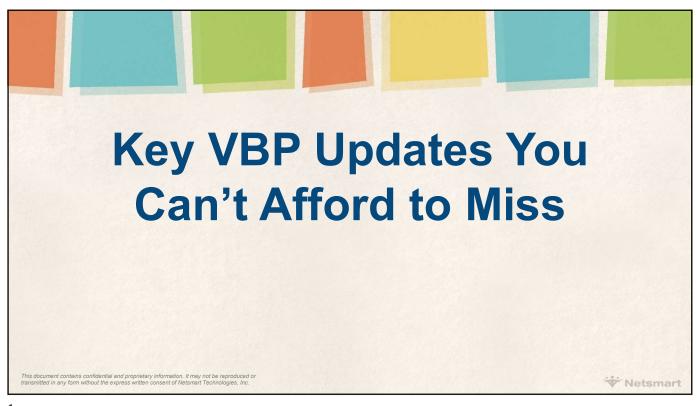
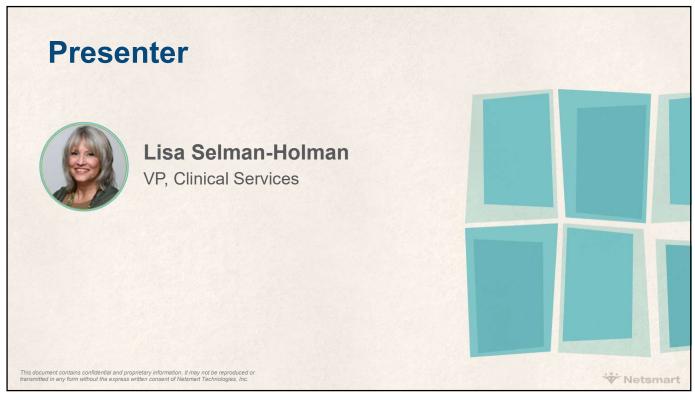


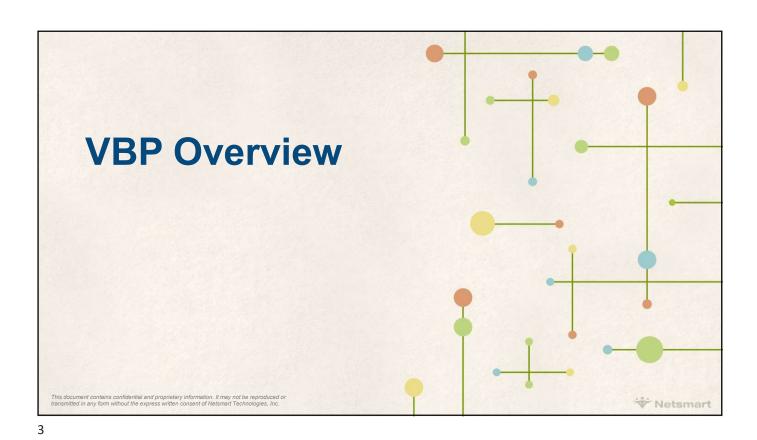
Administrator Program Wednesday, November 19, 2025 9:30am-10:30am

M2. CY2026 Home Health Final Rule: What's Changing and How to Stay Ahead: Key VBP Updates You Can't Afford to Miss

Presented by: Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C, Vice President of Clinical Services, McBee







Performance Year 2024 Quality Measures HHVBP OASIS-based Measures Weight **HHCAHPS Survey Measures** Weight **HHCAHPS Care of Patients** 6.00% **TNC Self-Care** 8.75% **HHCAHPS** Communication 6.00% **TNC Mobility** 8.75% **HHCAHPS** Specific Care Issues 6.00% Oral Meds (M2020) 5.83% 6.00% **HHCAHPS Overall Rating** Dyspnea (M1400) 5.83% **HHCAHPS** Willingness to 6.00% Discharge to Community (M2420) 5.83% Recommend Total for HHCAHPS Survey 30.00% Total for OASIS-based Measures 35.00% Measures **Claims-based Measures** Weight OASIS 35% **ACH** 26.25% **ED** Use 8.75% 35.00% Total for claims-based Measures

Cohorts

- Smaller-volume cohort: the group of competing HHAs that had fewer than 60 unique HHCAHPS Survey-eligible beneficiaries in the calendar year prior to the performance year.
- Larger-volume cohort: the group of competing HHAs that had 60 or more unique HHCAHPS Survey- eligible beneficiaries in the calendar year prior to the performance year.
- Interim Performance Reports (IPRs) include a home health agency's (HHA's) cohort assignment for the current performance year.
- Only active HHAs that were Medicare-certified in the calendar year prior to the performance year and meet the minimum threshold of data for at least one (1) quality measure in the quarterly reporting period for the performance year receive an IPR.
- Updated cohort assignments will be recalculated annually and made available in the July IPR.

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Sufficient Data

OASISbased

 20 home health quality episodes per reporting period.

Claimsbased

 20 home health stays per reporting period.

HHCAHPS

40 completed surveys per reporting period for home health agencies (HHAs) in the larger-volume cohort.

Not reported or included in TPS calculations for the smaller-volume cohort.

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APR Schedule

- CMS provides the Preview version of the Annual Performance Report (APR) in August of each applicable year.
- The Preliminary APR will be made available in September/October
- The **Final** APR was announced November 13.
- An HHA will receive an APR if they were Medicare-certified in the calendar year prior to the performance year and had sufficient data to allow calculation of at least five (5) measures to calculate scores in the baseline year(s) and performance year(s).

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Payers

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

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New Baseline Year

Measure Category	Quality Measures	Data Period	Data Period Used for Model Baseline Year*	Data Period Used for Performance Year	Payment Year
	Discharge Function Score	1-year	CY 2023	CY 2025	CY 2027
OASIS-based	Improvement in Dyspnea	1-year	CY 2023	CY 2025	CY 2027
Measures	Improvement in Management of Oral Medications	1-year	CY 2023	CY 2025	CY 2027
Claims-based	Potentially Preventable Hospitalization	1-year	CY 2023	CY 2025	CY 2027
Measures	Discharge to Community—Post Acute Care	2-year	CY 2022/2023	CY 2024/2025	CY 2027
	Care of Patients	1-year	CY 2023	CY 2025	CY 2027
HHCAHPS	Communication Between Providers and Patients	1-year	CY 2023	CY 2025	CY 2027
Survey-based Measures	Specific Care Issues	1-year	CY 2023	CY 2025	CY 2027
micasui 63	Overall Rating of Home Health Care	1-year	CY 2023	CY 2025	CY 2027
	Willingness to Recommend the Agency	1-year	CY 2023	CY 2025	CY 2027

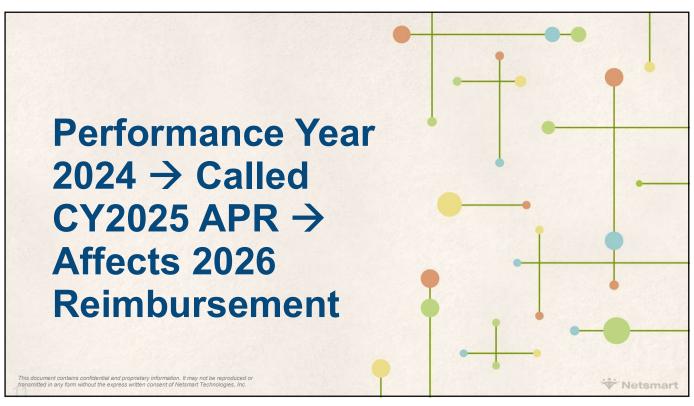
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Report Timelines Coming Up

Performance Year	Report Type	OASIS-Based Measures	Claims-Based & HHCAHPS
	October 2025 IPR	7/1/24 – 6/30/25	4/1/24 - 3/31/25
	January 2026 IPR	10/1/24 — 9/30/25	7/1/24 — 6/30/25
Performance Year 2025	April 2026 IPR	1/1/25 – 12/31/25	10/1/24 – 9/30/25
	July 2026 IPR	4/1/25 - 3/31/26	1/1/25 - 12/31/25
	APR For Performance Year 2025	1/1/25 – 12/31/25	1/1/25 – 12/31/25

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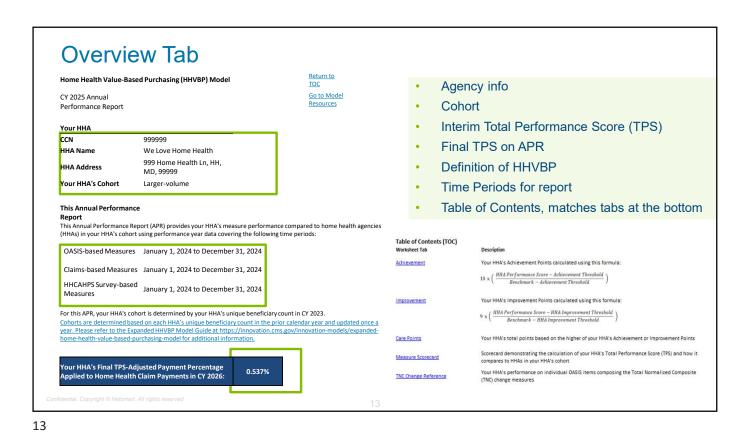


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Where Are My reports?

- O Log into iQIES at https://iqies.cms.gov/.
- Select the My Reports option from the Reports menu.
- Provider Preview Reports page, select the HHA Provider Preview Reports folder. The folders and reports on the My Reports page are listed in alphabetical order. Thus, users may need to utilize the "page forward" functionality at the bottom of the webpage to advance to the page where the HHA Provider Preview Reports folder is located. Alternatively, users may change the default number of rows that display on the webpage from 10 to a larger number to view the larger list of folders. Note: Files in the HHA Provider Preview Reports folder are listed in descending order (i.e., in the order of the newest reports to the oldest).
- Select the HHVBP report file, and the contents of the file will display.

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Achievement Tab & Points Top Median **Decile** Performance Year Your HHA's Maximum Your Cohort's Your HHA's Data Period [a] Performance **Your Cohort's** Possible Measure Achievement Achievement (12-Month End Year Measure Benchmark [d] Achievement Threshold [c] Points [e] Date) Value [b] **Points** Peers 2022 OASIS-based Measures You Top 10% 12-31-2024 0.000 71.843 72.652 10.000 Discharged to Community 84.249 Improvement in Dyspnea 12-31-2024 91.274 86.305 98.512 4.071 10.000 mprovement in Management of Oral Medications 12-31-2024 86.885 80.990 97.899 3.486 10.000 Total Normalized Composite (TNC) Change in Mobility 12-31-2024 0.870 0.744 1.011 4.719 10.000 Total Normalized Composite (TNC) Change in Self-6.344 12-31-2024 2.510 2.123 2.733 10.000 Claims-based Measures Acute Care Hospitalizations 12-31-2024 16.301 13.907 7.773 0.000 10.000 Emergency Department Use Without Hospitalization 12-31-2024 11.782 4.689 0.000 10.000 12.622 HHCAHPS Survey-based Measures 12-31-2024 90.824 89.254 94.448 3.023 10.000 Care of Patients Communications Between Providers and Patients 12-31-2024 88.645 86.626 93.036 3.150 10.000 10.000 Specific Care Issues 12-31-2024 85.544 82.048 91.198 3.821 12-31-2024 Overall Rating of Home Health Care 85.591 85.941 94.337 0.000 10.000 Willingness to Re 10.000 HHA Performance Score - Achievement Threshold Achievement Points = 10 x Benchmark - Achievement Threshold

Improvement Tab & Points Тор 2022 **Decile** Performance Year Baseline Year Data Your HHA's Your HHA's Your HHA's Your Cohort's Possible Measure Data Period [a] Period [b] Performance Year Improvement Improvement Benchmark [e] Improvement 12-Month End Date) (12-Month End Date) Measure Value [c] Threshold [d] Points [f] **Points** You Your 2022 Top 10% OASIS-based Measures 0.000 12-31-2024 12-31-2022 71.843 75.413 84.249 9.000 Discharged to Community Improvement in Dyspnea 12-31-2024 12-31-2022 91.274 90.332 98.512 1.036 9.000 Improvement in Management of Oral 12-31-2024 12-31-2022 86.885 84.970 97.899 1.333 9.000 Medications Total Normalized Composite (TNC) Change in 12-31-2024 12-31-2022 0.870 0.777 1.011 3.577 9.000 Mobility [g] Total Normalized Composite (TNC) Change in 12-31-2024 12-31-2022 2.510 2.172 2.733 5.422 9.000 Self-Care [h] Claims-based Measures 16.301 17.250 7.773 0.901 Acute Care Hospitalizations 12-31-2024 12-31-2022 9.000 Emergency Department Use Without 12.622 11.856 12-31-2024 12-31-2022 4.689 0.000 9.000 Hospitalization HHCAHPS Survey-based Measures 90.824 12-31-2022 92.557 94.448 0.000 Care of Patients 12-31-2024 9.000 Communications Between Providers and 12-31-2022 93.036 12-31-2024 88.645 91.621 0.000 9.000 Specific Care Issues 12-31-2024 12-31-2022 85.544 85.620 91.198 0.000 9.000 Overall Rating of Home Health Care 12-31-2024 12-31-2022 85.591 90.930 94.337 0.000 9.000 12-31-2022 82.585 86.419 Willingness to Recommend the Agency 12-31-2024 91.202 0.000 9.000 **HHA Performance Score** Improvement Threshold Improvement Points = 9 x Benchmark - Improvement Threshold

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Care Points Tab			Points		Improvement Points
Measure	Sufficient Data for Measure Inclusion?	Your HHA's Achievement Points	Your HHA's Improvement Points	Your HHA's Care Points [a]	Your HHA's Percentile Ranking Within Your HHA's Cohort [b]
OASIS-based Measures		You Vs. Peers	You Vs. You	Higher of 2	
Discharged to Community	Yes	0.000	0.000	0.000	<25
Improvement in Dyspnea	Yes	4.071	1.036	4.071	25-49
Improvement in Management of Oral Medications	Yes	3.486	1.333	3.486	25-49
Total Normalized Composite (TNC) Change in Mobility	Yes	4.719	3.577	4.719	50-74
Total Normalized Composite (TNC) Change in Self-Care	Yes	6.344	5.422	6.344	50-74
Claims-based Measures					
Acute Care Hospitalizations	Yes	0.000	0.901	0.901	25-49
Emergency Department Use Without Hospitalization	Yes	0.000	0.000	0.000	<25
HHCAHPS Survey-based Measures					
Care of Patients	Yes	3.023	0.000	3.023	50-74
Communications Between Providers and Patients	Yes	3.150	0.000	3.150	50-74
Specific Care Issues	Yes	3.821	0.000	3.821	50-74
Overall Rating of Home Health Care	Yes	0.000	0.000	0.000	<25
Willingness to Recommend the Agency	Yes	2.317	0.000	2.317	50-74
Number of Measures Included	12		Summed Care Points:	31.832	25-49

Measure Scorecard Tab



Your HHA's

Weighted

Measure Points

Measure	Your HHA's Care Points	Maximum Possible Points	Measure Weight [a]	Your HHA's Weighted Measure Points [b]
OASIS-based Measures				
Discharged to Community	0.000	10.000	5.833	0.000
Improvement in Dyspnea	4.071	10.000	5.833	2.375
Improvement in Management of Oral Medications	3.486	10.000	5.833	2.034
Total Normalized Composite (TNC) Change in Mobility	4.719	10.000	8.750	4.129
Total Normalized Composite (TNC) Change in Self-Care	6.344	10.000	8.750	5.551
Sum of OASIS-based Measures	18.620	50.000	35.000	14.088
Claims-based Measures				
Acute Care Hospitalizations	0.901	10.000	26.250	2.365
Emergency Department Use Without Hospitalization	0.000	10.000	8.750	0.000
Sum of Claims-based Measures	0.901	20.000	35.000	2.365
HHCAHPS Survey-based Measures				
Care of Patients	3.023	10.000	6.000	1.814
Communications Between Providers and Patients	3.150	10.000	6.000	1.890
Specific Care Issues	3.821	10.000	6.000	2.293
Overall Rating of Home Health Care	0.000	10.000	6.000	0.000
Willingness to Recommend the Agency	2.317	10.000	6.000	1.390
Sum of HHCAHPS Survey-based Measures	12.311	50.000	30.000	7.387
Sum of All Measures	31.832	120.000	100.000	23.840

HHA's Weighted Measure Points = Measure Weight x

Measure

HHA's Care Points

<u>Maximum</u> Possible Points

Maximum

Possible Points

Performance Score (TPS): 23.840

Measure

Weight [a]

Your HHA's

Care Points

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[b] OASIS-based Measures Discharged to Community 0.000 10.000 5.833 0.000 4.071 10.000 5.833 mprovement in Management of Oral Medications 3 486 10.000 5.833 2.034 otal Normalized Composite (TNC) Change in Mobility 4.719 10.000 8.750 4.129 Total Normalized Composite (TNC) Change in Self-Measure 6.344 10.000 8.750 5.551 Sum of OASIS-based Measures 18.620 50.000 35.000 14.088 **Scorecard Tab** Claims-based Measures Acute Care Hospitalizations 0.901 10.000 26.250 2.365 mergency Department Use Without Hospitalization 0.000 10.000 8.750 0.000 Sum of Claims-based Measures 0.901 20.000 35.000 2.365 HHCAHPS Survey-based Measures 3.023 10.000 6.000 1.814 are of Patients Communications Between Providers and Patients 10.000 6.000 3.150 1.890 10.000 3.821 6.000 2.293 Specific Care Issues Overall Rating of Home Health Care 10.000 6.000 0.000 0.000 Villingness to Recommend the Agency 10 000 6 000 12.311 50.000 30.000 7.387 **Total Performance Score (TPS)** sed Measures Sum of All Measures 120.000 100.000 Number of Measures Included Your HHA's Summed Care Points 31.832 Your HHA's TPS 23.840 Percentile Ranking within Your HHA's Cohort [c] 25-49 **Overview Tab** TPS Statistics for Your HHA's Cohort Number of HHAs in Your HHA's Cohort 6,407 Your HHA's Interim Total 25th Percentile 23.620 33.317 50th Percentile

43.548

77.753

75th Percentile

99th Percentile

Percentile Ranking on APR

TPS Statistics for Your HHA's Cohort						
Number of HHAs in Your HHA's Cohort	6,407					
25th Percentile	23.620					
50th Percentile	33.317					
75th Percentile	43.548					
99th Percentile	77.753					

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Annual Payment Adjustment Tab

Performance Year CY 2024
Maximum Payment Adjustment Percentage 5.000%
Payment Adjustment Application Year CY 2026



Your HHA's Final TPS-Adjusted Payment Percentage -1.278%

	Annual Payment Adjustment Calculation							
	(C1)	Step 1 (C2)	Step 2 (C3)	Step 3 (C4)	Step 4 (C5)	Step 5 (C6)	Step 6 (C7)	Step 7 (C8)
	Total Performance Score (TPS)	Prior Year Payment	Unadjusted Payment Amount 5% x (C2)	TPS-Adjusted Payment Amount (C1/100) x (C3)	Linear Exchange Function (LEF) Ratio Total (C3)/Total (C4)	Final TPS- Adjusted Payment Amount (C4) x (C5)	TPS-Adjusted Payment Percentage (C6)/(C2)	Final TPS-Adjusted Payment Percentage (C7) - 5%
Your HHA:	23.840	\$3,279,014	\$163,951	\$39,086	3.123	\$122,051	3.722%	-1.278%
Your HHA's Cohort (all HHAs):	32.234	\$16,121,466,778	\$806,073,339	\$258,138,561	3.123	\$806,073,338	5.000%	-

Final TPS-Adjusted Payment Percentage Statistics For Your HHA's Cohort								
Number of HHAs in Your HHA's Cohort:	6,407							
	Mean	25th Percentile	50th Percentile	75th Percentile	99th Percentile			
Final TPS-Adjusted Payment Percentage	0.000%	-1.364%	-0.175%	1.124%	5.000%			

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TNC Change Reference Tab

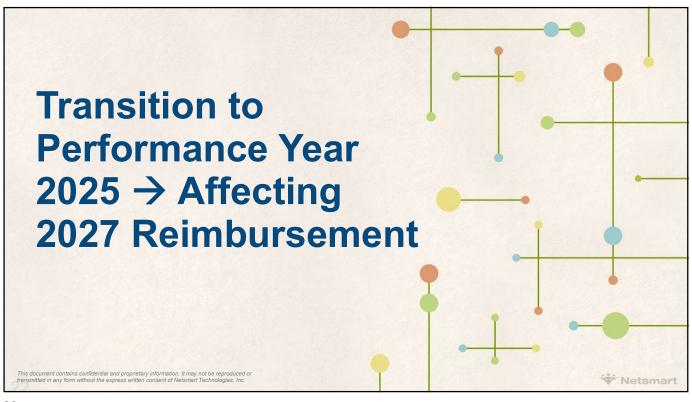
Performance Summary for TNC Change Measures [b]

Your HHA's count of eligible quality episodes [c]	616	1	•			
Tour Title 3 count of engine quarry episodes [e]		SIS Item Respons	es between SOC/I		Percent of Eligi	ble Quality
			Episodes	[e]		
OASIS Item [d]		YOUR HHA		AVERAGE FOR	YOUR HHA'S CO	OHORT [f]
	% No	% Positive	% Negative	% No	% Positive	% Negative
	Change	Change	Change	Change	Change	Change
Total Normalized Composite (TNC) Change in Mobilit	1					
M1840 Toilet Transferring (0-4)	35%	62%	3%	28%	71%	1%
M1850 Transferring (0-5)	27%	71%	2%	21%	78%	1%
M1860 Ambulation/Locomotion (0-6)	34%	62%	4%	20%	79%	1%
Total Normalized Composite (TNC) Change in Self- Care						
M1800 Grooming (0-3)	32%	65%	2%	19%	80%	1%
M1810 Ability to Dress Upper Body (0-3)	29%	68%	4%	18%	81%	1%
M1820 Ability to Dress Lower Body (0-3)	29%	68%	3%	19%	80%	1%
M1830 Bathing (0-6)	25%	71%	4%	16%	83%	1%
M1845 Toileting Hygiene (0-3)	28%	69%	3%	19%	80%	1%
M1870 Feeding or Eating (0-5)	60%	36%	3%	43%	55%	2%

• This tab will be going away.....But it gives you good insight into which OASIS items your team may be struggling with

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Performance Year 2025 Quality Measures HHVBP **OASIS-based Measures** Weight **HHCAHPS Survey Measures** Weight 6.00% **HHCAHPS** Care of Patients **Discharge Function Self-Care and** 20% **Mobility** 6.00% **HHCAHPS** Communication (based on GG) **HHCAHPS** Specific Care Issues 6.00% Oral Meds (M2020) 9% **HHCAHPS Overall Rating** 6.00% Dyspnea (M1400) 6% **HHCAHPS** Willingness to 6.00% Recommend Total for OASIS-based Measures 35.00% Total for HHCAHPS Survey 30.00% Measures 20 OASIS 35% **Claims-based Measures** Weight 26 +9 **PPH 26**% DTC 9% 55 Total for claims-based Measures 35.00%

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LARGE Volume Cohort Achievement Thresholds and Benchmarks								
		Achievemer	nt Threshold	Benchma	rk			
Performance	New Baseline Data	Me	dian	Top Dec	ile Preliminary			
Measure Year 2025 On IPR	Period 2023	2022/2024		2023/2024 Performance Years	2025			
OASIS-based Measures		Number	to Beat	Goal = Full	Points _			
Discharge Function (DC Function)	12-31-2023	NA	62.350	NA	83.179			
Improvement in Dyspnea	12-31-2023	86.305	89.672	98.512	99.422			
Improvement in Management of Oral Medications	12-31-2023	80.990	85.175	97.899	98.746			
Claims-based Measures								
Discharge to Community – Post Acute Care (DTC-PAC)	12-31-2023	NA	85.161	NA	95.089			
Potentially Preventable Hospitalizations (PPH)	12-31-2023	NA	10.003	NA	6.302			
HHCAHPS Survey-based Measures								
Care of Patients	12-31-2023	89.254	89.507	94.448	94.585			
Communications Between Providers and Patients	12-31-2023	86.626	86.821	93.036	93.192			
Specific Care Issues	12-31-2023	82.048	82.373	91.198	91.297			
Overall Rating of Home Health Care	12-31-2023	85.941	86.328	94.337	94.687			
Willingness to Recommend the Agency	12-31-2023	79.986	80.226	91.202	91.391			

July IPRs

CY 2025 Measure Set: Final Improvement Thresholds

		, , , , , , , , , , , , , , , , , , ,			Your HHA's Cohort Statistics [d]			
Measure	Baseline Year Data Period [b]	Your HHA's Improvement Threshold	Your HHA's Percentile Ranking Within Your HHA's Cohort [c]	25th Percentile	50th Percentile	75th Percentile	Benchmark	
OASIS-based Measures		Your 2023			Peers 2023			Thru :
Discharge Function (DC Function)	12-31-2023	63.320	50-74	51.180	62.350	70.090	83.179	71.3
Improvement in Dyspnea	12-31-2023	82.354	25-49	81.109	89.672	94.382	99.422	89.
Improvement in Management of Oral Medications	12-31-2023	79.150	25-49	75.179	85.175	91.280	98.746	84.4
Claims-based Measures								Thru 1
Discharge to Community – Post Acute Care (DTC-PAC)	12-31-2023	92.908	≥75	78.036	85.161	89.907	95.089	92.7
Potentially Preventable Hospitalizations (PPH)	12-31-2023	9.108	50-74	11.997	10.003	8.356	6.302	9.9
HHCAHPS Survey-based Measures								
Care of Patients	12-31-2023	90.458	50-74	87.076	89.507	91.524	94.585	
Communications Between Providers and Patients	12-31-2023	87.986	50-74	83.649	86.821	89.355	93.192	
Specific Care Issues	12-31-2023	84.345	50-74	77.812	82.373	86.020	91.297	
Overall Rating of Home Health Care	12-31-2023	90.404	≥75	82.336	86.328	89.659	94.687	
Willingness to Recommend the Agency	12-31-2023	84.641	50-74	74.880	80.226	84.714	91.391	

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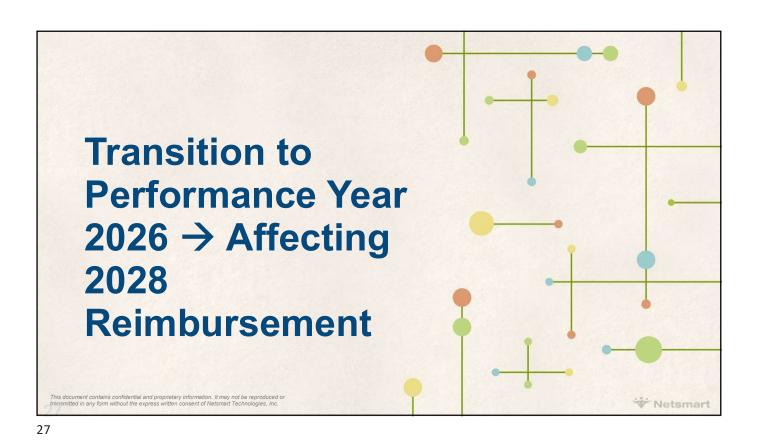
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Missing Data

- If there is a dash you do not have enough data
- What is % of MCR patients this affects claims-based measures
- What is your return rate for HHCAHPS
- If OASIS-based are dashed are you answering too many zeros at the SOC or ROC?
- Are your ANAs being imputed? Yes.
- Missing data means reweighing will occur

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Updates to Individual Measure Weights and Category Weights Performance Year 2026 Wt Measure Measure Wt Willingness to 10 Recommend **Overall Rating** 10 Improvement in 7 **HHCAHPS** Dyspnea **OASIS** 20% 40% Improvement in Oral 11 Med Management **DC** Function 15 Measure Wt Improvement in Bathing 3.5 Claims 40% PPH 15 1.75 Improvement in DTC-PAC 15 **Dressing Upper Body MSPB** Improvement in 1.75 10 **Dressing Lower Body**

Comparison VBP 2025 and 2026 (OASIS Based)

2025 Performance

- Oischarge Function 20%
- Improvement in Dyspnea 6%
- Improvement in Oral Med Management 9%

2026 Performance

- Oischarge Function 15%
- Addition of:
 - M1810 1.75%
 - M1820 1.75%
 - M1830 3.5%
- Improvement in Dyspnea 7%
- Improvement in Oral Med Management 11%

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Comparison VBP 2025 and 2026 (Claims Based)

2025 Performance

- Potentially Preventable Hospitalization 26%
- Objective in the image of th

2026 Performance

- Potentially Preventable Hospitalization 15%
- O Discharged to Community 15%
- Medicare Spending Per Beneficiary 10%

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Comparison VBP 2025 and 2026 (HHCAHPS Based)

2025 Performance

- HHCAHPS Care of Patients 6%
- HHCAHPS Communication 6%
- HHCAHPS Specific Care Issues 6%
- HHCAHPS Overall Rating 6%
- HHCAHPS Willingness to Recommend 6%

2026 Performance

- HHCAHPS Overall Rating 10%
- HHCAHPS Willingness to Recommend 10%

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What is Medicare Spending Per Beneficiary?

- MSPB measures the average Medicare cost per beneficiary for an episode of care under a Home Health Agency (HHA), compared against the national median cost. Included are **Medicare Part A** and B claims during the home health episode—which starts with the start of care or resumption after inpatient stay—and continues up to 30 days following discharge.
- Data Source: Claims-Based: Part A and Part B treatments.
- OASIS Integration: Start and end of episodes identified via OASIS

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What is Medicare Spending Per Beneficiary?

- National Normalization:
 - Score > 1 → higher-than-average spending.
 - Score = $1 \rightarrow$ at the national average.
 - Score < 1 → more cost-efficient care.

Example:

- Actual cost: \$1,000; Expected cost: \$900 → ratio = 1.11
- Average ratio across episodes = 1.10
- National average spending \$5,000 → agency's MSPB = \$5,500

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What are the changes in HHCAHPS about?

- HHCAHPS Overall Rating 10%
- HHCAHPS Willingness to Recommend 10%
- A complete revision to the HHCAHPS portion

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Proposed Changes to HHCAHPS

TABLE 31: CURRENT AND PROPOSED CHANGES TO HHCAHPS SURVEY MEASURES

Measure	Item(s) in Current Measure	Item(s) in Proposed Revised or New Measure
Care of Patients	 In the last 2 months of care, how often did home health providers from this agency seem informed and up to date about all the care or treatment you got at home? (Q9) 	 In the last 2 months of care, how often did home health staff from this agency seem to be aware of all the care or treatment you were getting at home? (Q6)
	 In the last 2 months of care, how often did home health providers from this agency treat you as gently as possible? (Q16) 	 In the last 2 months of care, how often did home health staff from this agency treat you with care – for example, when moving you around or changing a bandage? (Q7)
	 In the last 2 months of care, how often did home health providers from this agency treat you with courtesy and respect? (Q19) 	 In the last 2 months of care, how often did home health staff from this agency treat you with courtesy and respect? (Q10)
	N/A (not on current survey)	 In the last 2 months of care, how often did you feel that home health staff from the agency cared about you as a person? (Q11)
	N/A (not on current survey)	 In the last 2 months of care, how often have the services you received from this agency helped you take care of your health? (Q13)
	 In the last 2 months of care, did you have any problems with the care you got through this agency? (Q24) 	N/A (removed from revised survey)

Treat with care

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Proposed Changes to HHCAHPS

Communications	unough this agency: (Q27)	27/4 (
between Providers and Patients	 When you first started getting home health care from this agency, did someone from the agency tell you what care and services you would get? (Q2) 	N/A (removed from revised survey)
	 In the last 2 months of care, how often did home health providers from this agency keep you informed about when they would arrive at your home? (Q15) 	 In the last 2 months of care, how often did home health staff from this agency keep you informed about when they would arrive at your home? (Q5)
	 In the last 2 months of care, how often did home health providers from this agency explain things in a way that was easy to understand? (Q17) 	 In the last 2 months of care, how often did home health staff from this agency explain things in a way that was easy to understand? (Q8)
	 In the last 2 months of care, how often did home health providers from this agency listen carefully to you? (Q18) 	 In the last 2 months of care, how often did home health staff from this agency listen carefully to you? (Q9)
	N/A (not on current survey)	 In the last 2 months of care, did home health staff from this agency provide your family or friends with information or instructions about your care as much as you wanted? (Q12)
	 In the last 2 months of care, when you contacted this agency's office did you get the help or advice you needed? (Q22) 	 When you contacted this agency's office, did you get the help or advice you needed? (Q16)
	 When you contacted this agency's office, how long did it take for you to get the help or advice you needed? (Q23) 	 N/A (removed from revised survey)

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Specific care issues	When you first started getting home health care from this agency, did someone from the agency talk with you about how to set up your home so you can move around safely? (Q3)	When you first started getting home health care from this agency, did someone from the agency talk about ways to help make your home safer? For example, they may have suggested adding grab bars in the shower or removing tripping hazards. (Q2) Removed composite; reporting as standalone item	Added example
	When you started getting home health care from this agency, did someone from the agency talk with you about all the prescription and over-the-counter medicines you were taking? (Q4)	Has someone from the agency ever reviewed the prescribed and over-the-counter medicines you were taking? For example, they might have asked you to show them your medicines and talked with you about how and when to take each one. (Q3) Removing composite; reporting as	Added example
	 When you started getting home health care from this agency, did someone from the agency ask to see all the prescription and over-the-counter medicines you were taking? (OS) 	N/A (removed from revised survey)	
	 In the last 2 months of care, did home health providers from this agency talk with you about the side effects of these medicines? (Q14) 	In the last 2 months of care, did home health staff from this agency talk with you about any side effects of your medicines? (Q4) Removing composite; reporting as standalone item	
	 In the last 2 months of care, did you and a home health provider from this agency talk about pain? (O10) 	N/A (removed from revised survey)	
	 In the last 2 months of care, did home health providers from this agency talk with you about the purpose for taking your new or changed prescription medicines? (Q12) 	N/A (removed from revised survey)	
	 In the last 2 months of care, did home health providers from this agency talk with you about when to take these medicines? (O13) 	N/A (removed from revised survey)	

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Proposed Changes to HHCAHPS

Overall rating	 We want to know your rating of your care from this agency's home health providers. Using any number from 0 to 10, where 0 is the worst home health care possible and 10 is the best home health care possible, what number would you use to rate your care from this agency's home health providers? (Q20) 	We want to know your rating of your care from this agency's home health staff. Using any number from 0 to 10, where 0 is the worst home health care possible and 10 is the best home health care possible, what number would you use to rate your care from this agency's home health staff? (Q14)
Willingness to recommend	 Would you recommend this agency to your family or friends if they needed home health care? (Q25) 	 Would you recommend this agency to your family or friends if they needed home health care? (Q17)

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PPH Claims-Based – 26%-15%

- Unique Risk model
 - Demographic covariates: Age, Sex, Enrollment status, FUNCTIONAL IMPAIRMENT LEVEL
 - Care received during prior proximal hospitalization: coding and length of stay
 - Other Care received w/i 1 year of stay: coding, # hosp stays, # of ED, SNF, IRF or LTCH visits
- Very sick patients = better risk adjustment

Home Health Within-Stay Potentially Preventable Hospitalization Measure

Number of Within Stay Hospitalizations	Number of Eligible Stays	Observed Within Stay Hospitalization Rate	Risk-Standardized Within Stay Hospitalization Rate***	National Observed Rate
27	358	7.54%	7.04% (5.28%, 9.60%)	10.83%

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DTC-PAC in Claims-Based - 9%-15%

- 2-year time frame
- Similar risk adjustment
- Be aware of exclusions:
- Discharge To Community Post Acute Care (PAC) Home Health Quality Reporting Program

Number of	Number of	Observed	Risk-Standardized	National
Discharges to	Eligible	Discharge to	Discharge to	Observed
Community	Stays	Community Rate	Community Rate**	Rate
555	649	85.52%	94.27% (91.11%, 96.47%)	77.71%

- · Under 18 years of age
- Discharged to a psychiatric hospital, disaster alternative care sites or federal hospitals, court/law enforcement, hospice, another HHA or against medical advice.
- · Patient was enrolled in hospice during the post-discharge observation window.
- Not continuously enrolled in Parts A and B FFS Medicare for the 12 months prior to the PAC admission date, and at least 31 days after post-acute discharge date, or are ever enrolled in Part C Medicare Advantage during this period.
- Experience a short-term acute care stay or psychiatric stay for non-surgical treatment of cancer in the 30 days prior to PAC admission.
- Baseline nursing facility residents that return to their nursing home as a place of residence
- · Discharge to another HHA
- Quality care = Keeping patients alive and out of the hospital!

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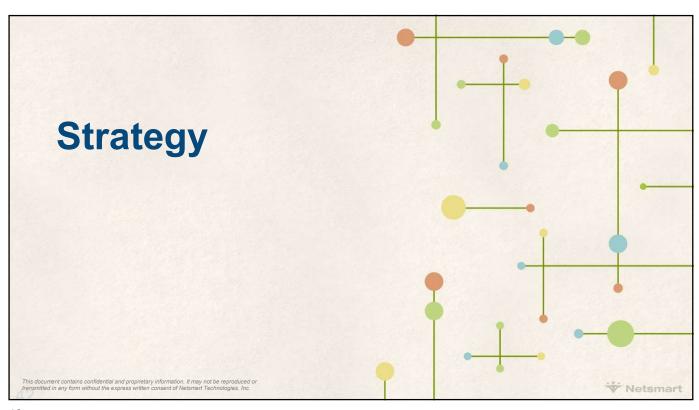
- Did you beat the expectation set by CMS for each patient?
- 10 GG items used
- ANA answers are being imputed
- Expectation is set by MANY of OASIS items
- What picture is being painted?



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OASIS-Based Measures

- Education, Education, Education!
- Educate staff on GG scoring accuracy and avoid "activity not attempted" defaults, as well as other OASIS items, PDGM, Star rating and HHVBP
- Regularly audit OASIS documentation to identify trends and inconsistencies. Evaluate internal processes for SOC/ROC assessments, clinician training, and QA feedback loops
- Outsource to certified experts for OASIS & Coding Review to ensure compliance, maximize outcomes and reimbursement
- Use performance dashboards to track improvement and motivate staff.
- Clinical Consulting to help identify documentation gaps, streamline workflows, and align practice with outcomes.
- Agencies investing in staff education, clinical QA partnerships, and realtime data feedback see measurable improvements in scores—and in revenue.



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Claims-Based Measures

- Avoiding unnecessary hospital stays can significantly boost outcomes and financial performance.
- Use predictive analytics to identify high-risk patients.
- Implement 7 Touches in 7 Days & Tuck-In Calls for early intervention.
- Provide patient & caregiver education on when to call the agency first.
- Track ER/Observation stays and address gaps in care planning.
- Conduct root cause analysis after hospitalizations to prevent recurrences.
- Embed risk assessments directly into care plans.
- Clinical Consulting to uncover root causes & optimize care management.
- Investing in proactive care planning and staff education leads to measurable gains in VBP performance, reduced hospitalization rates, and stronger patient outcomes.

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HHCAHPS

- Agencies can use HHCAHPS feedback to identify areas for improvement in care delivery and patient interactions.
- Train staff empathetic communication and customer service training at least annually.
- Use "Call Us First" campaigns to reinforce patient engagement.
- Touchbase calls during and after discharge
- Continuity of care
- Copy of envelope in SOC packet
- Look at return rates, consider increasing # surveys sent
- Monitor composite scores and address low-performing domains.

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Resources

- https://www.govinfo.gov/content/pkg/FR-2023-04-10/pdf/2023-07137.pdf
- https://innovation.cms.gov/innovationmodels/expanded-home-health-valuebased-purchasing-model
- https://www.cms.gov/files/document/hhdischarge-function-score-measuretechnical-report.pdf
- Home Health CY2026 Proposed Rule on changes to the VBP

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