1%	43.9%	60.2%
Specific Care Issues	82.9%	83.0%	84.0%	85.2%	84.0%	85.6%	44.5%	29.0%
% who Rated Agency 9,10	85.8%	86.0%	84.0%	85.1%	84.0%	83.4%	58.2%	64.1%
% who would Recommend	81.7%	79.0%	82.0%	84.0%	79.0%	79.4%	46.9%	60.4%



Review your trends over time



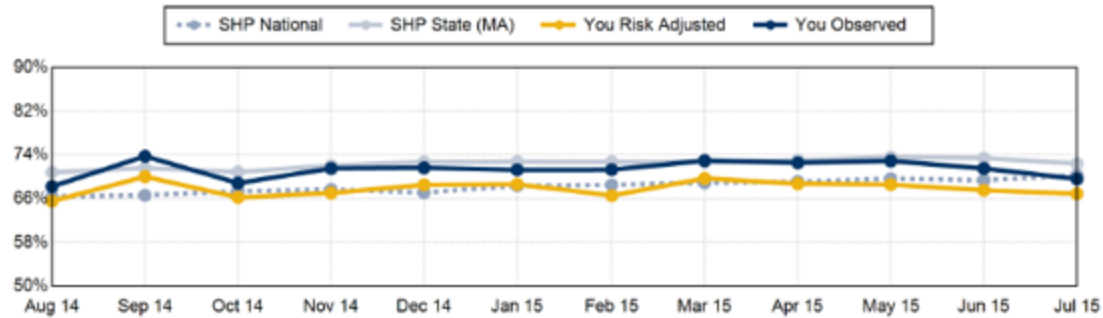
Trended Outcomes

08/01/2014 - 07/31/2015

Report Date: 9/4/2015

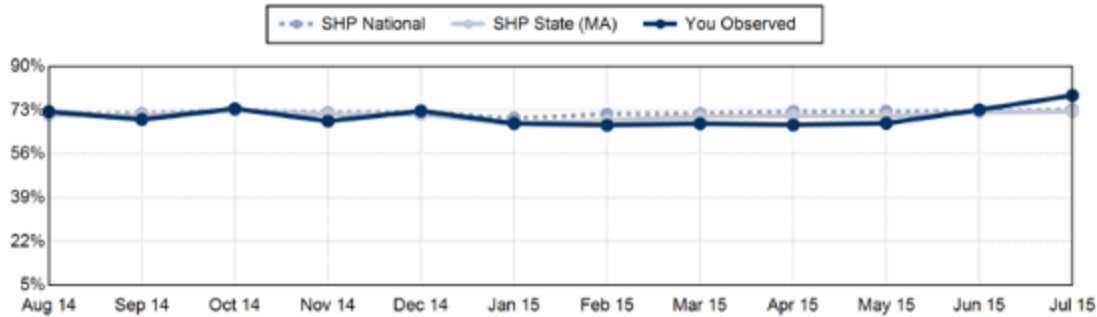
Improvement in Ambulation

Date	Events	Total Patients	You Observed	You RAO	SHP State (MA)	SHP National
July 2015	790	1,135	69.60%	66.89%	72.41%	70.27%
12 Months	9,938	13,937	71.31%	67.83%	72.40%	68.31%

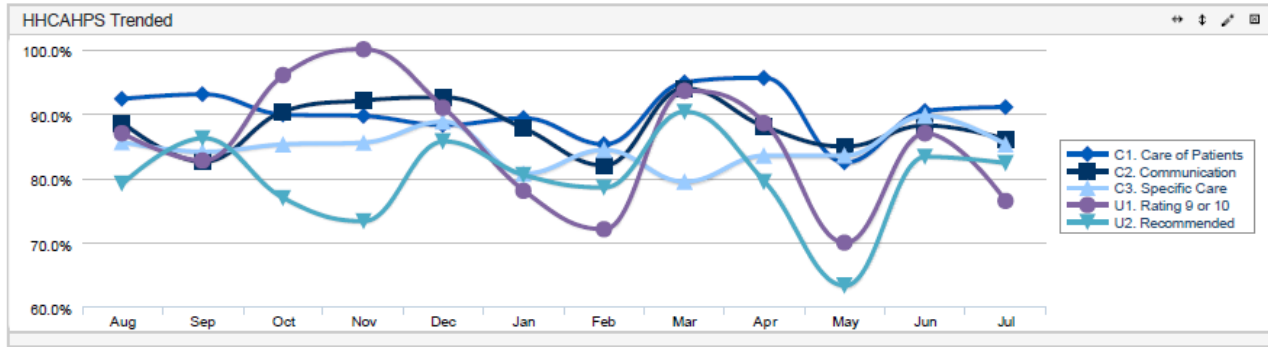


Discharge To Community

Date	Events	Total Patients	You Observed	You RAO	SHP State (MA)	SHP National
July 2015	1,209	1,537	78.66%		72.42%	73.18%
12 Months	14,586	20,703	70.45%		70.88%	71.98%

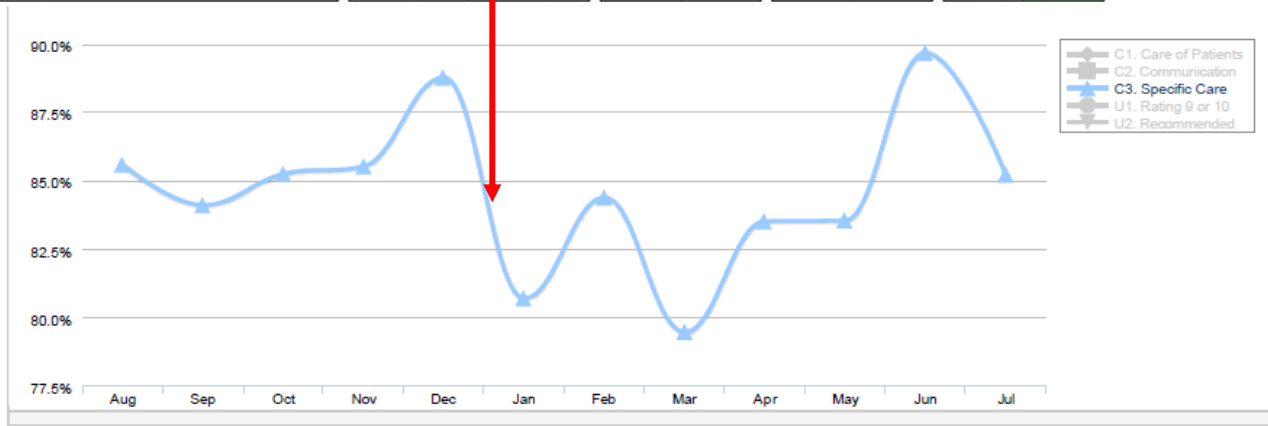


SHP Dynamic Dashboard Measures



Specific Care Issues

HCAHPS	You		State (MA)		National		Your % Rank	
	Actual	CMS	CMS	SHP	CMS	SHP	CMS	SHP
Sample Months - You/SHP: 1/14 - 12/14 CMS: 1/14 - 12/14								
Care of Patients	88.9%	87.0%	88.0%	89.6%	88.0%	88.9%	36.6%	48.7%
Communications	87.1%	85.0%	85.0%	86.4%	85.0%	86.1%	43.9%	60.2%
Specific Care Issues	82.9%	83.0%	84.0%	85.2%	84.0%	85.6%	44.5%	29.0%
% who Rated Agency 9,10	85.8%	86.0%	84.0%	85.1%	84.0%	83.4%	58.2%	64.1%
% who would Recommend	81.7%	79.0%	82.0%	84.0%	79.0%	79.4%	46.9%	60.4%



Quality Improvement Program

Where to begin?

- Designate improvement team(s)
- Start with 2-3 outcomes for improvement
 - Look for opportunities to achieve greatest improvement
 - Assign responsibility for implementation of plan
 - Set timeframes
 - Aggregate results and make results visible
 - Identify good (and not so good) performers
 - Drill down by team and clinician
 - Hold everyone accountable for improvement

Quality Improvement Program – Include...

- Responsibility for the Performance Improvement Program
- Services and processes to be assessed
- Data to be documented and aggregated
- Frequency of data collection and analysis
- How findings will be used
- How you will implement action plan findings
- Method(s) of evaluating improvement
- Frequency you will report on performance
- Make sure you assess the tool and make any adjustments along the way!

Performance Improvement Calendar

	Daily Data Capture	Weekly Review	Monthly Reporting	Quarterly Reporting	Annual Review
Patient Record Audit	X			X	X
Infection Control	X			X	X
HHCAHPS			X	X	X
PAE (Utilization Outcomes)	X	X	X	X	X
Customer Concerns	X		X	X	X
Process Measures	X		X	X	X
Patient Outcomes	X		X	X	X
Patient Safety Initiatives	X		X	X	X

Process Measures – Flu Vaccine Received



Real-Time Home Health Compare

HHC Publication Date: 07/2015

Report Date: 9/4/2015

Your Overall Star Rating

Quality of Patient Care: ★★★★★

Preventing Harm

DC/TRF - You/SHP: 1/14 - 12/14 CMS: 1/14 - 12/14

		You			State (MA)		National		Your % Rank	
		Actual	CMS	Risk Adj	CMS	SHP	CMS	SHP	CMS	SHP
Timely Initiation of Care	★★★★★ (PM)	96.6%	96.6%		94.0%	95.1%	91.7%	92.0%	75.1%	71.8%
Drug Education All Meds	★★★ (PM)	96.3%	96.4%		95.8%	95.8%	92.8%	93.2%	53.7%	50.6%
Improvement in Mgmt of Oral Meds	⊙ (PM)	66.0%	59.0%	60.0%	56.6%	62.3%	52.7%	56.2%	77.6%	74.5%
Fall Risk Assessment Conducted	⊙ (PM)	99.4%	99.4%		98.2%	98.1%	98.2%	98.7%	34.0%	32.4%
Depression Assessment Conducted	⊙ (PM)	98.6%	98.6%		97.9%	98.5%	97.8%	98.2%	42.0%	39.6%
Flu Vaccine Received	★★ (PM)	68.0%	67.9%		75.1%	76.8%	72.8%	75.8%	32.7%	21.1%
PPV Received	⊙ (PM)	61.0%	61.9%		72.0%	75.1%	72.7%	76.5%	28.4%	15.6%
Diabetic Foot Care & Education	⊙ (PM)	96.7%	96.7%		95.9%	97.2%	94.6%	95.1%	45.5%	47.1%



Clinical Executive Advantage

Standard: 01/01/2014 - 12/31/2014, Offset: 10/01/2013 - 09/30/2014

Report Date: 9/4/2015

★ Process Measure: Flu Vaccine Received	Eligible Episodes	Met	Not Met	% Met	Your % Ranking
Enterprise	12,578	8,559	4,019	68.0%	21%
SHP National Database				75.8%	
Enterprise (MA)	3,899	2,636	1,263	67.6%	20%
SHP Database (MA)	1,600	991	609	61.9%	13%
Enterprise (MA)	2,774	1,728	1,046	62.3%	13%
SHP Database (MA)	1,147	773	374	67.4%	20%
Enterprise (MA)	3,158	2,431	727	77.0%	47%
Enterprise (MA)	12,578	8,559	4,019	68.0%	21%
SHP Database (MA)				76.8%	



Hold Staff Accountable

- Use the Agency Scorecards to hold staff accountable at the Clinician, Case Manager and Team Level

SOC/ROC Clinician Scorecard

Superior Outcomes

12/01/2010 - 03/31/2015
Report Date: 4/15/2015

SOC/ROC Clinician: DEMO Clinician 1

Admissions and Discharges	SOC/ROC Clinician	Your Agency Avg	Your Agency	Percent of Agency Total Completed by
Admits SOC/ROC in Reporting Period	320	29		
DCs TRF/DC in Reporting Period	144	12		

Top Five Primary Diagnosis Categories	SOC/ROC Clinician	Your Agency
Aftercare	14.17%	19.60%
Therapy/Rehab	12.50%	7.08%
Neoplasms	10.42%	6.33%
Injury/Poisoning	9.58%	9.19%
Orthopedic	9.17%	6.99%

SHP Usage	High/Low Better(+/-)	SOC/ROC Clinician	Your Agency
Critical Alerts Resolved	+	0.00%	1.68%
Potential Alerts Closed	+	4.55%	2.12%
Informational Alerts Closed	+	1.92%	1.36%
Critical Alerts Dismissed	-	0.00%	1.68%
Resolved Pending	-	1.37%	0.58%

Financial Performance Metrics	High/Low Better(+/-)	SOC/ROC Clinician	Your Agency
Avg Case Weight at RAP	na	1.28	1.2
Avg Case Weight at RAP w/ Finals*	na		
Avg Case Weight Actual at Final	na		
Case Weight / Revenue % Difference RAP vs Actual*	-		
LUPAs	-		
Downcodes	-		

* Includes RAPs with corresponding Final claims only

Outcome Measures	High/Low Better(+/-)	SOC/ROC Clinician	Your Agency	SHP State (CA)			SHP National		
				SN	PT	Agency	SN	PT	Agency
<i>Improved (Home Health Compare)</i>									
Bathing	+	52.94%	64.38%	63.62%	71.49%	65.57%	68.73%	69.24%	68.74%
Bed Transfer	+	26.67%	55.56%	55.66%	63.62%	57.72%	58.55%	66.01%	59.69%
Ambulation	+	47.06%	50.66%	55.92%	69.05%	59.30%	62.49%	70.60%	63.72%
Management of Oral Meds	+	40.76%	43.97%	48.35%	47.72%	48.16%	54.99%	46.07%	53.67%
Dyspnea	+	50.00%	51.19%	68.72%	72.42%	69.34%	67.04%	68.60%	67.19%
Pain Interfering w/ Activity	+	69.23%	52.62%	66.61%	66.23%	66.50%	67.35%	67.07%	67.28%
Status of Surgical Wound	+	85.71%	84.31%	88.77%	87.38%	88.39%	89.14%	87.67%	88.96%
Urinary Incontinence (not public)	+	42.86%	38.64%	47.58%	45.92%	47.17%	48.97%	41.21%	47.83%
Total Improved	+	50.00%	55.19%	59.55%	64.89%	60.81%	62.95%	64.01%	63.05%

Outcomes Patient Detail

Enterprise Report

12/01/2010 - 03/31/2015
Report Date: 4/15/2015

Ambulation Eligible Unimproved

Select Report Mode:
 Eligible Unimproved
 Improved
 Stabilized
 Declined
 All Patients

Home Health Compare Measure
 Star Rating Measure

Patient	SOC/ROC Clin	Case Mgr	DC	Length of Service	Telehealth	ADLs	IADLs	Health Status Outcomes	Utilization Outcomes
DEMO Becker, Brynn (DEMO00000312X)	DEMO Clinician 1	DEMO Case Manager 1	04/28/12	8		☆	☆	☆	☆
DEMO Becker, Brynn (DEMO00000312X)	DEMO Clinician 1	DEMO Case Manager 1	07/28/12	8		☆	☆	☆	☆
DEMO Becker, Brynn (DEMO00000312X)	DEMO Clinician 1	DEMO Case Manager 1	10/28/12	8		☆	☆	☆	☆
DEMO Becker, Brynn (DEMO00000312X)	DEMO Clinician 1	DEMO Case Manager 1	01/28/13	8		☆	☆	☆	☆
DEMO Cantrell, Kai (DEMO00000232X)	DEMO Clinician 1	DEMO Case Manager 1	06/01/12	32		☆	☆	☆	☆
DEMO Cantrell, Kai (DEMO00000232X)	DEMO Clinician 1	DEMO Case Manager 1	09/01/12	32		☆	☆	☆	☆
DEMO Cantrell, Kai (DEMO00000232X)	DEMO Clinician 1	DEMO Case Manager 1	12/01/12	31		☆	☆	☆	☆
DEMO Cantrell, Kai (DEMO00000232X)	DEMO Clinician 1	DEMO Case Manager 1	03/01/13	29		☆	☆	☆	☆



**BUT...A Quality Improvement Program
Alone Does Not Solve the Equation....**

Best Practice: OASIS Accuracy

- **OASIS accuracy is key to financial success**
 - Outcomes can only improve when SOC assessment accurately reflects patient frailty and disability
- **Enhance OASIS education**
 - Repeat education at specified intervals
 - Validate knowledge received and retained
 - Utilize OASIS Q & As

Alert Utilization – Best Practice

- Have the OASIS review staff and clinicians review and resolve SHP alerts
- Track and monitor alert utilization
- Look at Process Measure and Outcome alerts to proactively identify improvement opportunities and verify OASIS accuracy

Assessment: 09/28/2015 (01) SOC View Revenue: C2F2S1 ✓ ⓘ 📄 ✕

Patient: Johnson, John Clinician: SMITH, JANE
 Patient ID: ID123456 Case Mgr: SMITH, JANE
 Age: 79 (1/1/1950) Team: GREEN ProviderID: 99999
 Telehealth? No Physician: DOCTOR, JOHN SHP#: 1234567

PM ⓘ Alert Type: Process Measure 106001 ⓘ ⓘ + ⓘ Unaddressed

Process Measure Not Met: Timely Initiation of Care

Relevant Measures	Current Assessment
M0102 Date of Physician-ordered SOC (ROC)	09/25/2015
M1005 Inpat DC Date	09/24/2015
M0030 Start of Care Date	09/28/2015

Assessment: 09/25/2015 (04) Recert View Revenue: C3F2S4 ✓ ⓘ 📄 ✕

Patient: Johnson, John Clinician: SMITH, JANE
 Patient ID: ID123456 Case Mgr: SMITH, JANE
 Age: 69 (1/1/1950) Team: GREEN ProviderID: 99999
 Telehealth? No Physician: DOCTOR, JOHN SHP#: 1234567

🔴 ⓘ ⓘ Alert Type: Outcome 44001 ⓘ ⓘ + ⓘ Unaddressed

Ambulation Status Unchanged: Patient is eligible for OBQI improvement

Relevant Measures	Previous Assessment: (01) SOC 08/01/2015 Clinician:	Current Assessment: (04) Recert 09/25/2015 Clinician:
M1860 Ambulation	3 - Able to walk only with supervision/assistance at all times	3 - Able to walk only with supervision/assistance at all times

Summary

- HHVBP is complicated
- Evaluate the impacts even if you are not in one of the 9 states – it may be sooner than the end of the pilot
- Use dashboards and reports has to identify negative trends and quality measures with poor scores
- Use scorecards to hold staff accountable
- Use OASIS scrubbing tools to proactively prevent and/or resolve issues at the episode level
- Identify specific performance improvement opportunities and educate your staff on strategies for correcting issues
- Set specific goals, monitor progress, reward staff when goals are met, and initiate a cycle of improvement



Questions & Answers

Discussion & Questions

- As a reminder, you may submit questions to the presenter through the webinar chat box.
- The next webinar, “Performance Improvement 101” will be on Wednesday, February 17th at noon ET. Register here: <http://bit.ly/1nMNX9R>



Thank you!

