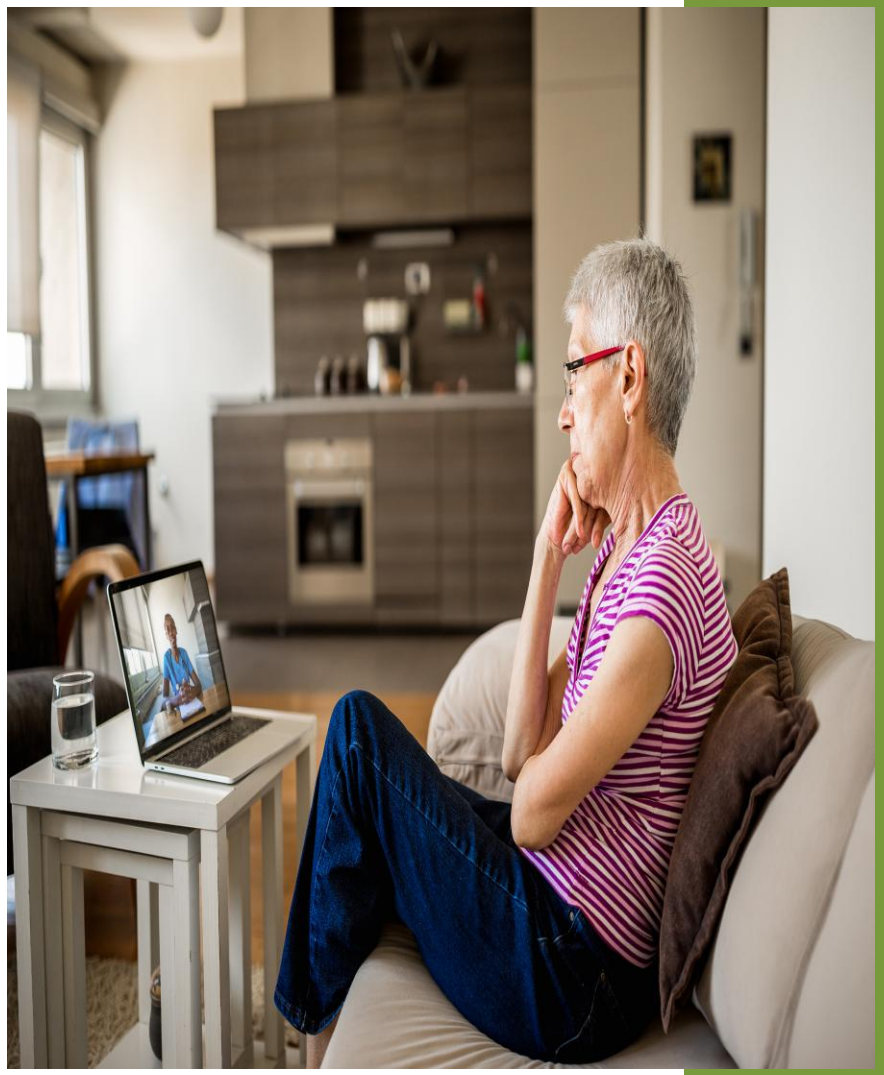
LeadingAge HHVBP Workgroup



OASIS-Based Measure: Discharge Function Score (DC Function)

June 24, 2025

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What to Expect

- Virtual meetings the final Tuesday of every other month at 3pm ET.
- All staff welcome: suggested for quality/clinical managers, program managers, billing/finance.
- Participants will submit quarterly data from Interim Performance Reports (IPR) and Annual Performance Reports (APR).
- Meetings will be highly interactive and include presentations (recorded) as well as small and full group conversations (not recorded).
- Participants will be encouraged to be on camera and be present for the full duration of all meetings.
- Suggested readings, videos, and other resources will be shared on webpage between meetings.

Applicable Measure Set: Beginning with the CY 2025 Performance Year

Category	Count	Quality Measure
OASIS-based	3	Improvement in Dyspnea
		Improvement in Management of Oral Medications
		Discharge Function Score (DC Function)
Claims-based	2	Home Health Within-Stay Potentially Preventable Hospitalization (PPH)
		Discharge to Community – Post Acute Care (DTC-PAC)
HHCAHPS Survey-based	5	Care of Patients
		Communication Between Providers and Patients
		Specific Care Issues
		Overall Rating of Home Health Care
		Willingness to Recommend the Agency

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Measure Type	Quality Measure	CY 2023 & 2024	CY 2025
OASIS-based	Discharged to Community	X	
	Improvement in Dyspnea	X	X
	Improvement in Management of Oral Medications	X	X
	Total Normalized Composite (TNC) Change in Mobility	X	
	Total Normalized Composite (TNC) Change in Self-Care	X	
	Discharge Function Score (DC Function)		X

OASIS-Based Measures

20 Home Health Patients

Qualifying HH Stay:
HH Stay is a sequence of HH payment episodes separated by two (2) or fewer days. A separation between HH payment episodes greater than two (2) days results in separate HH Stays.

Discharge Function Score (DFS)

New OASIS Based Measure for 2025

Weighted at 20% for Large Cohorts and 28.57% for Small Cohorts

Replaces the Total Normalized Composite (TNC) Scores in Self-Care and Mobility

It assesses the functional abilities of patients at **discharge** from home health care, comparing observed scores to a risk-adjusted expected score

This is a calculated score based on risk-adjusted data from the patient's Start of Care (SOC) or Resumption of Care (ROC) OASIS assessments

Specific GG Elements: Self Care

GG0130A - Eating: Assesses the patient's ability to consume food.

GG0130B - Oral Hygiene: Assesses the patient's ability to maintain oral hygiene.

GG0130C - Toileting Hygiene: Assesses the patient's ability to maintain hygiene during toileting.

Specific GG Elements: Mobility

GG0170A - Roll Left and Right: Assesses the patient's ability to roll from side to side in bed.

GG0170C - Lying to Sitting on Side of Bed: Assesses the patient's ability to move from lying down to sitting on the side of the bed.

GG0170D - Sit to Stand: Assesses the patient's ability to move from sitting to standing.

GG0170E - Bed-to-Chair Transfer: Assesses the patient's ability to transfer between bed and a chair.

GG0170F - Toilet Transfer: Assesses the patient's ability to transfer to and from the toilet.

GG0170I - Walk 10 Feet: Assesses the patient's ability to walk a short distance.

GG0170J - Walk 50 Feet with 2 Turns: Assesses the patient's ability to walk a longer distance with turns.

GG0170R - Wheel 50 Feet with 2 Turns: Assesses the patient's ability to maneuver a wheelchair a certain distance with turns (for non-ambulatory patients).

DFS Improvement Threshold Example

CY 2025 Measure Set: Preliminary Improvement Thresholds

Measure	Baseline Year Data Period [b]	Your HHA's Improvement Threshold	Your HHA's Percentile Ranking Within Your HHA's Cohort [c]	Your HHA's Cohort Statistics [d]			
				25th Percentile	50th Percentile	75th Percentile	99th Percentile
OASIS-based Measures							
Discharge Function (DC Function)	12-31-2023	65.160	50-74	51.180	62.350	70.090	91.260
Improvement in Dyspnea	12-31-2023	88.649	25-49	81.109	89.672	94.382	100.000
Improvement in Management of Oral Medications	12-31-2023	82.071	25-49	75.179	85.175	91.280	100.000
Claims-based Measures							
Discharge to Community – Post Acute Care (DTC-PAC)	12-31-2023	85.380	≥75	73.550	80.510	84.980	92.670
Potentially Preventable Hospitalizations (PPH)	12-31-2023	8.140	50-74	11.720	9.760	8.110	5.080
HHCAHPS Survey-based Measures							
Care of Patients	12-31-2023	88.069	25-49	87.076	89.507	91.524	96.319
Communications Between Providers and Patients	12-31-2023	83.901	25-49	83.649	86.821	89.355	95.123
Specific Care Issues	12-31-2023	78.401	25-49	77.812	82.373	86.020	93.984
Overall Rating of Home Health Care	12-31-2023	85.594	25-49	82.336	86.328	89.659	97.805
Willingness to Recommend the Agency	12-31-2023	83.996	50-74	74.880	80.226	84.714	95.268

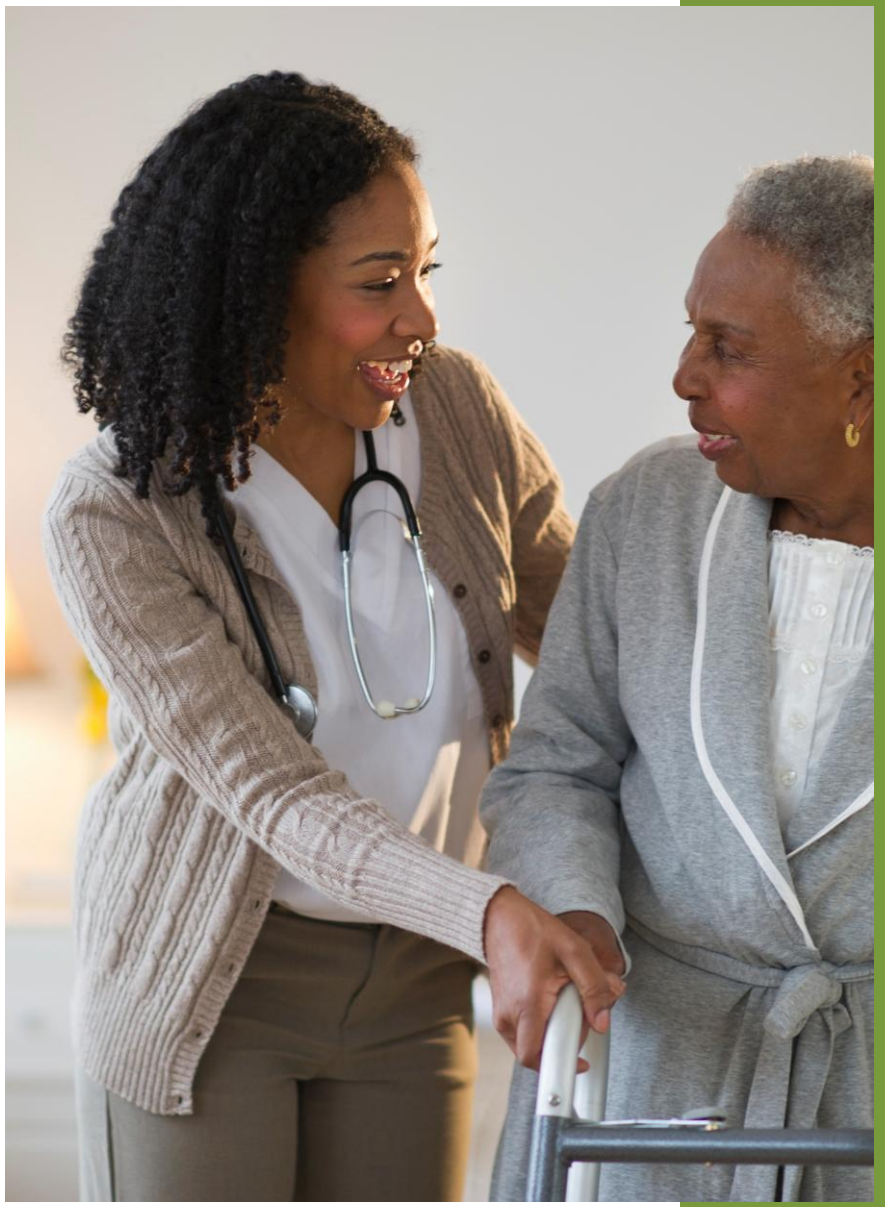
National Average for DFS is 67.15 %
Goal 75-80%

Risk Adjustment Formula for DC Function

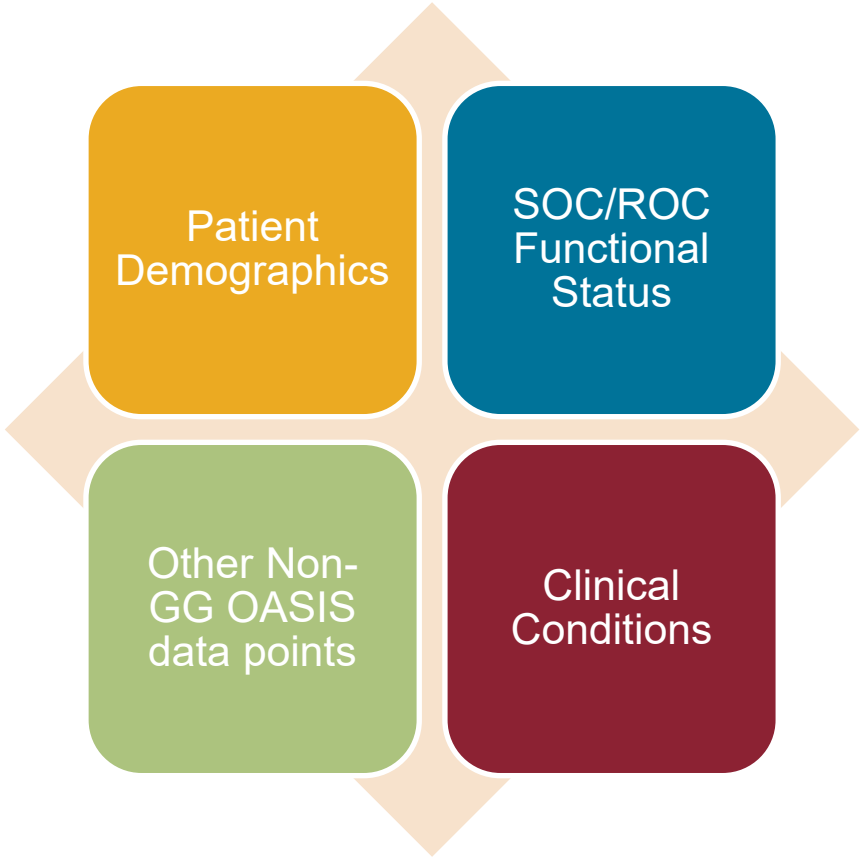
CMS calculates a risk-adjusted DFS by comparing a HHA's average observed DFS with its average predicted DFS, based on the risk adjustment model, and the national average predicted DFS.

The formula used is:

(HHA Observed DFS – HHA Predicted DFS) + National Predicted DFS = HHA Risk-Adjusted DFS



Risk Adjustment Factors



Patient Demographics

Age: Older patients may have more complex health conditions and require more extensive care, so age is considered.

Gender: Gender can influence health outcomes and care needs, and is factored into the risk adjustment.

Race/Ethnicity: Health outcomes can vary across different racial and ethnic groups, and this is recognized in the risk adjustment.

OASIS Elements- GG Scoring

Functional Status Performance of the Self Care and Mobility elements on SOC/ROC helps inform risk adjustment. This is especially important for frail/very sick individuals.

To help ensure more accurate coding, have the patient attempt the activity prior to providing any instruction that could result in a more independent code. Code based on the type and amount of assistance that was required **prior** to the benefit of services provided by your agency staff.

- Introducing a new device or communicating an activity request do not count as services in the GG section

Non-GG OASIS Elements

Proper coding of all OASIS elements is critical for risk adjustment

M1000 - Living Situation & Availability of Assistance: This item captures the patient's living situation and the availability of support systems, which can significantly affect their ability to recover and manage their health at home.

M1060 - Body Mass Index (BMI): BMI can be an indicator of overall health and potential challenges related to mobility and self-care.

M1610-20 - Urinary Incontinence: These items provide information about the patient's bladder control, which can impact their functional abilities and the level of care required.

M1700 - Cognitive Functioning: The patient's cognitive status is crucial for determining their ability to understand and follow instructions related to their care plan.

M1100 - Patient Living Situation: This item expands on M1000 and provides further details about the patient's living environment and the presence of support.

M1710 - When Confused or M1720 - When Anxious: These items assess the patient's mental and emotional state, which can affect their cooperation and participation in therapy.

Clinical Conditions

- Primary and secondary diagnoses (ICD-10)
- History of recent hospitalizations
- Specific chronic conditions:
- CHF
- COPD
- Diabetes
- Renal failure
- Dementia
- Cancer
- Presence of wounds or infections

Strong Assessment = Good DFS

OASIS Assessment

Clinical Performance

Data Trends

Limit Activity Not Attempted (ANA)

Statistical Imputation

When ANA codes are used for GG items, CMS uses statistical imputation to estimate the missing performance score. This imputation process often results in a lower score than if the patient had been assessed with a performance code (01-06).

Minimizing ANA Codes

To accurately reflect the patient's functional status and improve the DFS, providers should minimize the use of ANA codes and instead focus on assessing and coding the patient's actual performance, with or without assistive devices.

Clinical Judgment

When assessing patients, clinical judgment is crucial to determine if a similar activity can be used as a proxy for the target activity when the exact activity is not performed. This ensures that the coding reflects the patient's functional abilities as closely as possible

Impact of Assistive Devices

Independent Performance

- CMS instructs patients to perform activities as independently as possible, **even with the use of an assistive device.**

Not a Lowering Factor

- The use of an assistive device does not lower the performance code. In fact, it may lead to a higher code if the patient is able to perform the activity more independently with the device.

Safe and Independent Performance

- Clinicians should assess the patient's ability to safely use the device and perform the activity as independently as possible, coding the level of assistance needed.

If a patient uses a walker to ambulate 10 feet, and is able to do so with minimal assistance, the clinician should code the level of assistance needed for that activity. Do not code this as an ANA, or consider the device the same as receiving human assistance.

Know your OASIS E-1

Accurate OASIS-E1 documentation

- Accurate and complete data capture of patient characteristics and functional abilities is essential for generating a reliable predicted DFS.

Proper GG item coding

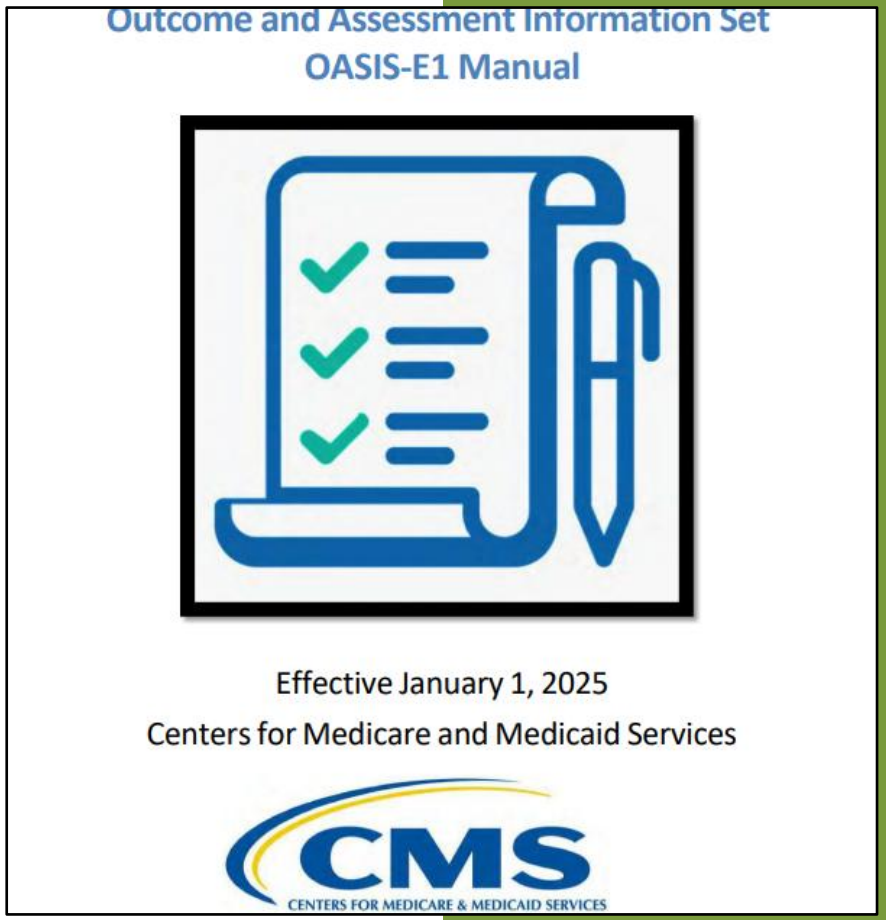
- Ensuring accurate assessment and scoring of GG items related to mobility and self-care is critical, as they directly contribute to the DFS calculation.
    - *Clinicians should use a variety of assessment strategies to ensure accurate coding, including direct observation, collaboration with other staff, and considering patient/caregiver reports*

Avoiding "Activity Not Attempted" codes

- CMS imputes a score when GG items are marked as "Activity Not Attempted", which may not accurately reflect the patient's actual ability.
    - *CMS will assign a score between 06-01 based on what they think the score should have been*

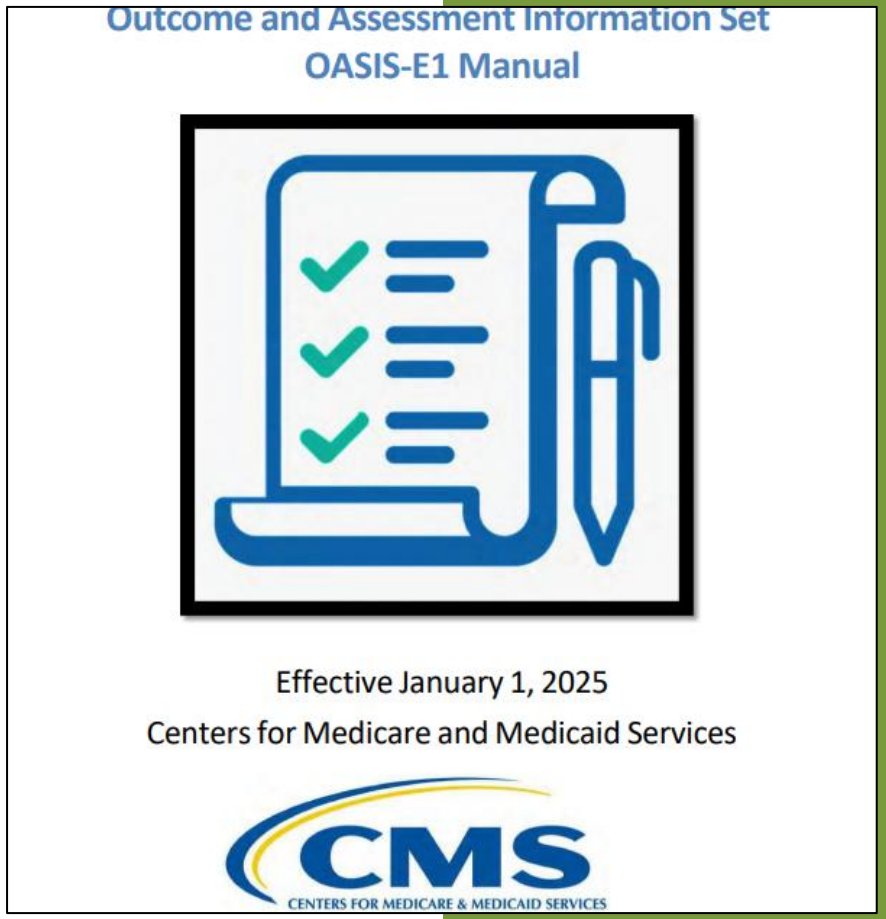
“

“If the patient only completes a portion of the activity (e.g., performs a partial bath or transfers into but not out of a vehicle) and does not complete the entire activity during the assessment timeframe, use clinical judgment to determine if the situation allows the clinician to adequately assess the patient’s ability to complete the activity. If the clinician determines that this observation is adequate, code based on the type and amount of assistance the patient requires to complete the ENTIRE activity. If the clinician determines the partial activity does not provide adequate information to support determination of a performance code, select an appropriate “activity not attempted” code.”



OASIS E-1 Manual: https://www.cms.gov/files/document/oasis-e1-manualfinal12-9-2024.pdf-0

“When using patient or caregiver reports, it is expected that the patient and caregivers are reporting on the patient’s status within the time period under consideration (e.g., reporting on the patient’s ability to complete an activity within the past 24 hours).”



OASIS E-1 Manual: https://www.cms.gov/files/document/oasis-e1-manualfinal12-9-2024.pdf-0

Providing Quality Care to Improve Functional Status

The ultimate goal is to facilitate positive functional outcomes for patients, enabling them to achieve or exceed their expected discharge function score.

- ❑ Review utilization of disciplines to ensure proper alignment of expertise. For example, review cases that have a home health aide to determine if an OT consult is warranted

- ❑ Monitor visit execution, not just frequency. Make sure that completion and execution are best practice. Look at visit duration, spacing between visits of the same discipline and coordination with other disciplines.

- ❑ Look at changes in DME and medications to trigger opportunities impact functional status.

- ❑ Plan of Care: There should be short and long term goals which are unique to the patient. Every patient should not have a goal to ambulate 150 feet in 4 weeks. Consider what is need in their individual situation and create accordingly. This also helps clinicians set and meet goals with patients that can help support increases in functional status. For example, patient will walk 55 feet with walker on inclined plane to get mail in 4 weeks.

Monitoring and Analyzing Performance

Regularly tracking DFS data allows agencies to identify areas for improvement and benchmark against national averages and HHVBP thresholds.

- ❑ Identify patterns in OASIS scoring
- ❑ Target staff education by clinician and item
- ❑ Correct habits that lead to over- or under-documenting function
- ❑ Create dialogue among the team to increase opportunities for tricks of the trade and best practices.

Group Discussion

	LeadingAge Home Health Value Based Purchasing Workgroup Timeline	IPR	APR
January		X	
February ☑	Introductory Workgroup Meeting CY2025 (HHVBP 101, CY2023 Performance Analysis, Identified Areas for Improvement, IPR/APR Survey Data Collection)		
March			
April ☑	Claims-Based Measure: Home Health within-stay Potentially Preventable Hospitalization (PPH) – Discussion in group	X	
May			
June ☑	OASIS-Based Measure: Discharge Function Score – Discussion in group		
July		X	
August	Submitting Effective Recalculation Requests – Discussion in group		X
September			X
October	CAHPS-Based Measures: Special Care Issues – Discussion in group	X	X
November			
December	HHVBP CY2026 IPR Final Workgroup Results – Discussion in group		X

Thank You!

LeadingAge HHVBP Workgroup Webpage

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