

HCAF VBP – Part 2

Improvement in Bed Transferring/Bathing/Ambulation

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WHAT DOES OASIS-C2 IMPACT?

- HHRG/HIPPS Code Reimbursement
- 2% Reimbursement Deduction if OASIS is NOT transmitted
- Reimbursement of Non-Routine Supplies
- Denied claims if OASIS is NOT transmitted and accepted prior to billing the final claim (April 3, 2017)
- State Survey Edits
- Home Health Compare
- Quality of Patient Care Star Rating
- ADR/RA/ZPIC Reviews
- **Value Based Purchasing**
- Pre-Claim Review

	Current Care Points	Current Care Points	Current Care Points	Current Care Points	Current Care Points	Current Care Points	Current Care Points	Current Care Points	Current Care Points	Current Care Points	Current Care Points	Average Sample 71 Agencies
Measures	1001	1002	1003	1004	1005	1006	1007	1008	1009	1010		
Drug Education on All Medications Provided to Patient/Caregiver during all Episodes of Care	3.368	3.598	4.056	7.25	4.987	4.914	7.408	3.744	2.315	0.042		4.248
Influenza Immunization Received for Current Flu Season	0	4.708	3.456	4.788	3.297	7.05	6.277	1.863	1.93	4.893		4.177
Pneumococcal Polysaccharide Vaccine Ever Received	0	7.325	5.238	5.265	4.271	8.293	5.909	4.149	2.529	5.261		4.939
Improvement in Bathing	0	1.118	3.466	1.258	0	2.037	4.928	0.162	0.089	0		2.264
Improvement in Bed Transferring	0	3.413	2.056	1.587	3.637	2.24	6.589	2.728	0.345	2.264		3.257
Improvement in Ambulation- Locomotion	2.248	1.733	2.732	0.119	1.38	1.119	2.732	0.355	0	0		1.817
Improvement in Management of Oral Medications	3.6	3.852	3.436	1.657	6.141	3.94	9.234	0.234	1.537	0.398		3.746
Improvement in Dyspnea	0	2.484	2.758	0	1.333	4.782	3.774	0	0	0		2.878
Improvement in Pain Interfering with Activity	0	1.185	2.703	0.956	1.689	2.033	4.377	0.173	0	0.191		1.581
Discharged to Community	1.402	3.607	0.144	1.695	2.59	4.418	3.577	1.798	1.992	0		2.878
Emergency Department Use Without Hospitalization	6.913	0.953	0	0	0	0	0.621	0	0.98	2.813		1.214
Acute Care Hospitalizations	0.257	2.078	0	0.404	2.333	2.595	0	2.514	1.136	0		1.214
Care of Patients	*	0	1.781	1.994	0.678	6.194	1.703	0.88	0	0		1.136
Communications Between Providers and Patients	*	0.807	2.689	2.182	2.219	4.349	1.934	1.789	0	3.937		1.586
Specific Care Issues	*	0.203	0	0.772	0	0	0	2.13	0	0.611		1.275
Overall Rating of Home Health Care	*	1.729	3.408	1.916	2.943	2.127	0	4.23	0	4.839		1.426
Willingness to Recommend the Agency	*	1.067	2.956	5.275	0	4.366	0.846	2.729	0	0.754		1.388
Total Available Measures For TPS Calculation	17.788	39.86	40.879	37.118	37.498	60.457	59.909	29.478	12.853	26.003		39.69

Outcome & Process Measures	VBP	Source	Home Health Compare	Star Rating
Timely Initiation of Care		Multiple	✓	☆
Improvement in Ambulation/Locomotion	✓	M1860	✓	☆
Improvement in Transferring	✓	M1850	✓	☆
Improvement in Bathing	✓	M1830	✓	☆
Improvement in Management of Oral Meds	✓	M2020	✓	
Improvement in Pain	✓	M1242	✓	☆
Improvement in Dyspnea	✓	M1400	✓	☆
60-Day Acute Care Hospitalization Rate	✓	Claims	✓	☆
60-Day Emergency Department Use	✓	Claims	✓	
Discharged to Community	✓	M2420		
Prior ADL/IADL Functioning		M1900		
Influenza Immunization Received	✓	M1046	✓	☆
Pneumococcal Vaccine Ever Received	✓	M1051	✓	
Drug Education for all Meds	✓	M2016	✓	☆
Reason Pneumococcal Vaccine Not Received		M1056		
Influenza Vaccine Data Collection Period		M1041		
Types and Sources of Assistance		M2102		

EFFECT OF DATA ACROSS PROGRAMS

HHCAHPS Measures	VBP	Source	Home Health Compare	Star Rating
Communication	✓	HHCAHPS	✓	★
Care of Patients	✓	HHCAHPS	✓	★
Specific Care Issues	✓	HHCAHPS	✓	★
Overall Rating	✓	HHCAHPS	✓	★
Would Definitely Recommend	✓	HHCAHPS	✓	

OASIS-C2 ITEMS – HIPPS CODE

Clinical Domain

- M1020 and M1022 and M1024
- M1030 Therapies
- ~~M1200 Vision~~
- M1242 Pain (VBP/HHC/STAR)
- M1311 & M1324 Pressure ulcer
- M1334 Stasis ulcers
- M1342 Surgical wounds
- ~~M1400 Dyspnea (VBP/HHC/STAR)~~
- M1620 Bowel incontinence
- M1630 Ostomy
- ~~M2030 Injectable drugs~~

OASIS-C2 ITEMS – HIPPS CODE

Functional Domain

- M1810 – Dressing Upper Body
- M1820 – Dressing Lower Body
- M1830 – Bathing (VBP/HHC/STAR)
- M1840 – Toileting
- M1850 – Transferring (VBP/HHC/STAR)
- M1860 – Ambulation (VBP/HHC/STAR)

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OUTCOME CALCULATION EXCLUSIONS

Exclusions: Measure-specific Exclusions
APPLICABLE TO ALL (M1830/M1850/M1860)
Home health episodes of care for which:

- At start/resumption of care, OASIS item M1860 "Ambulation/ Locomotion" = 0, indicating that the patient was able to ambulate independently; OR
- The value recorded of OASIS item 1700 "Cognitive Functioning" = 4, indicating that the patient was totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state or delirium.
- The value recorded on M1710 "When Confused" or M1720 "When Anxious" is Not Applicable (NA) on the start (or resumption) of care, indicating the patient is non-responsive; OR
- The patient did not have a discharge assessment because the episode of care ended in transfer to inpatient facility or death at home

INTENT OF ADLS

- Identifies the patient's ability to safely transfer from bed to chair (and chair to bed), or position self in bed if bedfast.
- The intent of the item is to identify the patient's ABILITY, not necessarily actual performance. "Willingness" and "adherence" are not the focus of these items. These items address the patient's ability to safely transfer, given the current physical and mental/emotional/cognitive status, activities permitted, and environment. The patient must be viewed from a holistic perspective in assessing ability to perform ADLs. Ability can be temporarily or permanently limited by:
 - physical impairments (for example, limited range of motion, impaired balance)
 - emotional/cognitive/behavioral impairments (for example, memory deficits, impaired judgment, fear) - sensory impairments (for example, impaired vision or pain)
 - environmental barriers environmental barriers (for example, stairs, narrow doorways, location of current sleeping surface and a sitting surface).

TRANSFERRING-M1850

(M1850) Transferring: Current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.

Enter Code

- | | |
|---|---|
| 0 | Able to independently transfer. |
| 1 | Able to transfer with minimal human assistance or with use of an assistive device. |
| 2 | Able to bear weight and pivot during the transfer process but unable to transfer self. |
| 3 | Unable to transfer self and is unable to bear weight or pivot when transferred by another person. |
| 4 | Bedfast, unable to transfer but is able to turn and position self in bed. |
| 5 | Bedfast, unable to transfer and is unable to turn and position self. |

TRANSFERRING-M1850

- For most patients, the transfer between bed and chair will include transferring from a supine position in bed to a sitting position at the bedside, then some type of standing, stand-pivot, or sliding board transfer to a chair, and back into bed from the chair or sitting surface.
- If there is no chair in the patient's bedroom or the patient does not routinely transfer from the bed directly into a chair in the bedroom, report the patient's ability to move from a supine position in bed to a sitting position at the side of the bed, and then the ability to stand and then sit on whatever surface is applicable to the patient's environment and need, (for example, a chair in another room, a bedside commode, the toilet, a bench, etc.). Include the ability to return back into bed from the sitting surface.

TRANSFERRING-M1850

- For Response 1, "minimal human assistance" could include any combination of verbal cueing, environmental set-up, and/or actual hands-on assistance.
- In order for the assistance to be considered minimal, it would mean the individual assisting the patient is contributing less than 25% of the total effort required to perform the transfer.
- If the patient transfers either with minimal human assistance (but not device), or with the use of a device (but no human assistance), enter Response 1. If the patient requires both minimal human assistance and an assistive device to transfer safely, enter Response 2.
- If the patient can bear weight and pivot, but requires more than minimal human assist, enter Response 2.
- The patient must be able to both bear weight and pivot for Response 2 to apply. If the patient is unable to do one or the other and is not bedfast, enter Response 3.
- If the patient is bedfast, enter Response 4 or 5, depending on the patient's ability to turn and position self in bed. Bedfast refers to being confined to the bed, either per physician restriction or due to a patient's inability to tolerate being out of the bed.

GG0170C: MOBILITY

(GG0170C) Mobility Code the patient's usual performance at the SOC/ROC using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal using the 6-point scale. Do not use codes 07, 09, or 88 to code discharge goal.		
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. <i>Activity may be completed with or without assistive devices.</i>	1. SOC/ROC Performance	2. Discharge Goal
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 or TOUCHING/STEADYING 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 88 Not attempted due to medical condition or safety concerns	↓Enter Codes in Boxes↓ <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> Lying to Sitting on Side of Bed: The ability to safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.

GG0170C: MOBILITY

Item Intent

- Identifies the patient's need for assistance with the mobility task of moving from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support

Time Points

- Start of care/resumption of care

Note Reversal of Scale for Responses!

- 06 = Independent
- 05 through 02 = Help from another person
- 01 = Dependent

GG0170C: MOBILITY

- Mobility – Lying on back to sitting on the edge of the bed
- Patient may use an assistive device, if necessary
- If patient's performance is unsafe or poor quality, score according to amount of assistance provided
- When performance varies, report the **usual** status rather than their most independent or most dependent status

GG0170C: MOBILITY PERFORMANCE RESPONSES

Codes provided for use when attempted:

- 06 = Independent: No cueing or assistance of any kind
- 05 = Setup or cleanup assistance: Only prior to/after activity
- 04 = Supervision or touching: Includes cueing; intermittent or continual assistance
- 03 = Partial/moderate assistance: Helper provides less than ½ the assistance
- 02 = Substantial/maximal assistance: Helper provides more than ½ the assistance
- 01 = Dependent: Helper provides all the effort, or assistance of two or more helpers is required to complete the activity

GG0170C: MOBILITY

Codes provided for use when **NOT** attempted:

- 07 = Patient refused.
- 09 = Not applicable.
- 88 = Not attempted due to medical condition or safety concerns.
- Dash (-) = Could not be assessed due to unexpected transfer, discharge, or death. Only used in rare circumstances.

GG0170C: MOBILITY

For GG0170C2 – Discharge Goal, report the discharge goal using the 6-point scale. Do not enter 07, 09, or 88 to report the discharge goal. The assessing clinician, in conjunction with patient and family input, can establish the discharge goal.

- If the clinician, in collaboration with the patient and caregiver(s), determines that the patient is expected to make functional progress by discharge, the response reported for Discharge Goal will be higher (more independent) than the SOC/ROC Performance response
- If the clinician, patient, and family determine that the medically complex patient is not expected to make progress during the home health episode, but it is expected that the patient would be able to maintain his/her SOC functional level, the Discharge Goal response will be the same as the patient's SOC Performance response

GG0170C: MOBILITY

- If the clinician, in collaboration with the patient and/or caregiver(s), determines that a patient with a progressive neurological condition is expected to rapidly decline, and that skilled therapy services may slow the decline of function, the Discharge Goal would be lower (more dependent) than the SOC/ROC Performance response
- If the assessing clinician does not establish a Discharge Goal for the patient's bed mobility task, enter a dash ("–") for 2-Discharge Goal

GG0170C: MOBILITY EXAMPLES

1. The patient pushes up from the bed to get himself from a lying to a seated position. The caregiver must provide steadying (touching) as the patient scoots himself to the edge of the bed and lowers his feet onto the floor.
 - **GG0170C1 – SOC/ROC Performance:** Enter 04 – Supervision or touching assistance
 - **Rationale:** The patient required steadying/touching assistance in order to safely complete the task of lying on his back to sitting on the side of the bed

GG0170C: MOBILITY EXAMPLES

2. The patient pushes up on the bed to attempt to get himself from a lying to a seated position as the OT provides much of the lifting assistance necessary for him to sit upright. The OT provides assistance as the patient scoots himself to the edge of the bed and lowers his feet to the floor. Overall, the OT must provide more than half of the effort to complete the task.
- **GG0170C1 – SOC/ROC Performance:** Enter 02 – Substantial/maximal assistance
 - **Rationale:** The patient required the caregiver to provide lifting and assistance that represents more than half of the effort required to complete the task of lying on his back to sitting on the side of the bed

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AMBULATION-M1860

(M1860) Ambulation/Locomotion: Current ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.

Enter Code	
<input type="checkbox"/>	0 Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (specifically: needs no human assistance or assistive device).
	1. With the use of a one-handed device (for example, cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings.
	2. Requires use of a two-handed device (for example, walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.
	3. Able to walk only with the supervision or assistance of another person at all times.
	4. Chairfast, <u>unable</u> to ambulate but is able to wheel self independently.
	5. Chairfast, unable to ambulate and is <u>unable</u> to wheel self.
	6. Bedfast, unable to ambulate or be up in a chair.

AMBULATION-M1860

- Regardless of the need for an assistive device, if the patient requires human assistance (hands on, supervision and/or verbal cueing) to safely ambulate, enter Response 2 or Response 3, depending on whether the assistance required is intermittent ("2") or continuous ("3").
 - If the patient is safely able to ambulate without a device on a level surface, but requires minimal assistance on stairs, steps, and uneven surfaces, enter Response 2 (requires human supervision or assistance to negotiate stairs or steps or uneven surfaces).
 - If a patient does not require human assistance, but safely ambulates with a walker in some areas of the home, and a cane in other areas (due to space limitations, distances, etc.), enter the response that reflects the device that best supports safe ambulation on all surfaces the patient routinely encounters (for example, Response 2 is appropriate if a walker is required for safe ambulation in the hallway and living room, even if there are some situations in the home where a cane provides adequate support.)

AMBULATION-M1860

- If a patient does not have a walking device but is clearly not safe walking alone, enter Response 3, able to walk only with the supervision or assistance should be reported, unless the patient is chairfast.
- Responses 4 and 5 refer to a patient who is unable to ambulate, even with the use of assistive devices and/or continuous assistance. For a patient who demonstrates or reports ability to take one or two steps to complete a transfer, but is otherwise unable to ambulate should be considered chairfast, enter Response 4 or 5, based on ability to wheel self.
- Assessment strategies: A combined observation/interview approach with the patient or caregiver is helpful in determining the most accurate response for this item. Ask the patient about ambulation ability. Observe the patient ambulating across the room or to the bathroom and the type of assistance required. Note if the patient uses furniture or walls for support, or demonstrates loss of balance or other actions that suggest a need for additional support for safe ambulation. Observe patient's ability and safety on stairs. If chairfast, assess ability to safely propel wheelchair independently, whether the wheelchair is a powered or manual version.

BATHING-M1830

(M1830) Bathing: Current ability to wash entire body safely. Excludes grooming (washing face, washing hands, and shampooing hair).

Enter Code

- | | |
|---|--|
| 0 | Able to bathe self in <u>shower or tub</u> independently, including getting in and out of tub/shower. |
| 1 | With the use of devices, is able to bathe self in shower or tub independently, including getting in and out of the tub/shower. |
| 2 | Able to bathe in shower or tub with the intermittent assistance of another person: <ul style="list-style-type: none"> (a) for intermittent supervision or encouragement or reminders, <u>OR</u> (b) to get in and out of the shower or tub, <u>OR</u> (c) for washing difficult to reach areas. |
| 3 | Able to participate in bathing self in shower or tub, <u>but</u> requires presence of another person throughout the bath for assistance or supervision. |
| 4 | Unable to use the shower or tub, but able to bathe self independently with or without the use of devices at the sink, in chair, or on commode. |
| 5 | Unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in bedside chair, or on commode, with the assistance or supervision of another person. |
| 6 | Unable to participate effectively in bathing and is bathed totally by another person. |

BATHING-M1830

- Specifically excludes washing face and hands, and shampooing hair.
- The patient's ability may change as the patient's condition improves or declines, as medical restrictions are imposed or lifted, or as the environment is modified. The clinician must consider what the patient is able to do on the day of the assessment. If ability varies over time, enter the response describing the patient's ability more than 50% of the time period under consideration.
- The bathing scale presents the most independent level first, then proceeds to the most dependent. Read each response carefully to determine which one best describes what the patient is able to do.
- If the patient requires standby assistance to bathe safely in the tub or shower or requires verbal cueing/reminders, then enter Response 2 or Response 3, depending on whether the assistance needed is intermittent ("2") or continuous ("3").

BATHING-M1830

- If the patient's ability to transfer into/out of the tub or shower is the only bathing task requiring human assistance, enter Response 2. If a patient requires one, two, or all three of the types of assistance listed in Response 2 of M1830 but not the continuous presence of another person as noted in Response 3, then Response 2 is the best response.
- The patient's status should not be based on an assumption of a patient's ability to perform a task with equipment they do not currently have, preventing assessment.
- If a patient is medically restricted from stair climbing, and the only tub/shower requires climbing stairs, the patient is temporarily unable to bathe in the tub or shower due to combined medical restrictions and environmental barriers. Responses 4, 5, or 6 would apply, depending on the patient's ability to participate in bathing activities.

BATHING-M1830

- If the patient does not have a tub or shower in the home, or if the tub/shower is nonfunctioning or not safe for patient use, the patient should be considered unable to bathe in the tub or shower. Responses 4, 5, or 6 would apply, depending on the patient's ability to participate in bathing activities.
- For Response 4, the patient must be able to safely and independently bathe outside the tub/shower, including independently accessing water at the sink, or setting up a basin at the bedside, etc.
- Enter Response 5 if the patient is unable to bathe in the tub/shower and needs intermittent or continuous assistance to wash their entire body safely at a sink, in a chair, or on a commode.
- Enter Response 6 if the patient is totally unable to participate in bathing and is totally bathed by another person, regardless of where bathing occurs or if patient has a functioning tub or shower.

KEY THINGS TO SHOW IMPROVEMENT

- CONDUCT FULL COMPREHENSIVE ASSESSMENT NOT JUST AN INTERVIEW
- MAKE SURE TO UNDERSTAND EACH AND EVERY M ITEM, ITS INTENT AND THE DOES AND DON'TS OF SELECTING THE RESPONSES
- MAKE SURE THE CLINICIANS THAT ARE COMPLETING OASIS ARE VESTED IN IMPROVEMENT
- INVOLVE AIDES
- COMMUNICATION



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