

propose in PY1 to collect data on these New Measures which have already been tested for validity, reliability, usability/feasibility, and sensitivity in other health care settings but have not yet been validated within the home health setting. HHVBP will study if their use in the home health setting meets validity, reliability, usability/feasibility, and sensitivity to statistical variations criteria. For PY1, we propose HHA's would earn points to be included in the Total Performance Score (TPS) simply for reporting data on New Measures (see Section—Performance Scoring Methodology). To the extent we determine that one or more of the proposed New Measures is valid and reliable for the home health setting, we will consider proposing in future rulemaking to score Medicare-certified HHAs on their actual performance on the measure.

3. Proposed Measures

The initial set of measures proposed for PY1 of the model utilizes data collected via OASIS, Medicare claims, HHCAHPS survey data, and data reported directly from the HHAs to CMS. In total there are 10 process measures and 15 outcome measures (see Figure 4a) plus the four New Measures (see Figure 4b). Process measures evaluate the rate of HHA use of specific evidence-based processes of care based on the evidence available. Outcomes measures illustrate the end result of care delivered to HHA patients. When available, NQF endorsed measures would be used. This set of measures would be subject to change or retirement during subsequent model years and revised through the rulemaking process. For example, we may propose in future rulemaking to remove one or more of these measures if, based on the evidence, we conclude

that it is no longer appropriate for the model because, for example, performance on it has topped-out. We would also consider proposing to update the measure set if new measures that address gaps within the NQS domains became available. We would also consider proposing adjustments to the measure set based on lessons learned during the course of the model. For instance, in light of the passage of the IMPACT Act of 2014, which mandates the collection and use of standardized post-acute care assessment data, we would consider proposing in future rulemaking to adopt measures that meet the requirements of the IMPACT Act as soon as they became available.

We seek public comment on the methodology for constructing the proposed starter set of quality measures and on the proposed selected measures.

FIGURE 4a—PY1 PROPOSED MEASURES³⁵

NQS domains	Measure title	Measure type	Identifier	Data source	Numerator	Denominator
Clinical Quality of Care.	Improvement in Ambulation-Locomotion.	Outcome	NQF0167	OASIS (M1860).	Number of home health episodes of care where the value recorded on the discharge assessment indicates less impairment in ambulation/locomotion at discharge than at the start (or resumption) of care.	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.
Clinical Quality of Care.	Improvement in Bed Transferring.	Outcome	NQF0175	OASIS (M1850).	Number of home health episodes of care where the value recorded on the discharge assessment indicates less impairment in bed transferring at discharge than at the start (or resumption) of care.	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.
Clinical Quality of Care.	Improvement in Bathing.	Outcome	NQF0174	OASIS (M1830).	Number of home health episodes of care where the value recorded on the discharge assessment indicates less impairment in bathing at discharge than at the start (or resumption) of care.	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.
Clinical Quality of Care.	Improvement in Dyspnea.	Outcome	NA	OASIS (M1400).	Number of home health episodes of care where the discharge assessment indicates less dyspnea at discharge than at start (or resumption) of care.	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.

³⁵ For more detailed information on the proposed measures utilizing OASIS refer to the *OASIS-C1/ICD-9, Changed Items & Data Collection Resources* dated September 3, 2014 available at www.oasisanswers.com/LiteratureRetrieve.aspx?ID=215074. For NQF

endorsed measures see The NQF Quality Positioning System available at <http://www.qualityforum.org/QPS>. For non-NQF measures using OASIS see links for data tables related to OASIS measures at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/>

HomeHealthQualityInits/HHQIQualityMeasures.html. For information on HHCAHPS measures see <https://homehealthcahps.org/SurveyandProtocols/SurveyMaterials.aspx>.

FIGURE 4a—PY1 PROPOSED MEASURES ³⁵—Continued

NQS domains	Measure title	Measure type	Identifier	Data source	Numerator	Denominator
Clinical Quality of Care.	Timely Initiation of Care.	Process ..	NQF0526	OASIS (M0102; M0030).	Number of home health episodes of care in which the start or resumption of care date was either on the Physician-specified date or within 2 days of their referral date or inpatient discharge date whichever is later. For resumption of care, per the Medicare Condition of Participation, the patient must be seen within 2 days of inpatient discharge, even if the physician specifies a later date.	Number of home health episodes of care ending with discharge, death, or transfer to inpatient facility during the reporting period, other than those covered by generic or measure-specific exclusions.
Communication & Care Coordination.	Discharged to Community.	Outcome	NA	OASIS (M2420).	Number of home health episodes where the assessment completed at the discharge indicates the patient remained in the community after discharge.	Number of home health episodes of care ending with discharge or transfer to inpatient facility during the reporting period, other than those covered by generic or measure-specific exclusions.
Communication & Care Coordination.	Care Management: Types and Sources of Assistance.	Process ..	NA	OASIS (M2102).	Multiple data elements	Multiple data elements.
Efficiency & Cost Reduction.	Acute Care Hospitalization: Unplanned Hospitalization during first 60 days of Home Health; Hospitalization during first 30 days of Home Health.	Outcome	NQF0171; NQF2380 (Under review for Home Health).	CCW (Claims)	Number of home health stays for patients who have a Medicare claim for an admission to an acute care hospital in the 60 days following the start of the home health stay.	Number of home health stays that begin during the 12-month observation period. A home health stay is a sequence of home health payment episodes separated from other home health payment episodes by at least 60 days.
Efficiency & Cost Reduction.	Emergency Department Use without Hospitalization.	Outcome	NQF0173	CCW (Claims)	Number of home health stays for patients who have a Medicare claim for outpatient emergency department use and no claims for acute care hospitalization in the 60 days following the start of the home health stay.	Number of home health stays that begin during the 12-month observation period. A home health stay is a sequence of home health payment episodes separated from other home health payment episodes by at least 60 days.
Patient Safety	Pressure Ulcer Prevention and Care.	Process ..	NQF0538	OASIS (M1300; M2400).	Number of home health episodes during which interventions to prevent pressure ulcers were included in the Physician-ordered plan of care and implemented (since the previous OASIS assessment).	Number of home health episodes of care ending with discharge, or transfer to inpatient facility during the reporting period, other than those covered by generic or measure-specific exclusions.
Patient Safety	Improvement in Pain Interfering with Activity.	Outcome	NQF0177	OASIS (M1242).	Number of home health episodes of care where the value recorded on the discharge assessment indicates less frequent pain at discharge than at the start (or resumption) of care.	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.

FIGURE 4a—PY1 PROPOSED MEASURES ³⁵—Continued

NQS domains	Measure title	Measure type	Identifier	Data source	Numerator	Denominator
Patient Safety	Improvement in Management of Oral Medications.	Outcome	NQF0176	OASIS (M2020).	Number of home health episodes of care where the value recorded on the discharge assessment indicates less impairment in taking oral medications correctly at discharge than at start (or resumption) of care.	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
Patient Safety	Multifactor Fall Risk Assessment Conducted for All Patients who Can Ambulate.	Process ..	NQF0537	OASIS (M1910).	Number of home health episodes in which patients had a multi-factor fall risk assessment at start/resumption of care.	Number of home health episodes of care ending with discharge, death, or transfer to inpatient facility during the reporting period, other than those covered by generic or measure-specific exclusions.
Patient Safety	Prior Functioning ADL/IADL.	Outcome	NQF0430	OASIS (M1900).	The number (or proportion) of a clinician's patients in a particular risk adjusted diagnostic category who meet a target threshold of improvement in Daily Activity (that is, ADL and IADL) functioning.	All patients in a risk adjusted diagnostic category with a Daily Activity goal for an episode of care Cases to be included in the denominator could be identified based on ICD-9 codes or alternatively, based on CPT codes relevant to treatment goals focused on Daily Activity function.
Patient & Caregiver-Centered Experience.	Care of Patients.	Outcome	.....	CAHPS	NA	NA.
Patient & Caregiver-Centered Experience.	Communications between Providers and Patients.	Outcome	.....	CAHPS	NA	NA.
Patient & Caregiver-Centered Experience.	Specific Care Issues.	Outcome	.....	CAHPS	NA	NA.
Patient & Caregiver-Centered Experience.	Overall rating of home health care and.	Outcome	.....	CAHPS	NA	NA.
Patient & Caregiver-Centered Experience.	Willingness to recommend the agency.	Outcome	.....	CAHPS	NA	NA.
Population/Community Health.	Depression Assessment Conducted.	Process ..	NQF0518	OASIS (M1730).	Number of home health episodes in which patients were screened for depression (using a standardized depression screening tool) at start/resumption of care.	Number of home health episodes of care ending with discharge, death, or transfer to inpatient facility during the reporting period, other than those covered by generic or measure-specific exclusions.
Population/Community Health.	Influenza Vaccine Data Collection Period: Does this episode of care include any dates on or between October 1 and March 31?	Process ..	NA	OASIS (M1041).	NA	NA.

FIGURE 4a—PY1 PROPOSED MEASURES ³⁵—Continued

NQS domains	Measure title	Measure type	Identifier	Data source	Numerator	Denominator
Population/ Community Health.	Influenza Immunization Received for Current Flu Season.	Process ..	NQF0522	OASIS (M1046).	Number of home health episodes during which patients (a) received vaccination from the HHA or (b) had received vaccination from HHA during earlier episode of care, or (c) was determined to have received vaccination from another provider.	Number of home health episodes of care ending with discharge, or transfer to in-patient facility during the reporting period, other than those covered by generic or measure-specific exclusions.
Population/ Community Health.	Pneumococcal Polysaccharide Vaccine Ever Received.	Process ..	NQF0525	OASIS (M1051).	Number of home health episodes during which patients were determined to have ever received Pneumococcal Polysaccharide Vaccine (PPV).	Number of home health episodes of care ending with discharge or transfer to in-patient facility during the reporting period, other than those covered by generic or measure-specific exclusions.
Population/ Community Health.	Reason Pneumococcal vaccine not received.	Process ..	NA	OASIS (M1056).	NA	NA.
Clinical Quality of Care.	Drug Education on All Medications Provided to Patient/Caregiver during all Episodes of Care.	Process ..	NA	OASIS (M2015).	Number of home health episodes of care during which patient/caregiver was instructed on how to monitor the effectiveness of drug therapy, how to recognize potential adverse effects, and how and when to report problems (since the previous OASIS assessment).	Number of home health episodes of care ending with a discharge or transfer to in-patient facility during the reporting period, other than those covered by generic or measure-specific exclusions.

FIGURE 4b—PY1 PROPOSED NEW MEASURES

NQS domains	Measure title	Measure type	Identifier	Data source	Numerator	Denominator
Patient Safety	Adverse Event for Improper Medication Administration and/or Side Effects.	Outcome	NA	Reported by HHAs through Web Portal.	Number of home health episodes of care where the discharge/transfer assessment indicated the patient required emergency treatment from a hospital emergency department related to improper administration or medication side effects (adverse drug reactions).	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.

FIGURE 4b—PY1 PROPOSED NEW MEASURES—Continued

NQS domains	Measure title	Measure type	Identifier	Data source	Numerator	Denominator
Population/ Community Health.	Influenza Vaccination Coverage for Home Health Care Personnel.	Process ..	NQF0431 (Used in other care settings, not Home Health).	Reported by HHAs through Web Portal.	Healthcare personnel in the denominator population who during the time from October 1 (or when the vaccine became available) through March 31 of the following year: (a) Received an influenza vaccination administered at the healthcare facility, or reported in writing or provided documentation that influenza vaccination was received elsewhere; Or (b) were determined to have a medical contraindication/condition of severe allergic reaction to eggs or to other components of the vaccine or history of Guillain-Barre Syndrome within 6 weeks after a previous influenza vaccination; or (c) declined influenza vaccination; or (d) persons with unknown vaccination status or who do not otherwise meet any of the definitions of the above-mentioned numerator categories.	Number of healthcare personnel who are working in the healthcare facility for at least 1 working day between October 1 and March 31 of the following year, regardless of clinical responsibility or patient contact.
Population/ Community Health.	Herpes zoster (Shingles) vaccination: Has the patient ever received the shingles vaccination?	Process ..	NA	Reported by HHAs through Web Portal.	Total number of Medicare beneficiaries aged 60 years and over who report having ever received zoster vaccine (shingles vaccine).	Total number of Medicare beneficiaries aged 60 years and over receiving services from the HHA.
Communication & Care Coordination.	Advanced Care Plan.	Process ..	NQF0326	Reported by HHAs through Web Portal.	Patients who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advanced care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.	All patients aged 65 years and older.

4. Additional Information on HHCAHPS

Figure 5 provides details on the elements of the Home Health Care Consumer Assessment of Healthcare Providers and Systems Survey (HHCAHPS) we propose to include in the PY1 starter set. The HHVBP model would not alter the HHCAHPS current

scoring methodology or the participation requirements in any way. Details on participation requirements for HHCAHPS can be found at 42 CFR 484.250³⁶ and details on HHCAHPS

³⁶ 76 FR 68606, Nov. 4, 2011, as amended at 77 FR 67164, Nov. 8, 2012; 79 FR 66118, Nov. 6, 2014.

scoring methodology are available at <https://homehealthcahps.org/SurveyandProtocols/SurveyMaterials.aspx>.³⁷

³⁷ Detailed scoring information is contained in the Protocols and Guidelines manual posted on the HHCAHPS Web site and available at https://homehealthcahps.org/Portals/0/PandGManual_NOAPPS.pdf.