

Monthly HHQI Campaign Benchmarking Reports Frequently Asked Questions

1. Who will receive the monthly HHQI Campaign Benchmarking Reports?

The HHQI Campaign Benchmarking Reports will be provided free-of-charge to all Medicare-certified home health agencies that are registered for the HHQI National Campaign. If you are not registered, please [visit the registration page](#) for more information.

2. Where does the data come from?

The information in the reports comes from OASIS assessments submitted by your agency for all Medicare / Medicaid (including managed Medicare / Medicaid) patients, as transmitted to the Centers for Medicare & Medicaid Services (CMS).

3. What is my agency's "Actual ACH Rate"?

This is the ACH rate from your agency's OBQI Outcome Report. More specifically, it is the percentage of all eligible home health episodes that ended in hospitalization out of all completed home health episodes within each given 12-month period.

4. What is my agency's "Risk-Adjusted ACH Rate"?

This is your agency's ACH rate plus a risk-adjustment factor, which is how your agency's rate is posted on Home Health Compare. The risk-adjustment factor takes into account differences between your agency's patient population and the national patient population.

5. What does it mean if my risk-adjusted rate is HIGHER (worse) than my actual rate?

If your risk-adjusted ACH rate is higher than the actual ACH rate for your agency, it means that your agency's patients are expected to be hospitalized less frequently than the average national patient. In other words, because your agency is expected to perform better than the national average (according to the risk model), your risk-adjusted score looks worse than your actual score.

6. What does it mean if my risk-adjusted rate is LOWER (better) than my actual rate?

Conversely, if your agency's risk-adjusted ACH rate is lower than the actual ACH rate for your agency, it means that your agency's patients are expected to be hospitalized more frequently than the average national patient. In other words, because your agency is expected to perform worse than the national average (according to the risk model), your risk-adjusted score looks better than your actual score.

7. What are my agency's "National" and "Statewide" percentiles rankings?

A common method of indicating relative performance (like a percentage score on a test) is to change it into a comparative mark to indicate the standing of each score relative to the entire group. **The range is from 0 to 100 and smaller is better, so 0 is the best.**

For example, if your result is in the 34th percentile Ranking for ACH, it means that 34 percent of the nation (or your state) achieved ACH Rates better than yours. Conversely, 66 percent achieved ACH Rates worse than yours.



For example, if your result is in the 34th percentile Ranking for Oral Medications, it means that 34 percent of the nation (or your state) achieved Oral Medications Rates better than yours. Conversely, 66 percent achieved Oral Medications Rates worse than yours.

These percentiles Ranking are based on the risk-adjusted rates from all Medicare-certified home health agencies with at least 20 episodes on the rate in each 12-month period listed.

8a. What are the “National” and “Statewide” 20th and 10th Percentile Rates for ACH?

These rates represent the risk-adjusted rate at which 20% and 10% of the agencies in your state (and across the nation) have performed better than. These rates can serve as a benchmark representing what the top performers in your state (and across the nation) have achieved.

8b. What are the “National” and “Statewide” 80th and 90th Percentile Rates for Oral Med?

These rates represent the risk-adjusted rate at which 80% and 90% of the agencies in your state (and across the nation) have performed worse than. These rates can serve as a benchmark representing what the top performers in your state (and across the nation) have achieved.

9. Why does my agency have “N/A” listed for the actual rate, risk-adjusted rate, and percentile rankings?

The percentile rankings are based on only those home health agencies with a minimum of 20 episodes of care on the ACH measure in each 12-month period. If your agency has less than 20 completed episodes, your rate will be displayed as “Not Applicable” (“N/A”).

10. What is the difference between the actual and risk-adjusted ACH rates on page 1 of the report and the monthly hospitalization rates on page 2 of the report?

The monthly rates on page 2 of the HHQI Campaign Benchmarking Report are based on all OASIS assessments submitted by your agency in each given month, whereas the actual and risk-adjusted rates on page 1 of the report are based on completed episodes of care during rolling 12-month periods. Therefore, you may have a very small number of assessments in the monthly rates.

11. How are the monthly hospitalization rates defined?

The monthly hospitalization rate for your agency is defined as the number of discharges and transfers to an inpatient facility (M0100=6 or 7 and M0855=1), divided by the total number of discharges and transfers during the month (M0100=6 or 7 or 9).

12. How are the monthly rates for urgency of hospitalization and reasons for hospitalization defined?

Urgency of hospitalization, as defined by OASIS M0890, can either be “Urgent”, “Emergent”, “Elective”, or “Unknown”. You will see the percentage of monthly hospitalizations by each of these categories during each month throughout the HHQI Campaign. Since there can only be one response marked on OASIS M0890 per hospitalization, the total of these percentages will sum to 100%.

From M0895, there are a total of 16 potential reasons for each inpatient hospitalization (including “Other”). You will see the percentage of monthly hospitalizations by each of these reasons during each month throughout the HHQI Campaign. Since there can be multiple responses marked on M0895 per hospitalization, the total of these percentages may exceed 100%.

13. Where can I get more information if I still have questions about my agency's HHQI Campaign Benchmarking Report?

Email:

hhqi@wvmi.org

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