

Home Health Quality Measures – Process

Notes:

- Risk Adjustment:** Process measures are not risk adjusted to compensate for differences in the patient population. This is because the processes of care in the measures apply to all of the patients in the denominator (except for those patients that are identified in the denominator exclusions).
- “Quality Episode” Definition:** Quality episodes are used in the calculation of the quality measures. Quality episodes are not the same as payment episodes. A quality episode begins with either a SOC (start of care) or ROC (resumption of care) and ends with a transfer, death, or discharge for a patient regardless of the length of time between the start and ending events.
- Quality of Patient Care Star Rating:** An asterisk (*) next to the measure name indicates the measure is included in the Quality of Patient Care star rating algorithm.
- All Payer Data:** CMS has mandated collection and submission of OASIS data for all patients regardless of payer (a.k.a. all-payer) effective 7/1/2025 with a voluntary phase-in period of 1/1/2025 – 6/30/2025. The OASIS-based quality measures in the Home Health Quality Reporting Program will continue to report only data for Medicare fee-for-service, Medicare Advantage (Medicare managed care), Medicaid, and Medicaid managed care.

Type	Measure Title	Posted on Care Compare	NQF Status	Risk Adjusted	Measure Description	Numerator	Denominator	Measure-specific Exclusions	OASIS-E Item(s) Used
Process - Timely Care	Timely Initiation of Care*	Yes	Not endorsed	No	Percentage of home health quality episodes in which the start or resumption of care date was on the physician-ordered SOC/ROC date (if provided), otherwise was within 2 days of the referral date or inpatient discharge date, whichever is later.	Number of home health quality episodes in which the start or resumption of care date was on the physician-ordered SOC/ROC date (if provided), otherwise was within 2 days of the referral date or inpatient discharge date.	Number of home health quality episodes ending with discharge, death, or transfer to inpatient facility during the reporting period, other than those covered by generic or measure-specific exclusions.	None	(M0102) Date of Physician-ordered Start of Care (M0104) Date of Referral (M0030) Start of Care Date (M0032) Resumption of Care Date (M1000) Inpatient Facility discharge (M1005) Inpatient Discharge Date (M0100) Reason for Assessment
Process - Prevention	Influenza Immunization Received for Current Flu Season	Yes	Not Endorsed	No	Percentage of home health quality episodes during which patients received influenza immunization for the current flu season.	Number of home health quality episodes during which the patient a) received vaccination from the HHA or b) had received vaccination from HHA during earlier episode of care, or c) was determined to have received vaccination from another provider.	Number of home health quality episodes ending with a discharge or transfer to inpatient facility during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes for which no care was provided during October 1–March 31, OR the patient died, or the patient does not meet age/condition guidelines for influenza vaccine.	(M0030) Start of Care Date (M0032) Resumption of Care Date (M0906) Discharge/Transfer/Death Date (M1041) Influenza Vaccine Data Collection Period: (M1046) Influenza Vaccine Received (M0100) Reason for Assessment
Process - Prevention	Influenza Immunization Offered and Refused for Current Flu Season	No	Not endorsed	No	Percentage of home health quality episodes during which patients were offered and refused influenza immunization for the current flu season.	Number of home health quality episodes during which patients were offered and refused influenza immunization for the current flu season.	Number of home health quality episodes ending with a discharge or transfer to inpatient facility during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes for which no care was provided during October 1–March 31, OR the patient died, or the patient does not meet age/condition guidelines for influenza vaccine.	(M0030) Start of Care Date (M0032) Resumption of Care Date (M0906) Discharge/Transfer/Death Date (M1041) Influenza Vaccine Data Collection Period: (M1046) Influenza Vaccine Received (M0100) Reason for Assessment

Type	Measure Title	Posted on Care Compare	NQF Status	Risk Adjusted	Measure Description	Numerator	Denominator	Measure-specific Exclusions	OASIS-E Item(s) Used
Process - Prevention	Influenza Immunization Contraindicated	No	Not endorsed	No	Percentage of home health quality episodes during which patients were determined to have medical contraindication(s) to receiving influenza immunization.	Number of home health quality episodes during which patients were determined to have medical contraindication(s) to receiving influenza vaccination.	Number of home health quality episodes ending with a discharge or transfer to inpatient facility during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes for which no care was provided during October 1–March 31, OR the patient died, or the patient does not meet age/condition guidelines for influenza vaccine.	(M0030) Start of Care Date (M0032) Resumption of Care Date (M0906) Discharge/Transfer/Death Date (M1041) Influenza Vaccine Data Collection Period: (M1046) Influenza Vaccine Received (M0100) Reason for Assessment
Process- Prevention	Drug Regimen Review Conducted with Follow-Up for Identified Issues	Yes	Not Endorsed	No	The percentage of home health quality episodes in which a drug regimen review was conducted at the start of care or resumption of care and completion of recommended actions from timely follow-up with a physician occurred each time potential clinically significant medication issues were identified throughout that quality episode.	Number of quality episodes in which: 1) The agency conducted a drug regimen review at the start of care or resumption of care or the patient is not taking any medications and 2) If potential clinically significant medication issues were identified at any time during the quality episode, then the HHA contacted a physician (or physician-designee) and completed prescribed/recommended actions by midnight of the next calendar day in response to all the identified issues throughout the quality episode.	Number of quality episodes ending with a discharge or, transfer to an inpatient facility, or death at home during the reporting period.	None	M2001 (Drug Regimen Review) M2003 (Medication Follow-up) M2005 (Medication Intervention) (M0100) Reason for Assessment
Process- Prevention	Transfer of Health Information to the Patient	Yes	Not Endorsed	No	This measure assesses for and reports on the timely transfer of health information, i.e., a current reconciled medication list, to the patient when discharged from home health to a private home/apartment, board and care home, assisted living, group home, or transitional living.	The number of quality episodes ending in a discharge from the agency for which the OASIS indicated that the following is true: At the time of discharge, the agency provided a current reconciled medication list to the patient, family, and/or caregiver.	Number of quality episodes ending in discharge to a private home/ apartment, board/care, assisted living, group home, or transitional living.	Patients who die during the episode. Patients discharged to a location not specified in denominator statement.	A2123 (Provision of Current Reconciled Medication List to Patient) A2124 (Route of Current Medication List Transmission to Patient) M2420 (Discharge Disposition) M0100 (Reason for Assessment)

Type	Measure Title	Posted on Care Compare	NQF Status	Risk Adjusted	Measure Description	Numerator	Denominator	Measure-specific Exclusions	OASIS-E Item(s) Used
Process-Prevention	Transfer of Health Information to the Provider	Yes	Not Endorsed	No	The measure assesses the timeliness of the transfer of health information, specifically transfer of a reconciled medication list. This measure evaluates for the transfer of information when a patient is transferred or discharged to a subsequent provider. For this measure, the subsequent provider is defined as a short-term general hospital, a SNF, intermediate care, home under care of an organized home health service organization or hospice, hospice in an institutional facility, an IRF, an LTCH, a Medicaid nursing facility, an inpatient psychiatric facility, or a critical access hospital.	Number of home health quality episodes ending in discharge or transfer for which the OASIS indicated that the following is true: At the time of discharge/transfer, the agency provided a current reconciled medication list to the subsequent provider.	The denominator is the number quality episodes ending in discharge or/transfer to a short-term general hospital, a SNF, intermediate care, home under care of another organized home health service organization or hospice, hospice in an institutional facility, a swing bed, an IRF, a LTCH, a Medicaid nursing facility, an inpatient psychiatric facility, or a critical access hospital.	Patients who die during the episode. Patients discharged to a location not specified in denominator statement.	A2120 (Provision of Current Reconciled Medication List to Subsequent Provider at Transfer) A2121 (Provision of Current Reconciled Medication List to Subsequent Provider at Discharge) A2122 (Route of Current Medication List Transmission to Subsequent Provider) M2420 (Discharge Disposition) M0100 (Reason for Assessment)
Process – Prevention	COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date	No	Not endorsed	No	This measure reports the percentage of HH quality episodes in which patients are "up to date" with their COVID-19 vaccinations per the CDC's latest guidance.	The total number of HH quality episodes in the denominator in which patients are up to date with the COVID-19 vaccine during the reporting period.	The number of home health quality episodes ending with a discharge, transfer to an inpatient facility, or death at home during the reporting period.	None	M0100 (Reason for Assessment) O0350 (Patient COVID-19 Vaccine Up to Date) M0906 (Discharge/Transfer/Death Date)