2016 – 2017 TMF Home Health Agency
Quality Improvement Award Program Criteria

Eligibility: Any home health agency in the state of Arkansas, Missouri, Oklahoma, Puerto Rico and Texas that demonstrates improvement in the outlined criteria over a 20-month time frame (May 1, 2016 – Dec. 31, 2017) will be recognized with a quality improvement award at either the Gold, Silver or Bronze level. The agency must not have a condition of participation-level deficiency on its last Medicare certification survey.

The 2016 – 2017 TMF Home Health Agency Quality Improvement Award criteria consist of three major components:
- Exemplary performance on nationally recognized clinical outcome measures
- Regular use of blood pressure measurement and control (self-assessment and submission)
- Registration and data entry into the Home Health Quality Improvement (HHQI) Cardiovascular Data Registry.

Please see the instructions to enter data beginning on the bottom of page 2 of this document.

### Quality Data Reporting Gold Level

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Data Source</th>
<th>Threshold (%)</th>
<th>Readmissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>**Controlling High Blood Pressure <strong>/*///</strong></td>
<td>HHQI</td>
<td></td>
<td>20 percent relative improvement from baseline to re-measurement period, or an absolute readmissions rate of 9 percent or lower (Data source will be claims data.)</td>
</tr>
<tr>
<td><strong>Preventive Care and Screening — Tobacco Use (Screening and Cessation Intervention)</strong></td>
<td>HHQI</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Preventive Care and Screening: Cholesterol — Fasting Low Density Lipoprotein (LDL-C) Test Performed and Risk Stratified Fasting LDL-C</strong></td>
<td>HHQI</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ischemic Vascular Disease: Use of Aspirin or Another Antithrombotic</strong></td>
<td>HHQI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza Immunization</td>
<td>OASIS</td>
<td>70%</td>
<td></td>
</tr>
<tr>
<td>Pneumococcal Polysaccharide Vaccine</td>
<td>OASIS</td>
<td>75%</td>
<td></td>
</tr>
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</table>

*Must use the Home Health Cardiovascular Data Registry (HHCDR) to compete for an award
***Must use Best Practice Intervention Packages

### Quality Data Reporting Silver Level

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</table>
Ischemic Vascular Disease: Use of Aspirin or Another Antithrombotic*  
HHQI  
during the award period  
lower (Data source will be claims data.)

Influenza Immunization  
OASIS  
70%

Pneumococcal Polysaccharide Vaccine  
OASIS  
75%

*Must use the Home Health Cardiovascular Data Registry (HHCDR) to compete for an award  
**Must use Best Practice Intervention Packages

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</thead>
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<tr>
<td>Controlling High Blood Pressure <em>/</em>*</td>
<td>HHQI</td>
<td></td>
<td>Must report at least 6 months of data on 2 measures in HHQI during the award period</td>
</tr>
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<td>HHQI</td>
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**Must use Best Practice Intervention Packages

How do I demonstrate that my agency meets the award criteria?

Top Performance on Quality Measures: Performance on preventive measures will be verified using quarterly generated reports from the following data sources:

- Cardiac health measures will be generated from the HHCDR
- Readmissions measures will be generated using claims data
- Immunization measures will be generated from Outcome and Assessment Information Set (OASIS).

How do I submit data to the HHQI CDR?

Follow these steps to enter the data into the HHQI CDR each month:

2. Click Data in the top menu bar.
3. Log in to the HHQI Data Access System and click HHCDR on tan tool bar.
4. Select the year and month for the discharged patients to be abstracted and click the Abstract button.
5. Select which measures (Aspirin, Blood Pressure, Cholesterol and/or Tobacco Use) will be abstracted for the month by checking or unchecking the box next to the measure. Click Save Settings.
For the Gold level, complete data for four measures for six months.
For the Silver level, complete data for three measures for six months.
For the Bronze level, complete data for two measures for six months.

6. Select an episode of care to be abstracted by clicking Edit to the left of the listed episode.
7. Confirm that the patient identity on the record matches pre-populated demographic information.
8. Answer the first question: “Did the patient have BOTH a Medicare AND a Medicaid identification number listed in the record?”
9. Answer subsequent measure-specific questions.
10. Click Save.
11. Repeat steps 6-10 until all required randomly selected episodes have been completed.
12. Once the abstractor has decided to end the abstraction process for the month, click Close out Month. Note: If “Close out Month” has not been selected, a report will not be generated. Home health agency registries that are closed by the 14th of the month will receive an agency-specific HHCDR report around the 23rd of the same month.


View the HHCDR webinar to receive an overview of the requirements of the Home Health Cardiovascular Data Registry. https://wvmievents.webex.com/wvmievents/lsr.php?RCID=244708cc42811349cf4e24ef3a5e2dbb

If you have questions about the program, please email ppqualityaward@tmf.org. You may also visit the award website: https://award.tmf.org/