Turning Star Ratings to Gold

Success is a journey, not a destination. The doing is often more important than the outcome.

Arthur Ashe
Deer Meadows Home Health & Support Services, LLC. (DMHHSS)

- Stanley A. Rynkiewicz III, Administrator
- Irene E. Dudley, Clinical Director
- Judy M. Zdunkiewicz, Director of Finance

- Company History

Our Focus...

- Our patients
- Our outcomes with quality care
- And business growth—outreach to fully service all 5 counties where we are licensed
Home Health Compare Star Ratings

- Publicly introduced by CMS Home Health Compare in July of 2015
- At the time of inception, there were 12,261 Home Health Care Agencies and only 239 earned the Five-Star rating in the first quarter.
- Ratings are announce on a quarterly basis.
- The rating system was developed to provide consumers with tools that will help them make the best health care decisions possible.
- Currently.....

Two Types of Star Ratings

- Quality of Patient Care Star Rating
  - This is based on OASIS assessments and Medicare Claims data

- Patient Survey Star Rating (HHCAHPS)
  - This is based on patient’s experience of care measures
Quality of Patient Care Star Rating Calculation

- The methodology for calculating the Quality of Patient Care Star Rating is based on a combination of individual measure rankings and the statistical significance of the difference between the performance of an individual HHA on each measure (risk-adjusted, if an outcome measure) and the performance of all HHAs.
- Each HHA's quality measure scores are compared to the national agency median, and its rating is adjusted to reflect the differences relative to other agencies quality measure scores.
- These adjusted ratings are then combined into one overall rating that summarizes agency performance across 9 individual measures.

Measures that Determine the Star Rating

- **Process Measures**
  - Timely initiation of care
    - Strive for SOC w/i 24-48 hours. (always 24 hours from D/C of inpatient facility—SNF or hospital)
  - Medication education - provided to patients and care givers
  - Influenza immunization for current flu season
    - Encourage
    - Educate
    - Administer
Measures that Determine the Star Rating

- **Outcome Measures**
  - Improvement in ambulation
  - Improvement in bed transferring
  - Improvement in bathing
  - Improvement in pain interfering with activity
  - Improvement in shortness of breath
  - Acute care hospitalization

Home Health Care (CAHPS) Surveys

- Established in 2009
- Designed to measure the experiences of people receiving home health care from Medicare-certified home health care agencies.
- This survey was developed to meet the following goals:
  - To produce comparable data on the patient’s perspective that allows objective and meaningful comparisons between home health agencies and consumers.
  - Public reporting of survey results will create incentives for agencies to improve their quality of care.
  - Public reporting will enhance public accountability in the health care by increasing the transparency of the quality of care provided in return for public investment.
The OASIS

- OASIS stands for *Outcome and Assessment Information Set*
- CMS views OASIS as a core standard assessment set that:
  - Is integrated into an agency’s comprehensive patient-specific assessment.
  - Provides for valid, reliable information for patient care planning and service delivery.
  - Is an important tool used in an effective quality assessment and improvement program.
  - Must be collected at least twice on every patient to provide for accurate measurement of quality data.

The OASIS

- Completing the OASIS comprehensive assessment correctly is
  - Essential to patient outcomes
  - Vital to agency financial impact
  - Case study
Critical OASIS Moments Since 2007

What is the HHRG?

- **Home Health Resource Group**

- Based on 3 dimensions or domains:
  - C = Clinical dimension
  - F = Functional dimension
  - S = Service (Therapy Visits)

- Both clinical and functional dimensions are divided into 3 levels of severity:
  - C1, C2, C3
  - F1, F2, F3

- Service (S) scoring is based on number and timing of therapy visits, not severity.
The Cost of Care

- Focus is
  - on the patient
  - Outcomes with quality of care
  - Not over utilizing visits
  - Maintaining a positive cost/care ratio

Financial Case Study

78 year old patient admitted with problems controlling her HTN. Recently experienced an exacerbation of COPD. She is SOB when walking < 20 feet.

States she has given up sewing quilts because of pain in her hands due to arthritis.

Needs assistance dressing the lower body. She bathes independently in the shower using assistive devices to get in and out. She uses a raised toilet seat and grab bars to get on and off the toilet. She transfers from the side of the bed to a chair using a device and ambulates using a walker.

Calculate the patient’s HHRG score and payment.
**Case Study**

<table>
<thead>
<tr>
<th>Response</th>
<th>CM Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>M1021 I10, HTN</td>
<td>0</td>
</tr>
<tr>
<td>M1023 J44.9, COPD w/ exac</td>
<td>0</td>
</tr>
<tr>
<td>M1242 Pain interfering w/ activity = 2</td>
<td>0</td>
</tr>
<tr>
<td>M1820 Lower Body Dressing = 1</td>
<td>1</td>
</tr>
<tr>
<td>M1830 Bathing = 1</td>
<td>0</td>
</tr>
<tr>
<td>M1840 Toileting = 1</td>
<td>0</td>
</tr>
<tr>
<td>M1850 Transferring = 1</td>
<td>0</td>
</tr>
<tr>
<td>M1860 Ambulation = 2</td>
<td>7</td>
</tr>
<tr>
<td>M2200 Therapy Use</td>
<td>0</td>
</tr>
<tr>
<td>Clinical Points (ICD-10-CM and OASIS)</td>
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</tr>
<tr>
<td>Functional Points</td>
<td>8</td>
</tr>
<tr>
<td>HHRG Score</td>
<td>C1F1S1</td>
</tr>
<tr>
<td>Case Weight - Early Episode Low Therapy</td>
<td>0.5857</td>
</tr>
<tr>
<td>Reimbursement for C1F1S1</td>
<td>$1,751.23</td>
</tr>
</tbody>
</table>

**Think of the Possibilities**

- **M1242 (Pain Interfering):** This patient had stopped an activity (sewing) because of pain in her hands. Should the assessing clinician consider Response 3 on M1242? If she was having pain at least daily, Response 3 is appropriate.

- **M1830 (Bathing):** Patient is SOB walking < 20 feet. Is she safe bathing in the shower without at least stand-by assist (Response 2)?
### Case Study

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<td>M1820 Lower Body Dressing = 1</td>
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<td>M1830 Bathing = 2</td>
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<tr>
<td>M1840 Toileting = 0</td>
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<td>M1850 Transferring = 1</td>
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</tr>
<tr>
<td>M1860 Ambulation = 2</td>
<td>7</td>
</tr>
<tr>
<td>M2200 Therapy Use</td>
<td>0</td>
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**Clinical Points (ICD-10-CM and OASIS)**: 0

**Functional Points**: 14

**HHRG Score**: C2F2S1

**Case Weight - Early Episode Low Therapy**: 0.7232

**Reimbursement for C1F2S1**: $2,162.54

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### Financial Impact

- C1F1S1 (0.5857) = $1,751.23
- C2F2S1 (0.7232) = $2,162.35
- $2,162.35 - $1,751.23 = **$411.31**

- 50 episodes X $411.31 = **$20,566**
- 100 episodes X $411.31 = **$41,131**
- 200 episodes X $411.31 = **$82,262**
What if…

The same patient (C1F1) is receiving:

a. 5 therapy visits in an early episode (C1F1S1)
b. 15 therapy visits in an early episode (C1F1S1)
c. 10 therapy visits in a late episode (C1F1S4)

Answer:

a. No change in payment for 5 or fewer therapy visits
b. 1.2411 = $3,710.85
c. 0.9428 = $2,818.94

In Summary

- Case mix diagnoses → Clinical case mix points
- Other case mix items → Clinical case mix points
- Total of all CM diagnosis and clinical CM points → C score
- Functional case mix items → Functional case mix points
- Total functional CM points → F Score
- Total number of therapy (service visits) → S score

\[ C + F + S = \text{HHRG} \]

(HHRG from OASIS converted to HIPPS* score for billing purposes)

HIPPS score on the claim = Payment ($$$)

* Health Insurance Prospective Payment System score
DMHHSS – Our Journey to the Stars

We embodied our Philosophy, Mission, Vision and Focus

Our Philosophy

Our Mission
To provide superior quality home health services that optimize the persons served ability to maximize their independence, health and wellness in their home.

Our Vision
To optimize the quality of life for all persons served by being the employer and provider of choice in delivering cost effective home health care and services

Our Core Values Help Guide Our Actions
- Clinical Excellence
- Compassion
- Dignity
- Individualized, Personal Centered Care
- Quality
- Respect

Our Focus
From the beginning and remains...

Our patients
Our outcomes with quality care
And business growth- outreach to fully service all 5 counties where we are licensed
What Enables DMHHSS to Remain Five Stars

- Holistic Approach to Patient Care
  - Viewing each patient as a member of the community
  - Treating each patient as if they were a member of our family
- Team - Staff continued commitment to our Mission, Vision and Focus.
  - Low Staff Turnover
  - Education and Credentialing opportunities
  - Increasing staff when necessary in order to provide quality patient care that supporting the cost/care ratio
- Inter-disciplinary Communication
  - Essential to agency success

What Enables DMHHSS to Remain Five Stars

- Technology
  - Staying Current with the technological advances and opportunities within the healthcare industry.
- Accreditations
  - CHAP - Community Health Accreditation Partner
    - Compliance and business operations
    - Integration and maintenance
- Affiliations
What Enables DMHHSS to Remain Five Stars

- Understanding that the OASIS and HHRG impacts every member of the agency
  - Administrator
  - CFO/ Business office
  - Clinical Director
  - OASIS Coding Manager
  - Clinical Staff (RN/ LPN/ PT/ OT/ ST)
  - Certified Scheduler
  - Office Support Staff

What Enables DMHHSS to Remain Five Stars

- Marketing
  - Media Placements
    - Radio
    - TV
    - Social Media/ Internet/ Website
  - Branding
- Staff
  - Personal Contact
- Sales Leads and Qualifying lead sources
- In-service and educational information sessions
- Community awareness and events
What Does Success Look Like?

The quality of patient care star ratings summarizes 9 of the 23 quality measures reported on Home Health Compare. It provides a single indicator of an agency’s performance compared to other agencies.

- A 4- or 5-star rating means that the agency performed better than other agencies on the 9 measured care practices and outcomes.
- A 1- or 2-star rating means that the agency’s average performance on the 9 measured care practices and outcomes was below the averages of other agencies.
- Across the country, most agencies fell “in the middle” with 3 or 3½ stars.

While the quality of patient care star rating provides a summary of agency performance, you may prefer to compare agencies on the individual measures that are related to the types of services you’ll need, based on your own condition.

Learn more about star ratings
See which measures are included in the star ratings
Learn more about all of the quality measures

<table>
<thead>
<tr>
<th>DEER MEADOWS HOME HEALTH AND SUPPORT SERVICES, LLC</th>
<th>PENNSYLVANIA AVERAGE</th>
<th>NATIONAL AVERAGE</th>
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<td>Quality of patient care star ratings 5 *</td>
<td>5 *</td>
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Quality measures
What Does Success Look Like?

- Staying abreast of ongoing changes in healthcare industry, including legislation
- Developing and implementing strategic business growth plans
- Quality Assurance & Performance Improvement (QAPI)
- Budgeting -- Forecasting -- Cash Flow
- Billing meetings
  - Reviewing receivables
  - Maintaining collectability
  - Reviewing opportunities
- Agency Self Assessment

There are no secrets to success. It is the result of preparation, hard work, and learning from failure.

Colin Powell
Questions and Answers

Resources

- Centers for Medicare and Medicaid Services (CMS)
  - https://www.cms.gov/

- Ann Rambusch, MSN, HCS-O, RN

- Deer Meadows Home Health & Support Services, LLC.
  - http://www.dmhhss.org/