



April 1, 2018 to March 31, 2019 Quality Assessments Only (QAO) Interim Performance Report for Quarter 3

This QAO Performance Report is based on assessments completed by your HHA during the period from April 1, 2018 to March 31, 2019 and submitted by April 30, 2019

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

QAO Interim Score for A-1 Home Health Care (058416) Huntington Beach, California

97.9% (Your HHA would pass the Annual QAO performance requirement because your current QAO score was greater than or equal to the 90% criterion.)

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 April 1, 2018 to March 31, 2019. The results only reflect your QAO performance score for that period. These results may not accurately reflect your future QAO performance for the APU period of July 1, 2018 to June 30, 2019.

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 for the period from July 1, 2017 through June 30, 2018 and thereafter as 90%. 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. OASIS assessments can still be considered as meeting the performance requirement when an episode of care spans across a specified reporting period. The table on the next page provides the number of assessments meeting each of the following categories:

- [1] SOC/ROC [a] and EOC [b] assessments that could be matched to form quality episodes
- [2] 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 65 days of the performance period (identified as a SOC/ROC Pseudo Episode) [a]; and
 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 65 days of the performance period (identified as an EOC Pseudo Episode) [b]
- [3] Beginning of an episode of care that is not yet complete: a SOC/ROC that occurs in the last 65 days of the performance period (identified as a Late SOC/ROC) [a]; and
 End of an episode of care that began in the previous reporting period: an EOC that occurs in the first 65 days of the performance period (identified as an Early EOC) [b]
- [4] A SOC/ROC assessment that is determined to be the only required assessment for the episode (“one-visit episode”) [a].

All other SOC/ROC or EOC assessments could not be formed into a quality episode of care or do not meet the preceding criteria would be considered a non-quality assessment (with one exception listed in footnote [7] in the table on the next page). 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:

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

If Your QAO Performance Report Score Does Not Meet the 2018-2019 Performance Requirement of 90%

If your QAO score on this QAO Interim Performance Report meets the 2018-2019 performance requirement of 90%, then keep performing as you have in the past. If you do not meet the 2018-2019 performance requirement based on your submission of assessments (or your score is close to the threshold), 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. Please note that the QAO score in this interim report reflects assessment submissions from this reporting period only. Your HHA's QAO performance for the CY 2020 APU period will be determined from assessments submitted between July 1, 2018 and June 30, 2019

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.

**April 1, 2018 to March 31, 2019 QAO Interim Performance Report
A-1 Home Health Care (058416) Huntington Beach, California**

	Start or Resumption of Care (SOC/ROC) Assessments	#		End of Care (EOC) Assessments	#
	Quality Assessments			Quality Assessments	
[1]a	# matched to EOC assessments to form a quality episode of care	307	[1]b	# matched to SOC/ROC assessments to form a quality episode of care	307
[2]a	# matched to follow-up assessments (occurring in last 65 days of APU period)	28	[2]b	# matched to follow-up assessment (occurring in first 65 days of APU period)	30
[3]a	# that occurred in last 65 days of APU period	55	[3]b	# that occurred in first 65 days of APU period	36
[4]a	# one-visit episodes	12	[4]b	N/A	N/A
[5]a	Total SOC/ROC Quality Assessments	402	[5]b	Total EOC Quality Assessments	373
	Non-Quality Assessments			Non-Quality Assessments	
[6]a	# that do not meet above Quality Assessment criteria	13	[6]b	# that do not meet above Quality Assessment criteria	4
	Calculation of Quality Assessments Only (QAO) Score				
[7]	Total Quality Assessments ([5]a + [5]b)	775			
[8]	Total Non-Quality Assessments ([6]a + [6]b)	17			
[9]	Total Assessments ([7] + [8])	792			
	QAO Score				
[10]	= 100 x [7] / [9]	97.9			

Notes and Explanations for Each Line Item

- [1] 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] The number of OASIS assessments completed that can be linked to a Follow-up assessment that occurred within the last 65 days of the APU period (if it is a SOC/ROC assessment) or within the first 65 days of the APU period (if it is an EOC assessment).
- [3] The number of OASIS assessments completed that occurred within the last 65 days of the APU period (if it is a SOC/ROC assessment) or within the first 65 days of the APU period (if it is an EOC assessment).
- [4] The number of OASIS assessments completed with no EOC assessment expected (i.e., only one assessment is anticipated for that particular episode).
- [5]a = [1]a + [2]a + [3]a + [4]a. The total number of SOC/ROC Quality Assessments completed and submitted.
- [5]b = [1]b + [2]b + [3]b + [4]b. The total number of EOC Quality Assessments completed and submitted.
- [6] 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. The total number of SOC/ROC Quality Assessments plus the total number of EOC Quality Assessments completed and submitted. This number may be higher than the sum of [5]a and [5]b if a payer source change occurred that required the submission of an additional SOC/ROC assessment prior to EOC.
- [8] = [6]a + [6]b. The total number of SOC/ROC Non-Quality Assessments plus the total number of EOC Non-Quality Assessments completed and submitted.
- [9] = [7] + [8]. The total number of SOC/ROC and EOC assessments completed and submitted.
- [10] = 100 x [7] / [9]. The percentage of the total SOC/ROC and EOC Assessments completed and submitted that could be counted as a quality episode of care.