

Qualifying Factors for a Jurisdiction and an Applicant

A NEW APPROACH FOR PLANNING AND DEVELOPMENT OF HOME HEALTH AGENCY SERVICES IN MARYLAND

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Identifying Need for Additional HHAs in a Jurisdiction: Suggested New Approach

Shifting away from strictly defined methodological approach

- ▶ Relied on statewide assumptions regarding referrals
- ▶ Forecasted number of clients, not agencies
- ▶ Did not account for variations in market conditions of a jurisdiction
- ▶ Did not consider quality performance of existing agencies

Moving towards greater emphasis on consumer choice of quality providers

- ▶ Create opportunities in jurisdictions with insufficient consumer choice of quality providers
- ▶ Responsive to the changing HHA marketplace by enhancing choice in concentrated markets

How would MHCC qualify a jurisdiction as having a need for additional HHA services?

Factors to Consider HHA Need in a Jurisdiction:

- ▶ Insufficient consumer choice
- ▶ Highly concentrated market
- ▶ Insufficient choice of high performing HHAs

No Additional HHA Need in a Jurisdiction:

- ▶ Sufficient consumer choice of high performing HHAs
- ▶ HHAs in jurisdiction operational for less than three years

Discussion

- ▶ How do we address impact?
- ▶ Should there be limits on the pace of expansion and new market entry?
- ▶ Small size jurisdictions with concentrated markets?
- ▶ Caseload for a sustainable HHA?
- ▶ Other discussion?

Potential Qualifications for All Types of Applicants

Three Types of Applicants:

- ▶ Existing Maryland HHA
- ▶ Existing Medicare-certified HHA in another state
- ▶ Non-HHA Applicant

Suggested Common Qualifying Factors for all Types of Applicants:

- ▶ No Medicare or Medicaid payments suspended
- ▶ No Medicare/Medicaid fraud and abuse
- ▶ Operational for three years
- ▶ Document availability of sufficient resources to implement project
- ▶ Serve all payer types (MC, MA, private insurance, HMOs, self-pay) and charity care
- ▶ Owners & management have not been convicted of a felony or crime

Potential Qualifications by Type of Applicant

Existing Maryland and non-Maryland HHAs:

- ▶ Met Maryland's requirements as a high performing HHA
- ▶ Not cited for a serious condition-level deficiency in recent two surveys

Existing Maryland HHAs:

- ▶ Implement project with existing Maryland HHA license and Medicare certification numbers

Non-HHA Applicant:

- ▶ Document experience of at least three years as licensed and accredited provider of hospital, nursing home (CCF) or Maryland residential service agency (RSA), having provided skilled nursing services

Discussion: Non-HHA Applicant

- ▶ How would MHCC evaluate whether non-HHA applicants have a track record of quality performance?
- ▶ Grant a provisional HHA license until performance can be measured? What would be the timeframe?
- ▶ If performance evaluation does not meet Maryland's requirements as a high performing HHA – then what?
- ▶ Is accreditation an appropriate measure of quality?
- ▶ Other discussion?

How would MHCC define a “high performing” home health agency?

- ▶ Achievement of a minimum 3.5 stars on the CMS Home Health Star Rating System

and

- ▶ Achieve a defined threshold level of performance for selected Home Health outcome, process, HHCAHPS® measures for the most recent 12 month period

and

- ▶ Demonstrate maintenance or improvement of high performance during the last three year period on selected outcome, process, HHCAHPS® measures

How would MHCC define a “high performing” home health agency?

- ▶ What measures should be included in the second criterion?
- ▶ Should measures be weighted (for example, should outcome measures receive a greater weight than process measures?)
 - ▶ Outcome
 - ▶ Process
 - ▶ Experience of care (HHCAHPS®)

What is an appropriate “defined threshold level of performance”

Thresholds for consideration

- ▶ National median
 - ▶ State median or mean (depends on outliers)
 - ▶ Percentile ranking (for example: 50th, 75th or other percentile)
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CMS Home Health Star Rating Measures

Process Measures
Timely Initiation of Care
Drug Education on all Medications Provided to Patient/Caregiver
Influenza Immunization Received for Current Flu Season
Pneumococcal Vaccine Ever Received

Outcome Measures
Improvement in Ambulation
Improvement in Bed Transferring
Improvement in Bathing
Improvement in Pain Interfering With Activity
Improvement in Dyspnea
Acute Care Hospitalization

Home Health Consumer Assessment of Healthcare Providers and Systems® (HCAHPS®)

Overall Measures

Overall Rating of Care - the percent of patients who gave a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)

Likelihood to Recommend - the percent of patients reporting YES, they would definitely recommend the HHA to friends and family

Composite Measures

How often the home health team gave care in a professional way (four questions)

How well home health team communicated with patients and family (six questions)

Did the home health team discuss medications, pain, and home safety (seven questions)

Should Maryland consider measures not part of the CMS Star Rating?

Two measures not included in the CMS Star Rating are recommended for inclusion:

- ▶ How often patients got better at taking their drugs correctly by mouth
- ▶ How often patients needed urgent, unplanned care in the ER without being admitted



Other Comments?
