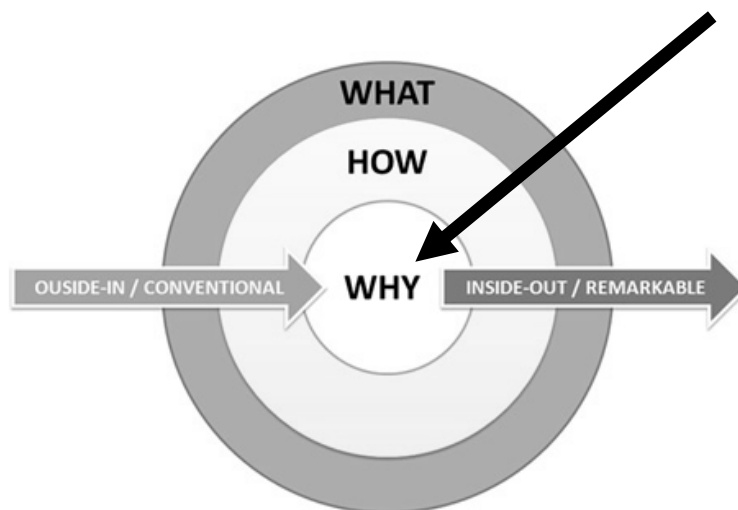


# QAPI and Reporting

Home Health



## QAPI and the Conditions of Participation

- §484.65 Condition of participation: Quality assessment and performance improvement (QAPI). (G640)
- The HHA must develop, implement, evaluate, and maintain an effective, ongoing, HHA-wide, data-driven QAPI program. The HHA's governing body must ensure that the program reflects the complexity of its organization and services; involves all HHA services (including those services provided under contract or arrangement); focuses on indicators related to improved outcomes, including the use of emergent care services, hospital admissions and re-admissions; and takes actions that address the HHA's performance across the spectrum of care, including the prevention and reduction of medical errors. The HHA must maintain documentary evidence of its QAPI program and be able to demonstrate its operation to CMS.



## Program Scope §484.65(a) (G642)

- The program must at least be capable of showing measurable improvement in indicators for which there is evidence that improvement in those indicators will improve health outcomes, patient safety, and quality of care.
- The HHA must measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that enable the HHA to assess processes of care, HHA services, and operations.



## Program Data §484.65(b) (G644)

- The program must utilize quality indicator data, including measures derived from OASIS, where applicable, and other relevant data, in the design of its program.
- The HHA must use the data collected to-
- Monitor the effectiveness and safety of services and quality of care; and
- Identify opportunities for improvement.
- The frequency and detail of the data collection must be approved by the HHA's governing body.



## Program Activities §484.65(c) (G646)

- The HHA's performance improvement activities must—
- Focus on high risk, high volume, or problem-prone areas; (G648)
- Consider incidence, prevalence, and severity of problems in those areas; and (G650)
- Lead to an immediate correction of any identified problem that directly or potentially threaten the health and safety of patients. (G652)
- Performance improvement activities must track adverse patient events, analyze their causes, and implement preventive actions. (G654)
- The HHA must take actions aimed at performance improvement, and, after implementing those actions, the HHA must measure its success and track performance to ensure that improvements are sustained. (G656)



## Program Improvement Projects §484.65(d) (G658)

- The number and scope of distinct improvement projects conducted annually must reflect the scope, complexity, and past performance of the HHA's services and operations.
- The HHA must document the quality improvement projects undertaken, the reasons for conducting these projects, and the measurable progress achieved on these projects.



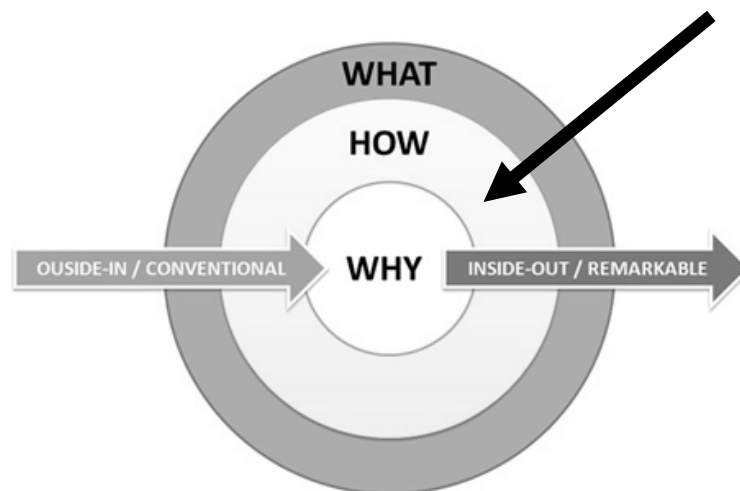
## In addition.....

- Executive Responsibilities (G660)-ongoing program for QAPI is implemented and maintained, address priorities for improved quality of care and patient safety, and all improvement activities are evaluated for effectiveness, clear expectations for patient safety are established, implemented and maintained. Findings of waste and abuse are maintained and appropriately addressed.
- Also included would be infection prevention and control program (G680-G686)



## Why use the CASPER Reports?

- Cost Effective Quality Care
- Preparation for State Survey
- Agency Characteristics
- Evaluate Process Measures



## Collection of Data

- May use SHP/PPS
- CASPER reports
- Home Health Compare
- HHCAHPS
- Internal Reports



## Submission Deadlines

- Starting with the July 1, 2017 to June 30, 2018 annual performance update (APU) period, the Quality Assessment Only (QAO) performance requirement is increased to 90%. The table below shows the QAO reporting schedule to home health agencies for 2019.

<b>Quality Assessment only (QAO) Interim Performance report</b>	<b>Includes OASIS Assessment COMPLETED during</b>	<b>Includes OASIS Assessments SUBMITTED by</b>
By Jan 1, 2019	10/1/17-9/30/18	October 30 2018
By April 1, 2019	1/1/18-12/31/18	Jan 31 2019
By July 1, 2019	4/1/18-3/31/19	Apr 30, 2019
QAO Annual performance report by 10/1/19	1/1/18-6/30/19	July 31, 2019



## Submission Deadlines

- HHCAHPS data must be reported for eligible patients on a monthly basis for four consecutive quarters.

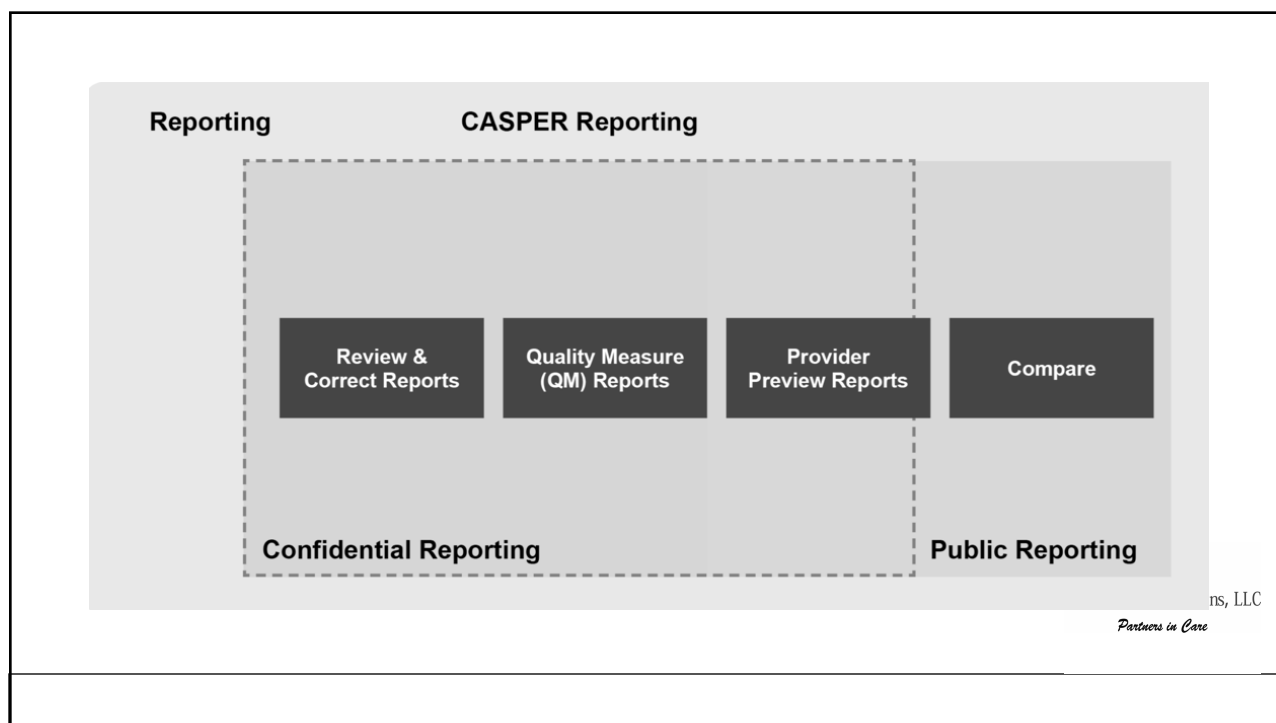
Quarter and Year	Data Submission Deadline
QTR 1, 2019	July 18, 2019
QTR 2, 2019	October 17 2019
QTR 3, 2019	January 16, 2020
QTR 4, 2019	April 16, 2020
QTR 1, 2020	July 16, 2020



## Home Health Compare Deadlines

	January 2019	April 2019	July 2019	October 2019
Preview reports available in CASPER	September 21 2018	December 21, 2018	March 22, 2019	June 24, 2019
Quality of Patient Care Star Rating suppression request deadline	October 20 2018	January 19, 2019	April 20, 2019	July 23, 2019
Deadline for submitting missing or corrected data	August 15, 2018	November 15, 2018	February 15 2019	May 15, 2019
Home Health Compare Updated	January 2019	April 2019	July 2019	October 2019

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## Review and Correct Report

- User Requested Casper Report
- Displays numerator and denominator counts for OASIS assessment-based quality measures, by quarter.
- Reports non-risk-adjusted quality measure result scores.
- Identifies if missing or corrected OASIS data should be submitted prior to a quarter's data submission deadline.
- Includes only OASIS data submitted and accepted prior to a quarter's data submission deadline.



## Quality Measures Reports

- User requested Casper reports
- Include process and outcome quality measure result data at the patient-level and agency-level.
- Provide confidential feedback to agencies on their performance.
- Result data are risk-adjusted where applicable.
- Claims-based measures are also included on the agency level reports.
- Include all data submitted from OASIS assessments with a target date within the requested reporting period, regardless of their submission date.



## Provider Preview Report

- Distributed CASPER report (shared folder within CASPER)
- Available quarterly, approximately three months prior to display on Home Health Compare.
- Provides opportunity to review agency-level risk-adjusted assessment and claims-based quality measure data measures that will be publicly reported on the Home Health Compare website for that reporting period.
- Measure results are final and cannot be updated.



## Verification of Submissions

- CMS provides both a quarterly Quality Assessments Only (QAO) Performance Report (a sample report is available in the Downloads box), as well as a year-end Historical Quality Assessments Only (QAO) Performance Report. This QAO Performance Report is based on OASIS assessments submitted by an HHA during the applicable reporting period as it relates to compliance and Annual Payment Update (APU).
- Additionally, OASIS validation reports are available in the CASPER reporting application. Instructions for running these reports can be found in the CASPER HHA Reporting User's Manual, available on the HHA Reference and Manuals webpage. Select Section 4: HHA Provider Reports and Appendix A – Quick Reference Submissions, Status and Final Validation Reports to open the PDFs.
- An HHA can monitor CAHPS® data submission reports under the tab FOR HHAs on the official website of the Home Health Care CAHPS Survey



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## The Big Picture

- Access and review CASPER reports each month
- Understand what the reports are telling you
- Analyze the information
- Study your practices that are affecting your data
- Make changes to your practice
- Observe differences in the reports



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# Quality Reporting Program and Quality Measures



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## HHQRP Reporting

- The HH QRP was implemented on January 1, 2007 with HH Quality data being collected with the OASIS data collection instrument.



## The Challenges



- The challenge in outcome analysis is to attempt to somehow separate changes due to care from those due to natural progression.
- This is achieved through risk adjustment



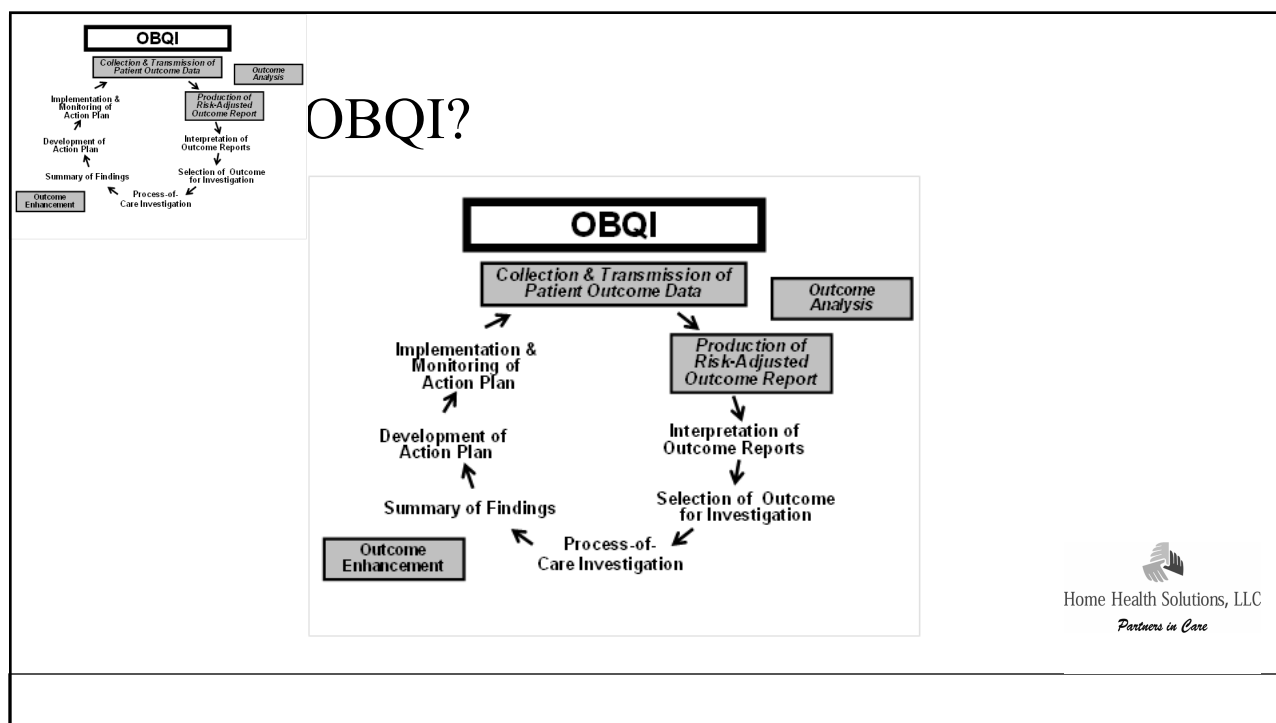
## Risk Adjustment

- Ensures fair comparison- “apples to apples”
- Analyzes an outcome and its multiple risk factors
- A different formula is developed for each Outcome to predict the expected value.
- Agency’s actual outcome compared to the National Reference which is risk adjusted.



## OBQI Outcome-Based Quality Improvement





## Primary OBQI Reports

- OBQI Outcome Report
- Agency Patient Related Characteristic report (Formerly Case Mix Report)
- Patient Tally Reports

**TABLE 2.2: Excerpt – Agency Patient-Related Characteristics Report.**

	<u>Current Mean</u>	<u>Ref. Mean</u>		<u>Current Mean</u>	<u>Ref. Mean</u>
<b>PATIENT HISTORY</b>					
<b>Demographics</b>			<b>LIVING</b>		
Age (years)	70.75	72.78*	<b>ARRANGEMENT/ASSISTANCE</b>		
Gender: Female (%)	69.4%	62.9%**	Current Situation		
Race: Black (%)	1.7%	10.7%**	Lives alone (%)	33.3%	32.4%
Race: White (%)	97.5%	85.5%**	Lives with others (%)	34.7%	34.9%
Race: Other (%)	0.8%	3.8%**	Lives in congregate situation (%)	32.0%	32.7%
<b>Payment Source</b>			Availability		
Any Medicare (%)	80.4%	82.6%	Around the clock (%)	39.0%	38.2%
Any Medicaid (%)	12.9%	14.3%	Regular daytime (%)	0.9%	3.9%
Any HMO (%)	3.0%	5.8%**	Regular nighttime (%)	0.5%	2.0%
Medicare HMO (%)	1.3%	2.2%	Occasional (%)	22.0%	21.3%
Private third party (%)	19.9%	21.9%	None (%)	37.7%	34.5%**
<b>Episode Start</b>			<b>CARE MANAGEMENT</b>		
Episode timing = Early (%)	74.7%	78.7%*	ADLs		
Episode timing = Late (%)	20.5%	14.1%**	None needed (%)	63.4%	71.9%**
			Caregiver currently provides (%)	21.9%	16.9%
			Caregiver training needed (%)	10.0%	7.4%
			Uncertain/Unlikely to be provided (%)	3.7%	2.8%
			Needed, but not available (%)	1.0%	1.8%

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## Agency Patient Characteristic Report

- The Agency-Patient Related Characteristics Report can assist an agency to prioritize its potential target outcomes for consideration. If an agency, for example, has a high percentage of patients with musculoskeletal diagnoses at start or resumption of care, agency staff may be more inclined to choose a functional outcome than some physiologic outcomes. In other words, the Agency-Patient Related Characteristics Report assists in determining the clinical significance of specific outcomes.



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Agency Name: FAIRCARE HOME HEALTH SERVICES  
 Agency ID: HHA01  
 Location: ANYTOWN, USA

CCN: 007001  
 Medicaid Number: 999888001  
 Date Reported: 03/21/2012

#### Agency Patient-Specific Characteristics (Case Mix) Tally Report\*

Report Period: 01/2010-12/2010		Demographics		Payment Sources		Episode Start		Patient Discharge				Sensory Status		3												
Legend: y = Attribute present n = Attribute not present Number = Patient's actual score on item with scale -- = No data collected for this item		SOC/ROC Date	Age	Gender: Female	Race: Black	Race: White	Race: Other	Any Medicare	Any Medicaid	Any HMO	Medicare HMO	Private third party	Episode timing=early	Episode timing=Late	Physician date vs. SOC/ROC	Referral date vs. SOC/ROC	Nursing facility	Skilled nursing facility	Short-stay acute hospital	Long-term care hospital	Inpatient rehab hospital/unit	Psychiatric hospital/unit	Vision impairment	Hearing Impairment	Verbal content understanding	Speech/language
Patient Name	1	2																								
Anderson, -----		06/12/10	74	y	n	y	n	y	n	n	n	n	y	n	0	1	N	n	n	y	n	n	0	1	1	1
Brown, -----		06/12/10	66	y	y	n	n	y	y	n	n	n	y	n	0	1	n	y	n	n	n	n	0	1	1	1
Byrne, -----		08/24/10	81	y	n	n	n	y	n	n	n	n	y	0	1	y	n	n	n	n	n	n	1	1	3	4

\*This sample report for illustrative purposes only. Data on actual Tally Reports that agencies will receive will be presented in a different order.

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## OBQI Outcome Report

- Outcome measures assess the results of health care that are experienced by patients. The data for the Home Health outcome measures are derived from 2 sources: (1) data collected in the Outcome and Assessment Information Set (OASIS) submitted by home health agencies; and (2) data submitted in Medicare claims.
- Risk Adjusted
  - Improvement measures (i.e., measures describing a patient's ability to get around, perform activities of daily living, and general health);
  - Measures of potentially avoidable events (i.e., markers for potential problems in care);
  - Utilization of care measures (i.e., measures describing how often patients access other health care resources either while home health care is in progress or after home health care is completed); and
  - Cost/Resource measures

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## Quality Measures Used in HH QRP

- The following 2 categories of quality measures are used in the HHQRP



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## HH QRP: Outcome Measures

- Outcome measures assess the results of healthcare experienced by patients
- The data for the HH outcome measures are derived from 2 sources.

### Assessment-Based

Data collected in OASIS and submitted by HH agencies.

### Medicare Claims-Based

Data submitted in Medicare claims.

- Only assessment based measures are included in the Review and Correct Report

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## HH QRP Process measures

- Process measures evaluate the rate at which HHAs use specific evidence based processes of care.
- The HH QRP process measures focus on high-risk high volume, problem-prone areas for HH Care.
- The data for HH process measures are derived from the following source.

### Assessment- Based

Data collected in OASIS and submitted by HH agencies.



## Outcomes Measure for Improvement

Type	Measure Title	HH Compare	NQF Status	Risk Adjusted
Outcome Functional	Improvement in Upper Body Dsg	No	No	Yes
Outcome-Functional	Lower body Dsg	No	No	Yes
Outcome-Functional	Bathing	Yes	Endorsed (0174)	Yes
Outcome-Functional	Toilet Transferring	No	No	No
Outcome-Functional	Bed Transferring	Yes	Endorsed (0175)	Yes
Outcome-Functional	Ambulation/Locomotion	Yes	Endorsed (0167)	Yes

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## Outcomes Measure for Improvement

Type	Measure Title	HH Compare	NQF Status	Risk Adjusted
Outcome Functional	Improvement in Mgmt of oral meds	Yes	Endorsed (0176)	Yes
Outcome-Health	Improvement in Dyspnea	Yes	No	Yes
Outcome-Health	Improvement in Pain interfering with activity	Yes	Endorsed (0177)	Yes
Outcome-Health	Improvement in status of surgical wounds	Yes	No	Yes
Outcome-Health	Changes in skin integrity post acute care-pressure ulcer/injury	Jan 2021	No	Yes
Outcome-Health	Improve in bowel incontinence	No	No	Yes

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## Outcomes Measure for Improvement

Type	Measure Title	HH Compare	NQF Status	Risk Adjusted
Outcome-Health	Improvement in Confusion frequency	No	No	Yes
Outcome-Health	Application of % of patients experiencing 1 or more major falls with injury	Jan 2021	No	No
Utilization Outcomes (OASIS Based)	DC to community	No	No	Yes

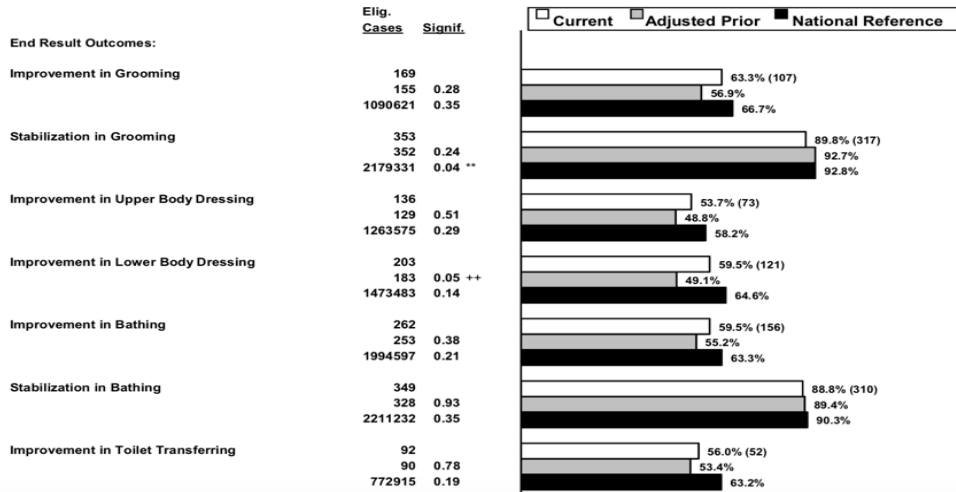


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Agency Name: FAIRCARE HOME HEALTH SERVICES  
 Agency ID: HHA01  
 Location: ANYTOWN, USA  
 CCN: 007001  
 Medicaid Number: 999888001  
 Date Report Printed: 03/21/2014

Requested Current Period: 01/2013 - 12/2013  
 Requested Prior Period: 01/2012 - 12/2012  
 Actual Current Period: 01/2013 - 12/2013  
 # Cases: Curr 402 Prior 374  
 Number of Cases in Reference Sample: 2325615

### All Patients' Risk Adjusted Outcome Report



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Agency Name: FAIRCARE HOME HEALTH SERVICES  
 Agency ID: HHA01  
 Location: ANYTOWN, USA

CCN: 007001  
 Medicaid Number: 999888001  
 Date Reported: 03/21/2012

### Outcome Tally Report

Report Period: 01/2010-12/2010		End Result Outcomes																				Utilization Outcomes		
Legend: x = Patient achieved outcome o = Patient did not achieve outcome - = Outcome not computed for patient y = Yes n = No		SOC/ROC Date	Improv in Light Meal Preparation	Stabilization in Light Meal Preparation	Improvment in Phone Use	Stabilization in Phone Use	Improvment in Mgmt of Oral Meds	Stabilization in Mgmt of Oral Meds	Improv in Pain Interfering w/Activity	Improv in Speech and Language	Stabl in Speech and Language	Improv in Status of Surgical Wounds	Improv in Urinary Tract Infection	Improvment in Urinary Incontinence	Improvment in Bowel Incontinence	Improvment in Confusion Frequency	Stabilization in Cognitive Functioning	Improvment in Anxiety Level	Stabilization in Anxiety Level	Improv in Behavioral Problem Freq.	Emergency Dept w/Hospitalization	Emergency Dept w/o Hospitalization	Discharged to Community	Acute Care Hospitalization
Patient Name																								
Anderson, -----		06/12/10	6	x	o	o	o	o	o	o	o	o	o	o	o	o	x	-	x	x	n	n	y	n
Brown, -----		06/12/10	-	x	-	-	x	-	-	-	-	x	-	-	x	x	-	-	-	-	-	y	n	n
Byrne, -----		08/24/10	o	o	x	x	x	x	x	-	-	-	x	x	x	x	-	-	x	x	n	n	y	n



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## How Do We Rate?

- The current rate reflects the agency's actual or observed outcome rate for the current period.
- The reference rate is the observed national rate adjusted to reflect the difference between the agency's predicted rate and that of the national home health patient population.
- The adjusted prior rate is the prior year's observed outcome rate, adjusted by the difference between the predicted rates for the prior and current years' patients, respectively.



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## Quality Measures Included in the Review and Correct Report

Quality Measure	Type
1. Improvement in Ambulation/locomotion (NQF#0167)	Outcome
2. Application of Percent of Residents Experiencing one or More Major Falls with Major Injury (Long Star) (NQF #0674)	Process
3. Improvement in Bed Transferring (NQF #0175)	Outcome
4. Improvement in Bathing (NQF #0174)	Outcome
5. Improvement in Pain interfering with Activity (NQF# 177)	Outcome
6. Improvement in Dyspnea	Outcome
7. Improvement in Status of Surgical Wounds (NQF #178)	Outcome
8. Improvement in Management of Oral Meds (NQF# 0176)	Outcome



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## Quality Measures Included in the Review and Correct Report

Quality Measure	Type
9. Timely Initiation of Care (NQF #0526)	Process
10. Depression Assessment Conducted (NQF #0518)	Process
11. Multifactor fall risk assessment conducted on patients who can ambulate (NQF #0537)	Process
12. Diabetic Foot care and patient education Implemented during all episodes of care (NQF# 0519)	Process
13. Drug education on all medications provided to patient/caregiver during all episodes of care	Process
14. Influenza immunization received for current flu season	Process
15. Pneumococcal polysaccharide vaccine ever received	Process

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## Quality Measures Included in the Review and Correct Report

Quality Measure	Type
16. Application of Percent of Long-term care hospital patients with an admission and discharge functional assessment and a care plan that addressed function (HH Compare January 2021)	Process
17. Drug regimen review conducted with follow-up for identified issues- Post Acute Care (PAC) HH QRP	Process

•Not risk-adjusted. Only observed(raw) rates are provided.

  
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## Claims Based Measures

- Acute Care Hospitalization During the First 60 days of Home Health (ACH)
- \*\*\*Emergency Department (ED) Use without Hospitalization During the First 60 Days of Home Health
- \*\*\*Rehospitalization during the First 30 Days of Home Health (Rehospitalization)
- ED Use without Hospital Readmission During the First 30 Days of Home Health (ED Use without Hospital Readmission)
- Discharge to Community
- Potentially Preventable 30-Day Post-Discharge Readmission



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## Proposing to Remove the Following CY 2021

- Depression Assessment Conducted
- Diabetic Foot care
- Multifactor fall risk assessment
- Pneumococcal Polysaccharide
- Improvement in the Status of Surgical Wounds
- Emergency Dept Use without rehospitalizations first 30 days
- Removal of rehospitalization during the first 30 days of HH



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## Potentially Avoidable Events

- Emergent Care for improper medication administration, medication side effects.
- Emergent Care for hypo/hyperglycemia
- Development of Urinary Tract Infection
- Increase in Number of Pressure Ulcers/Injuries
- Substantial Decline in 3 or more ADLs
- Substantial Decline in Management of oral medications
- Discharge to the community needing wound care or medication assistance

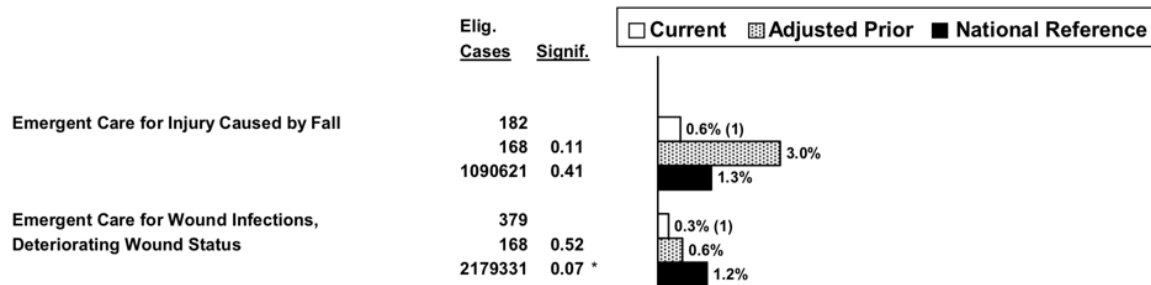


## Potentially Avoidable Events

- Discharged to the community needing toileting assistance
- Discharged to the community with behavioral problems
- Discharged to the community with an unhealed Stage 2 pressure ulcer





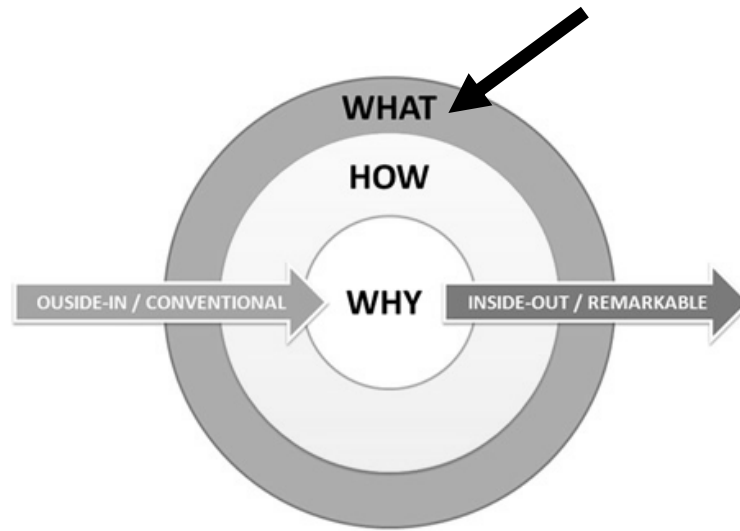
**FIGURE 2.3: Excerpt – Potentially Avoidable Event Report.**

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## MSPB-PAC

- MSPB-PAC HH episodes include the Medicare spending for Parts A and B services during the episode window, subject to certain exclusions for clinically unrelated services. These exclusions are for services that are clinically unrelated to post-acute care treatment or services over which home health agencies may have limited to no influence (e.g., routine management of certain preexisting chronic conditions).
- The episode window consists of a treatment period (days 1-60 of the home health Medicare FFS claim, or day 1 to discharge for a claim subject to a PEP adjustment) and an associated services period (day 1 of the home health claim through to 30 days after the end of the treatment period).

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## Utilizing Data

- Selecting specific outcomes from the risk-adjusted or descriptive Outcome Reports;
- Evaluating the care that produced these outcomes in your agency;
- Developing a plan of action to improve care (or to reinforce care where outcomes are superior to the reference); and
- Implementing and monitoring the plan of action in the agency.

  
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## Selecting Targeted Outcomes

- Important to limit to one or two outcomes
- **Criteria for Selecting Target Outcomes for the Process-of-Care Investigation.**
  - Statistically significant outcome differences
  - Larger magnitude of the outcome differences
  - Adequate number of cases
  - The actual significance levels of the differences Importance or relevance to your agency's goals
  - Clinical significance



## Statistically Significant Outcome Differences

- On the Outcome Reports, these statistically significant outcomes are easily detected -- they have single or double asterisks (\* or \*\*) in the "Signif." column (for national reference comparisons) or single or double "plus" signs for comparisons to prior time intervals (+ or ++).



## Larger Magnitude of Outcome Differences

- If sample sizes are quite large, it is possible for a relatively small outcome difference to be statistically significant. Therefore, in addition to statistical significance the actual magnitude of the outcome difference should be examined.
- The magnitude of the differences is assessed by reviewing the actual percentage of patients achieving the outcome in both the current and reference groups.



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## Adequate Number of Cases

- Also related to the issue of sample size is the fact that an extremely small sample size can result in an artificially large (or small) percentage of patients who achieve (or do not achieve) the outcome.
- For example, in a sample of 10 eligible cases, a change of only one case will cause a 10% change in the observed outcome rate.
- For this reason, it is recommended that at least 30 eligible cases be represented in the outcome computation when evaluating potential target outcomes.



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## Actual Significance Levels of the Outcome Differences

- In comparing outcomes for an agency relative to a national reference sample, the difference in Improvement in Dyspnea might have a significance level of 0.52, while the difference in Improvement in Lower Body Dressing is significant at the 0.12 level. Neither of these significance levels is 0.10 or lower, and neither would be asterisked on an Outcome Report. Nevertheless, the significance level for the outcome of Improvement in Lower Body Dressing is considerably smaller (i.e., closer to the significance level cutoff of 0.10). In this case, it is much more probable that an actual or underlying difference exists for the outcome of Improvement in Lower Body Dressing than for Improvement in Dyspnea. Therefore, it is more logical to select the dressing outcome as a target outcome.



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## Importance to Agency Goals

- Agency Specialty Programs?
- New initiatives



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## Clinical Significance

- First, if the outcome difference points to potentially serious clinical problems in quality of care, such outcomes have important clinical ramifications for immediate remediation.
- Second, it may be that the clinical focus is on caring for certain types of patients because of payer mix, the community served, or the nature of referrals.



## Performance Improvement Projects

- HHQI has resources
- No certain format
- Governing body drives frequency and what initiatives-Minimum one annually
- Example-Hospitalizations on HHQI
- <http://www.homehealthquality.org/CMSPages/GetFile.aspx?guid=feb482d5-48e0-44d9-9354-9543bff03571>
- <http://www.homehealthquality.org/CMSPages/GetFile.aspx?guid=cb314152-a70c-49f3-b0d0-c18de581228a>



## Finally

- Casper Reports-Medicare, Medicare HMO, Medicaid and Medicaid HMO-OASIS and Claims Data (OBQI and OBQM)- updated monthly
- Home Health Compare-Medicare Fee for Service Only-OASIS and claims data and are risk adjusted-Updated quarterly



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## Resource links

- Home Health Quality Reporting-  
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/index.html>
- Calculating HHCAHPS Score  
[https://homehealthcahps.org/Portals/0/HHCAHPS\\_steps\\_calculate\\_composites.pdf?ver=2016-11-07-101103-157](https://homehealthcahps.org/Portals/0/HHCAHPS_steps_calculate_composites.pdf?ver=2016-11-07-101103-157)
- CASPER Guidance Manual.  
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/downloads/HHQICASPER.pdf>



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## QUESTIONS?

J'non Griffin, RN MHA

HCS-D, HCS-H, HCS-C  
COS-C

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