



Home Health Value-Based Purchasing (HHVBP)



New Measures Frequently Asked Questions (FAQs)

March 24, 2016

As prepared by the Center of Medicare & Medicaid Services HHVBP Technical Assistance
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Agenda

- HHVBP New Measures Definitions
 - » Influenza Vaccination Coverage for Home Health Care Personnel
 - » Herpes Zoster (Shingles) Vaccination
 - » Advance Care Plan
- HHVBP New Measures Data Collection
- HHVBP New Measures Data Entry
- Summary of Frequently Asked Questions related to New Measures (received 1/1/16 – 2/29/16)

Webinar Console Overview

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Home Health Value-Based Purchasing



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Handouts & Questions

- Handouts
 - » Webinar Presentation Slides (PDF)
 - » New Measures Templates (1/28/16) (MS Excel)
 - » HHVBP Registration Overview and EIDM Instructions (PDF)
- Questions
 - » Q&A feature on your screen
 - » HHVBP Help Desk at HHVBPquestions@cms.hhs.gov

Polling Question


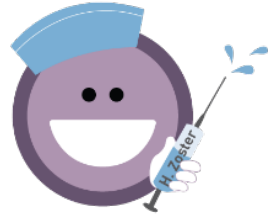

Have you attended a prior HHVBP webinar?

A. Yes

B. No

NEW MEASURES REVIEW

New Measures Descriptions

	Measure	Description
	Influenza Vaccination Coverage for Home Health Care Personnel	Percentage of home health care personnel who receive influenza immunization.
	Herpes Zoster (Shingles) Vaccination	Percentage of beneficiaries receiving home health services during which patients were determined to have ever received Herpes Zoster Vaccine (Shingles).
	Advance Care Plan	Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record OR documentation in the medical record that an advance care plan was discussed but the patient did not wish to or was not able to name a surrogate decision maker or provide an advance care plan.

Data Collection Periods

Performance Year 1 – Data Collection Periods

Data Collection Period	Due Date for Data Entry into the HHVBP Secure Portal	Quarterly Performance Report
July 1, 2016 – September 30, 2016*	October 7, 2016	January 2017
October 1, 2016 – December 31, 2016*	January 7, 2017	April 2017
January 1, 2017 – March 31, 2017	April 7, 2017	July 2017
April 1, 2017 – June 30, 2017	July 7, 2017	October 2017

HHVBP New Measures FAQs

We have divided the FAQ content into four categories:

1. General questions about the HHVBP New Measures
2. Questions about the New Measure on Influenza Vaccination Coverage for Home Health Care Personnel
3. Questions about the New Measure on Herpes Zoster (Shingles) Vaccination
4. Questions about the New Measure on Advance Care Plans

New Measures FAQ #1



QUESTION:

What payers are included for each of the New Measures?

ANSWER:

HHVBP New Measure	Included Payers
Herpes Zoster (Shingles) Vaccination	Medicare beneficiaries, including Medicare fee-for-service and Medicare Advantage (Medicare managed care) beneficiaries
Advance Care Plan	All Payers
Influenza Vaccination Coverage for Home Health Care Personnel	The payer is not a consideration. This measure is calculated for staff

New Measures FAQ #2



QUESTION:

Where can I find answers to specific data collection requirements for the New Measures?

ANSWER:

Home health agencies were invited to participate in a webinar on the New Measures on January 28, 2016. At that time, agencies were provided with the New Measures Templates (an excel document with the data collection elements for each of the New Measures that replicated the data entry requirements for the HHVBP Secure Portal). The recorded webinar and the handouts from this webinar are available to HHAs on the *HHVBP Connect* site. Please refer to the handouts from this webinar.

New Measures FAQ #3



QUESTION:

How can we test the HHVBP Secure Portal for interoperability?

ANSWER:

There is no need to test interoperability of the HHVBP Secure Portal as the data entry requires agencies to manually enter the results of their data collection for each measure as indicated on the New Measures Templates. Home health agencies will submit aggregate data on the HHVBP Secure Portal as data are not reported on individual patients or staff. The New Measures Templates were introduced to HHAs on the January 28, 2016 webinar on New Measures and are available on the *HHVBP Connect* site.

New Measures FAQ #4



QUESTION:

For the New Measure denominators, is data collected based on actual patients served OR on the number of patients that are discharged, transferred or died?

ANSWER:

For the Herpes Zoster Vaccination measure and the Advance Care Plan measure, data are collected for patients who were discharged from the HHA, transferred to an inpatient facility, or died **during the reporting period**. The term “during the reporting period” refers to the data collection quarter. For the first data collection period, this would include patients who were discharged from the HHA, transferred to an inpatient facility, or died during the period of July 1, 2016 through September 30, 2016. The New Measures Templates available on the *HHVBP Connect* website outline the specific data collection requirements for each of the 3 New Measures.

New Measures FAQ #5



QUESTION:

If a patient is on service in Sept 2016 and is still on service on Oct 2016 does this same patient get counted for both time points even though they are in different reporting periods?

ANSWER:

An agency would include the same patient in multiple reporting periods if that patient experienced any of the events (discharge, transfer to inpatient facility, or death) during the reporting period. Patients are not excluded when they are reported in a previous reporting period.

Additional Information for All New Measures



DATA SUBMISSION

- Agencies who wish to receive full points on their Total Performance Score (TPS) for New Measures should submit data each quarter for each measure.
- If your agency does not have patients who meet the criteria for one or more of the measures, you should enter zeroes.
- Data on the New Measures are submitted to the HHVBP Secure Portal at the aggregate level and not at the individual patient or staff level.
- Data entry into the HHVBP Secure Portal will mirror the New Measures Templates

Check Your HHVBP Knowledge



Knowledge Check

Check Your HHVBP Knowledge: General New Measures Information



Knowledge Check

True or False:

QUESTION:

The data fields found on the New Measures Templates (MS Excel document found on *HHVBP Connect* site and a handout for this webinar) are replicas of all of the fields on HHVBP Secure Portal for each of the New Measures.

ANSWER:

Check Your HHVBP Knowledge: General New Measures Information



Knowledge Check

True or False:

QUESTION:

The data fields found on the New Measures Templates (MS Excel document found on *HHVBP Connect* site and a handout for this webinar) are replicas of all of the fields on HHVBP Secure Portal for each of the New Measures.

ANSWER: True.

The New Measures Templates are a replica of the data entry fields in the HHVBP Secure Portal.

Check Your HHVBP Knowledge: General New Measures Information



Knowledge Check

Select the one correct response:

QUESTION:

For the first New Measures data collection period of July 1, 2016 – September 30, 2016, agencies must enter data into the HHVBP Secure Portal by:

ANSWER:

- a) December 31, 2016
- b) January 31, 2017
- c) September 30, 2016
- d) October 7, 2016

Check Your HHVBP Knowledge: General New Measures Information



Knowledge Check

Select the one correct response:

QUESTION:

For the first New Measures data collection period of July 1, 2016 – September 30, 2016, agencies must enter data into the HHVBP Secure Portal by:

ANSWER:

d) October 7, 2016

Check Your HHVBP Knowledge: General New Measures Information



Knowledge Check

True or False:

QUESTION:

Agencies don't need to enter data into the HHVBP Secure Portal for each New Measure for each quarter. You only need to enter data one time per year for each measure to get points toward your Total Performance Score.

ANSWER:

Check Your HHVBP Knowledge: General New Measures Information



Knowledge Check

True or False:

QUESTION:

Agencies don't need to enter data into the HHVBP Secure Portal for each New Measure for each quarter. You only need to enter data one time per year for each measure to get points toward your Total Performance Score.

ANSWER: False.

Agencies must enter data each quarter for each measure to receive full points toward their score for the New Measures.

Check Your HHVBP Knowledge: General New Measures Information



Knowledge Check

True or False:

QUESTION:

Agencies will get points for the New Measures on their Total Performance Score based upon achievement or improvement in each of the New Measures.

ANSWER:

Check Your HHVBP Knowledge: General New Measures Information



Knowledge Check

True or False:

QUESTION:

Agencies will get points for the New Measures on their Total Performance Score based upon achievement or improvement in each of the New Measures.

ANSWER: False.

Agencies get points on the three New Measures based upon submission of the measures and NOT upon improvement or achievement.

Check Your HHVBP Knowledge: General New Measures Information



Knowledge Check

Select the One Correct Response:

QUESTION:

Medicare beneficiaries include those patients who have coverage through:

ANSWER:

- a) Medicare fee-for-service (a.k.a. traditional Medicare)
- b) Medicare Advantage (a.k.a. Medicare managed care)
- c) Dually Eligible Beneficiaries (those with Medicare and Medicaid)
- d) All the above

Check Your HHVBP Knowledge: General New Measures Information



Knowledge Check

Select the One Correct Response:

QUESTION:

Medicare beneficiaries include those patients who have coverage through:

ANSWER:

d) All the above

INFLUENZA VACCINATION COVERAGE FOR HOME HEALTH CARE PERSONNEL



Denominator



Influenza Vaccination
Coverage Home
Healthcare Personnel

Number of home health care personnel who are working in the health care agency for at least 1 working day between October 1 and March 31 of the following year, regardless of clinical responsibility or patient contact. Denominators are to be calculated separately for the following three (3) groups:

Employees: all persons who receive a direct paycheck from the reporting HHA (that is, on the agency's payroll);

Licensed independent practitioners: include physicians (MD, DO), advanced practice nurses, and physician assistants only who are affiliated with the reporting agency who do not receive a direct paycheck from the reporting HHA; and

Adult students/trainees and volunteers: include all adult students/ trainees and volunteers who do not receive a direct paycheck from the reporting HHA.

Numerator



Influenza Vaccination Coverage Home Healthcare Personnel

Home health care personnel in the denominator population who during the time from October 1 (or when the vaccine became available) through March 31 of the following year:

- a) received an influenza vaccination administered at the healthcare facility, or reported in writing (paper or electronic) or provided documentation that influenza vaccination was received elsewhere; or
- b) were determined to have a medical contraindication/condition of severe allergic reaction to eggs or to other component(s) of the vaccine, or history of Guillain-Barré Syndrome within 6 weeks after a previous influenza vaccination; or
- c) declined influenza vaccination; or
- d) persons with unknown vaccination status or who do not otherwise meet any of the definitions of the above-mentioned numerator categories.

Staff Influenza Vaccine FAQ #1



QUESTION:

For the New Measure, "Influenza Vaccination Coverage for Home Healthcare Personnel," should the denominator for the first data collection period of 7/1/16 - 09/30/16 include staff in the 2014-2015 flu season?

ANSWER:

New Measures data collection does not begin until July 1, 2016 and the measure of "Influenza Vaccination Coverage for Home Healthcare Personnel" denominator identifies personnel from October 1 through March 31. Therefore, home health agencies will enter all zeroes in the HHVBP Secure Portal for this measure only for the first data collection period of July 1, 2016 through September 30, 2016.

Staff Influenza Vaccine FAQ #2



QUESTION:

For the Staff Influenza Vaccination measure, can you please expand on the definition of "affiliation" for licensed independent practitioners? Do you mean all referring physicians?

ANSWER:

An affiliated practitioner refers to a specific practitioner (MD, DO, APN, PA) who has a contractual or legal relationship with the agency to provide services to either the agency's staff or patients. This does not include:

- Clinical service contracts for agency staff (such as employee assistance programs or work-related injury programs) in which a number of unspecified practitioners may be in contact with the agency staff, as needed
- Practitioners who are ordering home health services or making referrals to the agency only
- Other licensed personnel such as therapists, nurses, social workers, or dietitians/nutritionists

Staff Influenza Vaccine FAQ #3



QUESTION:

For the Staff Influenza Vaccination measure, where do we count staff that are providing services through a contracting agency such as contracted therapists?

ANSWER:

Contracted staff are not included in the data collection for this measure. Data are not collected for contracted staff. This is not to be confused with per diem or part time staff who are included in this measure in the “employee” denominator category if they receive a direct paycheck from the agency.

Staff Influenza Vaccine FAQ #4



QUESTION:

If a home health agency also has a hospice (one CCN for home health and a different CCN for hospice) but some employees work for both the home health agency and in hospice and are paid from a corporate payroll (not a separate payroll for each organization), which employees do we count for the Staff Influenza Vaccination measure?

ANSWER :

For home health agencies that have employees that serve multiple CCNs, the “employee” denominator would include all staff who are paid by the organization (including corporate payroll) and are serving a specific home health agency CCN. In your example, you would count only the employees that serve your home health CCN.

Staff Influenza Vaccine FAQ #5



QUESTION:

For the Staff Influenza Vaccination measure, do we only count staff who visit patients?

RESPONSE:

No, HHAs will count all employees, licensed independent practitioners, and adult students/trainees and volunteers, even if the personnel have no encounters with patients.

Staff Influenza Vaccine FAQ #6



QUESTION:

Our HHA is hospital-based and is a department within the hospital. The hospital provides flu vaccines. Would we include employees who receive the vaccine from our hospital for answer “a-3” on the New Measures Templates (*“How many of the HHA employees received the influenza vaccine from the HHA?”*).

ANSWER:

Yes, HHAs that are hospital-based or part of a healthcare system and whose personnel receive their influenza vaccination from the hospital or system can be included in “a-3”. In this situation, the home health care worker would not need to provide written documentation of this vaccination.

Staff Influenza Vaccine FAQ #7



QUESTION:

For the Staff Influenza Vaccination measure, do we count employees only for October through December then report “NA” for the January through March quarter? Will HHAs be penalized for not reporting the same data twice?

ANSWER:

Data entry for each quarter should be a snapshot of that quarter. It is possible that HHAs will enter the same information for multiple quarters if there is no change in their data from quarter to quarter. Agencies who wish to receive points on their Total Performance Score for New Measures should submit data each quarter for each measure.

Staff Influenza Vaccine FAQ #8



QUESTION:

Can you please clarify whether agencies are required to report on flu vaccine for employees per flu season or per calendar year? It would seem that this should be done by flu season, which would technically require two different reports per employee per calendar year since one year's flu season ends at the beginning of a calendar year and the next flu season begins later that same calendar year.

ANSWER:

For each quarter, an agency will enter information related to their number of personnel (employees, licensed independent practitioners, and adult students/trainees and volunteers) in “a1”, “b-1”, or “c-1” of the New Measure Templates. From this information, they will then answer the remaining questions on the New Measures Templates for each denominator population (employees, licensed independent practitioners, and adult students/trainees and volunteers) related to what has occurred during the period of October 1, or when the vaccine first became available, through March 31).

Example: Staff Influenza Vaccine

Reporting period: 10/1 - 12/31

- Employees on payroll = 50
- Employees offered vaccine = 50
- Employees receiving vaccine = 49
- Employees declining vaccine due to allergy = 1

Reporting period: 1/1 - 3/31

- The 50 employees from the previous reporting period still work for me
- 2 new employees hired in this reporting period (January)
 - » 2 new employees offered vaccine
 - » 2 new employees received vaccine

Question #1:

Are the "Employees on payroll" for the second reporting period equal to **2** or **52**?

Answer #1:

The number of employees for the second reporting period = **52**.

Example: Staff Influenza Vaccine

Reporting period: 10/1 - 12/31

- Employees on payroll = 50
- Employees offered vaccine = 50
- Employees received vaccine = 49
- Employees declined vaccine due to allergy = 1

Reporting period: 1/1 - 3/31

- The 50 employees from the previous reporting period still work for me
- 2 new employees hired in this reporting period (January)
 - » 2 new employees offered vaccine
 - » 2 new employees received vaccine

Question #2:

Do we repeat the vaccine data for those 50 employees in this reporting period, even though they were offered and got the vaccine during the last reporting period?

Answer #2:

You would count all employees that were offered and received the vaccine from October 1 through March 31, even if they received the vaccine in a previous data collection period.

Example: Staff Influenza Vaccine

Reporting period: 10/1 - 12/31

- Employees on payroll = 50
- Employees offered vaccine = 50
- Employees received vaccine = 49
- Employees declined vaccine due to allergy = 1

Reporting period: 1/1 - 3/31

- The 50 employees from the previous reporting period still work for me
- 2 new employees hired in this reporting period (January)
 - » 2 new employees offered vaccine
 - » 2 new employees received vaccine

Question #3:

If the 50th employee from the previous reporting period got the vaccine from another source on 12/30, but didn't report that to the agency until 1/2, will that employee's data be reported in the 1/1-3/31 reporting period?

Answer #3:

If an employee received a vaccine in one reporting period but did not REPORT receiving the vaccine until the next reporting period, you would report what you knew to be true for that employee for each reporting period. In this example, for field "a-4" of the New Measures Templates, the employee would not be included for the first reporting period (10/1-12/31), but would be included for the second reporting period (1/1-3/31 in example).

Check Your HHVBP Knowledge



Knowledge Check

Check Your HHVBP Knowledge: Staff Influenza Vaccination Measure



Knowledge Check

True or False:

QUESTION:

Only staff who visit patients are included in the Influenza Vaccination for Home Healthcare Personnel New Measure.

ANSWER:

Check Your HHVBP Knowledge: Staff Influenza Vaccination Measure



Knowledge Check

True or False:

QUESTION:

Only staff who visit patients are included in the Influenza Vaccination for Home Healthcare Personnel New Measure.

ANSWER: False.

All employees are included in the measure, regardless of their duties or interactions with patients.

Check Your HHVBP Knowledge: Staff Influenza Vaccination Measure



Knowledge Check

True or False:

QUESTION:

For only the first data collection period for the New Measures (July 1, 2016 – September 30, 2016), you should enter all zeroes for the Influenza Vaccination for HHC Personnel New Measure as the denominator includes personnel from October 1 – March 31.

ANSWER:

Check Your HHVBP Knowledge: Staff Influenza Vaccination Measure



Knowledge Check

True or False:

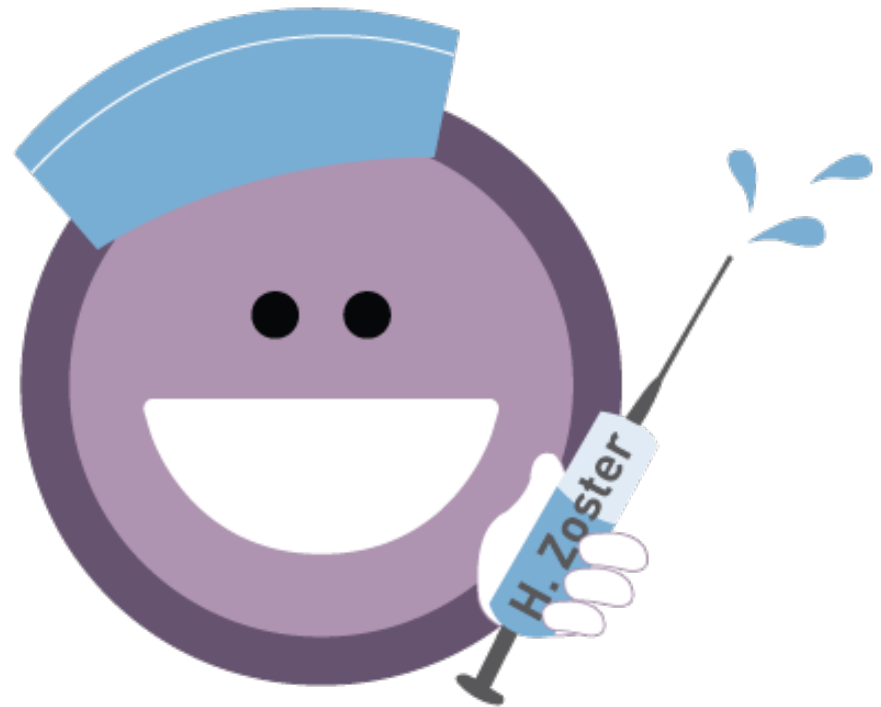
QUESTION:

For only the first data collection period for the New Measures (July 1, 2016 – September 30, 2016), you should enter all zeroes for the Influenza Vaccination for HHC Personnel New Measure as the denominator includes personnel from October 1 – March 31.

ANSWER: True.

As the measure denominator includes personnel from October 1st through March 31st and the first data collection period does not include any dates in the denominator period, the first data collection period (July 1st through September 30th, 2016) for this measure will be all zeroes.

HERPES ZOSTER (SHINGLES) VACCINATION



Denominator & Numerator



Herpes Zoster
(Shingles) Vaccination

Denominator:

Total number of Medicare beneficiaries aged 60 years and over receiving services from the HHA. Calculated as the number of Medicare beneficiaries aged 60 years or older discharged from the HHA, transferred to an inpatient facility, or died during the reporting period.

Numerator:

Total number of Medicare beneficiaries aged 60 years and over who report having ever received zoster vaccine (shingles vaccine)

Shingles Vaccination FAQ #1



QUESTION:

For the Herpes Zoster measure, does this only apply to patients who have been discharged, transferred or died during a stay with a Home Health Agency?

ANSWER:

For the Herpes Zoster Vaccination measure, the denominator will include only patients who have been discharged, transferred to an inpatient facility, or died **during the reporting period (quarter)**. This is listed as item “a” on the New Measures Template. As such, all data reported for this measure for the quarter (items “b-m” on the New Measures Templates) would be based upon this set of patients alone.

Example #1: Shingles Vaccination

Reporting period: 07/01 – 09/30

100 discharges, transfers to an inpatient facility, or deaths for Medicare beneficiaries aged 60 years and older occurred from July 1 – September 30

- At start of care:
 - » 10 reported receiving the vaccine (prior to this home health start of care)
 - » 70 were unsure if they ever received the vaccine
 - » 20 reported they were offered the vaccine (prior to this home health start of care) and declined the vaccine
- At discharge, transfer, or death, the agency determined that for the 90 patients that had not previously received the vaccine:
 - » **90 were offered the vaccine by the agency**
 - » 5 received the vaccine from the agency staff
 - » 10 received the vaccine from another provider (pharmacy, physician, etc.)
 - » 0 declined the vaccine due to an allergy
 - » 6 declined the vaccine due to a compromised immune system
 - » 12 declined the vaccine due to additional medical contraindications
 - » 1 declined the vaccine due to religious beliefs
 - » 41 declined the vaccine due to financial reasons
 - » 6 declined the vaccine due to lack of access to the vaccine
 - » 8 declined the vaccine without providing a reason
 - » 1 declined the vaccine due to additional reasons (patient had an extreme phobia related to injections)

Example #1: Shingles Vaccination

Reporting period: 07/01 – 09/30

100 discharges, transfers to an inpatient facility, or deaths for Medicare beneficiaries aged 60 years and older occurred from July 1 – September 30

» At start of care:

- 10 reported receiving the vaccine (prior to this home health start of care)
- 70 were unsure if they ever received the vaccine
- 20 reported they were offered the vaccine (prior to this home health start of care) and declined the vaccine

These 90 patients were identified at start of care as needing the vaccine. The agency worked to address these needs throughout the home health stay. The results of the agency interventions were collected at discharge, transfer to an inpatient facility, and death and reported in the HHVBP Secure Portal.

Example #1: Shingles Vaccination

Reporting period: 07/01 – 09/30

100 discharges, transfers to an inpatient facility, or deaths for Medicare beneficiaries aged 60 years and older occurred from July 1 – September 30

- At start of care:
 - » 10 reported receiving the vaccine (prior to this home health start of care)
 - » 70 were unsure if they ever received the vaccine
 - » 20 reported they were offered the vaccine (prior to this home health start of care) and declined the vaccine
- At discharge, transfer, or death, the agency determined that for the 90 patients that had not previously received the vaccine:
 - » **90 were offered the vaccine by the agency**
 - » 5 received the vaccine from the agency staff
 - » 10 received the vaccine from another provider (pharmacy, physician, etc.)
 - » 0 declined the vaccine due to an allergy
 - » 6 declined the vaccine due to a compromised immune system
 - » 12 declined the vaccine due to additional medical contraindications
 - » 1 declined the vaccine due to religious beliefs
 - » 41 declined the vaccine due to financial reasons
 - » 6 declined the vaccine due to lack of access to the vaccine
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 - » 1 declined the vaccine due to additional reasons (patient had an extreme phobia related to injections)

Example #1: Shingles Vaccination

Reporting period: 07/01 – 09/30

- At discharge, transfer, or death, the agency determined that for the 90 patients that had not previously received the vaccine:
 - » **90 were offered the vaccine by the agency**
 - » 5 received the vaccine from the agency staff
 - » 10 received the vaccine from another provider (pharmacy, physician, etc.)
 - » 0 declined the vaccine due to an allergy
 - » 6 declined the vaccine due to a compromised immune system
 - » 12 declined the vaccine due to additional medical contraindications
 - » 1 declined the vaccine due to religious beliefs
 - » 41 declined the vaccine due to financial reasons
 - » 6 declined the vaccine due to lack of access to the vaccine
 - » 8 declined the vaccine without providing a reason
 - » 1 declined the vaccine due to additional reasons (patient had an extreme phobia related to injections)

Applying the Shingles Vaccination Example to the New Measures Template & HHVBP Secure Portal

Example (previous slide)	New Measures Template Herpes Zoster	HHVBP Secure Portal
100 discharges, transfers to an inpatient facility, or deaths for Medicare beneficiaries aged 60 years and older occurred from July 1 – September 30	a. How many Medicare beneficiaries aged 60 years or older received services from the HHA during the reporting period? (Calculated as the number of Medicare beneficiaries aged 60 years or older discharged from the HHA, transferred to an inpatient facility, or died during the reporting period.)	100
<u>At start of care:</u>		
10 reported receiving the vaccine (prior to this home health start of care)	b. At home health start of care, how many Medicare beneficiaries aged 60 years or older report ever receiving the shingles vaccine?	10
70 were unsure if they ever received the vaccine	Not collected on New Measures Template	NA
20 reported they were offered the vaccine (prior to this home health start of care) and declined the vaccine	Not collected on New Measures Template	NA

Applying the Shingles Vaccination Example to the New Measures Template & HHVBP Secure Portal

Example (previous slide)	New Measures Template Herpes Zoster	HHVBP Secure Portal
<p><u>Of those Medicare beneficiaries aged 60 years or older who at home health start of care report to have never received the shingles vaccine, at discharge, transfer to an inpatient facility, or death:</u></p>		
<p>90 were offered the vaccine by the agency</p>	<p>c. How many were then offered the vaccine by the HHA prior to home health discharge, transfer to an inpatient facility, or death during the reporting period?</p>	<p>90</p>
<p>5 received the vaccine from the agency staff</p>	<p>d. How many received the vaccine from the HHA prior to home health discharge, transfer to an inpatient facility, or death during the reporting period?</p>	<p>5</p>

Applying the Shingles Vaccination Example to the New Measures Template & HHVBP Secure Portal

Example	New Measures Template Herpes Zoster	HHVBP Secure Portal
<u>Of those Medicare beneficiaries aged 60 years or older who at home health start of care report to have never received the shingles vaccine, at discharge, transfer to an inpatient facility, or death (continued)</u>		
10 received the vaccine from another provider (pharmacy, physician, etc.)	e. How many received the vaccine from another provider (physician, pharmacy, etc.) prior to home health discharge, transfer to an inpatient facility, or death during the reporting period?	10
0 declined the vaccine due to an allergy	f. How many patients declined the shingles vaccine due to an allergy?	0
6 declined the vaccine due to a compromised immune system	g. How many patients declined the shingles vaccine due to a compromised immune system?	6
12 declined the vaccine due to additional medical contraindications	h. How many patients declined the shingles vaccine due to additional medical illnesses or contraindications?	12
1 declined the vaccine due to religious beliefs	i. How many patients declined the shingles vaccine due to spiritual and/or religious beliefs?	1
41 declined the vaccine due to financial reasons	j. How many patients declined the shingles vaccine due to financial reasons?	41
6 declined the vaccine due to lack of access to the vaccine	k. How many patients declined the shingles vaccine due to lack of access to the shingles vaccine?	6
8 declined the vaccine without providing a reason	l. How many patients declined the shingles vaccine without providing a reason?	8
1 declined the vaccine due to additional reasons (patient had an extreme phobia related to injections)	m. How many patients declined the shingles vaccine due to additional reasons? (AND n. Describe additional reasons for declining – ADD REASON	1

Example #2: Shingles Vaccination

Scenario: Your agency has updated your data collection systems and is now capturing information on the herpes zoster vaccination at start of care (to determine who has ever received the vaccine) and at end of care (discharge, transfer to an inpatient facility, or death). However, you find that some of your discharges, transfers, and deaths had starts of care prior to the reporting period.

For example, you have 100 discharges, transfers to an inpatient facility, or deaths for Medicare beneficiaries aged 60 years and older occurred from July 1 – September 30, but you only have information that:

- » 10 received the vaccine prior to home health
- » 10 were unsure if they ever received the vaccine
- » 20 were offered and declined the vaccine prior to home health

You are missing information for 60 patients from the start of care data collection. *What would you do?*

Example #2: Shingles Vaccination

Solution: In this example, you would report what you know to be true for the reporting period. You would report the following:

- » **Herpes Zoster New Measures Template “a”** - How many Medicare beneficiaries aged 60 years or older received services from the HHA during the reporting period? (Calculated as the number of Medicare beneficiaries aged 60 years or older discharged from the HHA, transferred to an inpatient facility, or died during the reporting period.) = **100**
- » **Herpes Zoster New Measures Template “b”** - At home health start of care, how many Medicare beneficiaries aged 60 years or older report ever receiving the shingles vaccine? = **10**

Check Your HHVBP Knowledge



Knowledge Check

Check Your HHVBP Knowledge: Shingles Vaccination Measure



Knowledge Check

True or False:

QUESTION:

The Herpes Zoster (Shingles) Vaccination New Measure collects data for all patients age 60 and over regardless of payer.

ANSWER:

Check Your HHVBP Knowledge: Shingles Vaccination Measure



Knowledge Check

True or False:

QUESTION:

The Herpes Zoster (Shingles) Vaccination New Measure collects data for all patients age 60 and over regardless of payer.

ANSWER: False.

The Herpes Zoster Vaccination New Measure collects data on only Medicare beneficiaries aged 60 years or older.

Check Your HHVBP Knowledge: Shingles Vaccination Measure



Knowledge Check

True or False:

QUESTION:

Patients who don't know if they received the herpes zoster vaccine are excluded from this measure.

ANSWER:

Check Your HHVBP Knowledge: Shingles Vaccination Measure



Knowledge Check

True or False:

QUESTION:

Patients who don't know if they received the herpes zoster vaccine are excluded from this measure.

ANSWER: False.

If a patient doesn't know if they ever received the vaccine, the agency can outreach to the physician to confirm or offer the vaccine through coordinating with the physician or other providers, if needed. Remember that the numerator for this measure is the total number of Medicare beneficiaries aged 60 years and over who report having ever received the shingles vaccine.

Check Your HHVBP Knowledge: Shingles Vaccination Measure



Knowledge Check

True or False:

QUESTION:

For the Herpes Zoster Vaccination New Measure, all data collected on the New Measures Templates (and then data entered into the HHVBP Secure Portal) are related to home health agency discharges, transfers to an inpatient facility, or deaths for Medicare beneficiaries aged 60 years and older during the reporting period only.

ANSWER:

Check Your HHVBP Knowledge: Shingles Vaccination Measure



Knowledge Check

True or False:

QUESTION:

For the Herpes Zoster Vaccination New Measure, all data collected on the New Measures Templates (and then data entered into the HHVBP Secure Portal) are related to home health agency discharges, transfers to an inpatient facility, or deaths for Medicare beneficiaries aged 60 years and older during the reporting period only.

ANSWER: True.

ADVANCE CARE PLAN



Denominator & Numerator



Advance Care Plan

Denominator:

All patients aged 65 years and older.

Calculated as the number patients aged 65 years or older discharged from the HHA, transferred to an inpatient facility, or died during the reporting period.

Numerator:

Patients who have an advance care plan or surrogate decision maker documented in the medical record OR documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.

Advance Care Plan FAQ #1



QUESTION:

What is an advance care plan?

ANSWER:

Advance Care Plan Document – is a legal directive specifying the patient's future healthcare decisions for a time when they are not able to make their own healthcare decisions. The advance care plan document is typically referred to as an advance directive. Examples of advance care plans/advance directives include a living will, durable power of attorney for health care, Physician Orders for Life-Sustaining Treatment (POLST), Medical Orders for Life-Sustaining Treatment (MOLST), Do-Not-Resuscitate (DNR) Orders, or other legally valid documents recognized under State law.

Advance Care Plan FAQ #2



QUESTION:

What is a surrogate decision maker?

ANSWER:

A Surrogate Decision Maker is a person designated and authorized by an advance directive or State law to make a treatment decision for another person in the event the other person becomes unable to make necessary health care decisions.

Advance Care Plan FAQ #3



QUESTION:

For advance care planning, does the agency have to have a copy of those documents in their record?

ANSWER:

Yes. HHAs should have a copy of the advance care plan document, or the legally valid document indicating the surrogate decision maker, and/or a documented discussion in the agency's medical record related to developing an advance care plan document.

Advance Care Plan FAQ #4



QUESTION:

Can you differentiate between an Advance Care Plan and DNR orders?

ANSWER:

A Do-Not-Resuscitate order, also known as a DNR, which is legally valid in the State would be considered an acceptable form of an advance care plan document.

Advance Care Plan FAQ #5



QUESTION:

What is the difference between “a” and “b” in the denominator of the Advance Care Plan measure (New Measure Templates)?

ANSWER:

On the New Measures Template for Advance Care Plan, “b” is a subset of “a”. In other words, “a” includes patients aged 65 or over from ALL payers and “b” includes patients aged 65 or older that are Medicare beneficiaries (including Medicare fee-for-service and Medicare Advantage (Medicare managed care)).

Example: Advance Care Plan

Reporting period: 07/01 – 09/30

100 discharges, transfers to an inpatient facility, or deaths for patients aged 65 years and older occurred from July 1 – September 30 (95 of these patients were Medicare beneficiaries.)

- At start of care:
 - » 10 provided the agency with the legal documentation of their Advance Care Plan
 - » 5 provided the agency with the legal documentation of their Surrogate Decision Maker
 - » 85 patients did not provide the agency with either their Advance Care Plan or Surrogate Decision Maker
- At discharge, transfer, or death, the agency determined that for these 100 patients had the following documented in their home health medical record:
 - » 15 had an Advance Care Plan documented in the home health medical record
 - » 15 had a Surrogate Decision Maker documented in the home health medical record
 - » 45 had a discussion with agency staff, but did not wish to provide an advance care plan or name a surrogate decision maker
 - » 10 had a discussion with agency staff, but were unable to provide an advance care plan or surrogate decision maker
 - » 15 did not have any discussion with agency staff related to an advance care plan or surrogate decision maker

Example: Advance Care Plan

Reporting period: 07/01 – 09/30

- At start of care:
 - » 10 provided the agency with the legal documentation of their Advance Care Plan
 - » 5 provided the agency with the legal documentation of their Surrogate Decision Maker
 - » 85 patients did not provide the agency with either their Advance Care Plan or Surrogate Decision Maker

These 85 patients were identified at start of care as not having/providing the agency with an Advance Care Plan or Surrogate Decision Maker. The agency best practice was to discuss Advance Care Planning including Surrogate Decision Makers with all patients that did not identify a legal document at start of care. Per agency practice, this discussion is to occur within the first 2 weeks of service.

Example: Advance Care Plan

Reporting period: 07/01 – 09/30

- At discharge, transfer, or death, the agency determined that for these 100 patients had the following documented in their home health medical record:
 - » 15 had an Advance Care Plan documented in the home health medical record
 - » 15 had a Surrogate Decision Maker documented in the home health medical record
 - » 45 had a discussion with agency staff, but did not wish to provide an advance care plan or name a surrogate decision maker
 - » 10 had a discussion with agency staff, but were unable to provide an advance care plan or surrogate decision maker
 - » 15 did not have any discussion with agency staff related to an advance care plan or surrogate decision maker

The number of patients providing an advance care plan/surrogate decision maker, having discussions with the agency, and those not having discussions should equal the number in the denominator.

Applying the Advance Care Plan Example to the New Measures Template & HHVBP Secure Portal Entry

Example (previous slide)	New Measures Template Advance Care Plan	HHVBP Secure Portal
100 discharges, transfers to an inpatient facility, or deaths for patients aged 65 years and older occurred from July 1 – September 30 (95 of these patients were Medicare beneficiaries.)	a. How many patients 65 years or older received services from the agency during the reporting period? (Calculated as the number patients aged 65 years or older discharged from the HHA, transferred to an inpatient facility, or died during the reporting period.)	100
	b. How many patients who are Medicare beneficiaries, including dually-eligible beneficiaries, received services from the HHA during the reporting period?	95
<u>At start of care, how many patients aged 65 or older:</u>		
10 provided the agency with the legal documentation of their Advance Care Plan	c. Had an advance care plan documented in the home health medical record?	10
5 provided the agency with the legal documentation of their Surrogate Decision Maker	d. Had a surrogate decision maker documented in the home health medical record?	5
85 patients did not provide the agency with either their Advance Care Plan or Surrogate Decision Maker	Not collected on New Measures Template	NA

Applying the Advance Care Plan Example to the New Measures Template & HHVBP Secure Portal Entry

Example (CONTINUED) (previous slide)	New Measures Template Advance Care Plan	HHVBP Secure Portal
<u>At discharge, transfer, or death, how many patients aged 65 or older:</u>		
15 had an Advance Care Plan documented in the home health medical record	e. Had an advance care plan documented in the home health medical record?	15
15 had a Surrogate Decision Maker documented in the home health medical record	f. Had a surrogate decision maker documented in the home health medical record?	15
45 had a discussion with agency staff, but did not wish to provide an advance care plan or name a surrogate decision maker	g. Had a discussion with the HHA staff but did not wish to provide an advance care plan or name a surrogate decision maker?	45
10 had a discussion with agency staff, but were unable to provide an advance care plan or surrogate decision maker	h. Had a discussion with the HHA staff but were unable to provide an advance care plan or name a surrogate decision maker?	10
15 did not have any discussion with agency staff related to an advance care plan or surrogate decision maker	i. Did not have any discussion with HHA staff related to an advance care plan or surrogate decision maker?	15
	How many patients with an advance care plan had the following information documented in the advance care plan:..	76

Check Your HHVBP Knowledge



Knowledge Check

Check Your HHVBP Knowledge: Advance Care Plan Measure



Knowledge Check

True or False:

QUESTION:

An advance care plan and plan of care are the same.

ANSWER:

Check Your HHVBP Knowledge: Advance Care Plan Measure



Knowledge Check

True or False:

QUESTION:

An advance care plan and plan of care are the same.

ANSWER: False.

The advance care plan, or advance directive, is a legal document specifying the patient's future healthcare decisions for a time when they are not able to make their own healthcare decisions.

Check Your HHVBP Knowledge: Advance Care Plan Measure



Knowledge Check

True or False:

QUESTION:

Giving the patient a pamphlet on end of life planning is sufficient and would count as having a discussion regarding an advance care plan or surrogate decision maker.

ANSWER:

Check Your HHVBP Knowledge: Advance Care Plan Measure



Knowledge Check

True or False:

QUESTION:

Giving the patient a pamphlet on end of life planning is sufficient and would count as having a discussion regarding an advance care plan or surrogate decision maker.

ANSWER: False.

The agency must have a conversation with the patient and/or caregiver and document this in the home health agency medical record to quality as having a discussion about advance care plans or surrogate decisions makers.



Resources

Handouts

- Presentation Slides (PDF)
- New Measures Templates (1/28/16) (MS Excel)
- HHVBP Registration Overview and EIDM Instructions (PDF)

Upcoming Events

Upcoming Webinar Topic	Date	Time
HHVBP Next Steps to Gaining Access to the HHVBP Secure Portal	April 14, 2016	3:30 PM
HHVBP Secure Portal Virtual Tour	May 12, 2016	3:30 PM

Please register via *HHVBP Connect*.

Questions

**If you have questions, contact the
HHVBP Model Helpdesk at:**

HHVBPquestions@cms.hhs.gov



Thank you!

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