

# Examine & Improve Your “Quality of Patient Care Star Rating”

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### Two Types of Star Ratings for Home Health

- **Quality of Patient Care Star Rating**
  - Based on OASIS data & hospital claims-based data
  - Posted to Home Health Compare (HHC) – beginning July 2015
- **Patient Survey Star Rating**
  - From HHCAHPS data
    - HH CAHPS Survey (“Consumer Assessment of Healthcare Providers and Systems”)
  - Posted to HHC – beginning January 2016
  - *This Star Rating will not be detailed during this presentation*

### Objectives

- Recognize the 9 publicly reported measures that are utilized in calculation of the Quality of Patient Care Star Rating
- Identify CMS authoritative guidance pertinent to each of the OASIS-based and claims-based measures
- Describe appropriate assessment and documentation strategies

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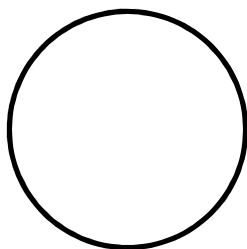


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Overview:  
Quality of  
Patient Care  
Star Rating



### Quality of Patient Care Star Rating

- Includes 9 of the 24 current Home Health Compare (HHC) outcome and process measures
  - **Process Measures**
    1. Timely Initiation of Care – (M0102/M0104)
    2. Drug Education on all Medications Provided to Patient/Caregiver – (M1015)
    3. Influenza Immunization Received for Current Flu Season – (M1041/M1046)
  - **Outcome Measures**
    4. Improvement in Ambulation – (M1860)
    5. Improvement in Bed Transferring – (M1850)
    6. Improvement in Bathing – (M1830)
    7. Improvement in Pain Interfering with Activity – (M1242)
    8. Improvement in Dyspnea – (M1400)
    9. Acute Care Hospitalization – hospital claims-based data

### Quality of Patient Care Star Rating

- Methodology for calculating rating:
  - Based on combination of the 9 individual measure rankings, and
  - Statistical significance of the difference between the performance of the individual HHA on each measure and the national **median**
    - Statistical significance indicates that the HHA's value for the individual measure is reliable (NOT likely to have occurred by chance)
    - Based on lack of statistical significance (when the HHA value for a measure is NOT statistically significant with the national median), the individual measure rating is **adjusted 1/2 star toward the middle** to reflect the difference between the agency and the national median

### Quality of Patient Care Star Rating

- Methodology for calculating rating, continued:
  - The 9 adjusted ratings are averaged into one average rating that is then rounded up or down to the nearest half-star and then adjusted up one 1/2 star (this is the number reported on HHC)
    - Example #1:
      - Average adjusted rating: 2.7
      - Rounded (up in this case): 3.0
      - Quality of Patient Care Star Rating: 3.5
    - Example #2:
      - Average adjusted rating: 2.2
      - Rounded (down in this case): 2.0
      - Quality of Patient Care Star Rating: 2.5

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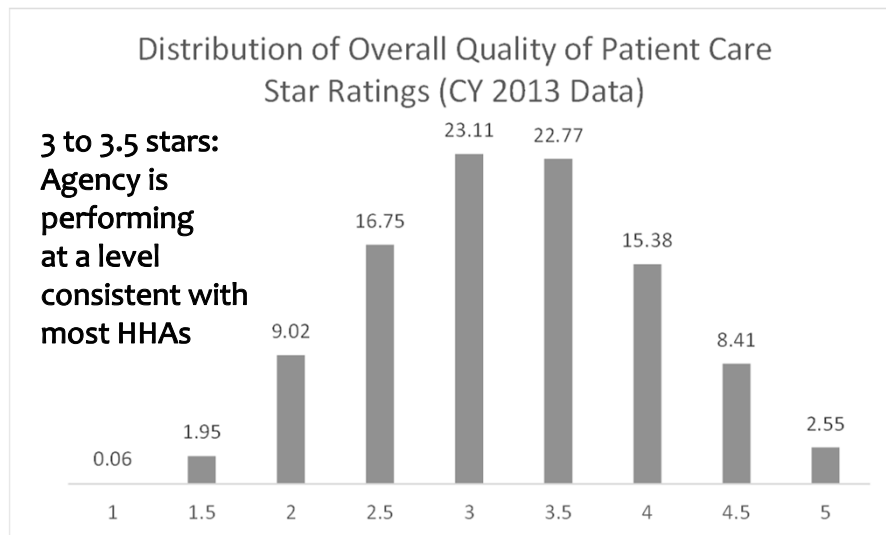
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## Application of Quality of Patient Care Star Rating Methodology to CY 2013 data

- Typical “bell curve” distribution: “push to the middle”



## Quality of Patient Care Star Rating

- Detailed Quality of Patient Care Star Rating Methodology and FAQ documents are available in “Downloads” section located at bottom of page:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-instruments/HomeHealthQualityInits/HHQIHomeHealthStarRatings.html>

- Bonus Material at the end of this presentation contains a detailed review of the Provider Preview Report Scorecard

All Quality Measures are calculated at the conclusion of a Quality Episode (at Transfer or Discharge) and reference backward in time to the beginning of the Quality Episode (either a ROC assessment or the SOC assessment)

**● Measures Calculated at Transfer AND Discharge**

Process Measures:

- 1) Timely Initiation of Care
- 2) Drug Education On all Medications Provided to Patient/Caregiver
- 3) Influenza Immunization Received for Current Flu Season

Outcome Measure:

- 9) Acute Care Hospitalization

**● Measures Calculated at Discharge ONLY**

Outcome Measures:

- 4) Improvement in Ambulation
- 5) Improvement in Bed Transferring
- 6) Improvement in Bathing
- 7) Improvement in Pain Interfering with Activity
- 8) Improvement in Dyspnea

**Important Factor Affecting Outcome Measures – Risk Adjustment (HHC)**

- ALL outcome measures are “risk adjusted” to account for differences in patient characteristics between agencies (when compared to the national population)
  - The Risk Adjustment Methodology that CMS utilizes for home health is a complex statistical analysis that yields a statistical **prediction model** for each outcome measure
- For each patient included in the denominator, the risk model is used to predict probability that the patient will achieve that outcome**

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**Important Factor Affecting Outcome Measures – Risk Adjustment (HHC)**

● The model for HHC outcomes begins with the agency population:

- 1) For each patient, a predicted probability is calculated (based on responses to OASIS items at SOC/ROC), and
- 2) Predicted probabilities for all patients are averaged to a “predicted outcome” for the agency
- 3) To calculate the publicly reported “risk-adjusted outcome value” for each measure:
  - The agency’s “predicted” value,
  - The agency’s actual “observed” value (unadjusted outcome percentage derived from OASIS data), and
  - The national “predicted” value for that measure are entered into this formula:

**Agency Risk-Adjusted Publicly Reported Value = Agency Observed + (National Predicted - Agency Predicted)**

**Important Factor Affecting Outcome Measures – Risk Adjustment (HHC)**

4) Example with fictional values :

- Agency’s patients who improved in ambulation (the M1860 value at Discharge is less than the value at SOC) = **83%**
- National predicted value for “Improvement in Ambulation” = **80%** (predicted probability at SOC/ROC)
- Agency predicted value for “Improvement in Ambulation” = **76%** (predicted probability at SOC/ROC; note the agency’s patients had LESS probability to achieve national population)
- Agency risk-adjusted value for “Improvement in Ambulation” = **83 + (80 - 76) = 83 + 4 = 87%**

(In this example, because the agency’s population was less likely to achieve the outcome than the national population, the agency gained 4 percentage points. If the agency predicted value was greater than the national predicted value , the agency would lose percentage points in the risk adjustment process)

Important Factor Affecting Outcome Measures – Risk Adjustment (HHC)

**CLINICAL APPLICATION:**

- “Risk factors” used in the prediction models are directly derived from OASIS items collected at SOC/ROC
- Each of the 5 “improvement” outcome measures included in the Quality of Patient Care Star Rating have a lengthy list of OASIS risk factors:
  - Ambulation (102 risk factors)
  - Bed Transferring (99 risk factors)
  - Bathing (114 risk factors)
  - Pain Interfering with Activity (69 risk factors)
  - Dyspnea (83 risk factors)
- **There are no “throw away” OASIS items!**
  - Accuracy in each item has the potential to impact outcome measurement and ultimately the Quality of Patient Care Star Rating

Important Factor Affecting Outcome Measures – Risk Adjustment (HHC)

**Attention to Risk Factors at SOC/ROC (example #1)**

- (M1034) Overall Status
- 0) The patient is stable with no heightened risk(s) for serious complications and death...
  - 1) The patient is temporarily facing high health risk(s) but is likely to return to being stable without heightened risk(s) for serious complications and death...
  - 2) The patient is likely to remain in fragile health and have ongoing high risk(s) of serious complications and death
  - 3) The patient has serious progressive conditions that could lead to death within a year
  - 4) UK – the patient’s situation is unknown or unclear

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Important Factor Affecting Outcome Measures – Risk Adjustment (HHC)

**Attention to Risk Factors at SOC/ROC (example #1, continued)**

- (M1034) Overall Status
- Utilize good clinical judgment when describing patient’s “overall status” (general potential for health status stabilization, decline, or death – in the care provider’s professional judgment)
    - Consider appropriateness of “stable” or “temporary” when patient has chronic or deteriorative conditions
      - Responses 0 & 1 **positively impact** outcome’s predictive value – patient is more likely to achieve the outcome
      - Consider “fragile” or “serious” when diagnoses will not resolve
        - Responses 2 & 3 **negatively impact** outcome’s predictive value – patient is less likely to achieve the outcome

Important Factor Affecting Outcome Measures – Risk Adjustment (HHC)

**Attention to Risk Factors at SOC/ROC (example #2)**

(M1900) Prior Functioning ADL/IADL

Functional Area	Independent (0)	Needed Some Help (1)	Dependent (2)
a. Self-care	Patient had the ability to complete the activity alone with or without devices (no assistance from helper)		Patient was unable to contribute effort (helper contributed all the effort)
b. Ambulation			
c. Transfer			
d. Household Tasks			
<ul style="list-style-type: none"> <li>● Identify patient’s functional ability prior to the current illness, exacerbation of a chronic condition, or injury (whichever is most recent) that initiated this episode of care</li> </ul>			

Important Factor Affecting Outcome Measures – Risk Adjustment (HHC)

**Attention to Risk Factors at SOC/ROC (example #2, continued)**

(M1900) Prior Functioning ADL/IADL

- Select “needed some help” unless patient was 100% independent or 100% dependent
- Response 0-Independent **positively impacts** outcome’s predictive value (patient is more likely to achieve the outcome)
- Responses 1-Needed Some Help & 2-Dependent **negatively impact** outcome’s predictive value (patient is less likely to achieve the outcome)

Important Factor Affecting Outcome Measures – Neuro/Emotional/Behavioral Impact

- (M1700) Cognitive Functioning, (M1710) When Confused, and (M1720) When Anxious are VERY important for patients with impaired mentation (dementia, delirium, developmental delay, mental retardation, stroke, mood/anxiety disorders, etc.)
- Patients are **excluded from outcomes** when any of the following are selected at SOC/ROC:
  - M1700 Response 4—Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium
  - M1710 Response NA—Patient nonresponsive [unable to respond or responds in a way that clinical judgment about the level of orientation cannot be made]
  - M1720 Response NA—Patient nonresponsive [unable to respond or responds in a way that clinical judgment about the level of anxiety & worry cannot be made]

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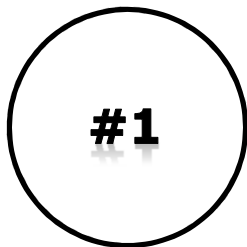


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Timely  
Initiation of  
Care



(1) Timely Initiation of Care

**OASIS Guidance Manual – Chapter 3:**

- (M0102) Date of Physician-Ordered SOC/ROC
  - A specific date that home care services are ordered to begin (cannot be a range of dates)
  - If the physician orders a ROC date that extends beyond 2 calendar days of the inpatient facility discharge, Select response “NA” to (M0102)
- (M0104) Date of Referral
  - The **most recent** date that verbal, written, or electronic authorization to begin (or resume) home care was received by the home health agency
- Collected in RFA 1 – Start of Care and RFA 3 – Resumption of Care assessments

**(1) Timely Initiation of Care**

**“Date or Referral”  
is NOT always the same as  
“Date of Intake”**

**Make sure M0104 is the most recent date that the agency received authorization to initiate or resume home care services**

- **Example:**
  - Call received from hospital discharge planner on Monday that pt will be going home & needs home care
  - Patient remains in hospital all week and is discharged on Friday
  - Agency receives fax from hospital containing discharge summary and H&P on Friday afternoon
  - Patient is admitted to home care on Saturday
  - When completing (M0104) Date of Referral, the assessing clinician documents Friday’s date (the most recent updated/revised referral information) and NOT Monday’s date (the initial date of intake)

**(1) Timely Initiation of Care**

**Tips for intentional accuracy:**

- This process measure is calculated at Transfer/ Discharge, but (M0102) and (M0104) responses are captured at SOC/ROC
- Audit SOC/ROC assessments for compliance
- **DESIRED RESPONSE:**
  - With (M0102): SOC Date or ROC Date must MATCH date recorded in (M0102)
  - With (M0104): SOC Date must be within 2 days of date recorded in (M0104)
  - All ROCs: ROC Date must be within 2 days of discharge from inpatient facility AND within 2 days of (M0104)

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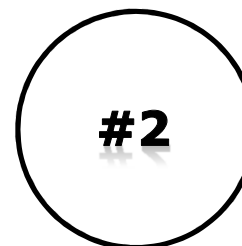
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**(1) Timely Initiation of Care**

**OASIS Guidance & Documentation Tips:**

- Since Medicare regulations require the visit be made within 48 hours, it should be VERY RARE for M0102/M0104 to be more than 2 calendar days prior to (M0030) Start of Care Date or (M0032) Resumption of Care Date

Drug Education  
on All  
Medications  
Provided to  
Patient/Caregiver





**(2) Drug Education on All Medications  
Provided to Patient/Caregiver**

**OASIS Guidance Manual – Chapter 3:**

- (M2015) Patient/Caregiver Drug Education Intervention identifies if clinicians instructed the patient/caregiver about how to manage all medications effectively and safely
- Drug education interventions address all medications—prescribed and over-the-counter by any route
- Clinician other than the assessing clinician may provide drug education in person or by phone to the patient/caregiver
  - If the assessing clinician (at Transfer/Discharge) has knowledge this has been done, he/she may take credit in M2015 with a “Yes” response
- If assessing clinician evaluated the patient’s retention of prior teaching, determined and documented that the patient possessed all required knowledge related to all medications, then M2015 would be “Yes” at Transfer/Discharge

**(2) Drug Education on All Medications  
Provided to Patient/Caregiver**

**At Transfer/Discharge, looking back to the previous OASIS assessment, the assessing clinician determines:**

- Whether at that prior OASIS or at any time since that date up to and including today
- Patient/caregiver was instructed by agency staff or other health care provider (including physician, pharmacist, etc.)
- To monitor the effectiveness of drug therapy, drug reactions, and side effects, and how and when to report problems that may occur

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**(2) Drug Education on All Medications  
Provided to Patient/Caregiver**

**Tips for intentional accuracy:**

- This process measure is calculated at Transfer/Discharge, but documentation of drug education is needed beginning with SOC/ROC
- During Drug Regimen Review at SOC & ROC document in the clinical record:
  - All medication education performed this visit
  - Patient’s retention of knowledge from prior teaching (performed by any healthcare provider)
  - Address every medication!
    - Already taught & patient/caregiver knowledgeable
    - Patient/caregiver demonstrating knowledge deficit – include medication instruction in POC

**(2) Drug Education on All Medications  
Provided to Patient/Caregiver**

**OASIS Guidance & Documentation Tips:**

- NOTE: There is no expectation that the patient/caregiver are made knowledgeable of details such as the pharmacology and mechanism of action for all medications
  - **The focus is effective, safe management of medications.**
  - Do they understand the purpose of the med (example: for blood pressure)?
  - Aware of potential problems such as drug reactions or side effects to look for?
  - Understand special precautions (such as checking pulse)?
  - Know when and how to get help if problems do occur?

Influenza  
Immunization  
Received for  
Current Flu  
Season

#3

**(3) Influenza Immunization Received for Current Flu Season**

**OASIS Guidance Manual – Chapter 3:**

- (M1041) Influenza Vaccine Data Collection Period identifies whether the patient was receiving services from the home health agency during the time period for which influenza vaccine data are collected (October 1—March 31)
- (M1046) Influenza Vaccine Received identifies whether the patient received an influenza vaccine for this year’s flu season, and if not, the reason why
- (M1046) is skipped if the response to (M1041) is “No”
- Collected at RFA 6 & 7—Transfer to Inpatient Facility and RFA 9—Discharge from Agency
- At Transfer or Discharge, look back to the most recent ROC or back to the SOC (if there is no intervening ROC) to determine if the patient was receiving home health services on or between October 1 and March 31

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**(3) Influenza Immunization Received for Current Flu Season**

**M1046 “Yes” responses:**

- 1) Patient received vaccine from agency during this quality episode
- 2) Patient received vaccine from your agency during a prior quality episode (occurring in this year’s flu season)  
Example:
  - Patient with SOC in August received vaccine in October, and
    - Transferred to inpatient facility in November.
    - [For this November Transfer RFA 6, Response 1 is correct—current quality episode]
  - Agency then completed a ROC assessment in December, and
    - Patient is now being Discharged in May.
    - [For this May Discharge RFA 9, Response 2 is applicable—patient received vaccine in prior Aug-Nov quality episode]
- 3) Patient received vaccine from another care provide (physician, pharmacy, health fair)

**(3) Influenza Immunization Received for Current Flu Season**

**OASIS Guidance & Documentation Tips:**

**(M1041) Influenza Vaccine Data Collection Period:**

- OASIS Q&A 62.2.2 – Patient received vaccine on September 15 and was transferred to inpatient facility on September 30
  - Transfer data collection was completed (M0090) on Oct 2
  - In this scenario, the response to M1041 would be “No” because (M0906) Transfer Date (Sept 30) was prior to Oct 1
- The quality episode ends on M0906 – not M0090

**(M1046) Influenza Vaccine Received:**

- Responses 1, 2, or 3: Select even if flu vaccine for this year’s influenza season was provided prior to October (the vaccine is often made available early – CDC determines “current flu season” by authorizing release of vaccine from manufacturer)
- Response 2: When current patient was given a flu vaccine by your agency during a previous roster billing situation during this year’s flu season (prior to admission to your agency)

**(3) Influenza Immunization Received for Current Flu Season**

**(M1046) Influenza Vaccine Received, continued:**

- Response 4: Patient and/or healthcare proxy refused the vaccine. It is not required that the home health agency offer the vaccine; Response 4 indicates that the vaccine was offered (perhaps by physician) and was refused
- Response 5: Vaccine is medically contraindicated
- Response 6: Age/condition guidelines indicate the vaccine is not indicated (guidelines are updated and maintained by the CDC)
- Response 7: Vaccine is unavailable due to CDC-declared shortage
- Response 8: Document reason(s) vaccine not received
- OASIS Q&A 62.5.1 – when patient & caregiver are unable to recall whether vaccine was received, the assessing clinician should employ other assessment strategies such as review of the medical record and communication with the physician. If unable to determine whether the patient received flu vaccine, select Response 8

**(3) Influenza Immunization Received for Current Flu Season**

**Tips for intentional accuracy:**

- This process measure is calculated at Transfer/ Discharge with OASIS items M1041/1046, but documentation of patient’s receipt of flu vaccine is needed beginning with SOC/ROC
- During SOC & ROC assessments document in the clinical record:
  - Patient’s last flu vaccine (specific date is preferable but approximate time frame such as “fall/winter 2014” would also provide adequate information when determining if vaccine was received during current flu season)
  - When patient has a medical contraindication to vaccine, document within the record so all home health clinicians have access to that information for care coordination

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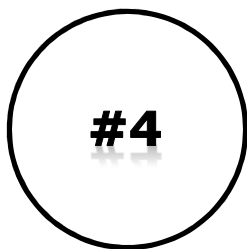


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Improvement in Ambulation



**(4) Improvement in Ambulation**

**OASIS Guidance Manual – Chapter 3:**

- (M1860) Ambulation/Locomotion identifies the patient’s ability and the type of assistance required to safely ambulate or propel self in a wheelchair over a variety of surfaces

**Report the patient’s ABILITY to safely ambulate on the day of the assessment**

- Ability does not equate to “actual performance”
- Day of Assessment is the 24 hrs immediately preceding the visit plus the time in the home
- “Assistance” includes physical contact, verbal cueing, and supervision from another person

### (4) Improvement in Ambulation

- Ability can be temporarily or permanently limited by many factors including these listed. Document patient-specific factors in the assessment.
  - 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 (for example, stairs, narrow doorways, unsafe flooring)
- Variety of surfaces: typical surfaces patient routinely encounters in his/her environment
- Determine which response best describes what the patient is able to safely do
- Consider medical restrictions when determining ability

### (4) Improvement in Ambulation

- (M1860) Ambulation/Locomotion**
- 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)  
[Patient is safe ambulating ALONE on ALL surfaces with no human assistance AND no 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  
[Patient is safe ambulating ALONE on ALL surfaces while using a one-handed device, BUT with no human assistance.]
  - 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  
[Patient is safe ambulating ALONE on a LEVEL surface and requires human assistance ONLY on stairs/steps or uneven surfaces (whether using two-handed, one-handed, or no assistive device).]

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### (4) Improvement in Ambulation

- (M1860) Ambulation/Locomotion, continued**
- 3-Able to walk only with the supervision or assistance of another person at all times  
[Patient is NOT safe ambulating alone with or without device on a LEVEL surface. Requires continuous assist, supervision, or cueing to ambulate safely.]
  - 4-Chairfast, unable to ambulate but is able to wheel self independently  
[Patient is not able to ambulate safely, even with continuous assistance. Chairfast and able to wheel self safely. No human assistance, supervision, or cueing needed.]
  - 5-Chairfast, unable to ambulate and is unable to wheel self  
[Patient is not able to ambulate safely, even with continuous assistance. Chairfast and unable to safely wheel self. Human assistance is required.]

### (4) Improvement in Ambulation

- (M1860) Ambulation/Locomotion, continued**
- 6-Bedfast, unable to ambulate or be up in a chair  
[Patient is bedfast. Unable to tolerate being out of bed OR is medically restricted to bedrest (restricted from ambulation and/or from being out of bed in a chair).]

### (4) Improvement in Ambulation

**OASIS Guidance & Documentation Tips:**

- Combine observation/interview approach with patient/caregiver for most accurate response for M1860:
  - Ask the patient about ambulation difficulty—the patient’s perception provides information for care planning and goal setting.
    - How often do you hold onto furniture and/or walls when you walk in your home?
    - What type of assistive devices do you use? (single tip cane, quad cane, walker, rolling walker)
    - Describe any pain that you experience when you walk.
  - Direct observation is the preferred assessment strategy. Observe patient ambulating over a variety of surfaces.
  - Assess gait, balance, weakness, pain, fatigue, need for assisting persons or assistive device or other means of support such as walls/furniture, etc.
  - Describe what patient is actually doing—but “actual performance” does not equate to ability. Select response that describes level at which patient is able to safely ambulate.

### (4) Improvement in Ambulation

**OASIS Guidance & Documentation Tips:**

- Wheelchair for a portion of the day and also ambulates: endurance is not included in this item, select response that describes safe ambulation (Responses 0, 1, 2, or 3).
- Chairfast: patient not safe ambulating even with the combination of continuous assistance and a device, considered chairfast. If the patient can only take a couple of steps safely, they are not considered ambulatory.
- To ensure achievement of the “Improvement in Ambulation” outcome:
  - Reading from the “bottom up” is a good strategy to reduce the possibility of inaccurately selecting a higher response.
  - Develop a specific care plan with the goal to move the patient to a higher level of ability.
    - Response 1, 2, 3, 4, 5: Consider PT for gait training and assistive device recommendations and training.
  - Be purposeful in planning to move the patient up at least one response level.

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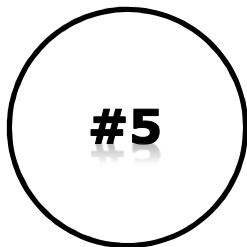


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Improvement  
in Bed  
Transferring



### (5) Improvement in Bed Transferring

**OASIS Guidance Manual – Chapter 3:**

- (M1850) Transferring identifies the patient’s ability to safely transfer from bed to chair (and chair to bed) or position self in bed if bedfast

**Report the patient’s ABILITY to safely complete the bed-to-chair (& back to bed) transfer on the day of assessment**

- Ability does not equate to “actual performance”
- Day of Assessment is the 24 hrs immediately preceding the visit plus the time in the home
- When ability or status varies on day of assessment, report “usual status” (what is true >50% of the time)
- “Assistance” includes physical contact, verbal cueing, and supervision from another person

**(5) Improvement in Bed Transferring**

- Ability can be temporarily or permanently limited by many factors including these listed. Document patient-specific factors in the assessment.
- 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 (for example, stairs, narrow doorways, location of current sleeping surface and a sitting surface)

**(5) Improvement in Bed Transferring**

**Definition of Transfer in (M1850):**

- For most patients, transfer between bed and chair will include transferring from supine position in bed to sitting position at bedside, then some type of standing, stand-pivot, or sliding board transfer to chair, and back into bed from chair or sitting surface
- If patient does not routinely transfer from bed directly into a chair in the bedroom, report ability to move from supine to seated position, then ability to stand and then sit on a second surface (may be in another room)

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**(5) Improvement in Bed Transferring**

**(M1850) Transferring (bed-to-chair and back to bed)**

- 0-Able to independently transfer  
[Patient is safely able to transfer bed-to-chair (and back to bed) ALONE with no device (no human assist/supervision/cueing).]
- 1-Able to transfer with minimal human assistance or with use of an assistive device  
[Patient completes bed-to-chair (and back to bed) transfer safely with EITHER minimal human assistance OR while using an assistive device, but does NOT require both. Minimal assistance is defined as the assisting person contributing less than 25% of the total effort. If patient requires BOTH minimal assist AND device, select Response 2. If more than minimal assist is required, select Response 2.]

**(5) Improvement in Bed Transferring**

**(M1850) Transferring, continued**

- 2-Able to bear weight and pivot during the transfer process but unable to transfer self  
[Patient is safely able to BOTH bear weight and pivot. If unable to safely do one or the other, select Response 3, unless patient is bedfast. Ability to bear weight and pivot includes both standing and sitting pivot transfers such as with a sliding board.]
- 3-Unable to transfer self and is unable to bear weight or pivot when transferred by another person  
[When transferred by another person, patient is unable to safely bear weight OR is unable to safely pivot OR is unable to safely do either. Patient is not bedfast—is able to tolerate being out of bed.]

### (5) Improvement in Bed Transferring

**(M1850) Transferring, continued**

- 4-Bedfast, unable to transfer but is able to turn and position self in bed  
[Patient is confined to bed, either per physician restriction or due to inability to tolerate being out of bed. Able to turn and position self in bed—safely, ALONE with no assistance, supervision, or cueing.]
- 5-Bedfast, unable to transfer and is unable to turn and position self  
[Patient is confined to bed, either per physician restriction or due to inability to tolerate being out of bed. Requires assistance, supervision, or cueing to safely turn and position in bed.]

### (5) Improvement in Bed Transferring

**OASIS Guidance & Documentation Tips:**

- Combine observation/interview approach with patient/caregiver for most accurate response for M1850:
  - Ask the patient about bed-to-chair (& back to chair) difficulties—the patient’s perception provides information for care planning and goal setting.
  - How often have you been out of the chair/bed today?
  - Who assists you with getting in and out of bed?
  - Do you use a walker, cane when you get in and out of bed?
  - Do you have difficulty getting up from your bed, chair, couch, recliner?
- Direct observation is the preferred assessment strategy. Observe the patient during this specific transfer (supine on current sleeping surface to seated on a second surface and then back to the sleeping surface)

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### (5) Improvement in Bed Transferring

**OASIS Guidance & Documentation Tips:**

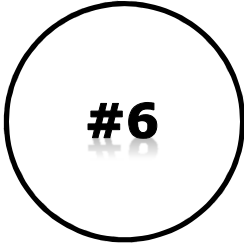
- Assess amount of assistance/supervision/cueing that is required for safe transfer
- Describe what patient is actually doing—but “actual performance” does not equate to ability. Select response that describes level at which patient is able to safely transfer
- “Bedfast” refers to being confined to the bed, either per physician restriction or due to patient’s inability to tolerate being out of the bed. For example, a quadriplegic patient may be unable to turn and position, but if that patient can tolerate being up in a chair, select Response 3
- Do not include other types of transfers (such as car transfers, floor transfers, seated surface to another seated surface, etc.)
- Taking extra time and pushing up from chair with both arms should not be equated with use of an assistive device. Focus is not on the patient’s speed... describe patient’s ability to safely complete this activity

### (5) Improvement in Bed Transferring

**OASIS Guidance & Documentation Tips:**

- To ensure achievement of the “Improvement in Bed Transferring” outcome:
  - Develop a specific care plan with the goal to move patient to a higher level of ability
    - For example, when patient requires BOTH minimal human assist AND an assistive device at SOC, be sure to accurately select Response 2. Determine services/interventions to eliminate need for assist AND device by Discharge
    - Response 1, 2, 3, 4, 5: Consider OT/PT for transfer training, safety training and equipment recommendation
  - Be purposeful in planning to move the patient up at least one response level

Improvement  
in Bathing



### (6) Improvement in Bathing

**OASIS Guidance Manual – Chapter 3:**

- (M1830) Bathing identifies the patient’s ability to bathe entire body and the assistance that may be required to safely bathe, including transferring in/out of the tub/shower

**Report the patient’s ABILITY to safely get in/out of the tub/shower and bathe entire body on the day of assessment**

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- Ability does not equate to “actual performance”
- Day of Assessment is the 24 hrs immediately preceding the visit plus the time in the home
- When ability or status varies on day of assessment, report “usual status” (what is true >50% of the time)
- “Assistance” includes physical contact, verbal cueing, and supervision from another person

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### (6) Improvement in Bathing

- Ability can be temporarily or permanently limited by many factors including these listed. Document patient-specific factors in the assessment.
  - 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 (for example, stairs, narrow doorways, location of tub/shower, wash basin/sink)
- Excludes washing face and hands and shampooing hair
- 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 (for example, no functional tub/shower in home)
- If patient is medically restricted from stairs and only tub/shower is upstairs, patient is temporarily unable to bathe in tub/shower

### (6) Improvement in Bathing

**(M1830) Bathing**

- 0-Able to bathe self in shower or tub independently, including getting in and out of tub/shower  
[Patient is safely able to get in and out of tub/shower AND safely bathe entire body ALONE with no assistive devices (no human assistance, supervision, or cueing).]
- 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  
[Patient is safely able to get in and out of tub/shower AND safely bathe entire body ALONE while using assistive devices (no human assistance, supervision, or cueing).]



### (6) Improvement in Bathing

**(M1830) Bathing, continued**

- 2-Able to bathe in shower or tub with the intermittent assistance of another person:
  - (a) for intermittent supervision or encouragement or reminders, OR
  - (b) to get in and out of the shower or tub, OR
  - (c) for washing difficult to reach areas
 [Patient requires intermittent assistance, supervision, or cueing to get safely in/out of the tub/shower and/or to safely bathe entire body. Response 2 is appropriate if the patient requires one, two, or all three of the options listed in the item (a, b, and/or c). However, if continuous assistance/supervision/cueing is required, select Response 3.]
- 3-Able to participate in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision
  - [Patient is participating in this activity, but requires continuous assistance/supervision to safely get in/out of tub/shower and to safely bathe.]

### (6) Improvement in Bathing

**(M1830) Bathing, continued**

- 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
  - [Patient is unable to safely bathe in tub/shower, but is able to safely and independently bathe at an alternate location, including independently accessing water at the sink, or setting up a basin. No human assistance, supervision or cueing is needed.]
- 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
  - [Patient is unable to safely bathe in tub/shower, but is able to participate in bathing at an alternate location. Intermittent or continuous assistance, supervision, or cueing is needed to complete this activity.]

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### (6) Improvement in Bathing

**(M1830) Bathing, continued**

- 6-Unable to participate effectively in bathing and is bathed totally by another person
  - [Patient is unable to participate effectively in bathing and is bathed entirely by another person, regardless of where the bathing occurs or whether the patient has a functioning tub or shower.]

### (6) Improvement in Bathing

**OASIS Guidance & Documentation Tips:**

- Combine observation/interview approach with patient/caregiver for most accurate response for M1830:
  - Ask the patient what type of assistance is needed to wash entire body in tub or shower.
    - How often do you bathe? Where do you bathe? (shower, tub, sponge)
    - What type of equipment is in your shower? Bathtub? (tub seat, shower chair, handheld shower, long handle sponge, grab bars)
    - Who assists you with bathing?
  - Direct observation is the preferred assessment strategy. Observe patient's general appearance for recent ability to bathe independently and safely. Observe patient actually stepping into shower or tub to determine how much assistance is needed.

### (6) Improvement in Bathing

**OASIS Guidance & Documentation Tips:**

- Describe what patient is actually doing—but “actual performance” does not equate to ability. Select response that describes level at which patient is able to safely complete bathing activities
- To ensure achievement of the “Improvement in Bathing” outcome:
  - Develop a specific care plan with the goal to move the patient to a higher level of ability.
    - For example, Response 6 at SOC – patient is non-participatory and is bathed entirely by assisting person. Determine services/interventions that enable patient to participate with assistance at Discharge (for example, Response 2, 3, or 5)
    - Response 2, 3, 4, 5: Consider OT for bathing training, equipment recommendation
  - Be purposeful in planning to move the patient up at least one response level.

### (6) Improvement in Bathing

**OASIS Guidance & Documentation Tips:**

- When response at SOC/ROC is Response 5, in order to show Improvement in Bathing at Discharge:
  - The POC would include interventions that result in the patient needing NO assist, supervision, or cueing while at sink/chair including setting up water (Response 4)
    - Able to safely bathe ALONE
- <OR>
  - The POC would include interventions that result in the patient able to safely use tub/shower with:
    - Continuous assistance (Response 3), or
    - Intermittent assistance (Response 2), or
    - No human assist/supervision but with assistive devices (Response 1), or
    - No human assist/supervision and with no assistive devices (Response 0)

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Improvement  
in Pain  
Interfering  
with Activity



### (7) Improvement in Pain Interfering with Activity

**OASIS Guidance Manual – Chapter 3:**

- (M1242) Frequency of Pain Interfering identifies frequency with which pain interferes with patient’s activities, with treatment if prescribed
- **Pain interferes with activity when the pain:**
  - 1) Results in the activity being performed less often than otherwise desired, (and/or)
  - 2) Requires the patient to have additional assistance in performing the activity, (and/or)
  - 3) Causes the activity to take longer to complete
- Include all activities—sleeping, recreational activities, watching television—not just ADLs
- Include all types & sources of pain—including musculoskeletal, surgical, cardiac, pain of depression, migraine, UTI, phantom pain—when determining which activities are affected or limited by pain

**(7) Improvement in Pain Interfering with Activity**

- Review medications for treatments (such as nitroglycerin or muscle relaxants) that could indicate presence of pain
- Do not overlook seemingly unrelated symptoms (for example, patient reports recent incontinence due to tendency to remain seated and reluctance to go to bathroom in order to avoid pain associated with position change and ambulation)
- Treatment of pain (pharmacologic and non-pharmacologic) must be considered when evaluating whether pain interferes with activity or movement
- Pain that is well-controlled with treatment may not interfere with activity or movement

**The focus of M1242 is more about  
ACTIVITY ASSESSMENT  
and the effect of pain on activity/movement  
than an evaluation of the  
presence or absence of pain itself**

**(7) Improvement in Pain Interfering with Activity**

**(M1242) Frequency of Pain Interfering with patient's activity or movement**

- 0-Patient has no pain  
[Would indicate that on the day of assessment, the patient did not experience pain BUT ALSO that this pain-free state was NOT a result of avoidance/restriction/limitation of activity.]
- 1-Patient has pain that does not interfere with activity or movement  
[Might be appropriate response in a situation where the patient's pain is well-controlled with treatment to the extent that there are NO pain-related restrictions or limitations in the patient's ability to perform activity or movement.]

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**(7) Improvement in Pain Interfering with Activity**

**(M1242) Frequency of Pain Interfering with patient's activity or movement, continued**

- 2-Less often than daily  
[Remember that this response does NOT indicate the patient is experiencing pain "less often than daily" – rather, Response 2 indicates that patient's activity/movement is affected/interfered by pain. But not every day.]
- 3-Daily, but not constantly  
[This response indicates that patient's activity/movement is affected/interfered by pain every day, but there are times of the day (and/or activities that occur) for which pain is not a limiting factor.]

**(7) Improvement in Pain Interfering with Activity**

**(M1242) Frequency of Pain Interfering with patient's activity or movement, continued**

- 4-All of the time  
[This response indicates that patient's activity/movement is affected/interfered by pain at all times. "At all times" means constantly throughout the day and night with little or no relief. Pain also interferes when a patient stops performing an activity in order to avoid pain. For pain to be interfering "all the time" the frequency of the activity that was stopped to avoid pain must collectively represent all the hours of the day/night. Pain must wake the patient frequently at night. (An example of a patient for whom this response might be selected is a patient with osteoarthritis who avoids ambulation and spends most of the day in a relatively small portion of the house due to severe pain in both knees and hips. This same patient awakes several times during the night to reposition in an effort to relieve back and hip pain.)]

**(7) Improvement in Pain Interfering with Activity**

**OASIS Guidance & Documentation Tips:**

- Combine observation/interview approach with patient/caregiver for most accurate response to M1860:
  - Were is your pain located?
  - Rate your pain on a scale of 1-10
    - Patient completely eliminates pain with medication, clinician may not automatically assume no pain-related activity interference.
    - Evaluate patient's normal/desired activity and determine if there are any activities being performed less often than desired, requiring additional assistance, or taking longer to complete. THEN determine if pain is a factor in activity restriction/modification.
    - Be alert to non-verbal reactions to pain.
  - What activity/movement increases your pain?
  - How often have you been out of the chair/bed today?

**(7) Improvement in Pain Interfering with Activity**

**OASIS Guidance & Documentation Tips:**

- To ensure achievement of the "Improvement in Pain Interfering with Activity" outcome:
  - Develop a specific care plan with the goal to move patient to a higher level of ability.
    - Implement SN education for increased adherence with medication regimen, or environmental modification.
    - Response 2, 3, 4: Consider OT/PT for pain management, functional mobility, activity modification, equipment recommendation.
  - Be purposeful in planning to move the patient up at least one response level.

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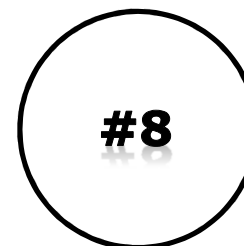
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**(7) Improvement in Pain Interfering with Activity**

**Thorough Pain Assessment is Key to Optimal Outcome**

- Pain-related diagnoses and medications typically prescribed for pain
- Identification of times when pain is most severe, times when best relieved
- Exacerbating factors (such as with ambulation, changes in temperature, positional pain due to immobility, etc.)
- Activities that pain prevents, inhibits, or affects (such as sleep, dressing, bathing, ambulation, toileting, gardening, social activities with family, etc.)
- Non-verbal signs of pain
- Identification that patient may be eliminating/modifying/restricting/avoiding an activity in order to avoid pain (and therefore may report very little or no pain even though pain does interfere with activity)

Improvement in Dyspnea



**(8) Improvement in Dyspnea**

**OASIS Guidance Manual – Chapter 3:**

- (M1400) Short of Breath identifies the level of exertion / activity that results in a patient’s dyspnea or shortness of breath

**Identify the “level of exertion” that results in shortness of breath on the day of assessment**

**Direct observation is the preferred assessment strategy (observe for dyspnea during exertive activities rather than select a response based on patient’s subjective response in interview)**

**(8) Improvement in Dyspnea**

Assessment for dyspnea with or without oxygen?

- Continuous use of oxygen: select the response based on the patient’s shortness of breath while using oxygen
- Intermittent use of oxygen: select the response based on the patient’s shortness of breath WITHOUT the use of oxygen
- The response is based on the patient’s actual use of oxygen in the home, not on the physician’s oxygen order

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**(8) Improvement in Dyspnea**

**(M1400) Short of Breath**

- 0-Patient is not short of breath  
[On the day of assessment, there is no level of exertion identified that results in shortness of breath. This response should not be automatically selected because a seated patient is not currently exhibiting shortness of breath <OR> based solely on patient or caregiver denial of dyspnea. The assessing clinician would observe patient throughout assessment and during a variety of exertive activities. This response would also be appropriate in situations where a patient has completely eliminated/avoided specific dyspnea-inducing activities and/or has already made accommodations such as sleeping with head of bed elevated. This response is most appropriate when a patient requires no home health interventions related to shortness of breath.]

**(8) Improvement in Dyspnea**

**(M1400) Short of Breath, continued**

- 1-When walking more than 20 feet, climbing stairs  
[This response indicates patient exhibits shortness of breath only during taxing activities such as these listed—more effort or exertion is required to elicit shortness of breath than those activities described as moderate. Clinician should use the examples and clinical judgment to determine/evaluate amount of effort that results in dyspnea.]
- 2-With moderate exertion (for example, while dressing, using commode or bedpan, walking distances less than 20 feet)  
[Patient becomes short of breath during activities that typically involve large muscles, movement, and/or moderate effort.]

### (8) Improvement in Dyspnea

**(M1400) Short of Breath, continued**

- 3-With minimal exertion (for example, while eating, talking, or performing other ADLs) or with agitation [Patient becomes short of breath with very little activity, effort, or movement. The activities listed in this response represent something more than “at rest” but less than “moderate” (the examples listed and similar activities may be used to determine amount of effort). For example, if while dressing, the patient becomes short of breath while simply lifting an arm into a sleeve or bending over to tie a shoe—even though “dressing” is listed in Response 2—the clinician may select Response 3 because minimal effort resulted in dyspnea. “Other ADLs” means those requiring minimal effort.]

### (8) Improvement in Dyspnea

**(M1400) Short of Breath, continued**

- 4-At rest (during day or night)  
 [This response does not require nor indicate that the patient is continuously short of breath, although this response would be appropriate in that situation. Rather, it indicates that the patient exhibits shortness of breath while at rest at any time on the day of assessment.]

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### (8) Improvement in Dyspnea

**OASIS Guidance & Documentation Tips:**

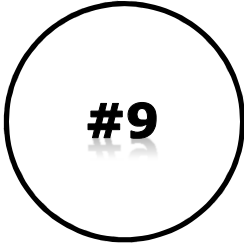
- Combine observation/interview approach with patient/caregiver for most accurate response for M1400.
- Ask patient/caregiver to recall dyspnea that occurred in past 24 hours and the type/level of exertion that caused it.
  - What new or infrequent activity did you perform today which caused or increased shortness of breath?
  - How often have you been out of the bed/chair today? When was the last time you walked?
  - How far do you walk before you become short of breath?
- Direct observation is the preferred assessment strategy. Observe patient throughout assessment for dyspnea—especially exertive activities such as ambulation, transfer, etc.

### (8) Improvement in Dyspnea

**OASIS Guidance & Documentation Tips:**

- To ensure achievement of the “Improvement in Dyspnea” outcome:
  - Carefully assess for the level of exertion that results in shortness of breath.
  - Response selection should not be based solely on the patient’s subjective description of dyspnea, although patient’s perception is important for care planning and goal setting.
  - Develop a specific care plan with the goal to move the patient to a higher response level (for example, if patient is Response 3 at SOC, determine services/interventions that could enable patient to improve tolerance of minimally exertive activities without becoming short of breath so that patient can be identified with Response 0, 1, or 2 at Discharge).
  - Response 1, 2, 3, 4: Consider OT/PT for diaphragmatic breathing, energy conservation into daily routines, endurance training.
  - Be purposeful in planning to move the patient up at least one response level.

Acute Care Hospitalization



### (9) Acute Care Hospitalization

**● Claims-Based Outcome Measure:**

- The “Acute Care Hospitalization” outcome:
  - Is applicable to patients for whom traditional (fee-for-service) Medicare is the payer
  - Percentage of home health stays in which patients were admitted to an acute care hospital during the 60 days following the start of home health
  - Is calculated based on the first home health claim that starts an episode of care for a patient
- EXCLUSIONS:
  - 1) Patients who are not continuously enrolled in traditional Medicare for the 60 days following the start of the home health stay or until death
  - 2) Patients who are not continuously enrolled in traditional Medicare for the 6 months prior to the home health stay

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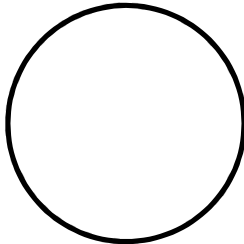
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### (9) Acute Care Hospitalization

**Tips for intentional accuracy:**

- Identify patients who are at risk for hospitalization
  - (M1033) Risk for Hospitalization
- There are no OASIS items that contribute to this hospital claims-based outcome directly
  - However, remember that several OASIS-based outcomes including 4 Potentially Avoidable Events are calculated from accurate responses to:
    - (M2300) Emergent Care, and
    - (M2310) Reason for Emergent Care
    - Emergent care utilization is a strong predictor of risk for hospitalization
- Care Plan specifically to mitigate risk & manage patient safely at home
  - Fall Prevention and Home Safety (consider OT/PT)

Recerts,  
Routine Visits,  
and Unexpected  
Discharges



### Recerts & Routine Visits

- Document in EVERY Recert & Routine Visit
  - Drug teaching performed at this visit and patient and/or caregiver's retained knowledge of other medications
    - Address all medications!
  - New information regarding patient's receipt of Flu Vaccine
  - Progress toward "Improvement" goals
  - ACH risk mitigation
    - Identification of new ACH risks
    - Implementation of interventions to reduce risk
    - Follow-up & interdisciplinary care coordination

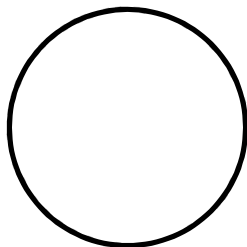
### Unexpected Discharges

- Discharge planning begins at SOC – communicate to patient/caregiver that a final visit will be performed in the patient's home at end of care
- Eliminate all unnecessary "non-visit" discharge situations
  - When a home visit is not possible at Discharge, guidance instructs that the RFA 9-Discharge be completed by the last qualified clinician to see the patient in the home
    - Potential negative impact on outcomes
    - Especially problematic when all visits made after the SOC or ROC were performed by an LVN/LPN (Discharge responses would match the SOC/ROC responses – no improvement captured)
  - An acceptable non-visit situation occurs when agency is physically unable to assess patient due to move out of area



### Questions?

(Refer to handout for  
Resources &  
Bonus Material)

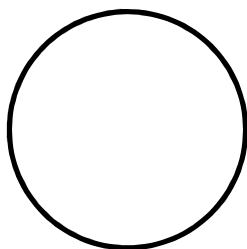


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## Resources



## Resources: OASIS

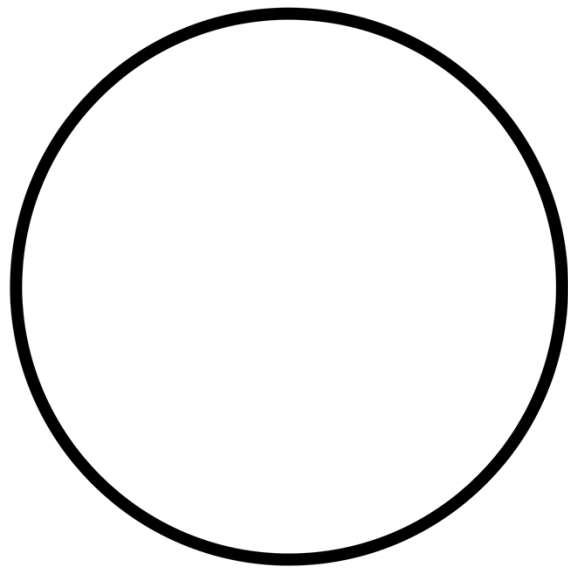
Accuracy in OASIS data requires in-depth knowledge of CMS' *OASIS Guidance Manual*. Home health clinicians must know the "Conventions for Completing OASIS" found in chapter 1 and the item-specific guidance detailed in chapter 3. Additionally, frequent review of the OASIS Q&As is essential to ensure compliance with up-to-date response-specific instruction. For information about claims-based outcome measures, refer to CMS' *Quality Measures* resources below:

- **OASIS-C Guidance Manual**  
(<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment/HomeHealthQualityInits/HHQIOASISUserManual.html>)
- **OASIS Q&As** (<https://www.qtso.com/hhatrain.html>)
- **Quality Measures Tables, Technical Documents, & Risk Adjustment** (<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIQualityMeasures.html>)

## Resources: Home Health Compare & Star Ratings

- **CMS Home Health Star Ratings: for "Quality of Patient Care Star Rating"**  
<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIHomeHealthStarRatings.html>
- **HHCAHPS (Consumer Assessment of Healthcare Providers & Systems – Home Health): for "Patient Survey Star Rating"**  
<https://homehealthcahps.org>
- **Home Health Compare**  
<http://www.medicare.gov/homehealthcompare/search.html>

Bonus  
Material  
(review of  
Provider Preview  
Report & rating  
methodology)



# Sample “Provider Preview Report”

- [First page] Identifies the reporting period, agency’s Overall Star Rating, and date the rating will be published on Home Health Compare



## Quality of Patient Care Star Rating Provider Preview Report

Based on completed quality episodes with end-of-care OASIS assessment dates from January 1, 2014 through December 31, 2014 and claims data with through dates from October 1, 2013 through September 30, 2014

|                                                                            |
|----------------------------------------------------------------------------|
| Rating for JW Blues Home Health Agency (9999999)<br>Baton Rouge, Louisiana |
| Overall Star Rating                                                        |
| ★★½ (2.5 stars)                                                            |

The Overall Star Rating will be displayed on Home Health Compare (HHC) in July 2015.

# Sample “Provider Preview Report”

## ● [Last page] Scorecard

Quality of Patient Care Star Rating Scorecard<sup>1</sup> JW Blues Home Health Agency (999999) Baton Rouge, Louisiana

|    |                                                         | Measure Score Cut Points by Initial Decile Rating |                                   |                                      |                                   |                                    |                  |                             |                    |                      |  |  |
|----|---------------------------------------------------------|---------------------------------------------------|-----------------------------------|--------------------------------------|-----------------------------------|------------------------------------|------------------|-----------------------------|--------------------|----------------------|--|--|
| 1  | Initial Decile Rating                                   | Timely initiation of care                         | Drug education on all medications | Received flu shot for current season | Improved walking or moving around | Improved getting in and out of bed | Improved bathing | Had less pain moving around | Breathing improved | Admitted to hospital |  |  |
| 2  | 0.5                                                     | 0.0-79.9                                          | 0.0-80.0                          | 0.0-45.1                             | 0.0-43.5                          | 0.0-35.3                           | 0.0-45.7         | 0.0-43.2                    | 0.0-33.0           | 20.0-100.0           |  |  |
| 3  | 1.0                                                     | 80.0-85.6                                         | 80.1-88.0                         | 45.2-58.9                            | 43.6-50.6                         | 35.4-43.1                          | 45.8-54.5        | 43.3-53.6                   | 33.1-46.5          | 18.2-19.9            |  |  |
| 4  | 1.5                                                     | 85.7-88.9                                         | 88.1-91.9                         | 59.0-66.3                            | 50.7-55.0                         | 43.2-48.6                          | 54.6-59.7        | 53.7-59.2                   | 46.6-54.6          | 17.1-18.1            |  |  |
| 5  | 2.0                                                     | 89.0-91.1                                         | 92.0-94.4                         | 66.4-71.5                            | 55.1-58.3                         | 48.7-52.5                          | 59.8-63.5        | 59.3-63.1                   | 54.7-60.1          | 16.2-17.0            |  |  |
| 6  | 2.5                                                     | 91.2-93.0                                         | 94.5-95.9                         | 71.6-75.6                            | 58.4-60.8                         | 52.6-55.9                          | 63.6-66.5        | 63.2-66.4                   | 60.2-64.2          | 15.3-16.1            |  |  |
| 7  | 3.0                                                     | 93.1-94.6                                         | 96.0-97.1                         | 75.7-79.0                            | 60.9-63.3                         | 56.0-59.0                          | 66.6-69.2        | 66.5-69.9                   | 64.3-67.8          | 14.4-15.2            |  |  |
| 8  | 3.5                                                     | 94.7-95.9                                         | 97.2-98.1                         | 79.1-82.4                            | 63.4-66.0                         | 59.1-62.1                          | 69.3-72.2        | 70.0-73.8                   | 67.9-71.2          | 13.3-14.3            |  |  |
| 9  | 4.0                                                     | 96.0-97.2                                         | 98.2-99.0                         | 82.5-86.6                            | 66.1-69.1                         | 62.2-65.6                          | 72.3-75.6        | 73.9-78.9                   | 71.3-75.0          | 11.9-13.2            |  |  |
| 10 | 4.5                                                     | 97.3-98.6                                         | 99.1-99.9                         | 86.7-91.9                            | 69.2-74.3                         | 65.7-71.1                          | 75.7-81.0        | 79.0-86.5                   | 75.1-80.3          | 10.0-11.8            |  |  |
| 11 | 5.0                                                     | 98.7-100.0                                        | 100.0-100.0                       | 92.0-100.0                           | 74.4-100.0                        | 71.2-100.0                         | 81.1-100.0       | 86.6-100.0                  | 80.4-100.0         | 0.0-9.9              |  |  |
| 12 | Your HHA Score                                          | 100.0                                             | 97.3                              | NA                                   | 45.9                              | 18.1                               | 31.3             | NA                          | NA                 | NA                   |  |  |
| 13 | Your Initial Decile Rating                              | 5.0                                               | 3.5                               | NA                                   | 1.0                               | 0.5                                | 0.5              | NA                          | NA                 | NA                   |  |  |
| 14 | Your Number of Cases (N)                                | 39                                                | 37                                | 15                                   | 25                                | 23                                 | 25               | 18                          | 18                 | 17                   |  |  |
| 15 | National (All HHA) Median                               | 93.0                                              | 96.0                              | 75.6                                 | 60.9                              | 60.0                               | 66.6             | 66.4                        | 64.3               | 15.3                 |  |  |
| 16 | Your Statistical Test Probability Value (p-value)       | 0.059                                             | 0.561                             | NA                                   | 0.065                             | 0.000                              | 0.000            | NA                          | NA                 | NA                   |  |  |
| 17 | Your Statistical Test Results (Is the p-value ≤ 0.050?) | No                                                | No                                | NA                                   | No                                | Yes                                | Yes              | NA                          | NA                 | NA                   |  |  |
| 18 | Your HHA Adjusted Rating                                | 4.5                                               | 3.0                               | NA                                   | 1.5                               | 0.5                                | 0.5              | NA                          | NA                 | NA                   |  |  |
| 19 | Your Average Adjusted Rating                            | 2.0                                               |                                   |                                      |                                   |                                    |                  |                             |                    |                      |  |  |
| 20 | Your Average Adjusted Rating Rounded                    | 2.0                                               |                                   |                                      |                                   |                                    |                  |                             |                    |                      |  |  |
| 21 | Your Quality of Patient Care Star Rating (1.0 to 5.0)   | ★★ ½ (2.5 stars)                                  |                                   |                                      |                                   |                                    |                  |                             |                    |                      |  |  |

<sup>1</sup> OASIS data from January 1, 2014 through December 31, 2014 and claims data from October 1, 2013 through September 30, 2014.

# Sample “Provider Preview Report”

## ● [Last page] Scorecard

|                       |     | Measure Score Cut Points by Initial Decile Rating |                                   |                                      |                                   |                                    |                  |                             |                    |                      |  |
|-----------------------|-----|---------------------------------------------------|-----------------------------------|--------------------------------------|-----------------------------------|------------------------------------|------------------|-----------------------------|--------------------|----------------------|--|
| Initial Decile Rating |     | Timely initiation of care                         | Drug education on all medications | Received flu shot for current season | Improved walking or moving around | Improved getting in and out of bed | Improved bathing | Had less pain moving around | Breathing improved | Admitted to hospital |  |
| 1                     | 0.5 | 0.0-79.9                                          | 0.0-80.0                          | 0.0-45.1                             | 0.0-43.5                          | 0.0-35.3                           | 0.0-45.7         | 0.0-43.2                    | 0.0-33.0           | 20.0-100.0           |  |
| 2                     | 1.0 | 80.0-85.6                                         | 80.1-88.0                         | 45.2-58.9                            | 43.6-50.6                         | 35.4-43.1                          | 45.8-54.5        | 43.3-53.6                   | 33.1-46.5          | 18.2-19.9            |  |
| 3                     | 1.5 | 85.7-88.9                                         | 88.1-91.9                         | 59.0-66.3                            | 50.7-55.0                         | 43.2-48.6                          | 54.6-59.7        | 53.7-59.2                   | 46.6-54.6          | 17.1-18.1            |  |
| 4                     | 2.0 | 89.0-91.1                                         | 92.0-94.4                         | 66.4-71.5                            | 55.1-58.3                         | 48.7-52.5                          | 59.8-63.5        | 59.3-63.1                   | 54.7-60.1          | 16.2-17.0            |  |
| 5                     | 2.5 | 91.2-93.0                                         | 94.5-95.9                         | 71.6-75.6                            | 58.4-60.8                         | 52.6-55.9                          | 63.6-66.5        | 63.2-66.4                   | 60.2-64.2          | 15.3-16.1            |  |
| 6                     | 3.0 | 93.1-94.6                                         | 96.0-97.1                         | 75.7-79.0                            | 60.9-63.3                         | 56.0-59.0                          | 66.6-69.2        | 66.5-69.9                   | 64.3-67.8          | 14.4-15.2            |  |
| 7                     | 3.5 | 94.7-95.9                                         | 97.2-98.1                         | 79.1-82.4                            | 63.4-66.0                         | 59.1-62.1                          | 68.3-72.2        | 70.0-73.8                   | 67.9-71.2          | 13.3-14.3            |  |
| 8                     | 4.0 | 96.0-97.2                                         | 98.2-99.0                         | 82.5-86.6                            | 66.1-69.1                         | 62.2-65.6                          | 72.3-75.6        | 73.9-78.9                   | 71.3-75.0          | 11.9-13.2            |  |
| 9                     | 4.5 | 97.3-98.6                                         | 99.1-99.9                         | 86.7-91.9                            | 69.2-74.3                         | 65.7-71.1                          | 75.7-81.0        | 79.0-86.5                   | 75.1-80.3          | 10.0-11.8            |  |
| 10                    | 5.0 | 98.7-100.0                                        | 100.0-100.0                       | 92.0-100.0                           | 74.4-100.0                        | 71.2-100.0                         | 81.1-100.0       | 86.8-100.0                  | 80.4-100.0         | 0.0-9.9              |  |

- The top section (rows 2-11) in each column describes the decile cut points for that measure
- All HHAs’ scores for each measure are sorted low to high and divided into 10 approximately equal sized groups

# Sample “Provider Preview Report”

## ● [Last page] Scorecard

|    |                            |       |      |      |      |      |      |      |      |      |
|----|----------------------------|-------|------|------|------|------|------|------|------|------|
| 12 | Your HHA Score             | 100.0 | 97.3 | NA   | 45.9 | 18.1 | 31.3 | NA   | NA   | NA   |
| 13 | Your Initial Decile Rating | 5.0   | 3.5  | NA   | 1.0  | 0.5  | 0.5  | NA   | NA   | NA   |
| 14 | Your Number of Cases (N)   | 39    | 37   | 15   | 25   | 23   | 25   | 18   | 18   | 17   |
| 15 | National (All HHA) Median  | 93.0  | 96.0 | 75.6 | 60.9 | 56.0 | 66.6 | 64.3 | 64.3 | 15.3 |

- Row 12 displays the agency’s score for each measure
- Row 13 indicates the initial decile rating for each measure (the decile in that column corresponding to the HHA score)
- Row 14 reflects the number of cases which contained each specific measure
- Row 15 shows the national median value for each measure
- For each measure, Row 12 is compared to Row 15 with a statistical test to determine whether the difference is statistically significant

# Sample “Provider Preview Report”

## ● [Last page] Scorecard

|    |                                                              |       |       |    |       |       |       |    |    |    |
|----|--------------------------------------------------------------|-------|-------|----|-------|-------|-------|----|----|----|
| 16 | Your Statistical Test Probability Value (p-value)            | 0.059 | 0.561 | NA | 0.065 | 0.000 | 0.000 | NA | NA | NA |
| 17 | Your Statistical Test Results (Is the p-value $\leq$ 0.050?) | No    | No    | NA | No    | Yes   | Yes   | NA | NA | NA |
| 18 | Your HHA Adjusted Rating                                     | 4.5   | 3.0   | NA | 1.5   | 0.5   | 0.5   | NA | NA | NA |

● Row 16 displays the p-value from the statistical test

● Row 17 indicates:

- “Yes” if the p-value is  $\leq$  0.050 (the difference between the HHA’s score and the national median for that measure IS statistically significant)
- “No” if the p-value is  $>$  0.050 (the difference between the HHA’s score and the national median for that measure IS NOT statistically significant)
- “NA” if the agency did not have the minimum requirement of 20 cases containing that measure

# Sample “Provider Preview Report”

## ● [Last page] Scorecard

|    |                                                              |       |       |
|----|--------------------------------------------------------------|-------|-------|
| 12 | Your HHA Score                                               | 100.0 | 97.3  |
| 13 | Your Initial Decile Rating                                   | 5.0   | 3.5   |
| 14 | Your Number of Cases (N)                                     | 39    | 37    |
| 15 | National (All HHA) Median                                    | 93.0  | 96.0  |
| 16 | Your Statistical Test Probability Value (p-value)            | 0.059 | 0.561 |
| 17 | Your Statistical Test Results (Is the p-value $\leq$ 0.050?) | No    | No    |
| 18 | Your HHA Adjusted Rating                                     | 4.5   | 3.0   |

- If Row 17 is “Yes”, the initial rating is unchanged
- If Row 17 is “No” AND the initial rating is not already 2.5 or 3 THEN the initial rating is moved one-half star closer to the middle
- Row 18 shows the Adjusted Rating for each measure



# Sample “Provider Preview Report”

- [Last page] Scorecard

|    |                                                       |                 |
|----|-------------------------------------------------------|-----------------|
| 19 | Your Average Adjusted Rating                          | 2.0             |
| 20 | Your Average Adjusted Rating Rounded                  | 2.0             |
| 21 | Your Quality of Patient Care Star Rating (1.0 to 5.0) | ★★½ (2.5 stars) |

- Row 19 displays the average of the nine adjusted ratings (from Row 18)
- In Row 20, the average adjusted rating (displayed in Row 19) is rounded up or down to the nearest half star
- Row 21 identifies the Overall Quality of Patient Care Star Rating (as displayed on page 1 of the report). The rounded value in Row 20 is adjusted up by one-half star to determine the Overall Star Rating