

2024 Quality & Compliance Success Guide

For Home Health & Hospice



INTRODUCTION

Based on the latest CMS communications and the Final Rules, home health and hospice organizations can expect even greater oversight by CMS and its many contractors, and penalties for lack of compliance and poor performance in 2024. Fines, fast track letters and revocations will be more common and come more quickly in 2024.

To succeed in 2024, you must expand QAPI beyond your quality team and engage your entire organization. By doing so, QAPI becomes less of a compliance requirement and more of a way of life. This positions your organization for better CAHPS scores, enhances patient outcomes, and enables better data-driven decisions, while also freeing up staff to concentrate more on operations and patient care.

This quick reference guide lays out the changes in CMS survey processes, CMS emphasis on home health quality, the Hospice Special Focus Program, and operational and quality measures required to thrive in 2024.

CMS SURVEY PROCESS CHANGES

Four key changes to the CMS survey process that home health and hospice organizations must adjust to include:

1. There will be no more prior notification of survey.
2. There will be no more block out days.
3. CMS will take over validation surveys by sending in a CMS contracted agent with the Accrediting Organization simultaneously to co-conduct the survey.
4. State complaint surveys may turn into full validation surveys.

Reportedly CMS has accelerated its surveys to occur months before the previously communicated "survey window" and in 2024 is focused on ensuring that they quickly resolve the backlog of agencies that have not had a survey in the past 36 months.

What can you do?

To address these major changes in the survey process, the only way an organization can survive 2024 is to ensure that you are focused on improving quality, staying compliant and being constantly survey ready.

Maintain continuous compliance.

Agencies must learn and set up effective processes to maintain continuous compliance with QAPI woven into all parts of their operations. This may require a change in priorities and process and may require an additional investment in quality and compliance programs, but it will be worth it.

- Improve administrative business practices.
- Ensure your programs are always up to date.
- Have all required and relevant survey documents in one place ready to be presented to a surveyor at any time.

Educate and develop staff on your quality and compliance goals and improvement projects.

Staff members, especially field clinicians, should be able to speak to agency quality and compliance goals and performance improvement projects, have access to quality data, and know the impact of documentation practices. There should not be a gap between leadership and field staff.

Data transparency will be important as well as having ongoing access to quality metrics – teaching clinicians to equate direct patient care to quantifiable metrics with measurable progress towards agency established quality goals.

Develop robust documentation processes to demonstrate compliance and quality of care.

Creating and conducting focused chart audits as part of the QAPI process can help identify documentation gaps and help resolve them before it is identified by a surveyor.

Make patient and family education and satisfaction central to everything you do.

With the increased emphasis on patient satisfaction scores, patient centered care planning will be important with patients directly involved in their care plan.

Identify what the patient's goals are for care – it may be quite different from the clinician's goal.

Most poor patient satisfaction scores or even patient complaints can be resolved by understanding what their care goals and preferences are and aligning the care plan with each patient's specific needs. This practice can improve patient satisfaction and decrease complaints. Patients and their caregivers who feel well supported at home are also less likely to wind up with an unplanned admission to an acute care facility.

IMPACT OF OIG REPORT ON HOME HEALTH FALLS

In 2023 the Office of the Inspector General (OIG) found through cross-referencing claims across all providers that 55% of falls are not getting reported by home health organizations. Unlike many previous OIG reports, CMS concurred and adopted OIG recommendations. Expectations are that this will lead to greater thrust by OIG into quality of care. Agencies will need to ensure there are no omissions in OASIS reporting.

What can you do?

Organizations need to rethink how they report incidents such as falls, whether they occur while the home health staff is present or not. In addition, organizations need to rethink policies and procedures around when and how assessments are done related to changes in patient condition in the aftermath of a fall event.

- Consider using Significant Change of Condition (SCIC) to identify additional assessments required for change of condition or diagnosis.
- Ensure you have the data collection and auditing capability to monitor reporting of falls and of falls with major injury; ensure you know the risk and status of compliance.
- Employ specific and focused audits to monitor rate of reporting major falls in OASIS to ensure you are compliant.

HOME HEALTH VALUE BASED PURCHASING

Value-based purchasing (VBP) is all about quality of care and will impact your bottom line. Two thirds of the total performance score are tied to quality –in terms of OASIS composite items, how outcomes of care are reported and claims data relative to use of the emergency department and hospital admissions.

Remember that VBP for home health is based on a linear calculation – and what that means is that for every dollar one agency loses due to its quality of care based on its TPS, another agency gains.

Category	Count	Quality Measure
OASIS-based	5	Improvement in Dyspnea
		Discharge to Community
		Improvement in Management of Oral Medications
		Total Normalized Composite Change in Mobility
		Total Normalized Composite Change in Self-Care
Claims-based	2	Acute Care Hospitalization
		Emergency Department Use without Hospitalization
HCAHPS Survey-based	5	Personal Care
		Communication
		Team Discussion
		Overall Rating
		Willingness to Recommend

What can you do?

Those with a clear focus and performance record on the side of high-quality outcomes will be the absolute winners under VBP.

- Get serious about OASIS accuracy and reporting.
- Use data trends to identify whether patients are being appropriately assessed and act on gaps/omissions.
- Create transparency and communication with staff, make quality part of every day and help them understand how the actions they take impact your quality scores.
- Focus on staff education and development to ensure proper reporting and documentation.
- Leverage QAPI to prepare for value-based purchasing. Utilize the robust data collected in your QAPI program to conduct root cause analysis of deficiencies that could negatively impact your value-based purchasing metrics. By properly identifying and quantifying these measures, you can develop the appropriate performance improvement plans to address these deficiencies now, so you can position your organization for value-based incentives. The most common areas requiring root cause analysis are hospitalizations, falls, and infections.

HOSPICE SPECIAL FOCUS PROGRAM

In 2024 CMS will increase direct oversight of hospice organizations. CMS has created a series of methodologies to identify hospices as poor performers, based on defined quality indicators used to ensure that they meet Medicare requirements. CMS means business, and organizations should expect additional pressure and burden to comply.

To identify poor performers, CMS is using several indicators in three distinct data categories including hospice surveys and data from the Hospice Quality Reporting Program (HQRP):

Data Source	Hospice Surveys	Hospice Quality Reporting Program (HQRP)	
		Claims Data	CAHPS® Hospice Survey Measures
Indicators	Quality-of-Care Condition-Level Deficiencies	Hospice Care Index (HCI)	Help for Pain and Symptoms
			Getting Timely Help
	Substantiated Complaints		Willingness to Recommend this Hospice
	Overall Rating of this Hospice		

Hospice Surveys

In this case, CMS is focused on survey reports with Condition-Level Deficiencies (CLDs) and Complaints with substantiated allegations. While each of the 23 CoPs continues to have equal weight in the final certification and enforcement decision, special attention is directed to the 11 CoPs which directly impact patient care.

These CoPs directly contribute to the quality of care delivered to patients and if a hospice is cited CLD on any one of them it may indicate a hospice is providing poor quality-of-care. The 11 COPs have been chosen as part of the Special Focus Program algorithm because they are based on observable quality concerns seen and reported by hospice surveyors.

Tag	Condition of Participation
§418.52	Condition of participation: Patient's rights.
§418.54	Condition of participation: Initial and comprehensive assessment of the patient.
§418.56	Condition of participation: Interdisciplinary group, care planning, and coordination of services.
§418.58	Condition of participation: Quality assessment and performance improvement.
§418.60	Condition of participation: Infection control.
§418.64	Condition of participation: Core services.
§418.76	Condition of participation: Hospice aide and homemaker services.
§418.102	Condition of participation: Medical director.
§418.108	Condition of participation: Short-term inpatient care.
§418.110	Condition of participation: Hospices that provide inpatient care directly.
§418.112	Condition of participation: Hospices that provide hospice care to residents of a SNF/NF or ICF/IID.

Hospice Care Index

The Hospice Care Index (HCI), a claims-based measure, captures multiple aspects of care delivery across ten indicators that comprise an overall score, with hospices earning a point for each indicator. Lower scores are associated with lower quality of care. Examples of these 10 measures include:

- Early and late live discharges.
- Discharges from hospice followed by hospitalization or hospice readmission.
- Discharge by hospice followed by the patient dying in the hospital.
- Number of visits in last days of life.
- Skilled nursing minutes on weekends vs days.
- Continuous care and GIP care.

Medicare claims and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Hospice Survey

CMS also proposed using four measures from the CAHPS Hospice Survey related to patient and caregiver experience. The four survey measures include:

1. Help for pain and symptoms
2. Getting timely help
3. Willingness to recommend the hospice
4. Overall rating of the hospice.

CMS with stakeholder input felt that this patient satisfaction strengthens the algorithm as these measures reflect caregiver-reported experiences in key areas of hospice quality not reflected in claims or inspection surveys.

What can you do?

- Know your HCI score – it is your report card. Prioritize resources to improve the HCI score over time.
- Focus on increasing patient satisfaction and decreasing complaints. Our patients and family caregivers are ultimately surveyors, so keep this in mind. Stay on top of their satisfaction and grievances. Immediately address any grievances so that it does not reach the point of a formal complaint.
- Document exactly how the patient meets the disease specific criteria related to determination of terminal prognosis.
- Beef up IDT/IDG case conferences and be careful to document how and to what degree the patient is changing and progressing so that certification assessments and recertification decisions are clear and defensible.
- Close documentation gaps through performance improvement projects – hospice documentation is something that just about every organization can work to improve.

MAKE 2024 THE YEAR OF QAPI FOR YOUR ORGANIZATION

In 2024 quality is the name of the game. Organizations that make quality a part of their daily life and are on top of it monthly will be successful.

- **Budget for better quality in 2024.**
Invest in quality and make it a part of the daily fabric of operations – and that means for everyone – field staff, QA teams, case managers, hospice physicians and virtually everyone who touches a patient and/or his/her record.
- **Be transparent.**
Make sure your entire organization knows the impact of quality in their day to day.
- **Document, document, document.**
Beef up documentation and assessment thoroughness and accuracy because that will be the foundation for all that you do for patients and how what you do is measured.
- **Leverage the latest technology.**
Take advantage of technology that helps you more efficiently stay compliant. QAPIplus automates manual processes like data aggregation and data mining to make it easier to identify problem areas and make better, data driven decisions.
- **Be survey ready at all times.**
Do not wait until you believe a survey might happen to get your house in order. Centralize all your quality and compliance information and update it regularly so that you can always access it rather than scrambling to pull everything together on survey day. Find that state of perpetual survey readiness!

Want a better way to manage your quality and compliance programs?

Given resource constraints and challenges dedicating staff time to quality and compliance, you need to streamline your workflows. QAPIplus can help. Our solution digitizes and automates your quality and compliance programs to ensure you are improving your performance, staying compliant and are always survey ready.

Visit <https://qapiplus.com/> to learn more.

