



## October 1, 2014 to September 30, 2015 Quality Assessments Only (QAO) Interim Performance Report for Quarter 1

*This QAO Performance Report is based on assessments completed by your HHA during the period from October 1, 2014-September 30, 2015 and submitted by October 30, 2015*

*The results displayed in this report do NOT affect any prior or current period APU adjustments for this agency.*

<b>QAO Interim Score for A-1 Home Health Care (058416) Huntington Beach, California</b>
96.5% (Your agency exceeds 2015-2016 performance requirement of 70%.)

The purpose of this Quality Assessments Only (QAO) Interim Performance Report is to provide HHAs with an example of their current QAO performance score based on data from assessment submissions over the most recent 12 months. The displayed calculations reflect assessment submissions from that reporting period and may not be representative of the HHA's future QAO performance. HHAs are encouraged to use this report to assist in assessment of their OASIS submission compliance, and inform those providers where improvement is needed, prior to the yearly Annual Payment Update (APU). The QAO Performance Report at the end of this document provides a detailed presentation of how the QAO score was calculated for this HHA.

The QAO Interim Performance Report that follows provides information specific to your HHA for the reporting period October 1, 2014 to September 30, 2015. The results only reflect your QAO performance score for that period and may not accurately reflect your future QAO performance for the current APU period of July 1, 2015 - June 30, 2016. As noted above, the QAO performance requirement for the July 1, 2015 - June 30, 2016 period will be a score of 70%.

### **Statutory Authority for the Home Health Quality Reporting Program**

The Home Health Quality Reporting Program was implemented on January 1, 2007, and is based on the submission of home health quality data collected with the Outcome and Assessment Information Set ("OASIS") data collection instrument. Section 1895(b)(3)(B)(v)(I) of the Social Security Act ("the Act") states that "for 2007 and each subsequent year, in the case of a home health agency that does not submit data to the Secretary in accordance with subclause (II) with respect to such a year, the home health market basket percentage increase applicable under such clause for such year shall be reduced by 2 percentage points." The mandate to report quality measure data to the Centers for Medicare & Medicaid Services (CMS) with a resulting reduction in Medicare payments for non-performance is also referred to as the Annual Percentage Update (APU) program. In the 2016 Final Rule, CMS finalized the performance requirement for the QAO score as follows: 70% for the period from July 1, 2015 to June 30, 2016, 80% for the period from July 1, 2016 through June 30, 2017 and 90% for the period from July 1, 2017 through June 30, 2018 and thereafter. Information on how this score is computed will be described in the next section.

### **How the QAO Performance Score is Calculated**

The purpose of the OASIS item set is to provide standardized documentation of the clinical condition of patients receiving home health care at the start or resumption of their care (SOC/ROC), at 60-day increments if their care is extended, and at the end of their care (EOC) (e.g., at transfer to an inpatient facility, at death, or at discharge to the community). OASIS SOC/ROC assessments are matched with OASIS EOC assessments to form a quality episode for that patient. Home health quality measures are calculated based on these quality episodes. When an HHA submits OASIS data forming quality episodes for all of its patients, CMS can be confident that the resulting quality measure reflects the care that the HHA's patients receive.

The QAO Interim performance score and the yearly QAO Compliance score are calculated quarterly, using the previous 12 months of data. Because each reporting period is limited, not all submitted OASIS assessments can be matched to form a quality episode of care. When an episode of care spans across a specified reporting period, the OASIS submissions below are considered to meet the performance requirement:

- beginning of an episode of care that is not yet complete--an SOC/ROC that occurs in the last 60 days of the performance period (identified as a Late SOC/ROC);
- end of an episode of care that began in the previous reporting period--an EOC that occurs in the first 60 days of the performance period (identified as an Early EOC);
- an extension of an as yet incomplete quality episode of care--a SOC/ROC assessment that is followed by one or more Follow-up assessments, the last of which occurs in the last 60 days of the performance period (identified as an SOC/ROC Pseudo Episode);
- a continuation of a previously begun quality episode of care--an EOC assessment is preceded by one or more Follow-up assessments, the last of which occurs in the first 60 days of the performance period (identified as an EOC Pseudo Episode); or
- SOC/ROC assessment that is part of a known one-visit episode (identified as a One-visit episode).

All other SOC/ROC or EOC assessments that 1) could not be formed into a quality episode of care, or 2) do not meet the preceding criteria would be considered a non-quality assessment. For the purposes of computing the QAO score all follow-up assessments (i.e., assessments that are completed to document a 60-day increment of care) are considered "neutral" and are not included in the computation of the QAO score.

The Quality Assessments Only (QAO) score is based on the proportion of Quality and Non-Quality assessments submitted by the HHA. Hence, the QAO formula based on this definition would be as follows:

$$\text{QAO} = \frac{100 * \# \text{ of Quality Assessments}}{\# \text{ of Quality Assessments} + \# \text{ of Non-Quality Assessments}}$$

### **If Your QAO Performance Report Score Does Not Meet the 2015-2016 Performance Requirement of 70%**

You can compare your QAO score on this QAO Interim Performance Report to see if your current performance does or does not meet the 2015-2016 performance requirement of 70%. If you have met the requirement based on your submission of assessments, then keep performing as you have in the past. If you do not meet the 2015-2016 performance requirement based on your submission of assessments, then examine your OASIS assessment submission practices to ensure that you complete and successfully submit all required OASIS assessments (i.e., both those for SOC/ROC and for all EOC events). For example, if you notice that your QAO Interim Performance Report has a large number of non-quality SOC/ROC assessments, then you probably have either not completed the associated EOC assessments for these patients or you have completed the EOC assessments but have not submitted them successfully.

### **If You Have Questions About Calculation of the QAO Score or Your Report**

If you have questions about the calculation of the QAO score or your QAO Performance Report, you can send them to: [HomeHealthQualityQuestions@cms.hhs.gov](mailto:HomeHealthQualityQuestions@cms.hhs.gov).

**October 1, 2014 to September 30, 2015 QAO Interim Performance Report  
A-1 Home Health Care (058416) Huntington Beach, California**

<b>Step</b>	<b>Start or Resumption of Care (SOC ROC) Assessments</b>	<b>#</b>	<b>Step</b>	<b>End of Care (EOC) Assessments</b>	<b>#</b>
	<b>Quality Assessments</b>			<b>Quality Assessments</b>	
[1]a	# matched to EOC assessments to form a quality episode of care	427	[1]b	# matched to SOC/ROC assessments to form a quality episode of care	427
[2]a	# matched to follow-up assessment (occurring in last 60 days of APU period)	39	[2]b	# matched to follow-up assessment (occurring in first 60 days of APU period)	50
[3]a	# that occurred in last 60 days of APU period	85	[3]b	# that occurred in first 60 days of APU period	42
[4]a	# with no expected EOC assessment per claims data	0	[4]b	N/A	N/A
<b>[5]a</b>	<b>Total SOC/ROC Quality Assessments</b>	<b>551</b>	<b>[5]b</b>	<b>Total EOC Quality Assessments</b>	<b>519</b>
	<b>Non-Quality Assessments</b>			<b>Non-Quality Assessments</b>	
[6]a	# that do not meet above Quality Assessment criteria	34	[6]b	# that do not meet above Quality Assessment criteria	5
	<b>Calculation of Quality Assessments Only (QAO) Score</b>				
[7]	Total Quality Assessments ([5]a + [5]b)	1,070			
[8]	Total Non-Quality Assessments ([6]a + [6]b)	39			
[9]	Total Assessments	1,109			
	QAO Score				
[10]	= 100 x [7] / [9]	96.5			

**Notes and Explanations for each line item**

- [1] This is the number of OASIS assessments completed that can be linked from when a patient started or resumed care at your agency to an assessment at the end of their care, completed either at discharge to the community or transfer to an inpatient facility.
- [2] This is the number of OASIS assessments completed that can be linked to a follow-up assessment that occurred within the last 60 days of the APU period (if it's an SOC/ROC assessment) or within the first 60 days of the APU period (if it's an EOC assessment).
- [3] This is the number of OASIS assessments completed that occurred within the last 60 days of the APU period (if it's an SOC/ROC assessment) or within the first 60 days of the APU period (if it's an EOC assessment).
- [4] This is the number of OASIS assessments completed during the APU that do not expect an EOC assessment - only one assessment is anticipated for that particular episode.
- [5]a = [1]a + [2]a + [3]a + [4]a. This is the total number of SOC/ROC Quality Assessments you completed and submitted.
- [5]b = [1]b + [2]b + [3]b + [4]b. This is the total number of EOC Quality Assessments you completed and submitted.
- [6] This is the number of OASIS assessments completed that do not meet any of the criteria as outlined under notes: [1], [2], [3], and [4].
- [7] = [5]a + [5]b. This is the total number of SOC/ROC Quality Assessments plus the total number of EOC Quality Assessments that you completed and submitted.
- [8] = [6]a + [6]b. This is the total number of SOC/ROC Non-Quality Assessments plus the total number of EOC Non-Quality Assessments you completed and submitted.
- [9] = [7] + [8]. This is the total number of SOC/ROC and EOC assessments that you completed and submitted.
- [10] = 100 x [7] / [9]. This represents the percentage of the total SOC/ROC and EOC Assessments that you completed and submitted that could be counted as a quality episode of care.