

# HHVBP Interim Performance Reports (IPR) & Proposed Changes

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## **Melinda A. Gaboury, COS-C Chief Executive Officer**

Melinda A. Gaboury, with more than 30 years in home care, has over 20 years of executive speaking and educating experience, including extensive day to day interaction with home care and hospice professionals. She routinely conducts Home Care and Hospice Reimbursement Workshops and speaks at state association meetings throughout the country. Melinda has profound experience in Medicare PDGM training, billing, collections, case-mix calculations, chart reviews and due diligence. UPIC, RA, ADR & TPE appeals with all Medicare MACs have become the forefront of Melinda's current impact on the industry. She is currently serving as Chair of the NAHC/HHFMA Advisory Board and Work Group and is serving on the board of the Home Care Association of Florida and the Tennessee Association for Home Care. Melinda is also the author of the Home Health OASIS Guide to OASIS-E and Home Health Billing Answers, 2023.



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# Accessing Reports in iQIES

- Expanded HHVBP Model IPRs are available on the Internet Quality Improvement and Evaluation System (iQIES) portal: <https://iqies.cms.gov/iqies>.

**Expanded HHVBP Model Reports  
– Access Instructions (PDF)**  
on the  
[Expanded HHVBP Model webpage](https://iqies.cms.gov/iqies)



- CMS will send emails announcing the availability of the reports in iQIES to registered users through the Expanded HHVBP Model listserv and the iQIES listserv.



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# Accessing Reports in iQIES

- IPRs are available in the “HHA Provider Preview Reports” folder, by the CMS Certification Number (CCN) assigned to the HHA.
- If a provider has more than one (1) CCN, a report will be available for each CCN.
- Only iQIES users authorized to view an HHA’s reports can access the expanded HHVBP Model reports.
- For more information, please review the [QIES Technical Support Office webpage](#) for HHA Providers.

For support with iQIES registration and/or accessing reports, please contact the QIES/iQIES Service Center by phone at (800) 339-9313 or email [iqies@cms.hhs.gov](mailto:iqies@cms.hhs.gov).



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# Benchmarks & Achievement Thresholds (2022)

Final Achievement Thresholds and Benchmarks

Measure	Data Period [b] (12-Month End Date)	Achievement Threshold [c]		Benchmark [c]	
		Smaller-volume Cohort	Larger-volume Cohort	Smaller-volume Cohort	Larger-volume Cohort
OASIS-based Measures					
Discharged to Community	12-31-2022	66.012	72.652	88.914	84.249
Improvement in Dyspnea	12-31-2022	74.818	86.305	99.991	98.512
Improvement in Management of Oral Medications	12-31-2022	68.978	80.990	99.409	97.899
Total Normalized Composite (TNC) Change in Mobility	12-31-2022	0.605	0.744	0.987	1.011
Total Normalized Composite (TNC) Change in Self-Care	12-31-2022	1.726	2.123	2.773	2.733
Claims-based Measures					
Acute Care Hospitalizations	12-31-2022	12.011	13.907	4.869	7.773
Emergency Department Use Without Hospitalization	12-31-2022	8.327	11.782	1.245	4.689
HHCAHPS Survey-based Measures					
Care of Patients	12-31-2022	-	89.254	-	94.448
Communications Between Providers and Patients	12-31-2022	-	86.626	-	93.036
Specific Care Issues	12-31-2022	-	82.048	-	91.198
Overall Rating of Home Health Care	12-31-2022	-	85.941	-	94.337
Willingness to Recommend the Agency	12-31-2022	-	79.986	-	91.202



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Calculate the achievement score using the following formula:

Achievement Score =

$$10 \times \frac{(HHA \text{ Performance Score} - \text{Achievement Threshold})}{\text{Benchmark} - \text{Achievement Threshold}}$$



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# Calculation of the Improvement Score

The improvement score formula quantifies the HHA's performance on each applicable measure in the performance year relative to its own performance in the baseline year by calculating the improvement score:

Improvement Score =

$$9 \times \frac{(\text{HHA Performance Score} - \text{HHA Improvement Threshold})}{\text{Benchmark} - \text{HHA Improvement Threshold}}$$



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## Table of Contents Tab

Home Health Value-Based Purchasing (HHVBP) Model July 2023 Interim Performance Report	
<b>Your HHA</b>	
CCN	999999
HHA Name	We Love Home Health
HHA Address	999 Home Health Ln, Home Health, MD 99999
Your HHA's Cohort	Larger-Volume
<b>Table of Contents (TOC)</b>	
Worksheet/Tab	Description
<a href="#">Overview</a>	This worksheet provides details about this Model report, an overview of the expanded HHVBP Model, and how your home health agency (HHA) can submit a recalculation request.
<a href="#">Achievement</a>	The "Achievement" worksheet shows your HHA's Achievement Points.
<a href="#">Improvement</a>	The "Improvement" worksheet shows your HHA's Improvement Points.
<a href="#">Care Points</a>	The "Care Points" worksheet shows your HHA's total points (i.e., "Care Points") based on the higher of your HHA's Achievement or Improvement Points.
<a href="#">Measure Scorecard</a>	The "Measure Scorecard" worksheet outlines the calculation of your HHA's Total Performance Score (TPS) and how it compares to HHAs in your HHA's cohort.
<a href="#">TNC Change Reference</a>	The "TNC Change Reference" worksheet displays your HHA's performance on individual OASIS items composing the Total Normalized Composite (TNC) change measures.
<a href="#">AT and BM</a>	The "AT and BM" worksheet reports final Achievement Thresholds (AT) and Benchmarks (BM) by volume-based cohort.
<a href="#">Model Resources</a>	The "Model Resources" worksheet resources is designed to assist with understanding the expanded HHVBP Model and the Model reports.

HHA-specific information

- ✓ CCN
- ✓ Name & Address
- ✓ Cohort assignment\*
- Name, description, and hyperlink for each tab included in the IPR
- EVERY CCN gets a separate IPR



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# Overview Tab

**Home Health Value-Based Purchasing (HHVBP) Model**  
July 2023 Interim Performance Report

[Return to TOC](#)  
[Go to Model Resources](#)

**Your HHA**

CCN: 999999  
HHA Name: We Love Home Health  
HHA Address: 999 Home Health Ln, Home Health, MD 99999  
Your HHA's Cohort: Larger-Volume

OASIS-based Measures: April 1, 2022 to March 31, 2023  
Claims-based Measures: January 1, 2022 to December 31, 2022  
HHCAHPS Survey-based Measures: January 1, 2022 to December 31, 2022

For this IPR, your HHA's cohort is determined by your HHA's unique beneficiary count in CY 2022. If your HHA's cohort shows "N/A" (Not Applicable), your HHA could not be assigned to a cohort for this report and cohort information presented in this report is based on the larger-volume cohort, which most HHAs fall into. Updates to your cohort assignment will appear in future reports as applicable. Please refer to the Expanded HHVBP Model Guide at <https://innovation.cms.gov/innovation-models/expanded-home-health-value-based-purchasing-model> for additional information.

**Your HHA's Interim Total Performance Score (TPS):** 0.000

**The Expanded HHVBP Model**  
The HHVBP Model is designed to support greater quality and efficiency of care among Medicare-certified HHAs nationally. Under this model, Medicare payments made to HHAs are dependent on the HHAs' performance on specified quality measures relative to their peers (i.e., value-based payments). The HHVBP Model was first tested among HHAs in nine states from January 1, 2016 to December 31, 2021. National expansion began on January 1, 2022. Calendar Year (CY) 2022 was the pre-implementation year. The first full performance year for the expanded HHVBP Model is CY 2023. For more information related to the expanded HHVBP Model, please refer to the CY 2022 and CY 2023 Home Health Prospective Payment System (HH PPS) Final Rules.

**Submitting a Recalculation Request**  
Publication of quarterly IPRs occurs in two (2) stages: 1) a Preliminary IPR, and 2) a Final IPR. As cited in the [CY 2022 HH PPS final rule](#) (p. 62331) and CFR §484.375, the Preliminary IPR provides an HHA with an opportunity to submit a recalculation request for applicable measures and interim performance scores if the agency believes there is evidence of a discrepancy in the calculation (e.g., the HHA did not receive achievement points for the OASIS-based Dyspnea applicable measure even though the HHA's achievement score/points exceeded the cohort's achievement threshold for this applicable measure).  
Please note, the recalculation request does not apply to errors in data submission since submission requirements for the expanded Model align with current

- Performance year data time periods for each quality measure category.
- Explanation of the cohort assignment.
- Interim Total Performance Score (TPS).
  - The TPS is a numeric score, ranging from zero (0) to 100, awarded to each qualifying HHA based on the performance scores and weighting for each applicable measure. HHAs must have sufficient data to receive a TPS.
- Instructions for submitting a recalculation request.



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# Achievement Tab

**Achievement Points**

Measure	Performance Year Data Period [a] (12-Month End Date)	Your HHA's Performance Year Measure Value [b]	Your Cohort's Achievement Threshold [c]	Your Cohort's Benchmark [d]	Your HHA's Achievement Points [e]	Maximum Possible Achievement Points
<b>OASIS-based Measures</b>						
Discharged to Community	03-31-2023	81.365	72.652	84.249	7.513	10.000
Improvement in Dyspnea	03-31-2023	86.794	86.305	98.512	0.401	10.000
Improvement in Management of Oral Medications	03-31-2023	84.053	80.990	97.899	1.811	10.000
Total Normalized Composite (TNC) Change in Mobility [f]	03-31-2023	0.775	0.744	1.011	1.161	10.000
Total Normalized Composite (TNC) Change in Self-Care [g]	03-31-2023	2.222	2.123	2.733	1.623	10.000
<b>Claims-based Measures</b>						
Acute Care Hospitalizations	12-31-2022	13.465	13.907	7.773	0.721	10.000
Emergency Department Use Without Hospitalization	12-31-2022	13.509	11.782	4.689	0.000	10.000
<b>HHCAHPS Survey-based Measures</b>						
Care of Patients	12-31-2022	88.004	89.254	94.448	0.000	10.000
Communications Between Providers and Patients	12-31-2022	83.027	86.626	93.036	0.000	10.000
Specific Care Issues	12-31-2022	79.757	82.048	91.198	0.000	10.000
Overall Rating of Home Health Care	12-31-2022	85.285	85.941	94.337	0.000	10.000
Willingness to Recommend the Agency	12-31-2022	77.673	79.986	91.202	0.000	10.000



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# Improvement Tab

## Improvement Points

Measure	Performance Year Data Period [a] (12-Month End Date)	Baseline Year Data Period [b] (12-Month End Date)	Your HHA's Performance Year Measure Value [c]	Your HHA's Improvement Threshold [d]	Your Cohort's Benchmark [e]	Your HHA's Improvement Points [f]	Maximum Possible Improvement Points
<b>OASIS-based Measures</b>							
Discharged to Community	03-31-2023	12-31-2022	81.365	81.289	84.249	0.231	9.000
Improvement in Dyspnea	03-31-2023	12-31-2022	86.794	86.624	98.512	0.129	9.000
Improvement in Management of Oral Medications	03-31-2023	12-31-2022	84.053	83.167	97.899	0.541	9.000
Total Normalized Composite (TNC) Change in Mobility [g]	03-31-2023	12-31-2022	0.775	0.745	1.011	1.015	9.000
Total Normalized Composite (TNC) Change in Self-Care [h]	03-31-2023	12-31-2022	2.222	2.153	2.733	1.071	9.000
<b>Claims-based Measures</b>							
Acute Care Hospitalizations	12-31-2022	12-31-2022	13.465	13.465	7.773	0.000	9.000
Emergency Department Use Without Hospitalization	12-31-2022	12-31-2022	13.509	13.509	4.689	0.000	9.000
<b>HHCAHPS Survey-based Measures</b>							
Care of Patients	12-31-2022	12-31-2022	88.004	88.004	94.448	0.000	9.000
Communications Between Providers and Patients	12-31-2022	12-31-2022	83.027	83.027	93.036	0.000	9.000
Specific Care Issues	12-31-2022	12-31-2022	79.757	79.757	91.198	0.000	9.000
Overall Rating of Home Health Care	12-31-2022	12-31-2022	85.285	85.285	94.337	0.000	9.000
Willingness to Recommend the Agency	12-31-2022	12-31-2022	77.673	77.673	91.202	0.000	9.000



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# Care Points Tab

## Care 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]
<b>OASIS-based Measures</b>					
Discharged to Community	Yes	7.513	0.231	7.513	≥75
Improvement in Dyspnea	Yes	0.401	0.129	0.401	25-49
Improvement in Management of Oral Medications	Yes	1.811	0.541	1.811	50-74
Total Normalized Composite (TNC) Change in Mobility	Yes	1.161	1.015	1.161	25-49
Total Normalized Composite (TNC) Change in Self-Care	Yes	1.623	1.071	1.623	50-74
<b>Claims-based Measures</b>					
Acute Care Hospitalizations	Yes	0.721	0.000	0.721	50-74
Emergency Department Use Without Hospitalization	Yes	0.000	0.000	0.000	<25
<b>HHCAHPS Survey-based Measures</b>					
Care of Patients	Yes	0.000	0.000	0.000	<25
Communications Between Providers and Patients	Yes	0.000	0.000	0.000	<25
Specific Care Issues	Yes	0.000	0.000	0.000	<25
Overall Rating of Home Health Care	Yes	0.000	0.000	0.000	<25
Willingness to Recommend the Agency	Yes	0.000	0.000	0.000	<25
<b>Summary</b>					
Number of Measures Included	12		Summed Care Points:	13.230	25-49



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# Measure Scorecard Tab

Measure Scorecard				
Measure	Your HHA's Care Points	Maximum Possible Points	Measure Weight [a]	Your HHA's Weighted Measure Points [b]
<b>OASIS-based Measures</b>				
Discharged to Community	7.513	10.000	5.833	4.383
Improvement in Dyspnea	0.401	10.000	5.833	0.234
Improvement in Management of Oral Medications	1.811	10.000	5.833	1.056
Total Normalized Composite (TNC) Change in Mobility	1.161	10.000	8.750	1.016
Total Normalized Composite (TNC) Change in Self-Care	1.623	10.000	8.750	1.420
<b>Sum of OASIS-based Measures</b>	<b>12.509</b>	<b>50.000</b>	<b>35.000</b>	<b>8.109</b>
<b>Claims-based Measures</b>				
Acute Care Hospitalizations	0.721	10.000	26.250	1.893
Emergency Department Use Without Hospitalization	0.000	10.000	8.750	0.000
<b>Sum of Claims-based Measures</b>	<b>0.721</b>	<b>20.000</b>	<b>35.000</b>	<b>1.893</b>
<b>HHCAHPS Survey-based Measures</b>				
Care of Patients	0.000	10.000	6.000	
Communications Between Providers and Patients	0.000	10.000	6.000	
Specific Care Issues	0.000	10.000	6.000	
Overall Rating of Home Health Care	0.000	10.000	6.000	
Willingness to Recommend the Agency	0.000	10.000	6.000	
<b>Sum of HHCAHPS Survey-based Measures</b>	<b>0.000</b>	<b>50.000</b>	<b>30.000</b>	<b>0.000</b>
<b>Sum of All Measures</b>	<b>13.230</b>	<b>120.000</b>	<b>100.000</b>	<b>10.002</b>
<b>Total Performance Score (TPS)</b>				
Number of Measures Included	12			
Your HHA's Summed Care Points	13.230			
Your HHA's Interim TPS	10.002			
Percentile Ranking within Your HHA's Cohort [c]	<25			
<b>TPS Statistics for Your HHA's Cohort</b>				
Number of HHAs in Your HHA's Cohort	6,838			
25th Percentile	11.898			
50th Percentile	20.924			
75th Percentile	32.256			
99th Percentile	68.077			



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# Measure Scorecard Tab

Measure Scorecard				
Measure	Your HHA's Care Points	Maximum Possible Points	Measure Weight [a]	Your HHA's Weighted Measure Points [b]
<b>OASIS-based Measures</b>				
Discharged to Community	7.513	10.000	5.833	4.383
Improvement in Dyspnea	0.401	10.000	5.833	0.234
Improvement in Management of Oral Medications	1.811	10.000	5.833	1.056
Total Normalized Composite (TNC) Change in Mobility	1.161	10.000	8.750	1.016
Total Normalized Composite (TNC) Change in Self-Care	1.623	10.000	8.750	1.420
<b>Sum of OASIS-based Measures</b>	<b>12.509</b>	<b>50.000</b>	<b>35.000</b>	<b>8.109</b>
<b>Claims-based Measures</b>				
Acute Care Hospitalizations	0.721	10.000	26.250	1.893
Emergency Department Use Without Hospitalization	0.000	10.000	8.750	0.000
<b>Sum of Claims-based Measures</b>	<b>0.721</b>	<b>20.000</b>	<b>35.000</b>	<b>1.893</b>
<b>HHCAHPS Survey-based Measures</b>				
Care of Patients	0.000	10.000	6.000	
Communications Between Providers and Patients	0.000	10.000	6.000	
Specific Care Issues	0.000	10.000	6.000	
Overall Rating of Home Health Care	0.000	10.000	6.000	
Willingness to Recommend the Agency	0.000	10.000	6.000	
<b>Sum of HHCAHPS Survey-based Measures</b>	<b>0.000</b>	<b>50.000</b>	<b>30.000</b>	<b>0.000</b>
<b>Sum of All Measures</b>	<b>13.230</b>	<b>120.000</b>	<b>100.000</b>	<b>10.002</b>



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# Measure Scorecard Tab

Total Performance Score (TPS)	
Number of Measures Included	12
Your HHA's Summed Care Points	13.230
Your HHA's Interim TPS	10.002
Percentile Ranking within Your HHA's Cohort [c]	<25

TPS Statistics for Your HHA's Cohort	
Number of HHAs in Your HHA's Cohort	6,838
25th Percentile	11.898
50th Percentile	20.924
75th Percentile	32.256
99th Percentile	68.077



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# TNC Change Reference Tab

Performance Summary for TNC Change Measures [b]

Your HHA's count of eligible quality episodes [c]	2,031					
OASIS Item [d]	Changes in OASIS Item Responses between SOC/ROC and EOC as a Percent of Eligible Quality Episodes [e]					
	YOUR HHA			AVERAGE FOR YOUR HHA'S COHORT [f]		
	% No Change	% Positive Change	% Negative Change	% No Change	% Positive Change	% Negative Change
<b>Total Normalized Composite (TNC) Change in Mobility</b>						
M1840 Toilet Transferring (0-4)	20%	79%	0%	31%	68%	1%
M1850 Transferring (0-5)	14%	85%	0%	23%	75%	1%
M1860 Ambulation/Locomotion (0-6)	18%	82%	0%	22%	77%	2%
<b>Total Normalized Composite (TNC) Change in Self-Care</b>						
M1800 Grooming (0-3)	17%	82%	1%	21%	77%	1%
M1810 Ability to Dress Upper Body (0-3)	18%	81%	0%	20%	79%	1%
M1820 Ability to Dress Lower Body (0-3)	18%	81%	0%	21%	78%	1%
M1830 Bathing (0-6)	17%	83%	1%	18%	81%	2%
M1845 Toileting Hygiene (0-3)	20%	79%	1%	22%	77%	1%
M1870 Feeding or Eating (0-5)	42%	55%	3%	46%	52%	2%



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# Resources

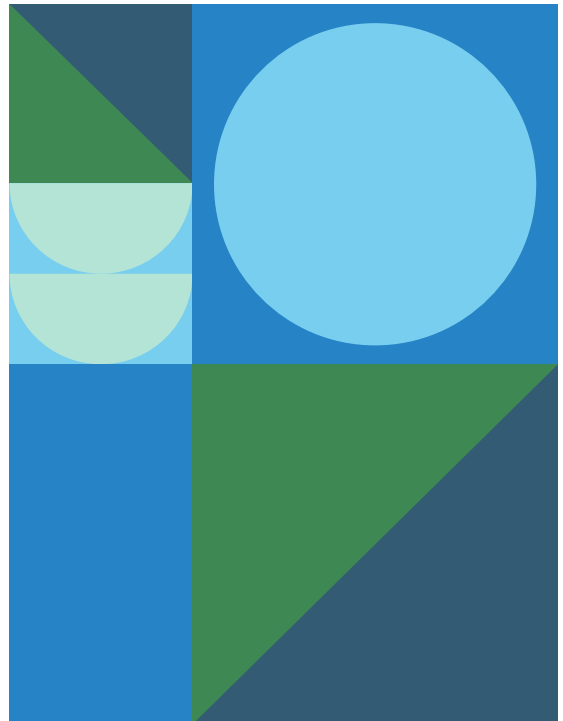
Resource Category	Resources available on the <a href="#">Expanded HHVBP Model webpage</a>
FAQs, Model Guide & Resource Index	Expanded HHVBP Model Frequently Asked Questions (FAQs) Expanded HHVBP Model Guide Expanded HHVBP Model Resource Index
Model Reports	Expanded HHVBP Model Reports- Access Instructions Expanded HHVBP Model Recalculation Instructions IPR Quick Reference Guide
Quality Measures	HHVBP Model: Quality Measures Used in the Expanded Model Calculating Episode-Level Observed Values for the Total Normalized Composite Change Measures Risk Adjustment in the Expanded HHVBP Model Technical Specifications for the Total Normalized Composite Change Measures – April 2023 Technical Specifications for the Total Normalized Composite Change Measures – October 2021
Total Performance Score & Payment Adjustment	How Measure Performance Becomes Care Points Instructional Video How Care Points Become the Total Performance Score (TPS) How the Total Performance Score (TPS) Becomes the Final Payment Adjustment

<https://innovation.cms.gov/innovation-models/expanded-home-health-value-based-purchasing-model>



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## Proposed Changes for 2025 HHVBP



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# Proposed Changes - 2025!

The HH Proposed Rule, released on June 30<sup>th</sup>, proposes several changes to HHVBP, starting in **CY2025**:

- Removal of 5 measures, addition of 3 new measures (starting in CY 2025)
- Updated weights for all measures, except HHCAHPS (starting in CY 2025)
- **Updated Baseline Year (2023) for all measures (starting in CY 2025)**
- Codify the measure removal factors (effective in CY 2024)

## Public Reporting Update

CMS is including an update to remind HHAs and other stakeholders that **public reporting** of HHVBP performance data and payment adjustments will begin in December 2024.



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## Proposed Changes to Measures & Weights

Measure	In current model	Proposed for CY 2025	Current Weights *	Proposed New Weights *	Notes
Improvement in Dyspnea	Y	Y	5.83	6.0	Proposed change in weight
Improvement in Management of Oral Medications	Y	Y	5.83	9.0	Proposed change in weight
Discharge to Community (DTC)	Y	Removed	5.83	---	OASIS-based measure proposed to be replaced by DTC-PAC
Discharge to Community-Post Acute Care (DTC-PAC)	N	Replacement measure	---	9.0	Claims-based measure proposed to replace existing DTC measure
Emergency Department Use (ED Use)	Y	Removed	8.75	---	Proposed to be replaced by PPH
Acute Care Hospitalization (ACH)	Y	Removed	26.25	---	Proposed to be replaced by PPH
HH Within-Stay Potentially Preventable Hospitalization (PPH)	N	Replacement measure	---	26.0	Proposed to replace existing ACH and ED Use measures
TNC Change in Mobility	Y	Removed	8.75	---	Proposed to be replaced by DFS
TNC Change in Self-Care	Y	Removed	8.75	---	Proposed to be replaced by DFS
Discharge Function Score (DFS)	N	Replacement measure	---	20.0	Proposed to replace TNC Mobility & TNC Self-Care



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## DTC-PAC

- This Medicare claims-based outcome measure assesses successful discharge to community from an HHA, with successful discharge to community including no unplanned hospitalizations and no death in the 31 days following discharge. Specifically, this measure reports an HHA's risk-standardized rate of Medicare fee-for-service (FFS) patients who are discharged to the community following an HHA stay, and do not have an unplanned admission to an acute care hospital or long-term care hospital (LTCH) in the 31 days following discharge to community, and who remain alive during the 31 days following discharge to community.

**Measure exclusion criteria are as follows:**

- Age under 18 years;
- Discharges to a psychiatric hospital;
- Discharges against medical advice;
- Discharges to disaster alternative care site or a federal hospital;
- Discharges to court/law enforcement;
- Discharges to hospice or patient stays with a hospice benefit in the 31-day post-discharge window;
- Stays for patients without continuous Parts A and B FFS Medicare enrollment during the 12 months prior to the HHA admission date and the 31 days after the HHA discharge;
- HHA stays preceded by a short-term acute care or psychiatric stay for non-surgical treatment of cancer;
- Stays ending in transfer to a HHA; and
- Stays with problematic claims data (e.g. anomalous records for stays that overlap wholly or in part, or are otherwise erroneous or contradictory).
- Medicare Part A benefits exhausted



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## HH With-in Stay Potentially Preventable Hospitalization

- This measure reports a home health agency (HHA)-level rate of risk-adjusted potentially preventable hospitalization (PPH) or potentially preventable observation stays (PPOBS) that occur within a home health (HH) stay for all eligible stays at each agency. A HH stay is a sequence of HH payment episodes separated from other HH payment episodes by at least two days.

**The following stays are excluded from the measure:**

- 1) Stays where the patients are less than 18 years old.
- 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.
- 3) Stays that begin with a Low Utilization Payment Adjustment (LUPA) claim.



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## HH With-in Stay Potentially Preventable Hospitalization

4) Stays where the patient receives service from multiple agencies during the home health stay.

5) Stays where the information required for risk adjustment is missing.

- If one of the four conditions occur, the stays will be excluded:
  - Missing beneficiary's birthday information;
  - Beneficiary has gender other than male or female;
  - Missing or invalid Health Insurance Prospective Payment System (HIPPS) code; Abt Associates
  - 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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## Discharge Function Score

- **Numerator:** Number of home health episodes with an observed discharge function score that is equal to or higher than the calculated **expected discharge function score**.
- **Denominator:** Number of home health episodes of care ending with a discharge during the reporting period, other than those covered by generic or measure- specific exclusions.

What's new?

Uses "GG" OASIS Questions instead of M1800s



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## Discharge Function Score

An expectation for discharge function score is built for each HHA episode by accounting for patient characteristics that impact their functional status. The final Discharge Function Score for a given HHA is the proportion of that HHA's episodes where a patient's observed discharge score meets or exceeds their expected discharge score. HHAs with low scores are not producing the functional gains that they could be for a larger share of their patients. The measure provides actionable feedback to HHAs that has the potential to hold providers accountable and encourage them to improve the quality of care they deliver. This measure also promotes patient wellness, encourages the provision of adequate therapy to help prevent adverse outcomes (e.g., rehospitalization), and increases the transparency of quality of care in the HH setting. The Discharge Function Score measure adds value to the HH QRP function measure portfolio by using specifications that allow for better comparisons across post-acute care (PAC) settings, considering both self-care and mobility activities in the function score, and refining the approach to addressing missing item scores.



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## Discharge Function Score

The HH episode is excluded if any of the following are true:

- Patients with an incomplete stay. Patients with incomplete stays include patients who are unexpectedly discharged to an acute care setting (Short-stay Acute Hospital, Critical Access Hospital, Inpatient Psychiatric Facility, or Long-term Care Hospital); patients who die; and patients with an HH episode that is less than 3 days.
- Patient is in a coma, persistent vegetative state, has complete tetraplegia, locked-in state, severe anoxic brain damage, cerebral edema, or compression of the brain.
- Patient is younger than 18 years: Age in years is calculated based on the truncated difference between admission date and birth date, i.e., the difference is not rounded to nearest whole number.
- Patient is discharged to hospice (home or institutional facility)



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# Thank You for Participating!

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