We Help Home-based Care Teams Improve Lives

Deliver quality at a lower cost with a solution that combines powerful staff and patient engagement tools.

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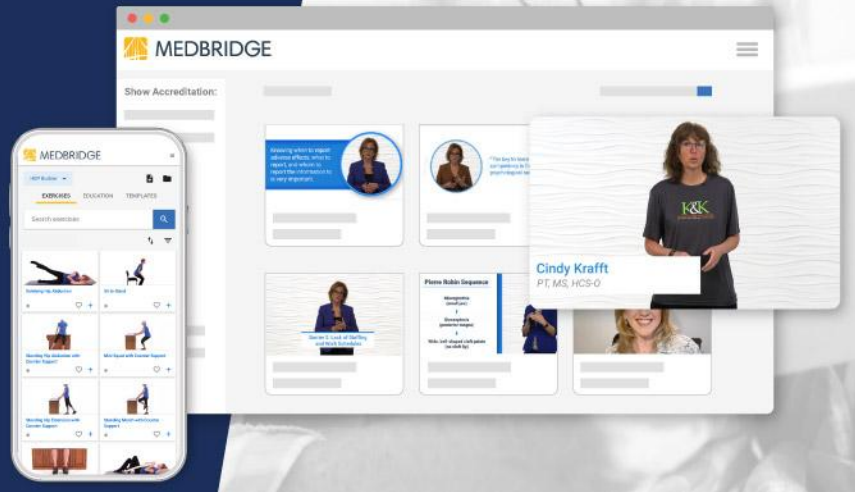

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2024 Strategies for Home Health: CMS Final Rule, OASIS-E, and HHVBP

Cindy Krafft PT, MS, HCS-O
Joe Brence PT, DPT, MBA, FAAOMPT

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Learning Goals

- Analyze new regulations published by CMS in the Final Rule for CY 2024
- Understand how to best prepare your staff to accurately complete OASIS-E in preparation for the changes to HHVBP
- Examine strategies to improve quality scores and reduce hospitalizations to align with HHVBP payment incentives

Chapter 1

2023 Final Rule

HHQRP Changes

Two New Quality Measures were introduced…

COVID-19 Vaccine

Percent of Patients/Residents who are up to date measure to the HHQRP beginning with the CY 2025 HHQRP.

Functional DC Score

Functional Discharge Score (DC Function) measure to the HHQRP beginning with the CY 2025 HHQRP.

Hospice Special Focus Program

Background: CMS looking to reduce

1. the targeting of ineligible beneficiaries for hospice
2. false certifications of beneficiaries as terminally ill

A 2018 OIG report found Hospice's were incentivized to minimize services and add beneficiaries with uncomplicated needs.

What It Entails:

- The SFP will closely monitor the poorest performing Hospice agencies (bottom 10%)
  - Based on algorithm that includes Hospice Survey reports, Hospice Care Index Overall Score and CAHPS measures

Health Equity

No changes yet; but CMS commitment to developing approaches to incorporate health equity into the expanded model.

Chapter 2

OASIS-E and HHVBP

VBP Quality Measures – What's Included

Domain	Quality measures	Source of data
OASIS-based (weighted 35%)	Improvement in Dyspnea	M1400
	Discharged to Community	M2420
	Improvement in Management of Oral Meds	M2020
	Total Normalized Composite (TNC) Change in Mobility	M1840, M1850, M1860
	Total Normalized Composite (TNC) Change in Self-Care	M1800, M1810, M1820, M1830, M1845, M1870
Claim-based (weighted 35%)	Acute Care Hospitalization During the First 60 Days of Home Health Use	NQF 0171
	Emergency Department Use without Hospitalization During the First 60 Days of Home Health	NQF 0173
HHCAHPS Survey-based (weighted 30%)	Professional Care, Communication, Team Discussion, Overall Rating, Willingness to Recommend	NQF 0517

TNC – What's Included

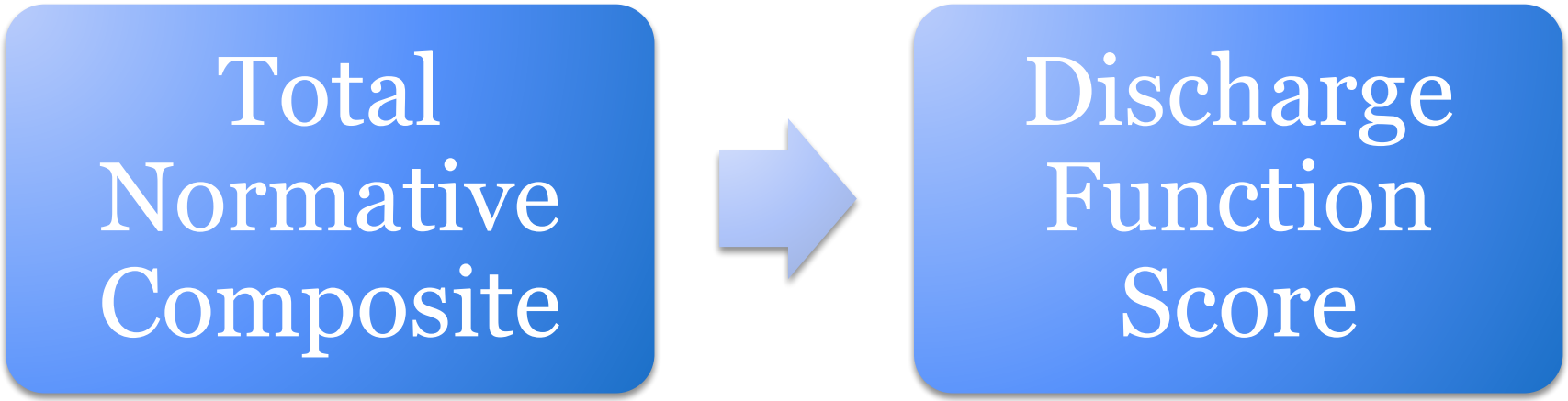
TNC Mobility (3)

- M1840 - Toilet Transferring
- M1850 - Bed Transferring
- M1860 - Ambulation/Locomotion

TNC Self-Care (6)

- M1800 - Grooming
- M1810 - Ability to Dress Upper Body
- M1820 - Ability to Dress Lower Body
- M1830 - Bathing
- M1845 - Toileting Hygiene
- M1870 - Eating

HHVBP in 2025 (Baseline Year 2023)



Cross-Setting Function Item Set

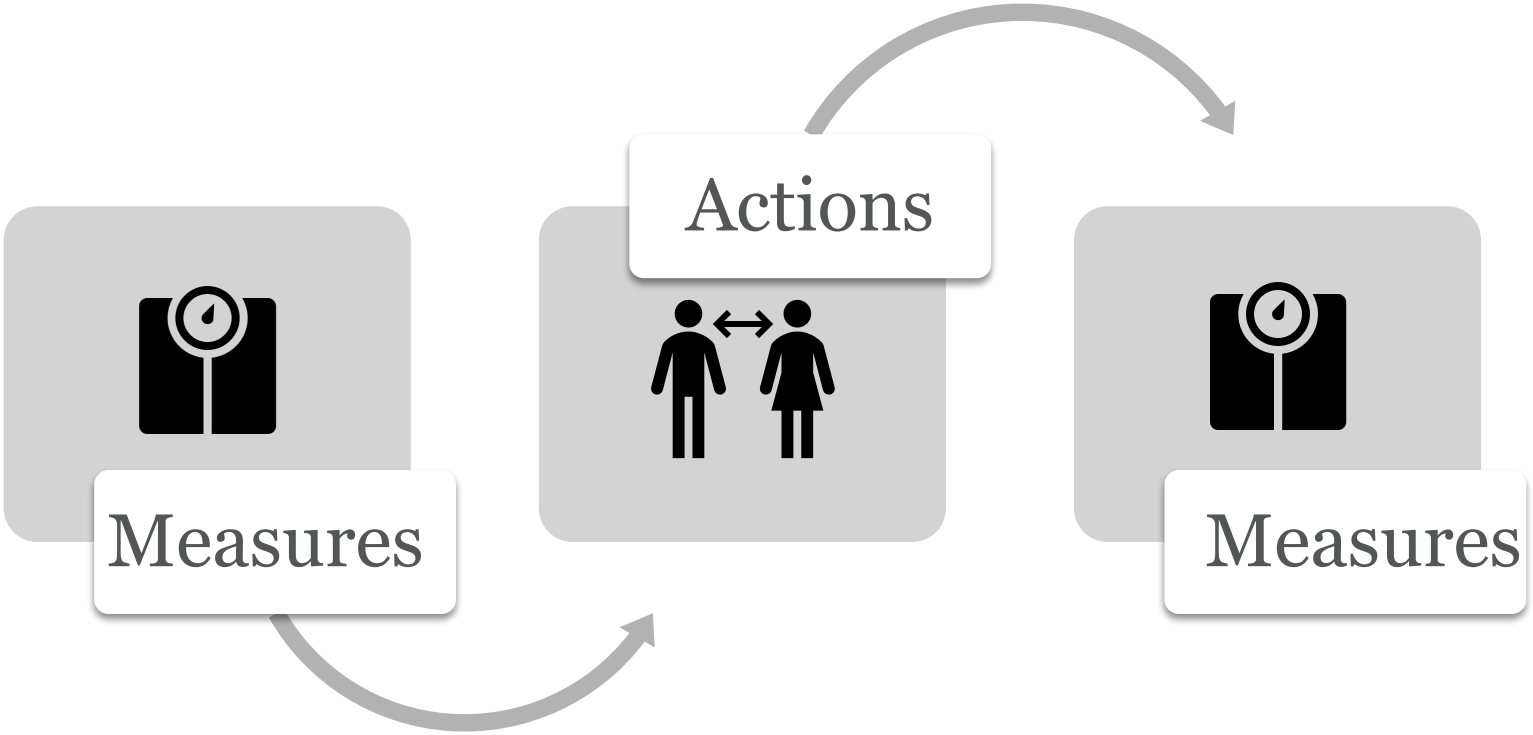
GG0130A Eating
GG0130B Oral Hygiene
GG0130C Toileting Hygiene
GG0170A Roll Left and Right
GG0170C Lying to Sitting on Side
GG0170D Sit to Stand
GG0170E Chair/Bed-to-Chair Transfer
GG0170F Toilet Transfer
GG0170I Walk 10 Feet
GG0170J Walk 50 Feet with 2 Turns
GG0170R Wheel 50 Feet with 2 Turn

Measurement Calculation

Baseline Score

Projected Discharge Score

How Outcomes are Created



Chapter 3

Additional HHVBP Changes

HHVBP in 2025 (Baseline Year 2023)

Acute Care Hospitalization During the First 60 Days of Home Health Use

Potentially Preventable Hospitalizations

Potentially Avoidable Hospitalizations

- Measure reports HHA-level rate of risk-adjusted potentially preventable hospitalization (PPH) for eligible stays
  - Includes observation stays

- Potentially preventable conditions grouped based on clinical rationale:
  - Inadequate management of chronic conditions
  - Inadequate management of infections
  - Inadequate management of other unplanned events
  - Inadequate injury prevention

Potentially Avoidable Hospitalizations

- Risk factors used in risk-adjustment model:
  - Demographics
  - ADL score
  - Care received during a prior proximal hospitalization (if one occurred)
  - Other care received within one year of the HH stay

HHVBP in 2025 (Baseline Year 2023)

Discharge to Community (OASIS)

Discharge to Communtiy

Discharge to Community

- Measure reports HHA's risk-standardized rate of Medicare fee-for-service (FFS) patients who are successfully discharged to the community following an HHA stay
  - No unplanned admission to an acute care hospital or long term care hospital (LTCH) and remain alive in the 31 days following discharge to community

- Measure is based on Medicare FFS claims data and is calculated using two consecutive years of data

K&K Healthcare Solutions

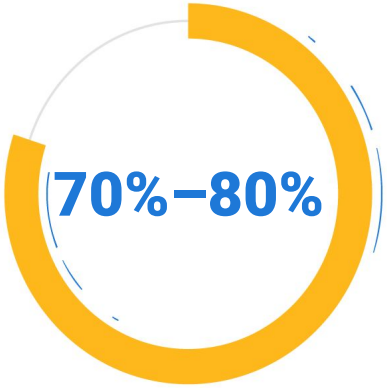
Chapter 4

MedBridge as a Solution for HHVBP

Along with the 2024 CY Changes, You're Also Facing…

Aging Population

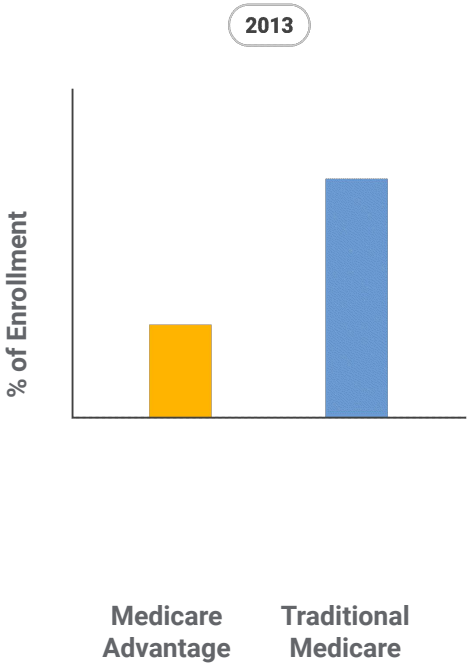
Preference for at-home care



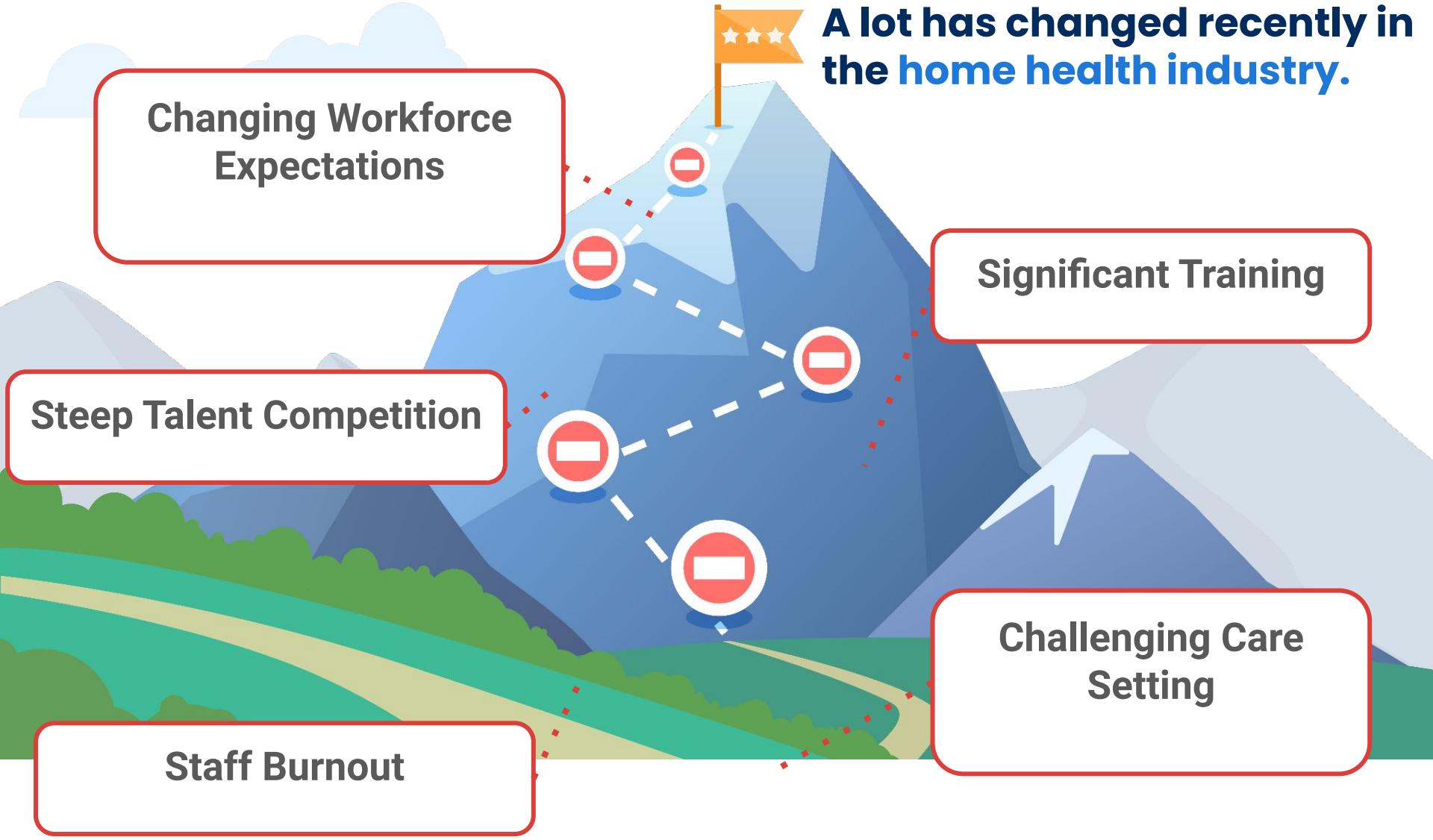
Responded positively to at-home care settings

[Deloitte: Changing consumer preferences towards health care services: The impact of COVID-19]

Growth of value-based payment models



A lot has changed recently in the home health industry.



Changing Workforce Expectations

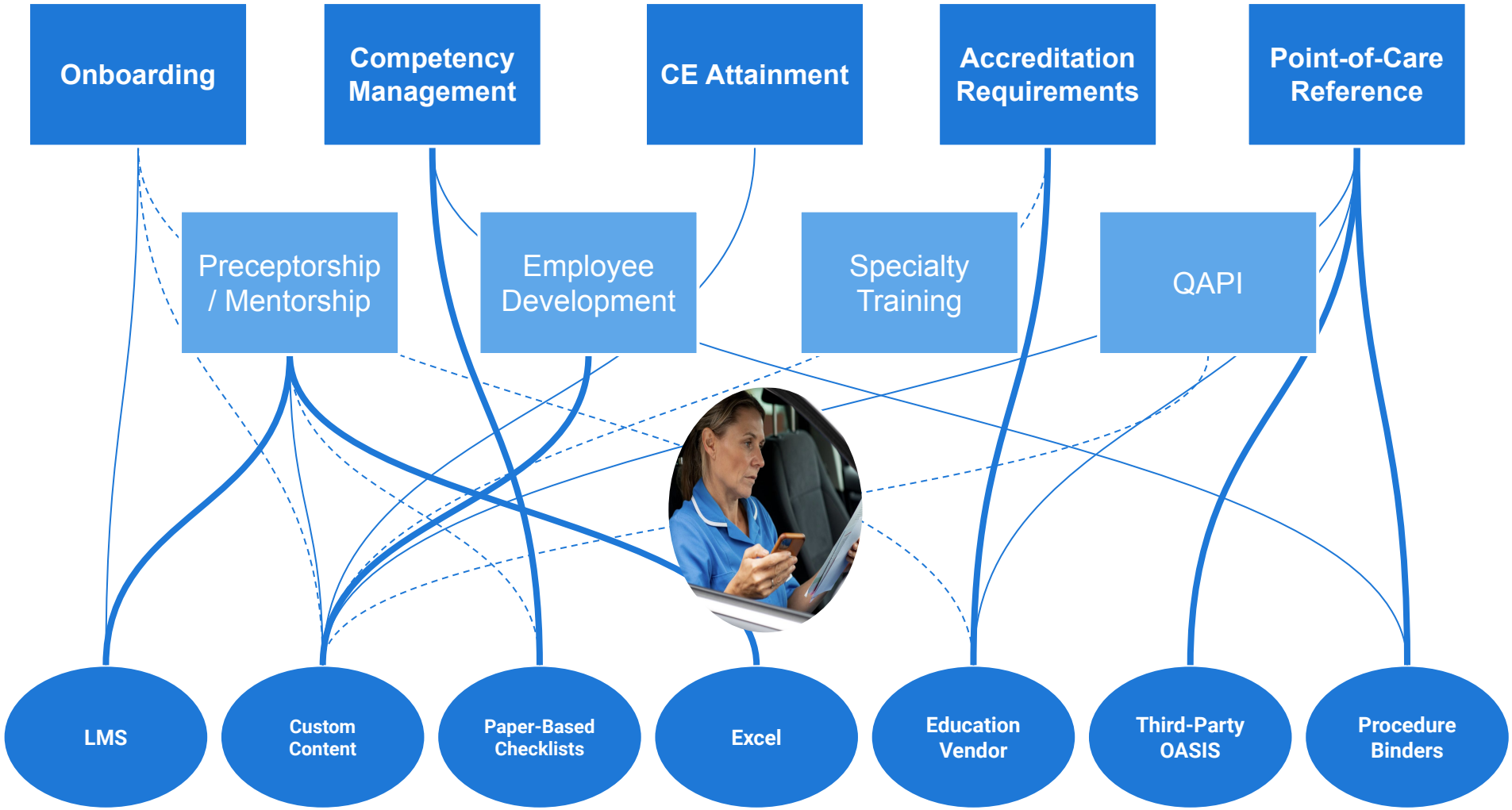
Significant Training

Steep Talent Competition

Challenging Care Setting

Staff Burnout

Nurses Lack the Support they Need



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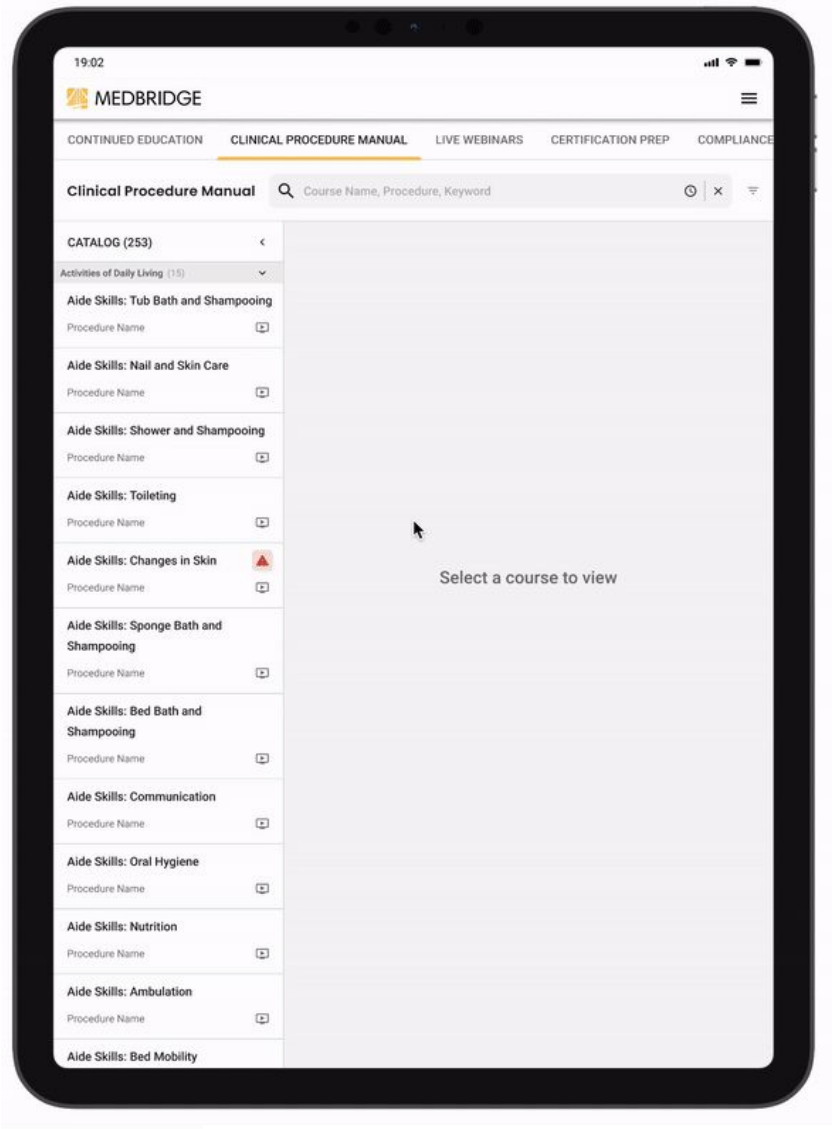
Home Health Ecosystem

The ultimate digital companion to succeed in HHVBP



Home Health Value-Based Purchasing

Optimize reimbursements and drive better outcomes with solutions that boost OASIS accuracy, reduce hospitalizations, and elevate HHCAHPS scores.

www.medbridge.com/hhvbp