



# CASPER Report Outcome Report

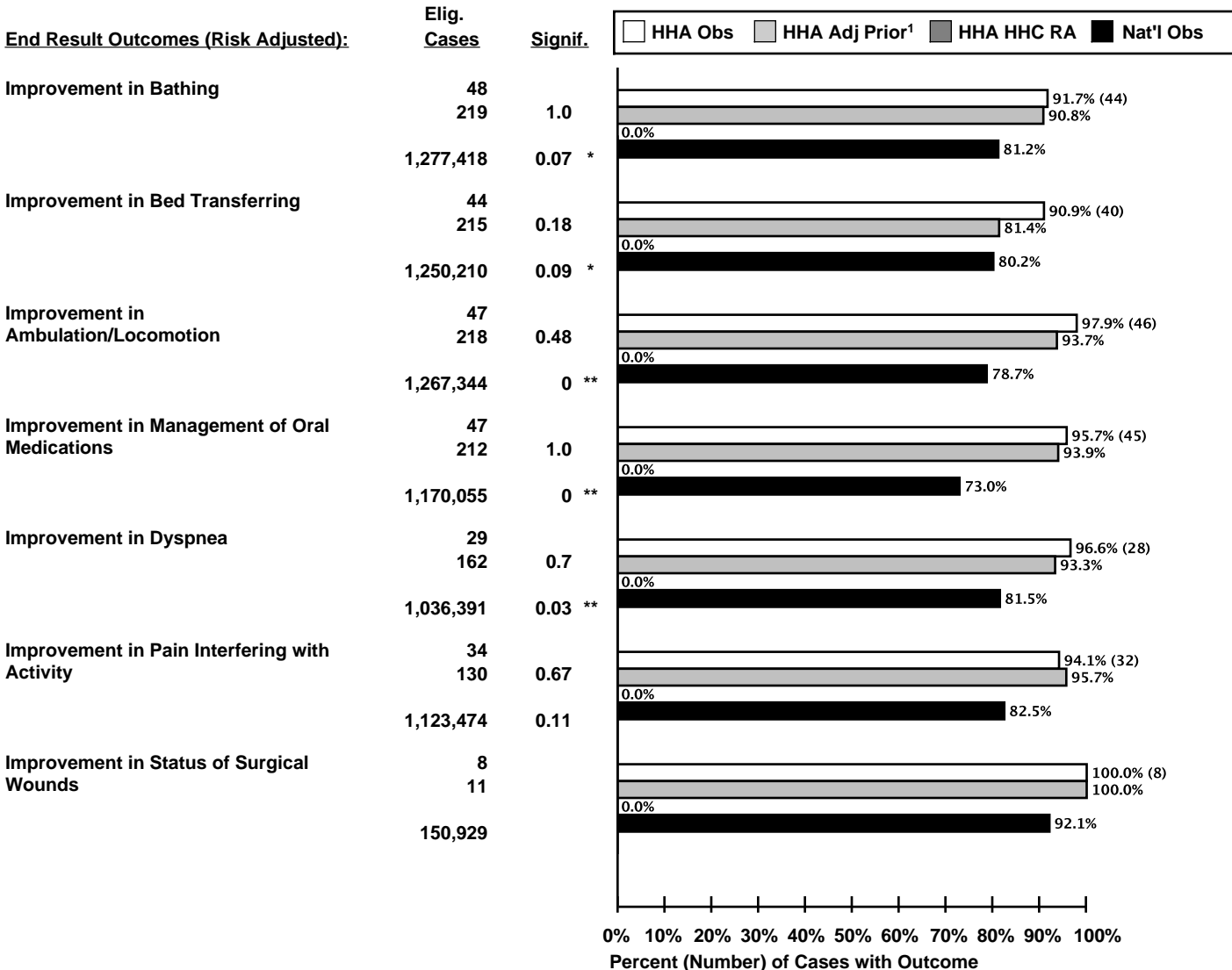
**Agency Name:** A-1 HOME HEALTH CARE  
**Agency ID:** CA630011191  
**Location:** HUNTINGTON BEACH, CA  
**CCN:** 058416  
**Medicaid Number:** 1568635811  
**Report Run Date:** 07/01/2019

**Branch:** All

**Requested Current Period:** 01/2019 - 03/2019  
**Requested Prior Period:** 04/2017 - 03/2018  
**Actual Current Period:** 01/2019 - 03/2019  
**Actual Prior Period:** 04/2017 - 03/2018  
**# Cases Curr:** 48  
**Prior:** 220  
**Number of Cases (National):** 1,311,866

**Definitions:**

**HHA Obs** - Home Health Agency's Observed Rate is the HHA's actual performance for the measure for the selected period. This rate is not risk adjusted.  
**HHA Adj Prior<sup>1</sup>** - Home Health Agency's Adjusted Prior is the agency's prior performance for the measure for the selected period. This rate is adjusted and is calculated using the following formula: HHA Adj Prior = HHA Prior Obs + HHA curr pred - HHA prior pred.  
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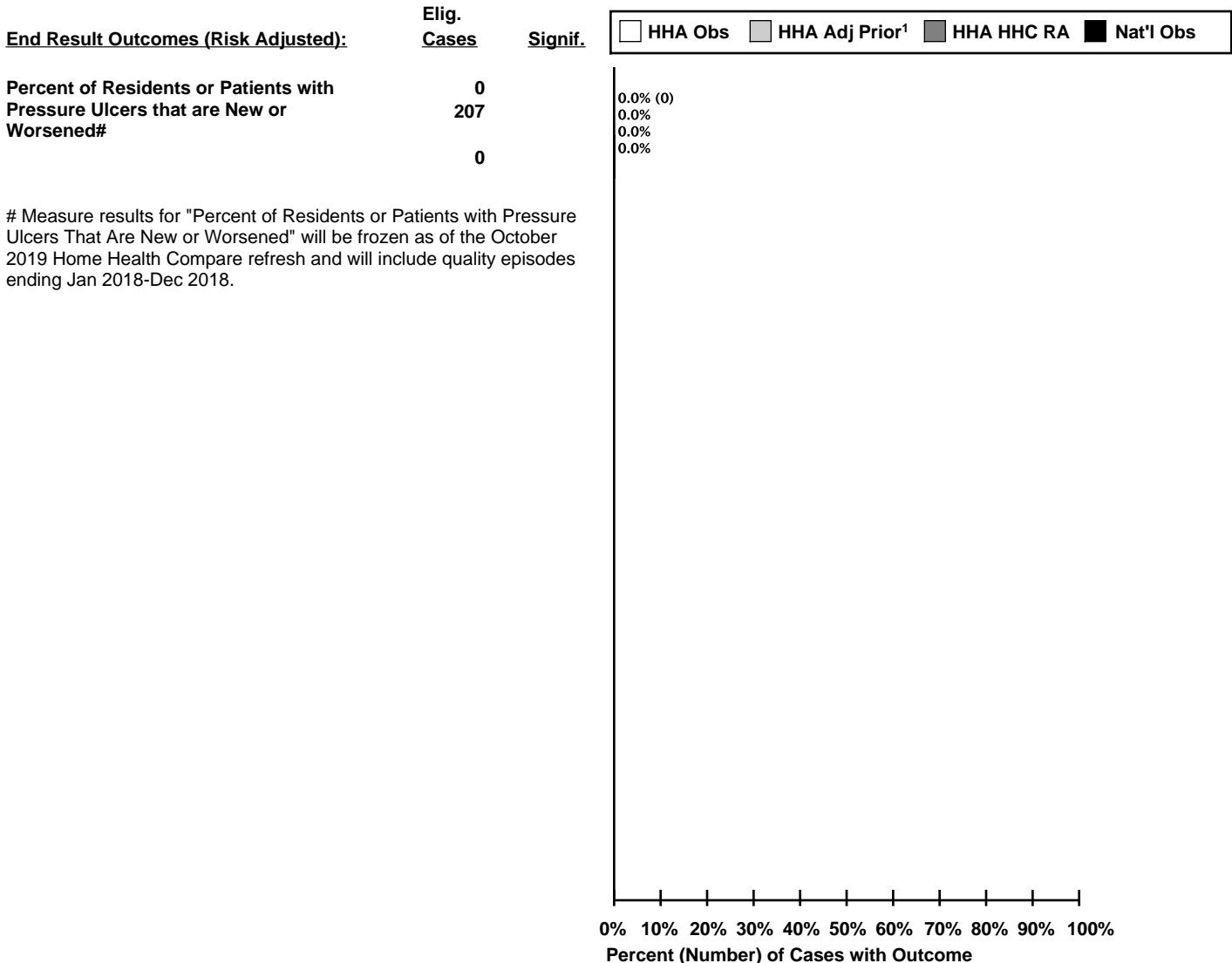
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# Measure results for "Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened" will be frozen as of the October 2019 Home Health Compare refresh and will include quality episodes ending Jan 2018-Dec 2018.

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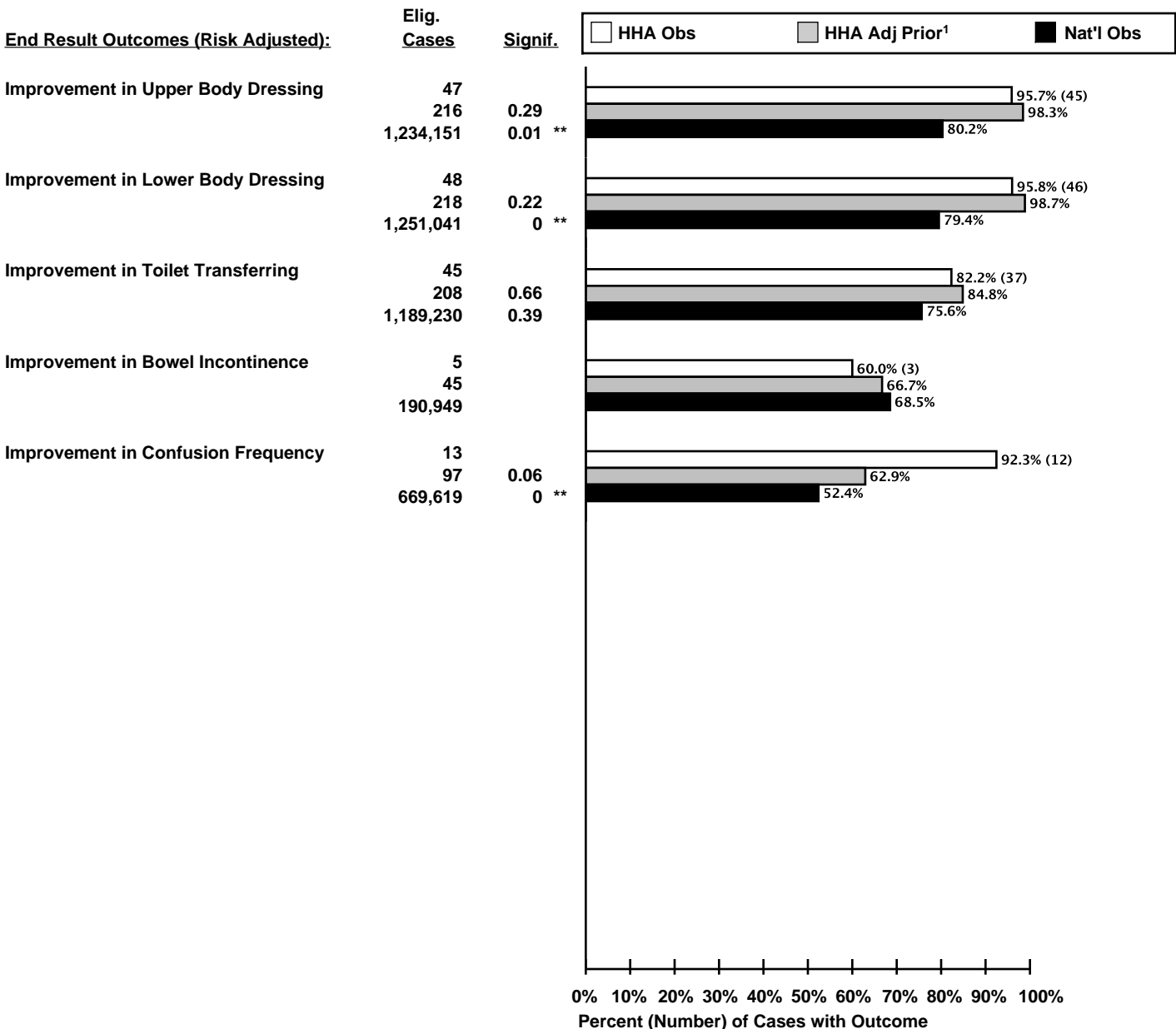
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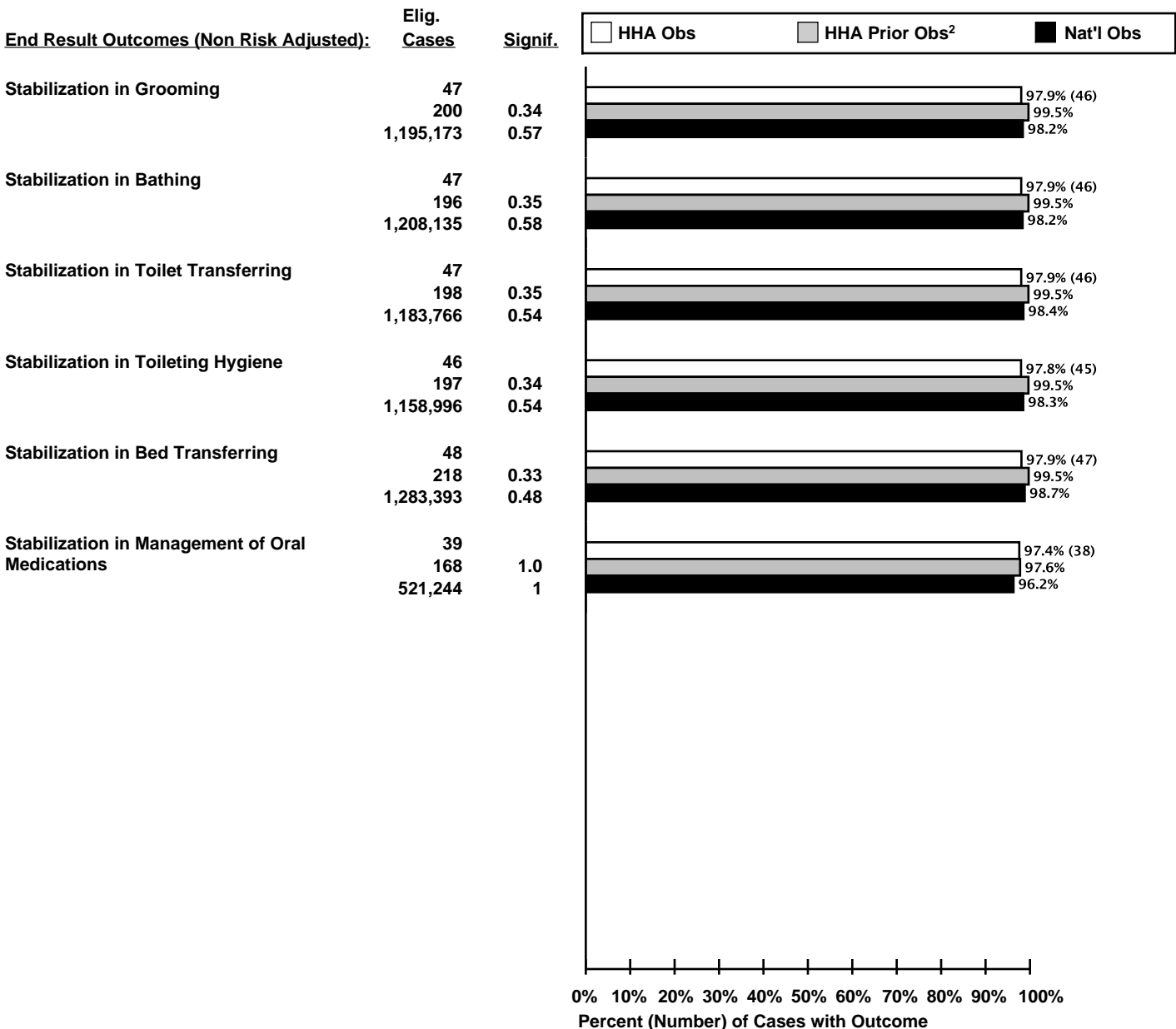
**HHA Prior Obs<sup>2</sup>** - Home Health Agency's Observed Rate from the Prior Period is the HHA's prior performance for the measure for the selected period. This rate is not risk adjusted.

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**Actual Current Period:** 01/2019 - 03/2019  
**Actual Prior Period:** 04/2017 - 03/2018  
**# Cases Curr:** 91  
**Prior:** 393  
**Number of Cases (National):** 1,809,456

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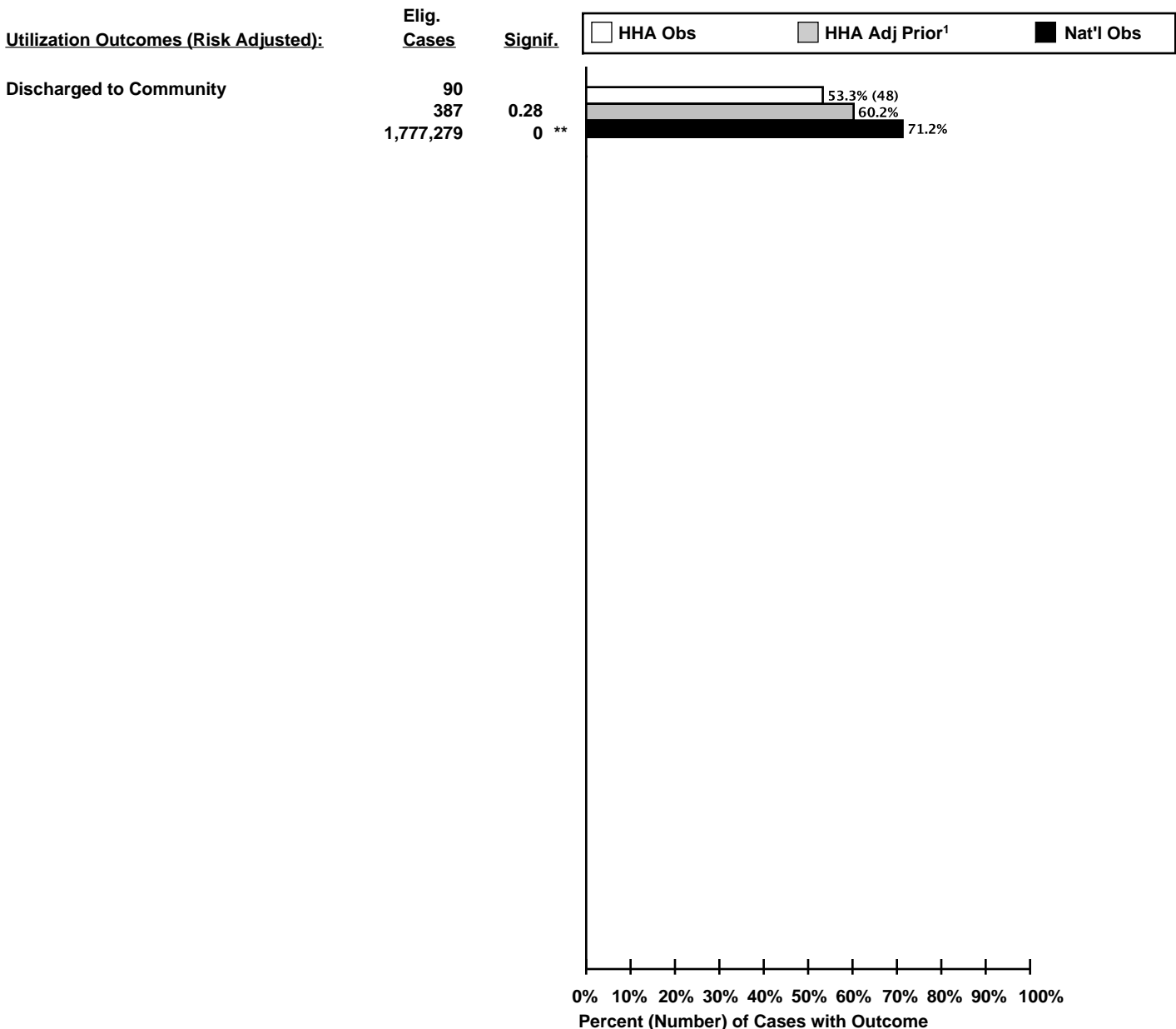
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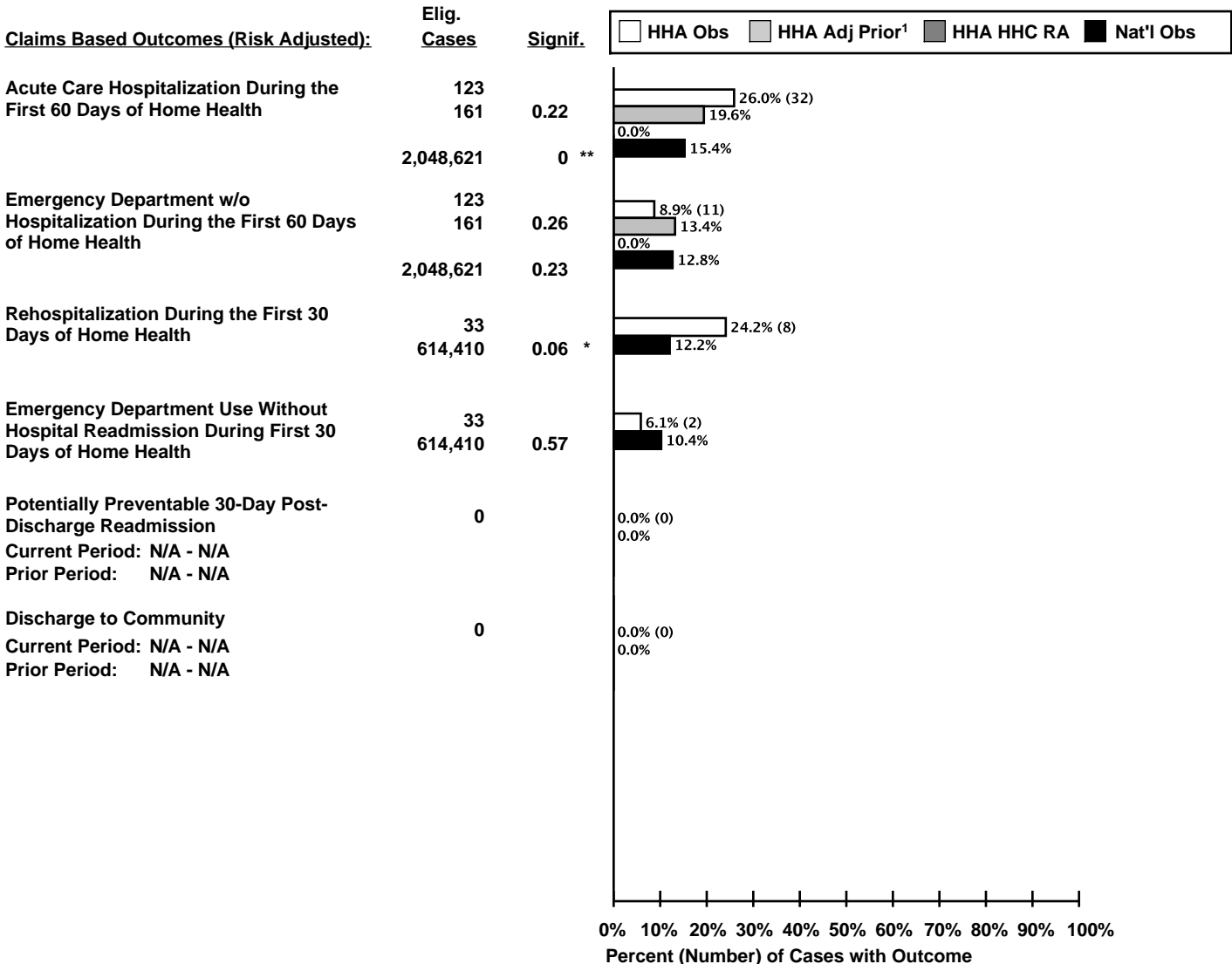
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**Report Run Date:** 07/01/2019

**Branch:** All

**Requested Current Period (Claims):** 01/2018 - 12/2018  
**Requested Prior Period (Claims):** 01/2017 - 12/2017  
**Actual Current Period (Claims):** 01/2018 - 09/2018  
**Actual Prior Period (Claims):** 01/2017 - 12/2017  
**# Cases Curr (Claims):** 123 **Prior (Claims):** 161  
**Number of Cases (National) (Claims):**

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**Location:** HUNTINGTON BEACH, CA  
**CCN:** 058416

**Requested Current Period (MSPB):** 01/01/2018 - 12/31/2018  
**Actual Current Period (MSPB):** 01/01/2017 - 12/31/2017  
**Report Run Date:** 07/01/2019

**Legend:**

[a] PAC HH = Post-Acute Care Home Health

[b] The treatment period is the time during which the patient receives care from the attributed HH, and includes Part A, Part B and Durable Medical Equip Prosthetics, Orthotics and Supplies (DMEPOS) claims.

[c] The associated services period is the time during which any Medicare Part A and Part B services other than those in the treatment period are counted towards the episode spending.

Dash [-] = Value cannot be calculated

N/A = Not Available

### *Medicare Spending per Beneficiary (MSPB) - PAC HH<sup>[a]</sup>*

COMPARISON GROUP	NUMBER OF ELIGIBLE EPISODES	AVERAGE SPENDING PER EPISODE			MSPB AMOUNT	
		SPENDING DURING TREATMENT PERIOD <sup>[b]</sup>	SPENDING DURING ASSOCIATED SERVICES PERIOD <sup>[c]</sup>	TOTAL SPENDING DURING EPISODE	AVERAGE RISK ADJUSTED SPENDING	NATIONAL MEDIAN
Your Agency	352	\$3,085	\$10,888	\$13,973	\$12,595	\$10,972
National	5,271,440	\$2,990	\$7,983	\$10,973	\$10,980	\$10,972

<b>Your Agency's MSPB PAC Score</b> (Your Agency's Risk Adjusted Spending Divided by the National Median)	1.15
<b>U.S. Average MSPB Score</b> (National Risk Adjusted Spending Divided by the National Median)	1.00

NOTE: Patient-level data for claims-based measures are not included in CASPER patient-level quality measure reports.

Source: Medicare Fee-For-Service claims and eligibility files

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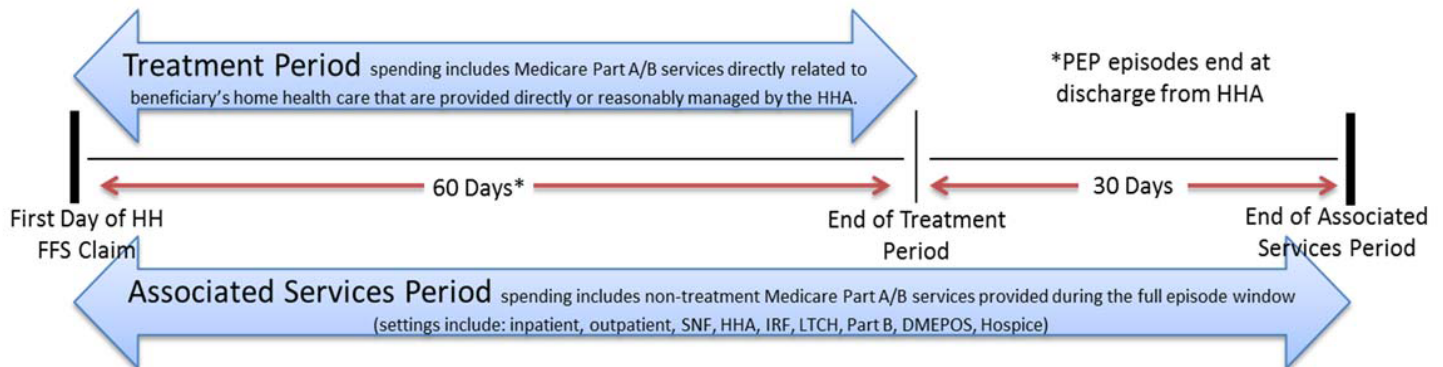
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### Explanation of Medicare Spending per Beneficiary (MSPB) Post-Acute Care (PAC) HHA Measure

The purpose of the MSPB-PAC measures are to support public reporting of resource use in PAC provider settings as well as provide actionable, transparent information to support PAC providers' efforts to promote care coordination and improve the efficiency of care provided to their patients.

The measure is calculated as the ratio of the payment-standardized, risk-adjusted MSPB-PAC Amount for each agency divided by the episode-weighted median MSPB-PAC Amount across all agencies of the same type. For home health agencies, episodes are categorized as Partial Episode Payment (PEP), Low Utilization Payment Adjustment (LUPA), and all others (Standard) and agencies' episodes are compared only within each category. The figure below illustrates the episode window for calculating this measure. Beneficiary spending during the episode window is categorized as related to "Treatment" or "Associated Services." The episode window begins on the first day of the home health claim and ends 30 days after the Treatment Period ends (which is either 60 days or at discharge for PEP episodes). Spending is standardized, bottom-coded when necessary, and risk-adjusted.

### Episode Window for MSPB-PAC HH Measure



#### Episode Exclusions

- Episodes from a RAP
- Episodes outside the 50 states, D.C., Puerto Rico and U.S. territories
- Episodes with the standard allowed amount equal to zero or where the standard allowed amount cannot be calculated
- Episodes in which the beneficiary is not enrolled in Medicare FFS for the 90 days prior to the first day of the home health claim through the episode window, or is enrolled in Part C
- Episodes not paid through prospective payment system

#### Service Exclusions

- Planned hospital admissions
- Routine management of certain preexisting chronic conditions
- Some routine screening and health care maintenance
- Immune modulating medications

Specific exclusions subject to change; please refer to links under Resources for most current information.

#### Risk Adjustment

- HCCs and interactions in 90 days prior to episode window
- Age, Medicare entitlement reason, ESRD
- Long-term care institutionalization, prior ICU use, prior hospitalization length of stay, hospice use
- Clinical case mix categories

### Resources

- **Home Health Quality Measures including MSPB PAC Measure Specifications, risk adjustment factors, and exclusion criteria:** <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/index.html?redirect=/homehealthqualityinits/>

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