Texas Association for Home Care & Hospice
Leading ★ Advancing ★ Advocating

56th Annual Meeting
Wednesday, August 27, 2025
1:30pm-2:30pm

2a. OASIS DC Outcomes: Driving Success in HHVBP 2025 and Beyond

Presented by:

Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C,
VP Clinical Services, McBee

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OASIS DC Outcomes: Driving Success in HHVBP 2025-2026

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Presenter

Lisa Selman-Holman

VP, Quality & Education

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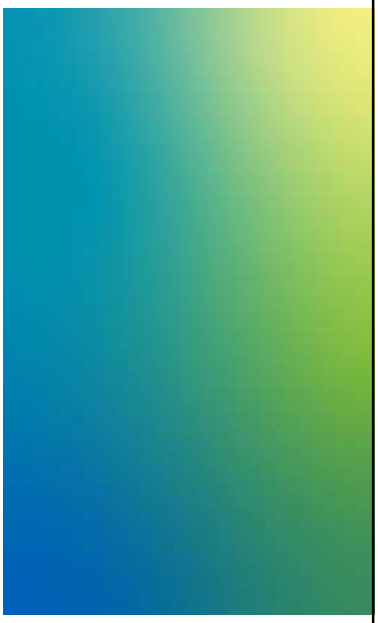
Value Based Purchasing Basics



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What is Value-Based Purchasing?

- The expanded HHVBP Model is designed to **support greater care quality and efficiency** among HHAs nationally.
- Medicare payments made to HHAs are dependent on their performance on a set of quality measures relative to their peers (i.e., value - based payments).
- Divided into small and large cohorts.

Key Metrics

TPS: A numeric score ranging between zero (0) and 100.

APP: Payment adjustment percentage derived from the TPS that ranges between - 5 percent and +5 percent. It is applied to payment for each final Medicare fee - for - service (FFS) claim submitted with a payment episode “through date.”

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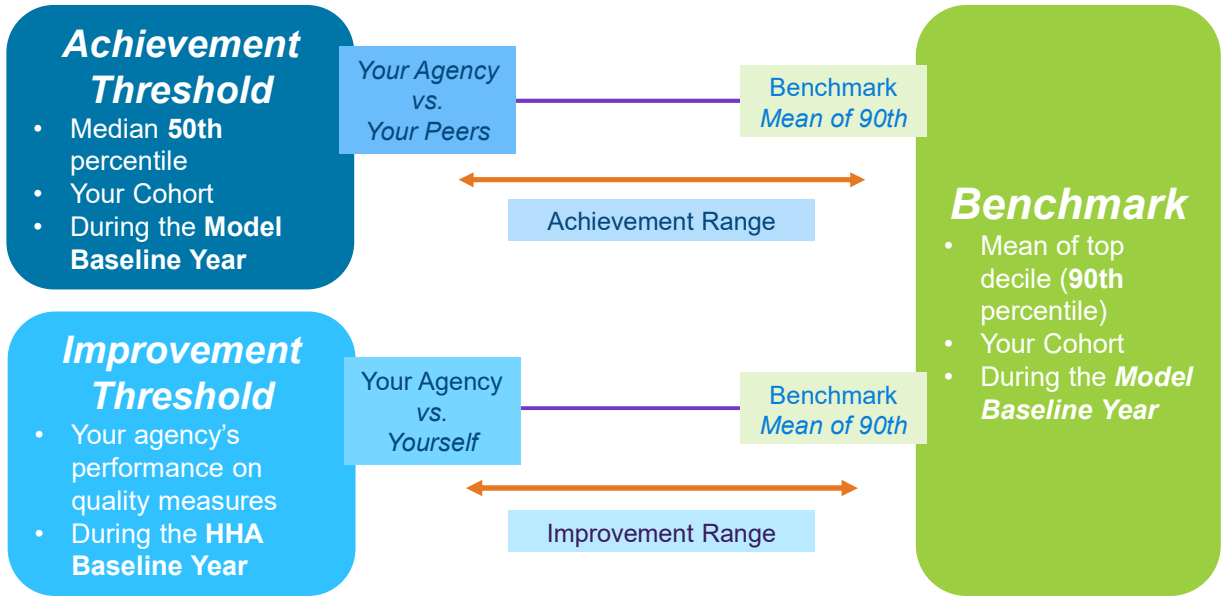
Achievement, Improvement Thresholds & Benchmarks



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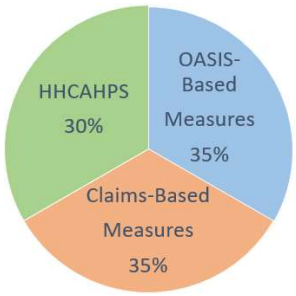
2023/2024 Quality Measures Home Health VBP TPS

OASIS-based Measures	Weight
TNC Self-Care	8.75%
TNC Mobility	8.75%
Oral Meds (M2020)	5.83%
Dyspnea (M1400)	5.83%
Discharge to Community (M2420)	5.83%
Total for OASIS-based Measures	**35.00%**

HHCAHPS Survey Measures	Weight
HHCAHPS Professional Care	6.00%
HHCAHPS Communication	6.00%
HHCAHPS Team Discussion	6.00%
HHCAHPS Overall Rating	6.00%
HHCAHPS Willingness to Recommend	6.00%
Total for HHCAHPS Survey Measures	**30.00%**



Claims-based Measures	Weight
ACH	26.25%
ED Use	8.75%
Total for claims-based Measures	**35.00%**

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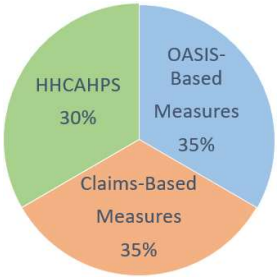
2025: Quality Measures Home Health VBP TPS

OASIS-based Measures	Weight
Discharge Function Self-Care and Mobility (based on GG)	**20%**
Oral Meds (M2020)	9%
Dyspnea (M1400)	6%
Total for OASIS-based Measures	**35.00%**



20
26
+9
55

HHCAHPS Survey Measures	Weight
HHCAHPS Professional Care	6.00%
HHCAHPS Communication	6.00%
HHCAHPS Team Discussion	6.00%
HHCAHPS Overall Rating	6.00%
HHCAHPS Willingness to Recommend	6.00%
Total for HHCAHPS Survey Measures	**30.00%**

Claims-based Measures	Weight
PPH	**26%**
DTC	**9%**
Total for claims-based Measures	**35.00%**

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Reminders: Payers Included in Data

Measure Category	Payer Data Used	Payer Payment Adjustment
OASIS-Based Measures	Medicare FFS Medicare Advantage Medicaid FFS Medicaid Managed Care	Medicare FFS
HHCAHPS Survey-Based Measures	Medicare FFS Medicare Advantage Medicaid FFS Medicaid Managed Care	Medicare FFS
Claims-Based Measures	Medicare FFS	Medicare FFS

VBP Payment only impacts

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Report Timelines

Exhibit 10. Timeline for CY 2023 and CY 2024 Performance Years by Report Type, Measure Category, and Data Period

Performance Year	Report Type	OASIS-based Measures	Claims-based and HHCAHPS Survey-based Measures
CY 2023	July 2023 Interim Performance Report (IPR)	4/1/2022 – 3/31/2023	1/1/2022 – 12/31/2022
	October 2023 IPR*	7/1/2022 – 6/30/2023	4/1/2022 – 3/31/2023
	January 2024 IPR	10/1/2022 – 9/30/2023	7/1/2022 – 6/30/2023
	April 2024 IPR	1/1/2023 – 12/31/2023	10/1/2022 – 9/30/2023
	July 2024 IPR	4/1/2023 – 3/31/2024	1/1/2023 – 12/31/2023
	Annual Performance Report (APR) (CY 2024 APR – in August 2024)	1/1/2023 – 12/31/2023	1/1/2023 – 12/31/2023
CY 2024	July 2024 IPR	4/1/2023 – 3/31/2024	1/1/2023 – 12/31/2023
	October 2024 IPR	7/1/2023 – 6/30/2024	4/1/2023 – 3/31/2024
	January 2025 IPR	10/1/2023 – 9/30/2024	7/1/2023 – 6/30/2024
	April 2025 IPR	1/1/2024 – 12/31/2024	10/1/2023 – 9/30/2024
	July 2025 IPR	4/1/2024 – 3/31/2025	1/1/2024 – 12/31/2024
	Annual Performance Report (APR) (CY 2025 APR – in August 2025)	1/1/2024 – 12/31/2024	1/1/2024 – 12/31/2024

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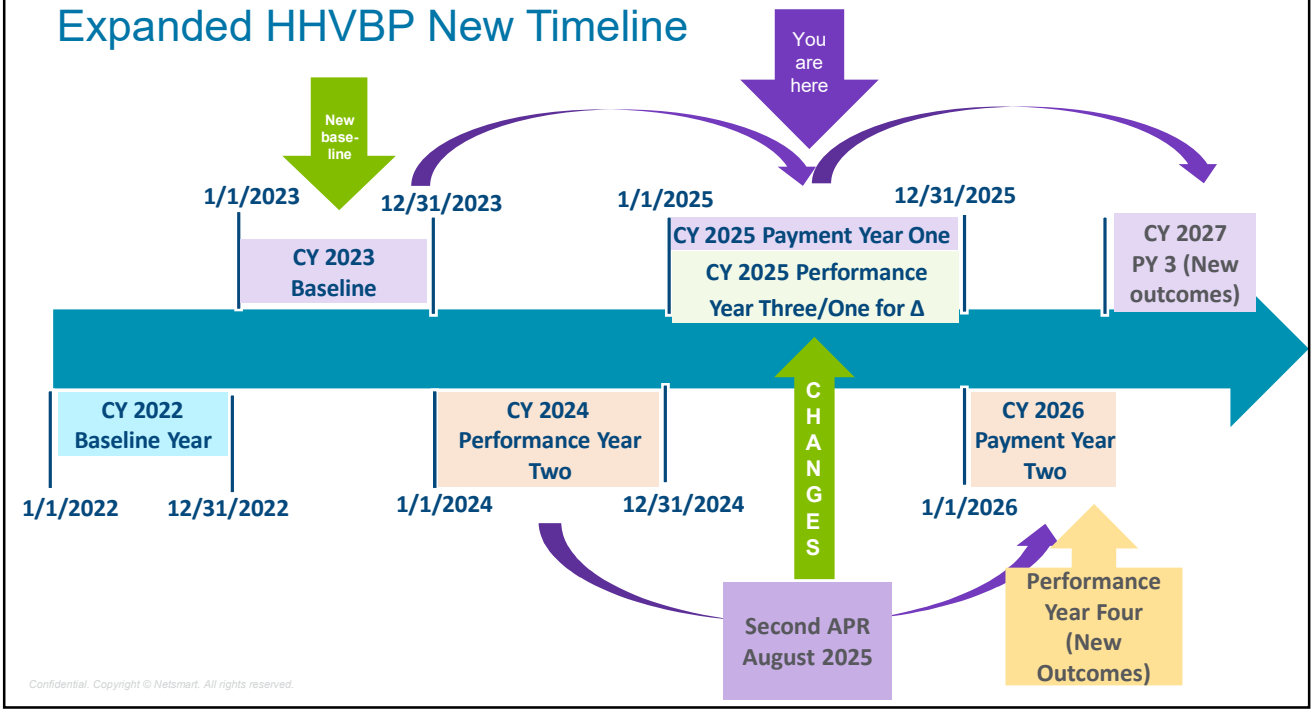
Expanded HHVBP New Timeline



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Annual Performance Review (APR)

- One year of data (January – December)
- Impacts the next year's payment up to +/- 5%
- APR Preview for performance year 2024 out in August
- APR Preliminary
- APR Final in November/December

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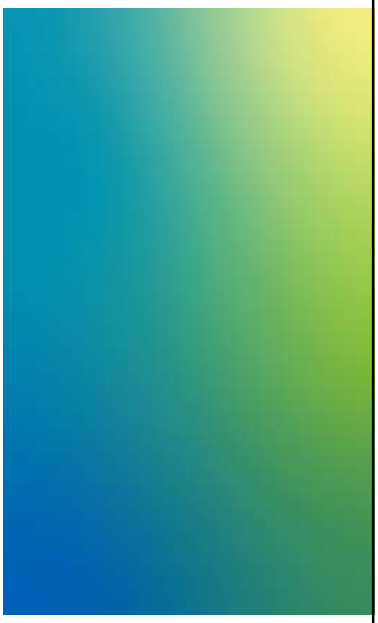
OASIS-Based Outcomes

DC Function
Improvement in Management of Oral Medication
Improvement in Dyspnea



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Which OASIS Items?

Star (Outcome/Process)	PDGM (Payment)	2024 VBP (Outcomes)	2025 VBP (Outcomes)
• M0102/M0104 • M1860 • M1850 • M1830 • M1400 • M2020	• M1033 • M1800 • M1810 • M1820 • M1830 • M1840 • M1850 • M1860	• Composites (TNC) M1800, M1810, M1820, M1830, M1845, M1870 M1840, M1850, M1860 • M1400 • M2020 • M2420	• M1400 • M2020 • GG0130A • GG0130B • GG0130C • GG0170A • GG0170C • GG0170D • GG0170E • GG0170F • GG0170I • GG0170J • GG0170R
	$	+/- 5%	+/- 5%

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M1800 and the GGs

They are not the same!

M1800s

- A. Payment
- B. Star (M1830, M1850, M1860)
- C. Risk adjustment is based on Functional levels (Low. Medium. High)

GG

- Discharge Function 20% of the Total Performance Score Beginning January 2025

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Discharge Function

20% of Total Performance Score

Measure Category	**OASIS-based**
Data Source	**Section GG** – Self-Care [GG0130 three (3) items], Mobility [GG0170 eight (8) items]
Measure Description	Proportion of HHA's episodes where a patient's observed discharge score meets or exceeds their expected discharge score.
Measure Calculation	**Numerator:** Number of quality episodes in an HHA with an observed discharge function score that is equal to or higher than the calculated expected discharge function score. **Observed score: Sum of the individual items at discharge.** **Expected score: Determined by applying a regression equation determined from risk adjustment to each home health episode.** **Denominator:** Total number of home health quality episodes with an OASIS record in the measure target period [four (4) quarters] that do not meet the exclusion criteria. **Measure-specific Exclusions:** Episodes that end with unexpected inpatient facility transfer, death, or discharge to hospice; patient less than 18 years old; coma or vegetative state; episodes less than three (3) days.
Measure Type	End Result Outcome – Health

Observed ≥ **Expected**

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Simplified

Observed Score

- Actual score at DC from responding to 10 (or 9 with wheeling counted twice) GG items with ANAs imputed to 1-6

Expected Score

- All imputed based on responses to ALL GG items and other OASIS items at SOC or ROC.

Observed ≥ Expected

$$\frac{\text{Number of HHA's quality episodes where observed discharge score} \geq \text{expected discharge score}}{\text{Total number of HHA's episodes}} * 100$$

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DC Function Measure: OASIS Items

Item	Item Description
GG0130A	Eating
GG0130B	Oral Hygiene
GG0130C	Toileting Hygiene
GG0170A	Roll Left and Right
GG0170C	Lying to Sitting on Side
GG0170D	Sit to Stand
GG0170E	Chair/Bed-to-Chair Transfer
GG0170F	Toilet Transfer
GG0170I	Walk 10 Feet
GG0170J	Walk 50 Feet with 2 Turns
GG0170R	Wheel 50 Feet with 2 Turns

- 10 GG items used to score 10-60
- The observed discharge function score is the sum of individual function items at discharge if scored with a 1-6.
- If an ANA score is used, the imputation occurs
- Different locomotion items are used if the patient uses a wheelchair than for the remaining patients.

CMS has proposal for change

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Walking vs Wheeling

If:

Walk 10 Feet (GG0170I) has an activity not attempted (ANA) code at both admission **and** discharge **AND**

(ii) either Wheel 50 Feet with 2 Turns (GG0170R) or Wheel 150 Feet (GG0170S) has a code between 1 and 6 at either admission or discharge.

Then:

Multiply the wheel 50 feet score x2

Otherwise use scores from Walk 10 feet + Walk 50 feet

In either case, 10 items are used to calculate a patient's total observed discharge score and score values range from 10 – 60.

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Knee Surgery – Both start as a 29 – What is the expectation?

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Expectation 58

Item	Item Description	
GG0130A	Eating	6
GG0130B	Oral Hygiene	6
GG0130C	Toileting Hygiene	3
GG0170A	Roll Left and Right	2
GG0170C	Lying to Sitting on Side	2
GG0170D	Sit to Stand	2
GG0170E	Chair/Bed-to-Chair Transfer	2
GG0170F	Toilet Transfer	2
GG0170I	Walk 10 Feet	2
GG0170J	Walk 50 Feet with 2 Turns	2
GG0170R	Wheel 50 Feet with 2 Turns	

Expectation 48

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Covariate Groups Used to Risk-Adjust DC Function Score

Age Category (M0066 DOB)	Admission Source (M0100 RFA, M1000)
Admission Function Score (Same as DC)	ALL GG0130 & GG0170 used for Imputation
Body Mass Index (M1060)	Risk for Hospitalization (M1033)
Prior surgery (Z40-Z53)	HCC Comorbidities (M1021, M1023)
Prior Function (GG0100)	Prior Device Use (GG0110)
Pressure Ulcers (M1311)	Incontinence (M1610, M1620)
Cognitive Function (M1700)	Confusion (M1710)
Oral Medication Management Needs (M2020)	Supervision and Safety Sources of Assistance (M2102f)
Availability of Assistance and Living Arrangement (M1100)	

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Risk Adjustment for DC Function Score

- Utilizes a different risk model
- Captured at SOC/ROC and DC
- SOC/ROC coefficients are different
- Includes imputation model
- Began in HHVBP Jan 2025
- Began collecting data in 2023

	GG0130A3	
OASIS	SOC/ROC	DC
Bladder Incontinence: Incontinent	0.0286	0.0242
Bladder Incontinence: Catheter	0.0221	-0.0133

https://www.cms.gov/medicare/quality/home-health/home-health-quality-measures

DC-Function-Imputation-Appendix-HH (XLSX)

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Activity Not Attempted

ANAs get imputed!

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GG Item Response Options

Category	GG Items Response	Response Description
Patient Functional Status Assessed	6	Independent
	5	Setup or clean-up assistance
	4	Supervision or touching assistance
	3	Partial/moderate assistance
	2	Substantial/maximal assistance
	1	Dependent
Activity Not Attempted (ANA) codes	7	Patient refused
	9	Not applicable
	10	Not attempted due to environmental limitations
	88	Not attempted due to medical condition or safety concerns
Other NA codes	^	Skip pattern
	-	Not assessed/no information

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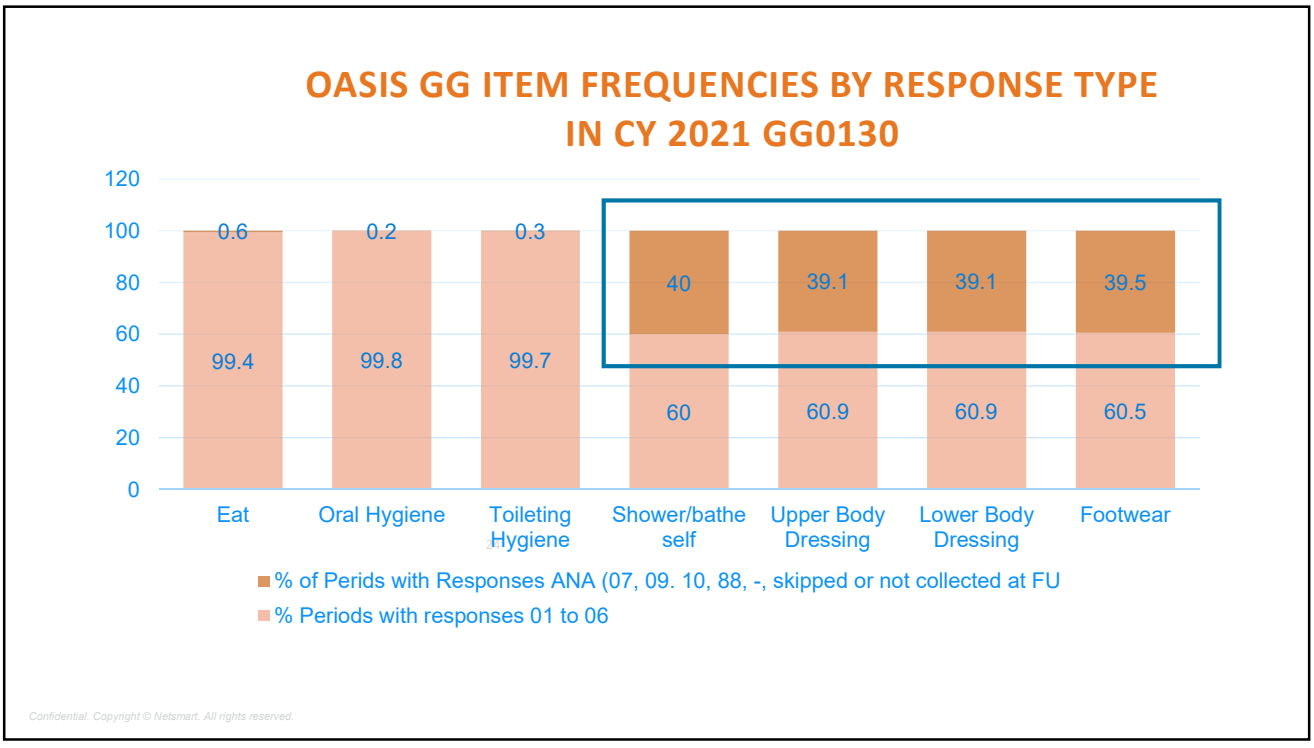

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ANA

Code 07, Patient refused, if the patient refused to complete the activity and no other Performance or "activity not attempted" code is applicable.

Code 09, Not applicable, if the patient did not attempt to perform the activity and did not perform this activity prior to the current illness, exacerbation, or injury.

Code 10, Not attempted due to environmental limitations, if the patient did not attempt this activity due to environmental limitations. Examples include lack of equipment, and weather constraints.

Code 88, Not attempted due to medical condition or safety concerns, if the activity was not attempted due to medical condition or safety concerns, and the activity was completed prior to the current illness, exacerbation, or injury.

A Dash is a valid response for this item. Dash indicates "no information." CMS expects dash use to be a rare occurrence.

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Example

Patient with recent shoulder surgery. Requires walker for safety. Now has platform walker.

Item	Item Description
GG0130A	Eating
GG0130B	Oral Hygiene
GG0130C	Toileting Hygiene
GG0170A	Roll Left and Right
GG0170C	Lying to Sitting on Side
GG0170D	Sit to Stand
GG0170E	Chair/Bed-to-Chair Transfer
GG0170F	Toilet Transfer
GG0170I	Walk 10 Feet
GG0170J	Walk 50 Feet with 2 Turns
GG0170R	Wheel 50 Feet with 2 Turns

Score	Points
06	6
05	5
04	4
88	Imputed
03	3
03	3
03	3
03	3
05	5
88	Imputed
NA	

32 + Imputed

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Example

Patient with recent stroke. Requires helper to wheel wheelchair.
Requires verbal cues for most ADLs with variation of assistance.

Item	Item Description	Score	Points
GG0130A	Eating	04	4
GG0130B	Oral Hygiene	04	4
GG0130C	Toileting Hygiene	03	3
GG0170A	Roll Left and Right	03	3
GG0170C	Lying to Sitting on Side	02	2
GG0170D	Sit to Stand	02	2
GG0170E	Chair/Bed-to-Chair Transfer	01	1
GG0170F	Toilet Transfer	03	3
GG0170I	Walk 10 Feet	88	Imputed
GG0170J	Walk 50 Feet with 2 Turns	88	Imputed
GG0170R	Wheel 50 Feet with 2 Turns	01	1x2

24

ANA at SOC and DC

Count this score twice

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Answering the GG Items is a BIG DEAL!

Activity Not Assessed (ANA) responses are IMPUTED to a 01 to 06 response

Discharge responses are imputed (what should the score be, based on the other info in the assessment?) and compared to the agency response

We do not want CMS guessing for us!

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simple. a Netsmart solution Netsmart mcbee part of Netsmart

2025 Achievement Thresholds and Benchmarks

CY 2025 Measure Set: Final Achievement Thresholds and Benchmarks

Measure	Data Period [b]	Achievement Threshold [c]		Benchmark [c]	
		Smaller-volume Cohort	Larger-volume Cohort	Smaller-volume Cohort	Larger-volu Cohort
OASIS-based Measures					
Discharge Function (DC Function)	12-31-2023	51.355	62.350	91.426	83.179
Improvement in Dyspnea	12-31-2023	83.260	89.672	100.000	99.422
Improvement in Management of Oral Medications	12-31-2023	73.666	85.175	99.997	98.746
Claims-based Measures					
Discharge to Community – Post Acute Care (DTC-PAC)	12-31-2023	75.665	85.161	93.536	95.089
Potentially Preventable Hospitalizations (PPH)	12-31-2023	10.066	10.003	7.565	6.302
HHCAHPS Survey-based Measures					
Care of Patients	12-31-2023	-	89.507	-	94.585
Communications Between Providers and Patients	12-31-2023	-	86.821	-	93.192
Specific Care Issues	12-31-2023	-	82.373	-	91.297
Overall Rating of Home Health Care	12-31-2023	-	86.328	-	94.687
Willingness to Recommend the Agency	12-31-2023	-	80.226	-	91.391

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July IPR

Measure	Baseline Year Data Period [b]	Your HHA's Improvement Threshold	Your HHA's Percentile Ranking Within Your HHA's Cohort [c]	Your HHA's Cohort Statistics [d]			
				25th Percentile	50th Percentile	75th Percentile	99th Percentile
OASIS-based Measures							
Discharge Function (DC Function)	12-31-2023	71.430	≥75	51.180	62.350	70.090	91.260
Improvement in Dyspnea	12-31-2023	88.000	25-49	81.109	89.672	94.382	100.000
Improvement in Management of Oral Medications	12-31-2023	86.040	50-74	75.179	85.175	91.280	100.000
Claims-based Measures							
Discharge to Community – Post Acute Care (DTC-PAC)	12-31-2023	90.780	≥75	73.550	80.510	84.980	92.670
Potentially Preventable Hospitalizations (PPH)	12-31-2023	8.370	50-74	11.720	9.760	8.110	5.080
HHCAHPS Survey-based Measures							
Care of Patients	12-31-2023	88.799	25-49	87.076	89.507	91.524	96.319
Communications Between Providers and Patients	12-31-2023	86.546	25-49	83.649	86.821	89.355	95.123
Specific Care Issues	12-31-2023	85.364	50-74	77.812	82.373	86.020	93.984
Overall Rating of Home Health Care	12-31-2023	86.092	25-49	82.336	86.328	89.659	97.805
Willingness to Recommend the Agency	12-31-2023	79.242	25-49	74.880	80.226	84.714	95.268

Your score in 2023

Median of Peers in 2023

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Strategies

- First and foremost—educate your staff on responding to GG items accurately
- Answer ANA only in limited circumstances
- Utilize therapies
- Quit NBD, BOD, DDC

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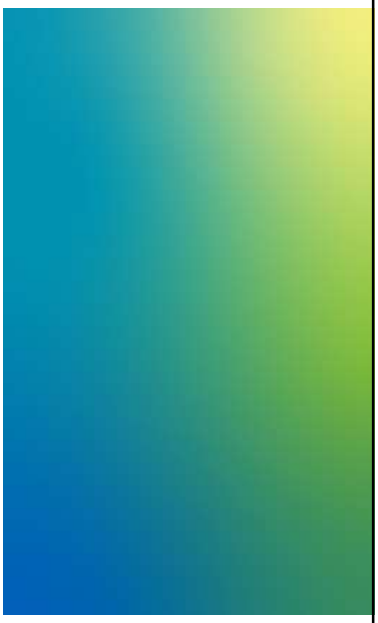
Discharged to Community—Post Acute Care

Claims-Based Measure



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Discharge to Community – Post Acute Care (DTC-PAC)

Category & Source	**Claims–based QM** – from Medicare fee-for-service (FFS) Claims
Measure Description	This measure assesses successful discharge to the community from an HHA, with successful discharge to the community including no unplanned hospitalizations and no death in the 31 days following discharge.
Measure Calculation	**Numerator:** The risk-adjusted estimate of the number of patients who are discharged to the community, do not have an unplanned admission to an acute care hospital (ACH) or long-term care hospital (LTCH) in the 31-day post-discharge observation window, and who remain alive during the post-discharge observation window. **Denominator:** The risk-adjusted expected number of discharges to community. This estimate includes risk adjustment for patient characteristics with the HHA effect removed. The "expected" number of discharges to community is the predicted number of risk-adjusted discharges to community if the same patients were treated at the average HHA appropriate to the measure for home health stays that begin during the **two (2) year observation window**. **Risk-Standardized Rate:** Numerator over denominator times the national observed DTC-PAC rate. **Measure-specific Exclusions:** Home health stays discharged: to psychiatric hospital, *against medical advice,* to disaster alternative care sites or federal hospitals, court/law enforcement, or *hospice*; *enrolled in hospice in the post-discharge observation window*; *not continuously enrolled in Medicare Parts A and B* or enrolled in Part C; a short-term acute care stay or psychiatric stay for non-surgical treatment of cancer in the 30 days prior to PAC admission; discharge to another home health agency; or baseline nursing facility residents who return to nursing home as place of residence.

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Discharge to Community-PAC

Care Compare simplifies it

Numerator

- Number of home health stays for patients who have a Medicare fee-for-service claim with patient discharge status codes 01 and 81, don't have an unplanned admission to an acute care hospital or LTCH in the 31-day post- discharge observation window, and who remain alive during the post-discharge observation window.

Denominator

- Number of home health stays that begin during the 2-year observation period.

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Important Dates!

Exhibit 12. Performance Year Data Periods for the DTC-PAC Claims-based Measure

Performance Year (CY)	Model Baseline Year (CY)	Performance Year Data Period (CY)	Payment Year (CY)
2025	2022 & 2023	2024 & 2025	2027
2026	2022 & 2023	2025 & 2026	2028

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Against Medical Advice Discharges

3. Discharges against medical advice

- *Rationale:* Patients who discharge themselves against medical advice are excluded because their care plan may not have been fully implemented, and the discharge destination may not reflect the agency's discharge recommendation. Additionally, patients discharged against medical advice may potentially be at higher risk of post-discharge admissions or death, depending on their medical condition, or due to potential non-adherence or non-compliance with care recommendations.
- Disappears off the face of the Earth
- Refused further visits
- Discharge because of non-compliance
- Document discussion with the provider!!
- Patient's right to self-determination or autonomy while attempting to do what you think is best for the patient
- Inadequately treated medical problems can result in the need for readmission
- NOMNC

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How to improve? Set the patient up for success

- PPE
- Recert rate
- Medication Management
- Dyspnea
- Functional Improvement
- SDoH
- REAL Discharge Planning
  - Do not discharge until goals met
  - Discharge OASIS assessment
- Follow up PCP appointment
- Weekly calls-dual purpose

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Periods Per Episode

YoY Revenue Variance
-5.49%

Add'l PpE Revenue	Add'l Recert Revenue	Add'l LUPA Revenue	Add'l Revenue Opportunity	% Revenue Opportunity
$134,260	$161,458	$3,074	$298,793	30.37%

2025 Data

Periods per Episode	1.48
Revenue per Period	$1,857
Revenue per Episode	$2,741
Visits per Period	6.16
Visits per Episode	9.09
Percent Early Periods	44.34%
Average Early Case Mix	1.28
Average Case Mix	1.08
LUPA Rate	6.98%
Percent Outliers	0.00%
Percent Functional Low	30.22%
Percent Functional Medium	38.34%
Percent Functional High	31.44%
Average Wage Index	0.87
Recert Rate	16.16%
Total Revenue 2025	$983,952

2026 Data

Periods per Episode	1.48
Revenue per Period	$1,756
Revenue Per Episode	$2,593
Visits per Period	6.16
Visits per Episode	9.09
Percent Early Periods	44.34%
Average Early Case Mix	1.28
Average Case Mix	1.08
LUPA Rate	6.98%
Percent Outliers	0.19%
Percent Functional Low	30.22%
Percent Functional Medium	38.34%
Percent Functional High	31.44%
Average Wage Index	0.88
Recert Rate	16.16%
Total Revenue 2026	$930,854

2026 National Data

Periods per Episode	1.72
Revenue per Period	$1,958
Revenue Per Episode	$3,358
Visits per Period	7.97
Visits per Episode	13.67
Percent Early Periods	30.31%
Average Early Case Mix	1.19
Average Case Mix	0.96
LUPA Rate	6.52%
Percent Outliers	7.52%
Percent Functional Low	30.17%
Percent Functional Medium	31.73%
Percent Functional High	38.10%
Average Wage Index	0.99
Recert Rate	36.42%
Total Revenue 2026	$16,875,387,304

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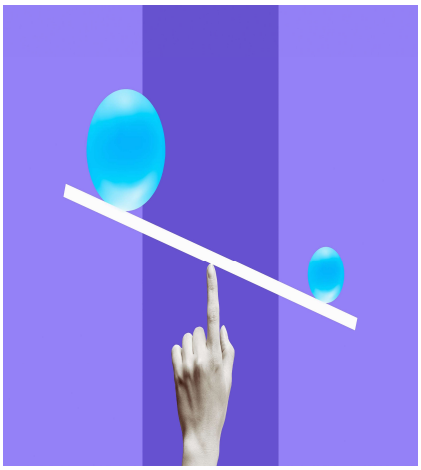
Recertification or Discharge??

- National average is 36.32%
- Average for 4 star and higher agencies is 34.25%
- Eligible for care?
  - Skilled care
  - Physician or NPP orders
  - Met all goals?
  - Patient set up for success
- Plans for Discharge—follow through with patient's personal goals
- Treat OASIS as a part of the patient's ongoing health care instead of something we *have to do* for Medicare



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Medication Management

- Patient reliably takes medication
  - Knows dose and frequency
- Would be nice if they know:
  - Side effects to look for
  - Purpose of all medications to improve compliance
- Complete reconciliation
- Can obtain needed medications
  - Rx
  - Transportation or delivery
  - Financial ability

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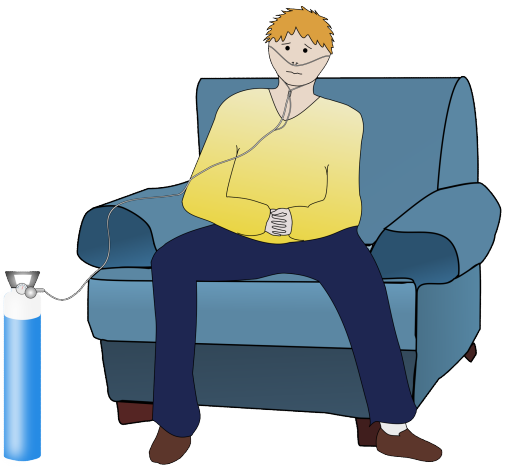
Dyspnea

- Accurate assessment
- Medications, including nebulizers and inhalers
- Compliant use of oxygen
- Dysphagia addressed
- Energy conservation

- NOT the amount of dyspnea but the amount of activity causing the dyspnea.



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Functional Ability

- Single biggest contributor to poor outcomes outside of dual eligibility
- Improved movement decreases rehospitalization risk
- Increases independence
- Decreases incidence of falls

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Role of Follow-Up Phone Calls

- Use follow-up phone calls to supplement visits before discharge
  - Include medications, pain and safety on all the calls
- Include follow-up calls in your documentation
- Include follow-up calls on your claim with appropriate G code (no payment)

- Continue follow-up phone calls after discharge
  - Once per week for 30 days (include it in your discharge teaching)
  - Medications, safety and pain
  - Any changes?
- Your goals are to:

1) Anticipate any changes warranting additional care
  - New referral
  - Keep them out of the ACH/LTCH

2) Top of mind if they receive their patient satisfaction survey

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Potentially Preventable Hospitalization

Claims Based Measure

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Home Health Within-Stay Potentially Preventable Hospitalization

Claims Outcome	Number of patients with at least one potentially preventable hospitalization (that is, an ACH/LTCH) or observation stay during the HH stay. A HH stay is a sequence of HH payment episodes separated from other HH payment episodes by at least two days.	Numerator: Number of patients in the denominator with at least one potentially preventable hospitalization or observation stay during the HH stay. Number of stays with a PPH NOT number of PPH within the stay	Denominator: The "expected" number of observation stays or admissions is the projected number of risk-adjusted hospitalizations if the same patients were treated at the average HHA appropriate to the measure.

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Potentially Preventable Hospitalizations (PPH)

Exclusions

1) Stays where the patients are less than 18 years old.
   - Rationale: Patients under 18 years old are not included in the target population for this measure. Pediatric patients are relatively few and may have different patterns of care from adults.

2) *Stays where the patients were not continuously enrolled in Part A FFS Medicare for the 12 months prior to the HH admission date through the end of the home health stay.*
   - Rationale: The adjustment for certain comorbid conditions in the measure requires information on acute inpatient claims for one year prior to the HH admission, and hospitalizations and observation stays must be observable in the observation window following discharge. Patients without Part A coverage or who are enrolled in Medicare Advantage plans will not have complete claims in the system.

3) Stays that begin with a Low Utilization Payment Adjustment (LUPA) claim.
   - Rationale: Home health stays designated as LUPAs are excluded because it is unclear that the initial HHA had an opportunity to impact the patient's health outcomes.

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Potentially Preventable Hospitalizations (PPH)

Exclusions

4) Stays where the patient receives service from multiple agencies during the home health stay.
   - Rationale: These home health stays are excluded because it is unclear that the initial HHA had an opportunity to impact the patient's health outcomes.

5) Stays where the information required for risk adjustment is missing.
   - Missing beneficiary's birthday information;
   - Beneficiary has gender other than male or female;
   - Missing payment authorization code information;
   - Beneficiary has Medicare Status Code other than the following:
     - 10: Aged without ESRD
     - 11: Aged with ESRD
     - 20: Disabled without ESRD
     - 21: Disabled with ESRD
     - 31: ESRD only

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Potentially Preventable Hospitalizations (PPH)

- Proper management and care of conditions by HHA, combined with **appropriate**, **clearly explained**, and **implemented** discharge instructions and referrals, can potentially prevent a patient's admission to the hospital.
- CMS identified the most frequent diagnoses associated with admissions among home health beneficiaries and then determined whether these admissions could have been prevented by HH.

Reasons why some hospitalizations may have been potentially preventable
1) Inadequate management of chronic conditions
2) Inadequate management of infections
3) Inadequate management of other unplanned events
4) Inadequate injury prevention

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Potentially Preventable Hospitalizations (PPH)

Excluded Diagnosis (Planned Admissions)

- This measure is focused on inpatient admissions or observation stays that are potentially preventable (PP)
- **Planned** admissions are not counted in the numerator
- Planned inpatient admissions and observation stays are defined by the definition used for the *Hospital Wide Readmission* and *Potentially Preventable Within Stay Readmission Measure for Inpatient Rehabilitation Facilities measures*.
- If an inpatient or outpatient claim contains a ***code*** for a ***procedure*** or ***diagnosis*** that is frequently a ***planned*** diagnosis, then that inpatient admission or observation stay is designated to be a planned inpatient admission or observation stay.
- However, the planned inpatient admission or observation stay is ***reclassified*** as ***unplanned*** if the claim also contains a code indicating one or more ***acute diagnoses from a specified list***.

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Data Sources

- Medicare's Enrollment Database
  - Beneficiary-level information such as date of birth, date of death, sex, reasons for Medicare eligibility, and enrollment histories in Medicare Parts A and B.
- FFS claims from the home health, inpatient, outpatient, and physician office settings
  - Information about each home health, hospital stay and observation stay, including dates of admission and discharge, diagnoses and procedures, and indicators for care received in the intensive care unit, coronary care unit, emergency department, skilled nursing facility, inpatient rehabilitation facility, and long-term care hospital.

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Risk Factor 1: Demographics

Demographic Covariates

- ***Age and Sex:*** Age-sex interaction covariates allow the model to account for the differing effects of age on the outcomes for each sex. Age is subdivided into 12 bins for each sex: ages 18-34, 35-44, 45-54, five-year age bins from 55 to 94, and one bin for ages over 95. The reference group is Male 65-69.
- ***Enrollment Status***: Original reason for Medicare entitlement:
  - Age (reference)
  - Disability
  - ESRD
- ***Functional Impairment Levels***: Based on PDGM calculated functional impairment score/level.
  - Medium (reference)
  - Low
  - High

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Risk Factor 2: Care Received during the Prior Proximal Hospitalization

Covariates account for immediate prior care setting, principal dx and procedures

- ***Length of Prior Proximal Hospitalization***:
  - 0-7 days (reference)
  - ≥ 8 days
- ***Clinical Classification Software (CCS) during Prior Proximal Hospitalization***:
  - Relies on CCS diagnosis and procedure groups to adjust for beneficiary health status during a prior proximal hospitalization, if a prior proximal hospitalization occurred.
  - CCS diagnosis groups are defined using principal diagnosis codes from the prior proximal hospitalization.
  - CCS procedure groups are defined using procedure codes recorded during the prior proximal hospitalization.

CCS Diagnosis Groups
No CCS Diagnosis due to No Prior Proximal Hospitalization (Reference)
Septicemia (except in labor) (CCS Diagnosis 2)
Mycoses (CCS Diagnosis 4)
Other and unspecified benign neoplasm (CCS Diagnosis 47)

CCS Procedure Groups
Incision and excision of CNS (CCS Procedural 1)
Insertion; replacement; or removal of extracranial ventricular shunt (CCS Procedural 2)
Laminectomy; excision intervertebral disc (CCS Procedural 3)

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Risk Factor 3: Other Care Received within One Year of Stay

Covariates account for Prior Care Number of Stays and Comorbidities (HCC)

Covariate	Time Frame
Number of Prior Acute Discharges	In the past year, excluding those within 30 days prior to SOC/ROC
0 Prior Acute Discharges (Reference)	
1 Prior Acute Discharge	
2 Prior Acute Discharge	
3 Prior Acute Discharge	
4 Prior Acute Discharge	
5+ Prior Acute Discharges	

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Risk Factor 3: Other Care Received within One Year of Stay

Covariate	Time Frame
Number of Outpatient Emergency Department Visits	Within 1 year of HH Stay
0 Outpatient ED Visits (Reference)	
≥ 1 Outpatient ED Visit	
Number of Skilled Nursing Facility (SNF) Visits	
0 SNF Visits (Reference)	
≥ 1 SNF Visits	
Number of Inpatient Rehabilitation Facility (IRF) Visits	
0 IRF Visits (Reference)	
≥ 1 IRF Visits	
Number of Long-term Care Hospital (LTCH) Visits	
0 LTCH Visits (Reference)	
≥ 1 LTCH Visits	

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Risk Factor 3: Other Care Received within One Year of Stay

Covariates account for Prior Care Number of Stays and Comorbidities (HCC)

- ***Hierarchical Condition Categories (HCC) Comorbidities***: account for beneficiary health status ***within one year of the HH stay***, using the HCC framework.
- The risk adjustment model includes hierarchically ranked HCCs based on the 2021 CMS-HCC risk adjustment model.
- HCC comorbidities are defined using ***secondary diagnoses from the prior proximal hospitalization*** (if a prior proximal hospitalization occurred) and all other diagnoses recorded in the inpatient, outpatient, and carrier settings during ***the year prior to the home health stay.***

HCC Comorbidity
HCC8: Metastatic Cancer and Acute Leukemia
HCC9: Lung and Other Severe Cancers
HCC10: Lymphoma and Other Cancers
HCC18: Diabetes with Chronic Complications
HCC19: Diabetes without Complication
HCC21: Protein-Calorie Malnutrition
HCC28: Cirrhosis of Liver

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OASIS & Coding Accuracy

Do not let CMS think you are taking care of this…

when you are really taking care of this.

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Strategies

- Timely admission
- M1033 and other screening
- Patient Centered Goals
- 7 Touches in 7 Days
- Thursday Tuck-In
- Meals on Wheels
- Dive into your Data
  - 1-5
  - 10-15
  - Diagnoses
  - Staff

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2025 Achievement Thresholds and Benchmarks

CY 2025 Measure Set: Final Achievement Thresholds and Benchmarks

Measure	Data Period [b]	Achievement Threshold [c]		Benchmark [c]	
		Smaller-volume Cohort	Larger-volume Cohort	Smaller-volume Cohort	Larger-volu Cohort
OASIS-based Measures					
Discharge Function (DC Function)	12-31-2023	51.355	62.350	91.426	83.179
Improvement in Dyspnea	12-31-2023	83.260	89.672	100.000	99.422
Improvement in Management of Oral Medications	12-31-2023	73.666	85.175	99.997	98.746
Claims-based Measures					
Discharge to Community – Post Acute Care (DTC-PAC)	12-31-2023	75.665	85.161	93.536	95.089
Potentially Preventable Hospitalizations (PPH)	12-31-2023	10.066	10.003	7.565	6.302
HHCAHPS Survey-based Measures					
Care of Patients	12-31-2023	-	89.507	-	94.585
Communications Between Providers and Patients	12-31-2023	-	86.821	-	93.192
Specific Care Issues	12-31-2023	-	82.373	-	91.297
Overall Rating of Home Health Care	12-31-2023	-	86.328	-	94.687
Willingness to Recommend the Agency	12-31-2023	-	80.226	-	91.391

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July IPR

90th percentile is benchmark

CY 2025 Measure Set: Final Improvement Thresholds

Measure	Baseline Year Data Period [b]	Your HHA's Improvement Threshold	Your HHA's Percentile Ranking Within Your HHA's Cohort [c]	Your HHA's Cohort Statistics [d]			
				25th Percentile	50th Percentile	75th Percentile	Benchmark
OASIS-based Measures		Your 2023			Peers 2023		
Discharge Function (DC Function)	12-31-2023	71.170	≥75	51.180	62.350	70.090	83.179
Improvement in Dyspnea	12-31-2023	93.226	50-74	81.109	89.672	94.382	99.422
Improvement in Management of Oral Medications	12-31-2023	89.081	50-74	75.179	85.175	91.280	98.746
Claims-based Measures							
Discharge to Community – Post Acute Care (DTC-PAC)	12-31-2023	90.516	≥75	78.036	85.161	89.907	95.089
Potentially Preventable Hospitalizations (PPH)	12-31-2023	8.189	≥75	11.997	10.003	8.356	6.302
HHCAHPS Survey-based Measures							
Care of Patients	12-31-2023	85.969	<25	87.076	89.507	91.524	94.585
Communications Between Providers and Patients	12-31-2023	86.999	50-74	83.649	86.821	89.355	93.192
Specific Care Issues	12-31-2023	67.189	<25	77.812	82.373	86.020	91.297
Overall Rating of Home Health Care	12-31-2023	82.700	25-49	82.336	86.328	89.659	94.687
Willingness to Recommend the Agency	12-31-2023	76.673	25-49	74.880	80.226	84.714	91.391

Your score in 2023

Median of Peers in 2023

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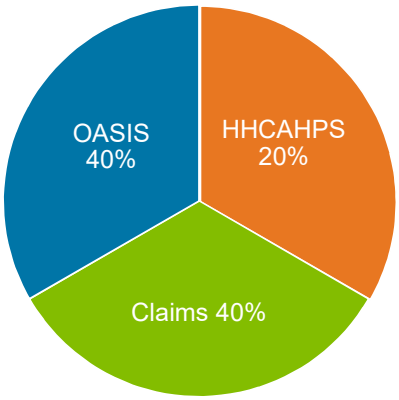
Updates to Individual Measure Weights and Category Weights Performance Year 2026

Measure	%age
Improvement in Dyspnea	7
Improvement in Oral Med Management	11
DC Function	15
Improvement in Bathing	*3.5*
Improvement in Dressing Upper Body	*1.75*
Improvement in Dressing Lower Body	*1.75*



Measure	%age
Willingness to Recommend	10
Overall Rating	10

Measure	%age
PPH	15
DTC-PAC	15
MSPB	*10*

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Questions?

LisaSelman-
lselman@McBeeAssociates.com

Resources

- https://www.cms.gov/files/document/risk-adjustment-technicalspecifications2024.pdf
- https://innovation.cms.gov/innovation-models/expanded-home-health-value-based-purchasing-model
- https://www.cms.gov/files/document/hhdischarge-function-scoretechnicalreport2024.pdf
- Interim Performance and Annual Performance reports
- Proposed Rule on changes to the VBP
- https://www.cms.gov/medicare/quality/home-health/home-health-quality-measures

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Resources

- https://www.mealsonwheelsamerica.org/learn-more/national/press-room/news/2024/11/07/groundbreaking-study-by-wellsky-foundation-and-meals-on-wheels-america-reveals-meal-delivery-services-significantly-reduce-senior-hospitalizations

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