

How Well Do You Know Your GGs?



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Melinda A. Gaboury, with more than 30 years in home care, has over 20 years of executive speaking and educating experience, including extensive day to day interaction with home care and hospice professionals. She routinely conducts Home Care and Hospice Reimbursement Workshops and speaks at state association meetings throughout the country. Melinda has profound experience in Medicare PDGM training, billing, collections, case-mix calculations, chart reviews and due diligence. UPIC, RA, ADR & TPE appeals with all Medicare MACs have become the forefront of Melinda’s current impact on the industry. She is currently serving as Chair of the NAHC/HHFMA Advisory Board and Work Group and is serving on the board of the Home Care Association of Florida and the Tennessee Association for Home Care. Melinda is also the author of the Home Health OASIS Guide to OASIS-E and Home Health Billing Answers, 2024.

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Finalized Changes - 2025!

The HH Final Rule, released on Nov 1, 2023, finalized several changes to HHVBP, starting in **CY2025**:

- Removal of 5 measures, addition of 3 new measures (starting in CY 2025)
- Updated weights for all measures, except HHCAHPS (starting in CY 2025)
- **Updated Baseline Year (2023)** for all measures (starting in CY 2025)
- Codify the measure removal factors (effective in CY 2024)

Public Reporting Update

 CMS is including an update to remind HHAs and other stakeholders that **public reporting** of HHVBP performance data and payment adjustments will begin in December 2024.



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Proposed Changes to Measures & Weights

Measure	In current model	Proposed for CY 2025	Current Weights *	Proposed New Weights *	Notes
Improvement in Dyspnea	Y	Y	5.83	6.0	Proposed change in weight
Improvement in Management of Oral Medications	Y	Y	5.83	9.0	Proposed change in weight
Discharge to Community (DTC)	Y	Removed	5.83	---	OASIS-based measure proposed to be replaced by DTC-PAC
Discharge to Community-Post Acute Care (DTC-PAC)	N	Replacement measure	---	9.0	Claims-based measure proposed to replace existing DTC measure
Emergency Department Use (ED Use)	Y	Removed	8.75	---	Proposed to be replaced by PPH
Acute Care Hospitalization (ACH)	Y	Removed	26.25	---	Proposed to be replaced by PPH
HH Within-Stay Potentially Preventable Hospitalization (PPH)	N	Replacement measure	---	26.0	Proposed to replace existing ACH and ED Use measures
TNC Change in Mobility	Y	Removed	8.75	---	Proposed to be replaced by DFS
TNC Change in Self-Care	Y	Removed	8.75	---	Proposed to be replaced by DFS
Discharge Function Score (DFS)	N	Replacement measure	---	20.0	Proposed to replace TNC Mobility & TNC Self-Care



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Category	Quality Measure	Performance Years	
		CY 2023 & CY 2024	CY 2025
OASIS-based Measures	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	
Claims-based Measures	Discharge Function Score (DC Function)		X
	Acute Care Hospitalization (ACH)	X	
	Emergency Department Use without Hospitalization (ED Use)	X	
	Home Health Within-Stay Potentially Preventable Hospitalization (PPH)		X
HHAHPS Survey-based Measures	Discharge to Community- Post Acute Care (DTC-PAC)		X
	Care of Patients	X	X
	Communication Between Providers and Patients	X	X
	Specific Care Issues	X	X
	Overall Rating of Home Health Care	X	X
	Willingness to Recommend the Agency	X	X

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Meure Category	Quality Measures	Finalized Redistributions			
		Current Measure Weights* (CY 2023, CY 2024)		Measure Weights Beginning CY 2025	
		Larger-Volume Cohort	Smaller-Volume Cohort	Larger-Volume Cohort	Smaller-Volume Cohort
OASIS-based Measures	Discharged to Community	5.83%	8.33%	-	-
	Improvement in Dyspnea	5.83%	8.33%	6.00%	8.57%
	Improvement in Management of Oral Medications	5.83%	8.33%	9.00%	12.86%
	TNC Change in Mobility	8.75%	12.5%	-	-
	TNC Change in Self-Care	8.75%	12.5%	-	-
	Discharge Function Score	-	-	20.00%	28.57%
	Sum of OASIS-based measures	35.00%	50.00%	35.00%	50.00%
Claims-based Measures	Acute Care Hospitalization	26.25%	37.50%	-	-
	Emergency Department Use	8.75%	12.50%	-	-
	Potentially Preventable Hospitalization	-	-	25.00%	37.14%
	Discharge to Community- Post Acute Care	-	-	9.00%	12.86%
	Sum of Claims-based measures	35.00%	50.00%	35.00%	50.00%
HHAHPS Survey-based Measures	Care of Patients	6.00%	0.00%	6.00%	0.00%
	Communication Between Providers and Patients	6.00%	0.00%	6.00%	0.00%
	Specific Care Issues	6.00%	0.00%	6.00%	0.00%
	Overall Rating of Home Health Care	6.00%	0.00%	6.00%	0.00%
	Willingness to Recommend the Agency	6.00%	0.00%	6.00%	0.00%
	Sum of HHAHPS Survey-based measures	30.00%	0.00%	30.00%	0.00%
Sum	Sum of All Measures	100.00%	100.00%	100.00%	100.00%

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Discharge Function Score

- **Numerator:** Number of home health episodes with an observed discharge function score that is equal to or higher than the calculated **expected discharge function score**.
- **Denominator:** Number of home health episodes of care ending with a discharge during the reporting period, other than those covered by generic or measure- specific exclusions.

What's new?

Uses "GG" OASIS Questions instead of M1800s



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Discharge Function Score

Measure Category	OASIS-based
Data Source	Section GG – Self-Care [GG0130 three (3) items], Mobility [GG0170 eight (8) items]
Measure Description	Proportion of HHA's episodes where a patient's observed discharge score meets or exceeds their expected discharge score.
Measure Calculation	<p>Numerator: Number of quality episodes in an HHA with an observed discharge function score that is equal to or higher than the calculated expected discharge function score.</p> <div style="border: 1px solid black; padding: 5px;"> <p>Observed score: Sum of the individual items at discharge. Expected score: Determined by applying a regression equation determined from risk adjustment to each home health episode.</p> </div> <p>Denominator: Total number of home health quality episodes with an OASIS record in the measure target period [four (4) quarters] that do not meet the exclusion criteria.</p> <p>Measure-specific Exclusions: Episodes that end with unexpected inpatient facility transfer, death, or discharge to hospice; patient less than 18 years old; coma or vegetative state; episodes less than three (3) days.</p>
Measure Type	End Result Outcome – Health



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Discharge Function Score

Item	Item Description
GG0130A	Eating
GG0130B	Oral Hygiene
GG0130C	Toileting Hygiene
GG0170A	Roll Left and Right
GG0170C	Lying to Sitting on Side
GG0170D	Sit to Stand
GG0170E	Chair/Bed-to-Chair Transfer
GG0170F	Toilet Transfer
GG0170I	Walk 10 Feet
GG0170J	Walk 50 Feet with 2 Turns
GG0170R	Wheel 50 Feet with 2 Turns



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Discharge Function Score

An expectation for discharge function score is built for each HHA episode by accounting for patient characteristics that impact their functional status. The final Discharge Function Score for a given HHA is the proportion of that HHA's episodes where a patient's observed discharge score meets or exceeds their expected discharge score. HHAs with low scores are not producing the functional gains that they could be for a larger share of their patients. The measure provides actionable feedback to HHAs that has the potential to hold providers accountable and encourage them to improve the quality of care they deliver. This measure also promotes patient wellness, encourages the provision of adequate therapy to help prevent adverse outcomes (e.g., rehospitalization), and increases the transparency of quality of care in the HH setting. The Discharge Function Score measure adds value to the HH QRP function measure portfolio by using specifications that allow for better comparisons across post-acute care (PAC) settings, considering both self-care and mobility activities in the function score, and refining the approach to addressing missing item scores.



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Discharge Function Score

The HH episode is excluded if any of the following are true:

- Patients with an incomplete stay. Patients with incomplete stays include patients who are unexpectedly discharged to an acute care setting (Short-stay Acute Hospital, Critical Access Hospital, Inpatient Psychiatric Facility, or Long-term Care Hospital); patients who die; and patients with an HH episode that is less than 3 days.
- Patient is in a coma, persistent vegetative state, has complete tetraplegia, locked-in state, severe anoxic brain damage, cerebral edema, or compression of the brain.
- Patient is younger than 18 years: Age in years is calculated based on the truncated difference between admission date and birth date, i.e., the difference is not rounded to nearest whole number.
- Patient is discharged to hospice (home or institutional facility)



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Did You Know?

- Responses 07, 88, 09, and 10 are termed “ANA” codes.
- Response 88 does not mean “not observed.”
- Response 09 does not mean “we aren’t assessing or addressing this.”
- Response 07 and 10 should be used only if clinical judgement can’t be used to determine a response.
- Response 88/09 and Response 01 are not the same.



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Responses 07, 88, 09, and 10 are termed “ANA” codes.

- ANA = Activity Not Attempted
- Incorrect use of ANA codes can negatively impact Discharge Function Score.
 - For Inpatient Rehab Facilities ANA codes are calculated with the value of 1.
 - For the HH Discharge Function score, ANA codes are calculated using a statistical imputation model and can be any value 1- 6.
 - The Discharge Function Score also relies on correct use of ANA codes to determine if GG0170J Walk 50 Feet with 2 Turns or Wheel 50 Feet with 2 Turns is included in the score.



Discharge Function Score for Home Health Agencies (HHAs) Technical Report; June 2023; Submitted to: Center for Clinical Standards and Quality Centers for Medicare & Medicaid Services; Submitted by: Abt Associates.



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Response 88 does not mean “not observed.”

- Misleading Verbiage
 - What the OASIS says: Not attempted due to medical condition or safety concerns.
 - ** Look at the field (end user) version of your EMR to determine what field users see for each OASIS item both the item and the possible responses. **
- Also often erroneously misinterpreted to mean, “I didn’t feel safe asking them to do this.”



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Response 88 does not mean “not observed.”

- Best easy explanation of Response 88:
 - Can’t now, **could** before.
- The patient cannot safely perform the activity at this time, the activity cannot be safely performed by another person, and the patient **could** perform this activity prior to this episode of illness, exacerbation, or injury.



Outcome and Assessment Information Set OASIS-E Manual; Updated 1/1/2024; Centers for Medicare & Medicaid Services.



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Response 09 does not mean “we aren’t assessing/ addressing this.”

- Misleading Verbiage
 - What the OASIS says: Not applicable
 - ** Look at the field (end user) version of your EMR to determine what field users see for each OASIS item both the item and the possible responses. **
- All GG items are applicable to all patients.



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Response 09 does not mean “we aren’t assessing/ addressing this.”

- Best easy explanation of Response 09:
 - Can’t now, **could not** before.
- The patient cannot safely perform the activity at this time, the activity cannot be safely performed by another person, and the patient **could not** perform this activity prior to this episode of illness, exacerbation, or injury.



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Response 07 and 10 should be used only if clinical judgement can’t be used to determine a response.

- 88 and 09- The patient has been assessed and the functional level is determined.
 - The patient can’t perform the activity and the activity can’t be performed by another person (and the patient could or couldn’t prior to this episode of illness, exacerbation, or injury).
- 07 and 10- The patient can’t be assessed, and the functional level cannot be determined.
 - Because (07) the patient refused or (10) the environment did not allow the patient to perform.



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Response 07 and 10 should be used only if clinical judgement can't be used to determine a response.

- If the patient refuses or the environment does not allow the patient to perform, prior to coding 07 or 10, USE CLINICAL JUDGEMENT to determine a performance code.
- Clinical Judgement:
 - Patient and/ or caregiver report through interview
 - Collaboration with other disciplines
 - Assessment of similar activities



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Response 88/09 and Response 01 are not the same.

- Response 88/09:
 - The patient cannot safely perform the activity at this time *[even with max (up to 99%) assistance.]*
 - and**
 - The activity **cannot** be safely performed by a helper *[when the patient is doing 0% of the effort.]*
 - Could before 88; couldn't before 09.
- Another person can't perform ambulation for the patient; the patient must be providing some of the effort.



• The CMS Home Health Quality Help Desk Team; January 2024; Question re: 01 vs. 88 and 09 for GG0130 and GG0170.



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Response 88/ 09 and Response 01 are not the same.

- Response 01:
 - The patient cannot safely perform the activity at this time [*even with max (up to 99%) assistance.*]
 - and**
 - The activity **can** be safely performed by a helper [*when the patient is doing 0% of the effort.*]
 - Another person can bathe and dress the patient and/ or place the patient on the toilet or into a chair or wheelchair.



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Response 88/ 09 and Response 01 are not the same.

- Response 01: (Off Label Use)
 - The patient requires two-person assistance (or more than two people)
 - and**
 - The patient is providing some of the effort for the activity.
- This can be applicable to all GG items
- Documentation is key to supporting accuracy; describe the patient's ability to participate and the role of each helper.



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Did You Know?

- Response 05 is not the default response for “The patient is independent, but I don’t want to say that.”
- Verbal cues can be included in both Response 05 (setup/ cleanup) and 04 (supervision or touching). [Category 4b, Q450.3; Q&A ADDED AND EDITED 05/22; Previously CMS Qtrly Q&A 04/20 Q10]
- A patient that does not use the shower or tub can bathe. Outcome and Assessment Information Set OASIS-E Manual; Updated 1/1/2024; Centers for Medicare & Medicaid Services.
- A patient that does not use the toilet can perform a toilet transfer. Outcome and Assessment Information Set OASIS-E Manual; Updated 1/1/2024; Centers for Medicare & Medicaid Services.



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Did You Know?

- Wheelchair mobility items should be coded if the patient uses a wheelchair at any time.
- A patient that can’t swallow, can’t eat.
- A patient that doesn’t have teeth can perform oral care.
- A patient that can’t stand, can’t perform a sit to stand transfer.
- A patient can take a break during a walking item, but only a standing break.

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Thank You for Participating!

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Have any questions?
Scan the QR Code to schedule a call!

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