

Unlocking Success in 2025: Strategic Insights on the Home Health Final Rule

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Unlocking Success in 2025: Strategic Insights on the Home Health Final Rule

- 01** Financial Updates
- 02** Functional and Clinical Updates
- 03** QRP and VBP Changes
- 04** Changes to OASIS and CoPs

Financial Updates

How did we get here?

Bipartisan Budget Act of 2018



Mandated payment reform in 2020



Budget neutrality



Behavioral adjustments (LUPA, comorbidities and clinical group upcoding)



Prohibits therapy volume as a determinant of reimbursement



30-day payment unit

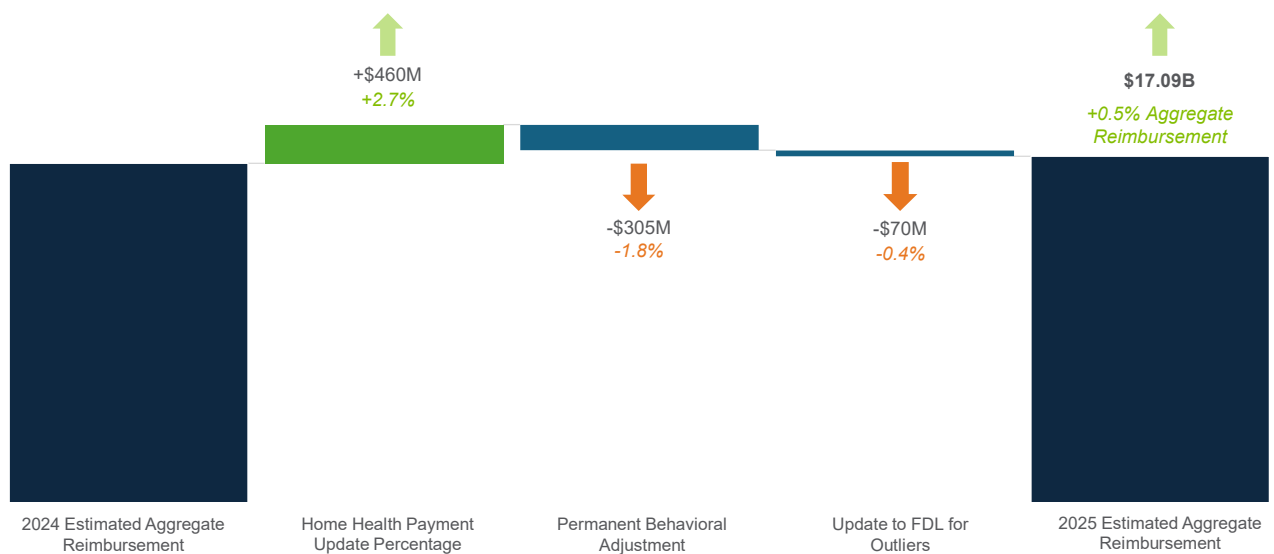
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CMS Reported Top Line Numbers



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Permanent Adjustment

- Permanent Adjustment is the factor CMS believes is needed to bring payments inline with the statutory guidance of budget neutrality

TABLE 5: SUMMARY OF PERMANENT ADJUSTMENTS FOR CYS 2020 – 2026

Claims Analysis Year	Base Payment Rate for Assumed Behaviors (Actual Amount Paid to HHAs in the Claims Analysis Year)	Base Payment Rate that Reflects Actual Behavior Changes (As Determined After Later Claims Analysis)	Total Permanent Adjustment Between Assumed and Actual Behavior Rates*	Permanent Adjustment CMS Finalized and Implemented in Rulemaking
CY 2020	\$1,864.03	\$1,742.52	-6.52%	n/a
CY 2021	\$1,901.12	\$1,751.90	-7.85%	-3.925% (88 FR 66808)
CY 2022	\$2,031.64	\$1,839.10	-5.78%	-2.890% (88 FR 77697)
CY 2023	\$2,010.69	\$1,873.17	-3.95%	see final decision
CY 2024	\$2,038.13	TBD	TBD	TBD
CY 2025	TBD	TBD	TBD	TBD
CY 2026	TBD	TBD	TBD	TBD

Note: With the prospective payment systems, the claims data analyzed differ from the rulemaking cycle. For example, CY 2020 claims are used in CY 2022 rulemaking.

*The total permanent adjustment accounts for prior adjustments that were finalized and implemented through rulemaking.

Final Rule
-1.975%

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Without having the full cut this year, we are essentially just adding to our "credit card" bill that CMS believes home health owes

Temporary Adjustment

TABLE 6: SUMMARY OF TEMPORARY ADJUSTMENTS DOLLAR AMOUNTS FOR CYS 2020 – 2026

Claims Analysis Year	Dollar Amount
CY 2020	-\$873,073,121
CY 2021	-\$1,211,002,953
CY 2022	-\$1,405,447,290
CY 2023	-\$971,431,113
CY 2024	TBD
CY 2025	TBD
CY 2026	TBD
Total	-\$4,460,954,477

Source: CY 2020 Home Health Claims Data, Periods that begin and end in CY 2020 accessed on the CCW July 12, 2021. CY 2021 Home Health Claims Data, Periods that end in CY 2021 accessed on the CCW July 15, 2022. CY 2022 Home Health Claims Data, Periods that end in CY 2022 accessed on CCW July 15, 2023. CY 2023 Home Health Claims Data, Periods that end in CY 2023 accessed on CCW July 11, 2024.

Note: The anticipated temporary adjustments of approximately \$4.5 billion will require temporary adjustment(s) to offset for such increases in estimated aggregate expenditures. The dollar amount will be converted to a factor when implemented in future rulemaking.

\$4.5B in CMS overpayments

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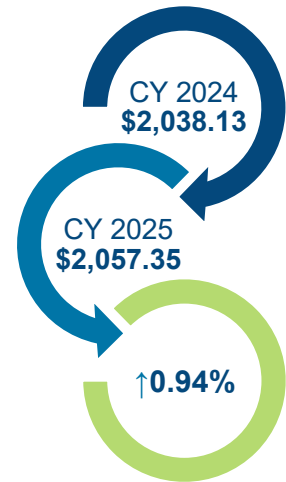
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Expect 2024 and 2025 to add another 1/2 billion dollars in debt/money that cms believes home health owes

Home Health Final Rule for CY 2025

TABLE 21: CY 2025 NATIONAL, STANDARDIZED 30-DAY PERIOD PAYMENT AMOUNT

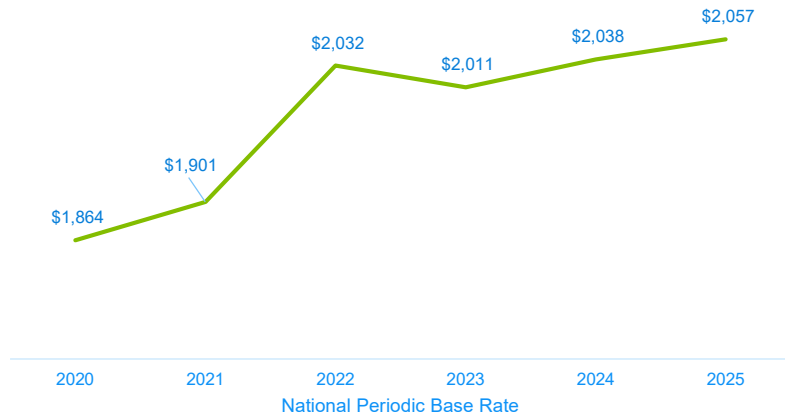
CY 2024 National Standardized 30-Day Period Payment	CY 2025 Permanent BA Adjustment Factor	CY 2025 Case-Mix Weights Recalibration Neutrality Factor	CY 2025 Wage Index Budget Neutrality Factor	CY 2025 Final HH Payment Update	CY 2025 National, Standardized 30-Day Period Payment
\$2,038.13	0.98025	1.0039	0.9988	1.027	\$2,057.35



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Home Health Final Rule for CY 2025

National Periodic Base Rate



Highlights

- 10.3% home health rate increase from 2020-2025

In comparison:

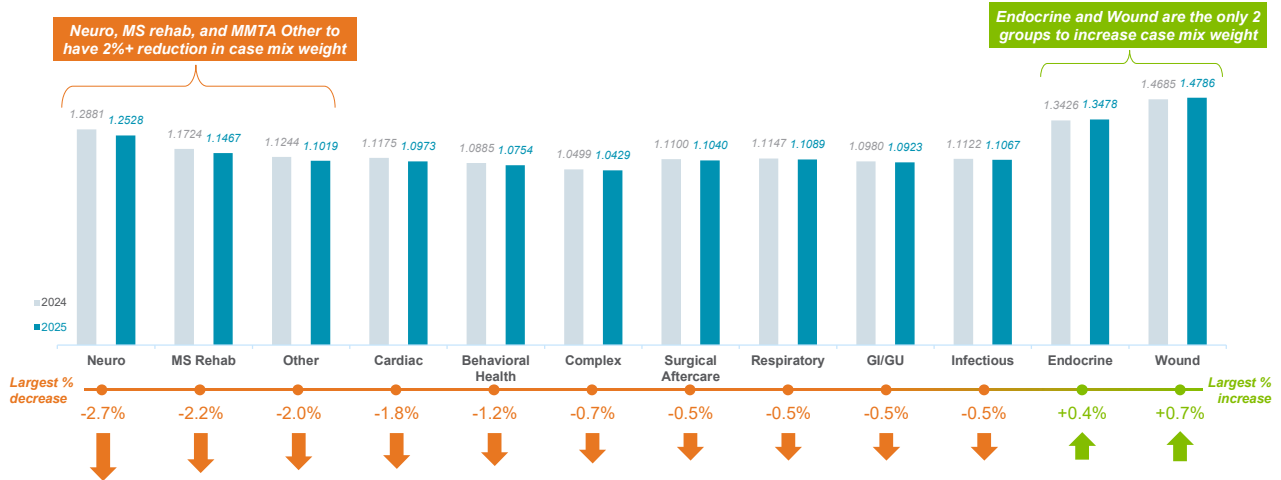
- Gas: ↑
- Insurance: ↑
- Utilities: ↑
- Wages ↑

10.3% is not enough to keep up with all the rising costs listed

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Case Mix Weight Comparison from 2024 vs 2025

Ten of the twelve clinical groups set to decrease in case-mix weight in CY 2025



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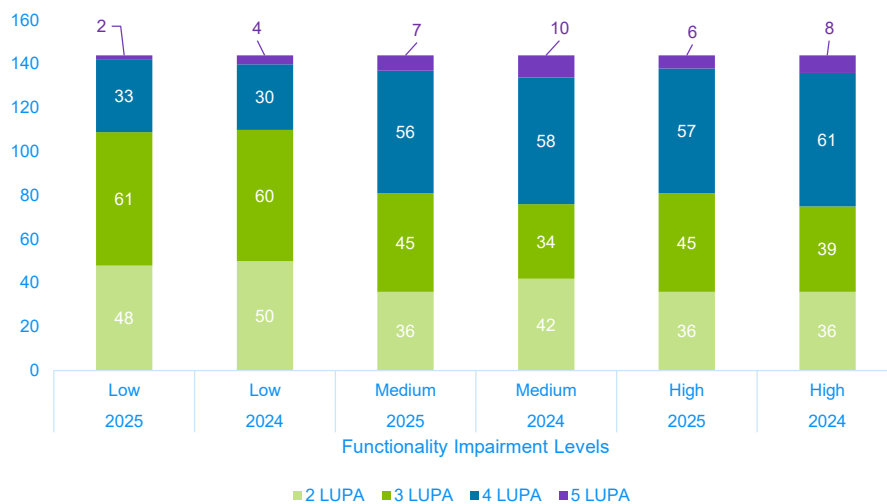
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Change in LUPA Thresholds by Functionality Impairment

LUPA Thresholds by Functionality Impairment



Medium functionality group has the largest change in number of 3 & 4 LUPA days

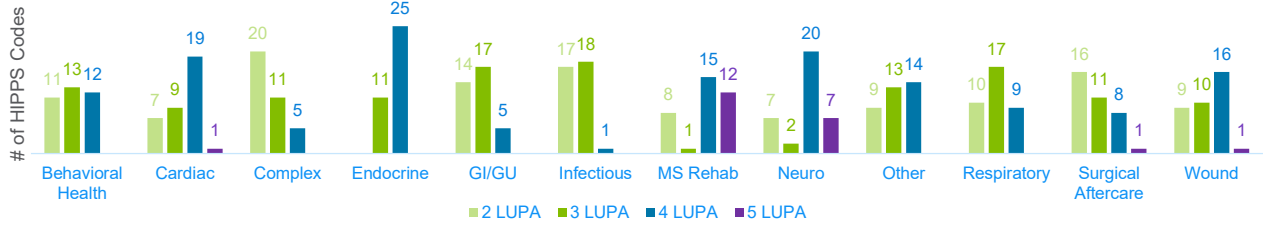
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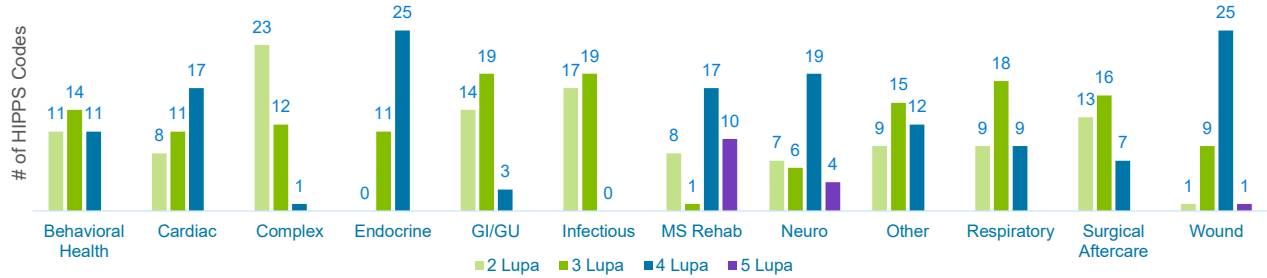
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2024 LUPA Thresholds by Clinical Grouping

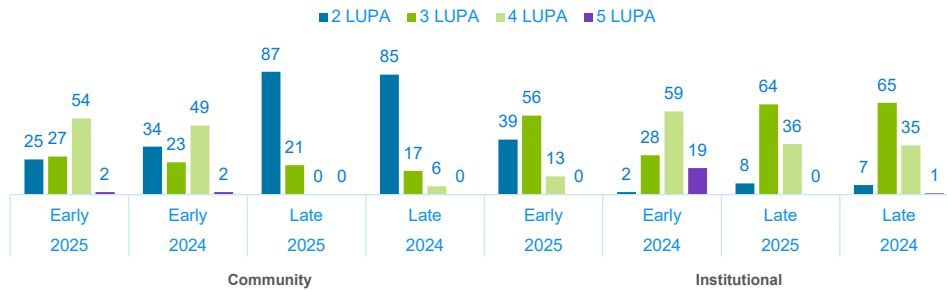


2025 LUPA Thresholds by Clinical Grouping



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LUPA Thresholds by Admission Source & Timing



Notable Changes:

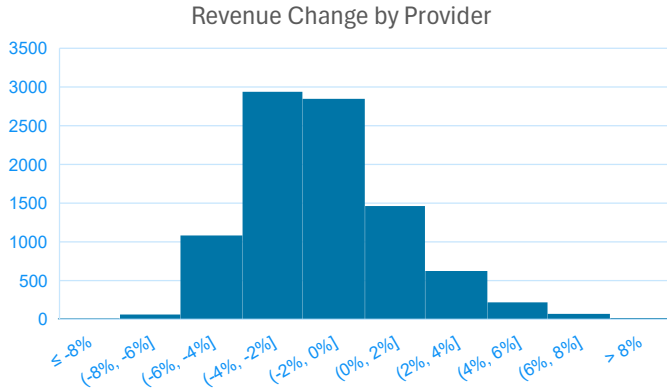
- # of HIPPS Codes with a 2-visit LUPA Threshold in Community Early Decreased by 9
- # of HIPPS Codes with a 3-visit LUPA Threshold in Institutional Early Increased by 10

LUPA Threshold	Year	Community Early	Community Late	Institutional Early	Institutional Late
2	2024	34	85	2	7
	2025	25	87	0	8
	+/-	-9	2	-2	1
3	2024	23	17	28	66
	2025	27	21	39	64
	+/-	4	4	11	-1
4	2024	49	5	59	35
	2025	54	0	56	36
	+/-	5	-6	-3	1
5	2024	2	0	19	1
	2025	2	0	13	0
	+/-	0	0	-6	-1
Net Change		0	0	0	0

100% of Community Late are 2 or 3-visit LUPA Thresholds for 2025

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Impact on Providers



Highlights

- Most providers clustered around +/- 4%
- Upside with providers benefiting from wage index increases

Even though the headlines say that providers will get an increase this year, mcbee data shows otherwise

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Impact of Wage Index Changes

- Number of CBSA codes that went up, went down and went below the max - 5%

- 2,022
- 1,235
- 84

Winners

- Madera, CA: +64.8%
- Tuscaloosa, AL: +20.8%
- Pueblo, CO: +18.2%
- Beckley, WV: +15.5%
- State College, PA: +13.8%

Losers -5%

- Santa Barbara, CA
- Atlantic City, NJ
- Nassau/Suffolk Counties, NY

blue number = locations that received the max reduction in wage index

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Impact from the Election

- Republicans likely controlling White House and both houses of Congress
 - Sen. Susan Collins (R-ME) becomes the Chair of the Senate Appropriations Committee
- Likely small piece of legislation in the lame-duck session of Congress. Slim hope to get our legislation slipped in. (S.2137, H.R. 5159)
- Sen. Debbie Stabenow (D-MI) retires at the end of the session
- Executive Branch more friendly for M&A activity

Functional and Clinical

Comorbidity Adjustment Distribution

TABLE 7: DISTRIBUTION OF 30-DAY PERIODS OF CARE BY COMORBIDITY ADJUSTMENT CATEGORY FOR 30-DAY PERIODS, CYs 2018-2023

Comorbidity Adjustment	CY 2018 (Simulated)	CY 2019 (Simulated)	CY 2020	CY 2021	CY 2022	CY 2023
None	55.6%	52.0%	49.1%	49.6%	37.3%	30.7%
Low	35.3%	38.0%	36.9%	36.9%	47.8%	52.6%
High	9.2%	10.0%	14.0%	13.5%	14.9%	16.7%

Source: CY 2018 and CY 2019 simulated PDGM data with behavioral assumptions came from the Home Health LDS. CY 2020 data was accessed from the Chronic Conditions Warehouse (CCW) Virtual Research Data Center (VRDC) on July 12, 2021. CY 2021 data was accessed from the CCW VRDC on July 14, 2022. CY 2022 data was accessed from the CCW VRDC on July 13, 2023. CY 2023 data was accessed from the CCW VRDC on March 19, 2024.

Note: All 30-day periods of care claims were included (for example LUPAs, PEPs, and outliers). There are approximately 540,000 60-day episodes that started in 2019 and ended in 2020 that are not included in the analysis.

Highlights:

- 30-day periods with no adjustment have been decreasing over the years.
- Of all 30-day periods of care, over half received a low comorbidity adjustment in 2023.
- Number of 30-day periods that received either low or high comorbidity adjustments have been increasing over the years.

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Comorbidity Changes

High Interaction List

- 33 new pairings
- 41 removed
- CY2024 → 102 pairings, CY2025 → 94 pairings

Low Comorbid List

- 2 New: Endocrine 3, Gastrointestinal 2
- 3 removed: Circulatory 7, Neuro 4, Resp 10

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Functional Impairment Distribution

TABLE 9: DISTRIBUTION OF 30-DAY PERIODS OF CARE BY FUNCTIONAL IMPAIRMENT LEVEL, CYs 2018-2023

Functional Impairment Level	CY 2018 (Simulated)	CY 2019 (Simulated)	CY 2020	CY 2021	CY 2022	CY 2023
Low	33.9%	31.9%	25.7%	23.2%	28.1%	29.8%
Medium	34.9%	35.5%	32.7%	32.6%	33.1%	31.8%
High	31.2%	32.6%	41.7%	44.2%	38.8%	38.3%

Source: CY 2018 and CY 2019 simulated PDGM data with behavioral assumptions came from the Home Health LDS. CY 2020 PDGM data was accessed from the CCW VRDC on July 12, 2021. CY 2021 PDGM data was accessed from the CCW VRDC on July 14, 2022. CY 2022 PDGM data was accessed from the CCW VRDC on January 20, 2023. CY 2023 data was accessed from the CCW VRDC on March 19, 2024.

Note: All 30-day periods of care claims were included (for example LUPAs, PEPs, and outliers). There are approximately 540,000 60-day episodes that started in 2019 and ended in 2020 that are not included in the analysis.

Highlights:

- When comparing CY 2022 to CY 2023, the distribution of functional impairment levels have remained relatively similar (no more than a 1.7 % increase)

Finalized OASIS Points Table CY 2025

OASIS Item	OASIS Answer	CY2024	CY2025
M1800	0 or 1	0	0
	2 or 3	3	3
M1810	0 or 1	0	0
	2 or 3	5	5
M1820	0 or 1	0	0
	2	3	3
	3	11	11
M1830	0 or 1	0	0
	2	0	3
	3 or 4	7	10
	5 or 6	14	18
M1840	0 or 1	0	0
	2, 3 or 4	6	5
M1850	0	0	0
	1	3	1
	2,3,4 or 5	6	4
M1860	0 or 1	0	0
	2	6	6
	3	4	2
	4,5, or 6	20	18
M1033	4 or more items checked	11	12

CY 2025 Clinical Group Threshold

Clinical Group	Low 2024	Low 2025	Med. 2024	Med. 2025	High 2024	High 2025
MS Rehab	0 - 28	0-29	29-41	30-43	42+	44+
Neuro Rehab	0 - 34	0-33	35-49	34-49	50+	50+
Wound	0 - 28	0-32	29-49	33-48	50+	49+
Complex Nursing	0 - 28	0-29	29-52	30-52	53+	53+
Behavioral Health	0 - 28	0-28	29-41	29-44	42+	45+
MMTA Aftercare	0 - 28	0-27	29-39	28-40	40+	41+
MMTA Cardiac	0 - 28	0-27	29-41	28-40	42+	41+
MMTA Endocrine	0 - 27	0-27	28-39	28-40	40+	41+
MMTA GI/GU	0 - 31	0-32	32-46	33-47	47+	48+
MMTA Infection	0 - 28	0-31	29-43	32-44	44+	45+
MMTA Respiratory	0 -29	0-32	30-44	33-44	45+	45+
MMTA Other	0 - 28	0-28	29-41	29-43	42+	44+

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CY 2025 Functional Impairment Threshold

Points	MMTA After	MMTA Cardiac	MMTA Endo	MMT GI/GU	MMTA Infect	MMTA Resp	MMTA Other	Neuro Rehab	Wound	Complex	MS Rehab	BH
0 - 27	Low	Low	Low	Low	Low	Low	Low	Low	Low	Low	Low	Low
28	Medium	Medium	Medium	Low	Low	Low	Low	Low	Low	Low	Low	Low
29	Medium	Medium	Medium	Low	Low	Low	Medium	Low	Low	Low	Low	Medium
30	Medium	Medium	Medium	Low	Low	Low	Medium	Low	Low	Medium	Medium	Medium
31	Medium	Medium	Medium	Low	Low	Low	Medium	Low	Low	Medium	Medium	Medium
32	Medium	Medium	Medium	Low	Medium	Low	Medium	Low	Low	Medium	Medium	Medium
33	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Low	Medium	Medium	Medium	Medium
34	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium
35	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium
36	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium
37	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium
38	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium
39	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium
40	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium
41	High	High	High	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium
42	High	High	High	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium
43	High	High	High	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium
44	High	High	High	Medium	Medium	Medium	High	Medium	Medium	Medium	High	Medium
45	High	High	High	Medium	High	High	High	Medium	Medium	Medium	High	High
46	High	High	High	Medium	High	High	High	Medium	Medium	Medium	High	High
47	High	High	High	Medium	High	High	High	Medium	Medium	Medium	High	High
48	High	High	High	High	High	High	High	Medium	Medium	Medium	High	High
49	High	High	High	High	High	High	High	Medium	High	Medium	High	High
50	High	High	High	High	High	High	High	High	High	Medium	High	High
51	High	High	High	High	High	High	High	High	High	Medium	High	High
52	High	High	High	High	High	High	High	High	High	Medium	High	High
53+	High	High	High	High	High	High	High	High	High	High	High	High

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CMS Will Calculate the 60- to-30-day payment estimates this way...

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Still on SOC/ROC but not on RCT/SCIC

SOC/ROC
M1311. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage
M1322. Current Number of Stage 1 Pressure Injuries Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones only, it may appear with persistent blue or purple hues.
M1324. Stage of Most Problematic Unhealed Pressure Ulcer/Injury that is Stageable Excludes pressure ulcer/injury that cannot be staged due to a non-removable dressing/device, coverage of wound bed by slough and/or eschar, or deep tissue injury
M1330. Does this patient have a Stasis Ulcer?
M1332. Current Number of Stasis Ulcer(s) that are Observable
M1334. Status of Most Problematic Stasis Ulcer that is Observable
M1340. Does this patient have a Surgical Wound?
M1342. Status of Most Problematic Surgical Wound that is Observable
M1400. When is the patient dyspneic or noticeably Short of Breath?
M1610. Urinary Incontinence or Urinary Catheter Presence
M1620. Bowel Incontinence Frequency
M1630. Ostomy for Bowel Elimination Does this patient have an ostomy for bowel elimination that (within the last 14 days): a) was related to an inpatient facility stay; or b) necessitated a change in medical or treatment regimen?
M2030. Management of Injectable Medications Patient's current ability to prepare and take all prescribed injectable medications reliably and safely, including administration of correct dosage at the appropriate time/intervals. Excludes IV medications.

Note: We only show the assessment prompt for these 13 items. Each item listed has associated responses which can be found in the OASIS Manual located at <https://www.cms.gov/medicare/quality/home-health/oasis-user-manuals>.

Does not take into account that a lot of our payment was derived from the number of therapy visits

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Mapping Therapies

(M1030) Therapies the patient receives at home: (Mark all that apply.)

- 1 - Intravenous or infusion therapy (excludes TPN)
- 2 - Parenteral nutrition (TPN or lipids)
- 3 - Enteral nutrition (nasogastric, gastrostomy, jejunostomy, or any other artificial entry into the alimentary canal)
- 4 - None of the above

OASIS-E Item: K0520 – Parenteral/IV Feeding

Response: No
Response: Yes
Response: Missing

OASIS-D Item: M1030 – Parenteral Nutrition

Response: No
Response: Yes
Response: None of the above

OASIS-E Item: O0110H -IV Medication

Response: No
Response: Yes
Response: Missing

OASIS-D Item: M1030 – IV or Infusion Therapy

Response: No
Response: Yes
Response: None of the above

OASIS-E Item: K0520 – Feeding Tube

Response: No
Response: Yes
Response: Missing

OASIS-D Item: M1030 – Enteral Nutrition

Response: No
Response: Yes
Response: None of the above

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Vision Mapping

(M1200) Vision (with corrective lenses if the patient usually wears them):

Enter Code	Description
<input type="checkbox"/> 0	Normal vision: sees adequately in most situations; can see medication labels, newsprint.
<input type="checkbox"/> 1	Partially impaired: cannot see medication labels or newsprint, but <u>can</u> see obstacles in path, and the surrounding layout; can count fingers at arm's length.
<input type="checkbox"/> 2	Severely impaired: cannot locate objects without hearing or touching them, or patient nonresponsive.

OASIS-E Item: B1000 – Vision

Response: Adequate
Response: Impaired
Response: Moderately Impaired
Response: Highly Impaired
Response: Severely Impaired
Response: Missing

OASIS-D Item: M1200 – Vision

Response: Normal
Response: Partially Impaired
Response: Severely Impaired

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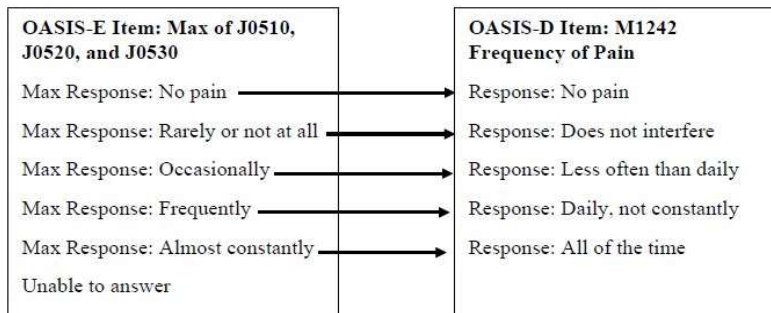
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Pain Mapping

(M1242)	Frequency of Pain Interfering with patient's activity or movement:
Enter Code	0 Patient has no pain
<input type="checkbox"/>	1 Patient has pain that does not interfere with activity or movement
	2 Less often than daily
	3 Daily, but not constantly
	4 All of the time



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QRP Changes and VBP Changes

Includes Care Compare

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RFI on HHQRP

Will be used to inform future measure development efforts

- Composite of vaccinations, which could represent overall immunization status of patients such as the Adult Immunization Status measure in the Universal Foundation.
 - Influenza, tetanus, diphtheria and pertussis (Td) for all adults, zoster and pneumococcal disease for older adults
- Concept of depression for the HH QRP, similar to the Clinical Screening for Depression and Follow-up measure in the Universal Foundation
 - Screened for depression and a follow-up plan if positive; certain exemptions
- Concept of pain management
- Concept relating to substance use disorders, such as the Initiation and Engagement of Substance Use Disorder Treatment measure included in the Universal Foundation of Quality Measures

only one that was popular with the comments was concept of pain management

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RFI on New Measures for HHVBP

Comments Received

- Family Caregiver Measure: Focused on HHA's ability to meet Caregiver needs
- Falls *with injury (claims-based)*: HHAs failed to report 55 percent of falls leading to major injuries and hospitalizations on their OASIS data [The 55% is coming from an OIG report](#)
 - Medicare FFS claims only and a high rate of non-reporting
- Medicare *spending per Beneficiary*: Already reported in Care Compare
 - Quality vs Spending
- Function *measures to complement existing cross-setting Discharge (DC) Function measure*: Add the GG items for Dressing and Bathing to the current items to be used or Replace the Rolling and Sitting Up items [Most comments were positive about this](#)
- Future Approaches to Health Equity
 - Additional points provided to HHAs that provide care to underserved communities (Area Deprivation Index—ADI)
 - Modified benchmarks, points adjustments, or modified payment adjustment percentages for caring for dual-eligibles

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TABLE 26: MEASURES CURRENTLY ADOPTED FOR THE CY 2024 HH QRP

Short Name	Measure Name & Data Source
OASIS-based	
Ambulation	Improvement in Ambulation/Locomotion (CBE #0167)
Application of Functional Assessment	Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (CBE #2631)*
Bathing	Improvement in Bathing (CBE #0174)
Bed Transferring	Improvement in Bed Transferring (CBE # 0175)
Patient COVID-19 Vaccination	COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date
DRR	Drug Regimen Review Conducted With Follow-Up for Identified Issues- Post Acute Care (PAC) HH QRP
DC Function	Discharge Function Score
Dyspnea	Improvement in Dyspnea
Influenza	Influenza Immunization Received for Current Flu Season
Oral Medications	Improvement in Management of Oral Medications (CBE #0176)
Pressure Ulcer/Injury	Changes in Skin Integrity Post-Acute Care
Timely Care	Timely Initiation of Care (CBE #0526)
TOH-Provider	Transfer of Health Information to Provider-Post-Acute Care ¹
TOH-Patient	Transfer of Health Information to Patient-Post-Acute Care ¹
Claims-based	
DTC	Discharge to Community-Post Acute Care (PAC) Home Health (HH) Quality Reporting Program (QRP) (CBE #3477)
MSPB	Total Estimated Medicare Spending Per Beneficiary (MSPB)—Post Acute Care (PAC) HH QRP
PPR	Potentially Preventable 30-Day Post-Discharge Readmission Measure for HH Quality Reporting Program
PPH	Home Health Within Stay Potentially Preventable Hospitalization
HCAHPS-based	
CAHPS Home Health Survey	CAHPS® Home Health Care Survey (experience with care) (CBE #0517) ² - How often the HH team gave care in a professional way. - How well did the HH team communicate with patients. - Did the HH team discuss medicines, pain, and home safety with patients. - How do patients rate the overall care from the HHA. - Will patients recommend the HHA to friends and family.

¹ Data collection delayed due to the COVID-19 public health emergency for the TOH-Patient and TOH-Provider.
² The HCAHPS has five components that together are used to represent one CBE-endorsed measure.

There will be updates to the HCAHPS in the future to make it shorter...

- Potential updated HCAHPS measures have been submitted through the Pre-rulemaking Review Process.

Removal of Measures from VBP as of December 31



OASIS-based Discharged to Community (DTC);



OASIS-based Total Normalized Composite Change in Self-Care (TNC Self-Care);



OASIS-based Total Normalized Composite Change in Mobility (TNC Mobility);



Claims-based Acute Care Hospitalization During the First 60 Days of Home Health Use (ACH); and



Claims-based Emergency Department Use without Hospitalization During the First 60 Days of Home Health (ED Use).

To Be Replaced January 1, 2025 by:

The claims-based Discharge to Community-Post Acute Care (DTC-PAC) Measure for Home Health Agencies;

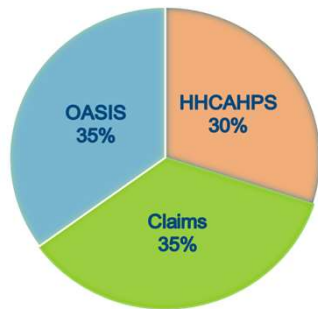
The OASIS-based Discharge Function Score (DC Function) measure; and

The claims-based Home Health Within-Stay Potentially Preventable Hospitalization (PPH) measure.

Will align with the measures in the HH QRP and publicly reported on Home Health Care Compare

2025: Quality Measures Home Health VBP TPS

OASIS-based Measures	Weight
Discharge Function Self-Care and Mobility (based on GG)	20%
Oral Meds (M2020)	9%
Dyspnea (M1400)	6%
Total for OASIS-based Measures	35.00%



HHCAHPS Survey Measures	Weight
HHCAHPS Professional Care	6.00%
HHCAHPS Communication	6.00%
HHCAHPS Team Discussion	6.00%
HHCAHPS Overall Rating	6.00%
HHCAHPS Willingness to Recommend	6.00%
Total for HHCAHPS Survey Measures	30.00%

Claims-based Measures	Weight
PPH	26%
DTC	9%
Total for claims-based Measures	35.00%

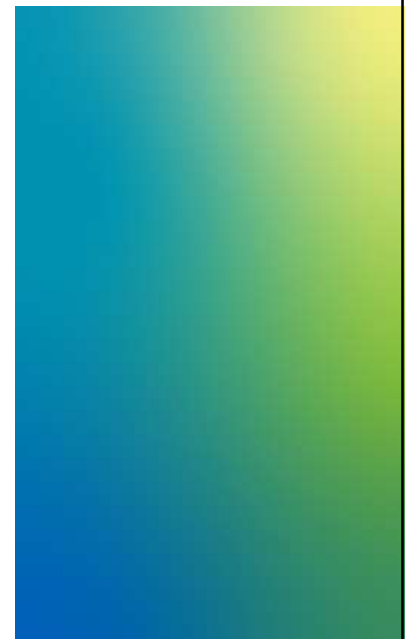
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Changes to OASIS and CoPs



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Living Situation

Finalized to be added CY2027

R0310. Living Situation	
Enter Code <input type="checkbox"/>	What is your living situation today? 0. I have a steady place to live 1. I have a place to live today, but I am worried about losing it in the future 2. I do not have a steady place to live 7. Patient declines to respond 8. Patient unable to respond
<small>Questions on transportation and housing have been derived from the national PRAPARE® social drivers of health assessment tool (2016), which was developed and is owned by the National Association of Community Health Centers (NACHC). This tool was developed in collaboration with the Association of Asian Pacific Community Health Organization (AAPCHO) and the Oregon Primary Care Association (OPCA). For additional information, please visit www.prapare.org.</small>	

CMS has stated they will only change the oasis every two years- hence not adding these in 2026 and the below not happening until 2026

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McBee still expects CMS to remove the M1800s at some point and just use the GG items

Food

Finalized to be added CY2027

R0320. Food	
Enter Code <input type="checkbox"/>	A. Within the past 12 months, you worried that your food would run out before you got money to buy more. 0. Often true 1. Sometimes true 2. Never true 7. Patient declines to respond 8. Patient unable to respond
Enter Code <input type="checkbox"/>	B. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more. 0. Often true 1. Sometimes true 2. Never true 7. Patient declines to respond 8. Patient unable to respond
<small>Hager, E. R., Quigg, A. M., Black, M. M., et al. (2010). Development and Validity of a 2-Item Screen to Identify Families at Risk for Food Insecurity. <i>Pediatrics</i>. 126(1). 26-32. doi:10.1542/peds.2009-3146.</small>	

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Utilities

Finalized to be added CY2027

R0330. Utilities	
Enter Code <input type="checkbox"/>	In the past 12 months, has the electric, gas, oil, or water company threatened to shut off services in your home?
	0. Yes
	1. No
	2. Already shut off
	7. Patient declines to respond
	8. Patient unable to respond
<small>Cook, J. T., Frank, D. A., Casey, P. H., et al. (2008). A Brief Indicator of Household Energy Security: Associations with Food Security, Child Health, and Child Development in US Infants and Toddlers. <i>Pediatrics</i>, 122(4), 867-875. doi:10.1542/peds.2008-0286.</small>	

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Transportation

Finalized to be modified CY2027

Modified

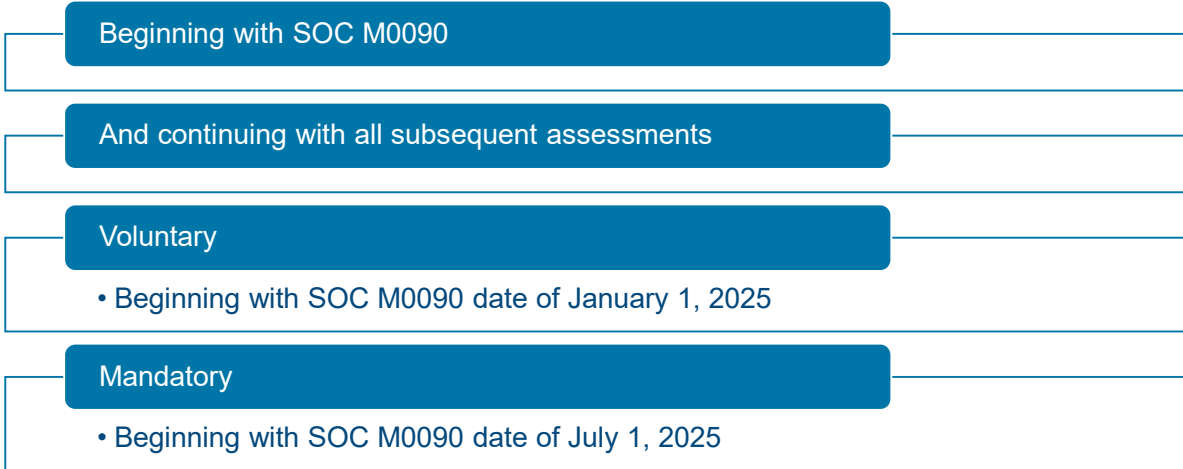
Current

R0340. Transportation	A1250. Transportation (NACHC ©)
Enter Code <input type="checkbox"/>	Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?
In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?	↓ Check all that apply
0. Yes	<input type="checkbox"/> A. Yes, it has kept me from medical appointments or from getting my medications
1. No	<input type="checkbox"/> B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
7. Patient declines to respond	<input type="checkbox"/> C. No
8. Patient unable to respond	<input type="checkbox"/> X. Patient unable to respond
	<input type="checkbox"/> Y. Patient declines to respond
<small>Questions on transportation and housing have been derived from the national PRAPARE® social drivers of health assessment tool (2016), which was developed and is owned by the National Association of Community Health Centers (NACHC). This tool was developed in collaboration with the Association of Asian Pacific Community Health Organization (AAPCHO) and the Oregon Primary Care Association (OPCA). For additional information, please visit www.prapare.org.</small>	<small>Adapted from: NACHC © 2019. National Association of Community Health Centers, Inc., Association of Asian Pacific Community Health Organizations, Oregon Primary Care Association. PRAPARE and its resources are proprietary information of NACHC and its partners, intended for use by NACHC, its partners, and authorized recipients. Do not publish, copy, or distribute this information in part or whole without written consent from NACHC.</small>

Collect at SOC/ROC only.

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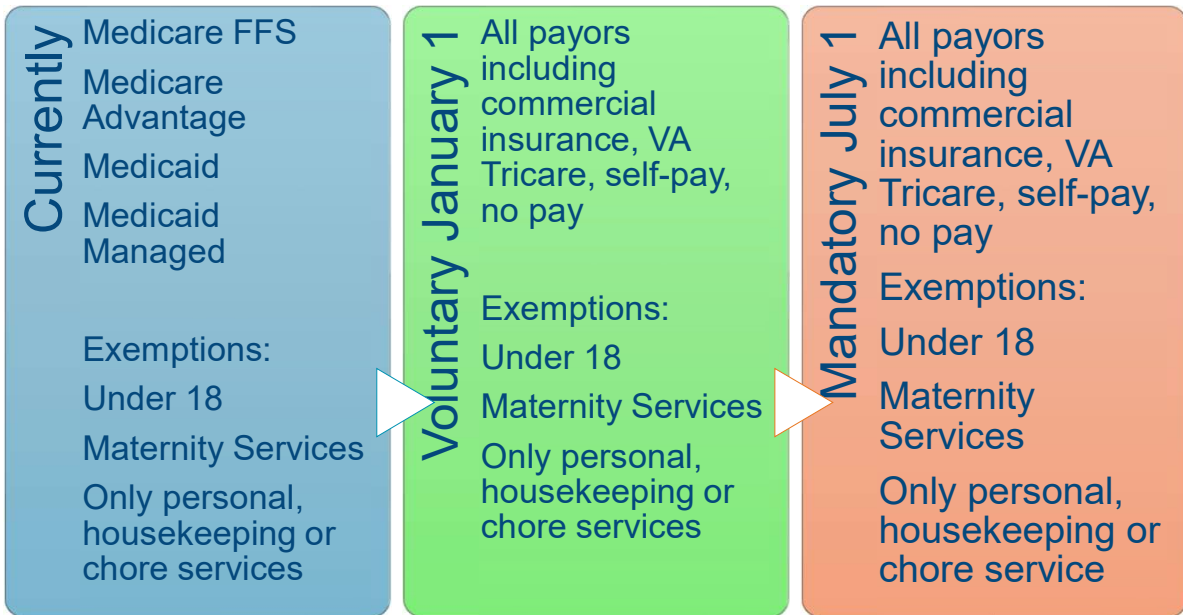
All Payor OASIS Data Submission



Will not affect 2% reduction until 2027.

43 Recommends to start before 7/1 to ensure there are no issues.

All Payor OASIS Data Submission



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Issue (What the CoPs require now)



§ 484.60. patients are accepted for treatment on the reasonable expectation that an HHA can meet the patient's needs in his or her place of residence.



Thus, a timely, appropriate admission process serves both prospective patients seeking care and ensures that HHAs accept for treatment only those patients for whom there is a reasonable expectation of being able to meet the patient's care needs.



Timely admission to home health, and in turn the initiation of services are key to good home health patient outcomes.



When the initiation of home health services is significantly delayed (that is, from 8 to 14 days after discharge), the odds of rehospitalization for diabetic patients were four times greater than among patients receiving home health service initiation within 2 days.

Finalized Change to CoPs Effective January 1

- § 484.105(d) requires HHAs to develop, implement and maintain an acceptance to service policy that is applied consistently to each prospective patient referred for home health care
- Must address, at minimum, the following criteria related to the HHA's capacity to provide patient care:
 - the anticipated needs of the referred prospective patient,
 - the HHA's caseload and case mix,
 - the HHA's staffing levels, and
 - the skills and competencies of the HHA staff
- HHAs would be required to make specified information available to the public that is updated as needed and reviewed at least annually.
- What do you not provide? What are your choices/shortcomings?



List out things like how often you provide services (for example, do you provide daily nursing visits, can you only staff HHA visits for some cases, etc.) will need to think about those staffing concerns as well as just the services you do provide (so don't just list out RN, HHA, PT, no SLP). Interpretive guidelines are being worked on now.

RFI for Change to CoPs (no mention in final rule)



RFI to obtain information from stakeholders on whether CMS should shift its longstanding policy and permit rehabilitative therapists to conduct the initial and comprehensive assessment for cases that have both therapy and nursing services ordered as part of the plan of care.



Specifically, we are seeking information regarding the training and education of rehabilitative therapists that is relevant to conducting the initial and comprehensive assessments and any additional information on any patient health and safety benefits or unintended consequences of expanding the category of clinicians that can conduct the initial and comprehensive assessments

Home IVIG



Coverage and payment of items and services related to administration of IVIG in a patient's home of a patient with a diagnosed primary immune deficiency disease furnished on or after January 1, 2024



Pays a per visit payment amount for the items and services needed for the administration of IVIG in the home, but not the drug. **Updated to \$431.83**



Specialty pharmacies, enrolled as durable medical equipment (DME) suppliers



If on home health, LUPA rate is paid minus Part B deductible and copayments

CMS' Home Infusion Therapy (HIT) webpage, found at:
<https://www.cms.gov/medicare/payment/fee-for-service-providers/home-infusiontherapy>



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POLL

Would you like to meet with Jeff and Lisa to talk about:

- a) IPR/APR
- b) Improving your financial performance
- c) OASIS & Coding accuracy
- d) Educational opportunities for your organization
- e) None at this time

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Questions?

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