MEDICARE STAR RATINGS

Star Ratings Momentum: Strategies to Strengthen Medicare Performance

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Understanding • Improving • Leveraging Your Ratings

Presenter

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Today's Agenda

01 **What Are Star Ratings?**
Overview of the CMS rating system

02 **How Ratings Are Calculated**
Measures, weights & methodology

03 **Quality of Patient Care Stars**
OASIS-based clinical measures

04 **Patient Survey (HHCAHPS) Stars**
Patient experience measures

05 **Business Impact**
Referrals, VBP & competitive positioning

06 **Strategies to Improve**
Actionable steps for your agency

07 **Tracking & Monitoring**
Tools, dashboards & benchmarking

Section 1: What Are Star Ratings?

Home health agencies have two distinct public-facing star ratings on Medicare's Care Compare — and they are NOT the same thing.

OVERALL STAR RATING

★ ★ ★ ★ ★

The Quality of Patient Care (QPC) Star Rating

- Timely Initiation of Care (TIOC)
- Improvement in Bathing
- Improvement in Ambulation
- Improvement in Bed Transferring
- Improvement in Oral Medications
- Improvement in Dyspnea
- Potentially Preventable Hospitalizations (PPH)

CARE COMPARE DISPLAY

What the public sees — TWO stars side by side:

Overall Quality

★ ★ ★ ★ ★

QPC Rating (7 measures)

+ broader quality, safety & prevention measures reported separately

Patient Survey (HHCAHPS)

★ ★ ★ ★ ★

The Overall Star Rating feeds into Care Compare — but Care Compare shows much more.

Section 2: Overall Star Rating vs. Care Compare — Side by Side

⭐ Overall Star Rating — 7 Measures

OASIS-based only. Drives the Quality of Patient Care star.

- **P** Timely Initiation of Care (TIOC)
- **O** Improvement in Bathing
- **O** Improvement in Ambulation
- **O** Improvement in Bed Transferring
- **O** Improvement in Oral Medications
- **O** Improvement in Dyspnea
- **U** Potentially Preventable Hospitalizations

🔍 Care Compare — Full Public Display

Includes Overall Star Rating + additional measures:

Functional Outcomes
Ambulation, bed transfers, bathing, self-care at discharge

Treating Symptoms
Dyspnea, pressure ulcers/injuries

Preventing Harm
TIOC, oral meds, flu shot, medication completions, falls, med lists at discharge

Preventing Unplanned Hospital Care
Community discharge, PPH, re-admissions, preventable conditions

Payment & Value
Medicare spending per episode vs. national

HHCAHPS Survey ★
Professional care, communication, medications/safety, overall rating, recommend agency

Section 3: Overall Star Rating — The 7 OASIS Measures

The Overall Star Rating (Quality of Patient Care) is calculated from 7 measures. These are the measures your agency must focus on to move your star rating.

PROCESS	OUTCOME	OUTCOME	OUTCOME
Timely Initiation of Care (TIOC)	**Improvement in Bathing**	**Improvement in Ambulation**	**Improvement in Bed Transferring**
How often care started within 2 days of referral	Patient improved in ability to bathe independently	Patient improved in walking or moving around	Patient improved at getting in and out of bed

OUTCOME	OUTCOME	UTILIZATION
Improvement in Oral Medications	**Improvement in Dyspnea**	**Potentially Preventable Hospitalizations (PPH)**
Patient improved at taking drugs correctly by mouth	Patient's shortness of breath improved	Patient admitted for a preventable condition during HH

⚡ **KEY INSIGHT:** 5 of the 7 measures are outcome-based. Your OASIS accuracy and clinical outcomes directly determine your Overall Star Rating.

Section 4: Patient Survey (HHCAHPS) Stars

HHCAHPS surveys ask patients about their experience with your agency. CMS requires vendors to administer these surveys.

Care of Patients

Professional skill, respectfulness, listening

Communication Between Providers & Patients

Clear explanation of care, medications, warnings

Specific Care Issues

Pain management, breathing, wound care issues

Overall Rating of Home Health Care

Rating scale 0–10, likelihood to recommend

Willingness to Recommend Agency

Would you recommend this agency to others?

Composite Star Rating

Combines all domains into overall star score

Tip: Low survey response rates can skew results. Work with your HHCAHPS vendor on patient outreach to maximize response rates.

Section 5: Business Impact of Star Ratings

1 Patient Referrals

Physicians and discharge planners increasingly use Care Compare to select home health agencies. Higher stars = more referrals.

2 Value-Based Purchasing

CMS VBP program ties Medicare payments directly to quality performance. Top performers earn bonuses; poor performers face payment reductions.

3 Managed Care Contracts

MA plans, ACOs, and bundled payment programs use star ratings as a credentialing criterion. Low stars can disqualify your agency.

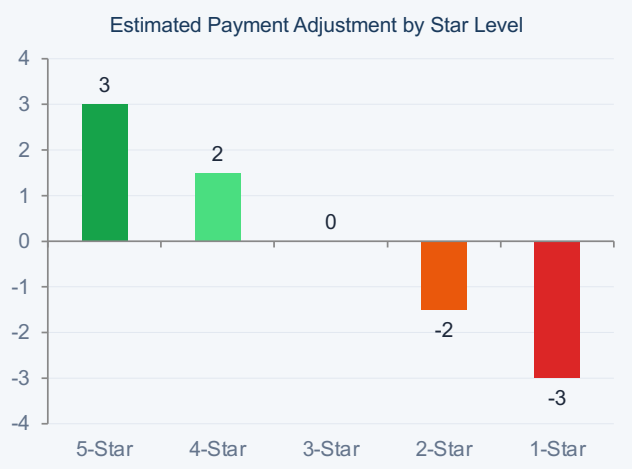
4 Competitive Differentiation

In markets with multiple HH agencies, star ratings are a visible differentiator. 4 & 5-star agencies command stronger market positions.

Star ratings are no longer just a quality metric — they are a business asset.

Value-Based Purchasing (VBP) & Star Ratings

CMS Home Health VBP program distributes 5% of Medicare payments based on quality scores — directly tied to your star rating performance.



VBP Key Facts

- 5% of all Medicare HH payments are at risk under VBP
- Performance period: 12-month rolling window
- Benchmark = national or state average performance
- Achievement + Improvement scores both count
- Florida agencies compete within state cohort
- Higher stars = higher achievement score
- Improvement rewarded even if not at benchmark
- Net payment adjustments range from -3% to +3%

Section 6: Strategies to Improve Your Star Ratings

📋 OASIS Accuracy

Invest in OASIS training. Accurate, defensible coding is the foundation of valid outcome measurement.

👷 Clinician Education

Train field staff on outcome-driving interventions — ambulation, ADL training, medication management. OASIS competency should be required.

📊 Data Analytics

Use real-time dashboards to track measure performance at patient, clinician, and agency levels.

🏥 Rehospitalization Reduction

Implement evidence-based protocols for CHF, COPD, pneumonia. Improve communication with physicians. Perform Root Cause Analysis

💊 Medication Management

Strengthen drug reconciliation, education documentation, and high-risk medication monitoring.

😊 Patient Experience

Improve HHCAHPS: onboarding process, communication scripts, complaint resolution, rounding practices.

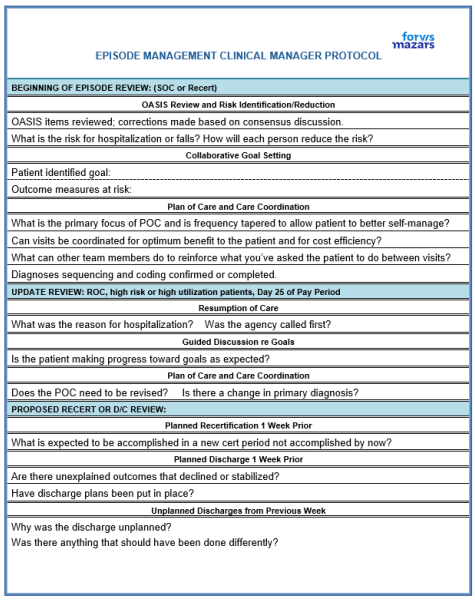
STARS ALIGNMENT – REQUIRES INTENTION

- Focus Required
- Measured, Monitored and Managed
- Patient Focused Approach – Each and Every Episode
- Drill Down
  - By Location/Branch
  - By Team
  - By Clinician

FOCUS Based on Your Data

- Publicly Reported - Late
- REAL TIME OPTIONS
- QAPI
- Ongoing Cadence
  - Episode by Episode
  - Month over Month
  - Quarterly
  - Annually

Episode Management – A MUST



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EPISODE MANAGEMENT CLINICAL MANAGER PROTOCOL

BEGINNING OF EPISODE REVIEW: (SOC or Recert)

OASIS Review and Risk Identification/Reduction

OASIS items reviewed; corrections made based on consensus discussion.

What is the risk for hospitalization or falls? How will each person reduce the risk?

Collaborative Goal Setting

Patient identified goal:

Outcome measures at risk:

Plan of Care and Care Coordination

What is the primary focus of POC and is frequency tapered to allow patient to better self-manage?

Can visits be coordinated for optimum benefit to the patient and for cost efficiency?

What can other team members do to reinforce what you've asked the patient to do between visits?

Diagnoses sequencing and coding confirmed or completed.

UPDATE REVIEW: ROC, high risk or high utilization patients, Day 25 of Pay Period

Resumption of Care

What was the reason for hospitalization? Was the agency called first?

Guided Discussion re Goals

Is the patient making progress toward goals as expected?

Plan of Care and Care Coordination

Does the POC need to be revised? Is there a change in primary diagnosis?

PROPOSED RECERT OR D/C REVIEW:

Planned Recertification 1 Week Prior

What is expected to be accomplished in a new cert period not accomplished by now?

Planned Discharge 1 Week Prior

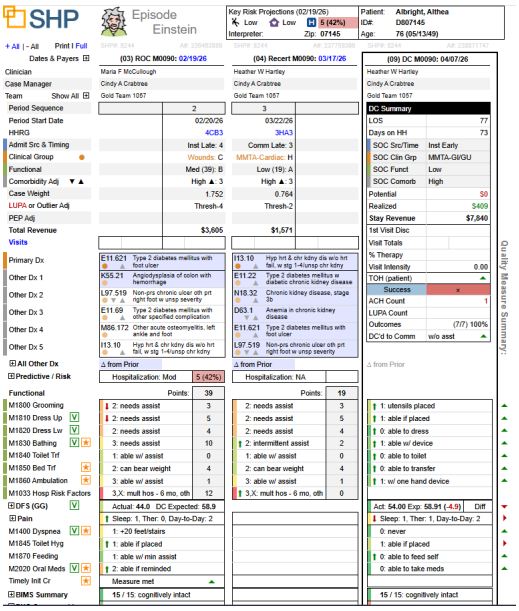
Are there unexplained outcomes that declined or stabilized?

Have discharge plans been put in place?

Unplanned Discharges from Previous Week

Why was the discharge unplanned?

Was there anything that should have been done differently?



SHP Episode Einstein

Key Risk Projections (02/19/26): Low, Low, H 5 (42%), Interpreter:, Zip: 07145

Patient: Albright, Althea; ID#: D807145; Age: 76 (05/13/49)

	(03) ROC M0090: 02/19/26	(04) Recert M0090: 03/17/26	(09) DC M0090: 04/07/26
Clinician	Maria F McCullough	Heather W Hartley	Heather W Hartley
Case Manager	Cindy A Crabtree	Cindy A Crabtree	Cindy A Crabtree
Team	Gold Team 1057	Gold Team 1057	Gold Team 1057
Period Sequence	2	3	
Period Start Date	02/20/26	03/22/26	
HHRG	4CB3	3HA3	
Admit Src & Timing	Inst Late: 4	Comm Late: 3	
Clinical Group	Wounds: C	MMTA-Cardiac: H	
Functional	Med (39): B	Low (19): A	
Comorbidity Adj	High ▲: 3	High ▲: 3	
Case Weight	1.752	0.764	
LUPA or Outlier Adj	Thresh-4	Thresh-2	
PEP Adj			
Total Revenue	$3,605	$1,571	
Visits			

DC Summary

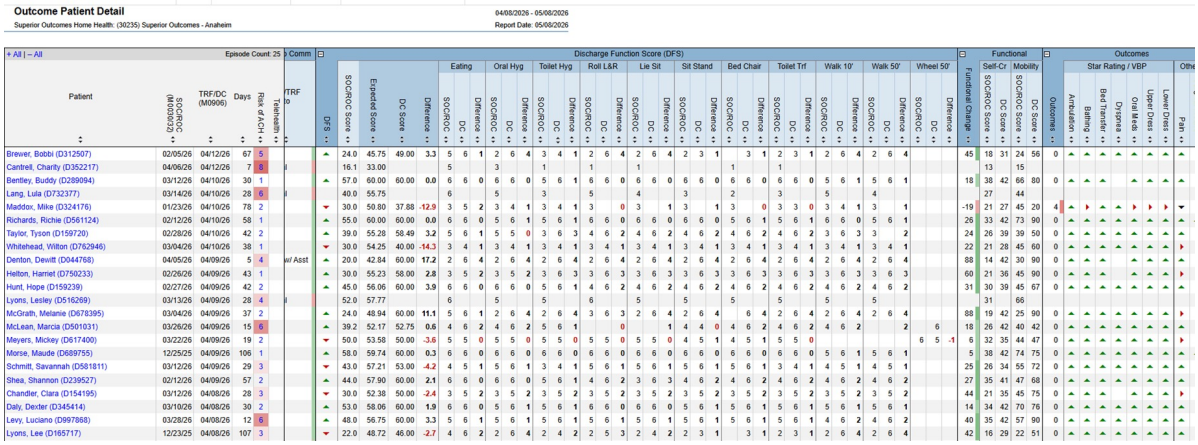
LOS	77
Days on HH	73
SOC Src/Time	Inst Early
SOC Clin Grp	MMTA-GI/GU
SOC Funct	Low
SOC Comorb	High
Potential	$0
Realized	$409
Stay Revenue	$7,840
1st Visit Disc	
Visit Totals	
% Therapy	
Visit Intensity	0.00
TOH (patient)	
Success	×
ACH Count	1
LUPA Count	
Outcomes	(7/7) 100%
DC'd to Comm	w/o asst

	(03) ROC M0090: 02/19/26	(04) Recert M0090: 03/17/26
Primary Dx	E11.621 Type 2 diabetes mellitus with foot ulcer	I13.10 Hyp hrt & chr kdny dis w/o hrt fail, w stg 1-4/unsp chr kdny
Other Dx 1	K55.21 Angiodysplasia of colon with hemorrhage	E11.22 Type 2 diabetes mellitus w diabetic chronic kidney disease
Other Dx 2	L97.519 Non-prs chronic ulcer oth prt right foot w unsp severity	N18.32 Chronic kidney disease, stage 3b
Other Dx 3	E11.69 Type 2 diabetes mellitus with other specified complication	D63.1 Anemia in chronic kidney disease
Other Dx 4	M86.172 Other acute osteomyelitis, left ankle and foot	E11.621 Type 2 diabetes mellitus with foot ulcer
Other Dx 5	I13.10 Hyp hrt & chr kdny dis w/o hrt fail, w stg 1-4/unsp chr kdny	L97.519 Non-prs chronic ulcer oth prt right foot w unsp severity
All Other Dx	Δ from Prior	Δ from Prior
Predictive / Risk	Hospitalization: Mod 5 (42%)	Hospitalization: NA

	(03) ROC M0090: 02/19/26	(04) Recert M0090: 03/17/26	(09) DC M0090: 04/07/26
Functional	Points: 39	Points: 19	
M1800 Grooming	2: needs assist 3	2: needs assist 3	1: utensils placed
M1810 Dress Up	2: needs assist 5	2: needs assist 5	1: able if placed
M1820 Dress Lw	2: needs assist 4	2: needs assist 4	0: able to dress
M1830 Bathing	3: needs assist 10	2: intermittent assist 2	1: able w/ device
M1840 Toilet Trf	1: able w/ assist 0	1: able w/ assist 0	0: able to toilet
M1850 Bed Trf	2: can bear weight 4	2: can bear weight 4	0: able to transfer
M1860 Ambulation	3: able w/ assist 1	3: able w/ assist 1	1: w/ one hand device
M1033 Hosp Risk Factors	3.X: mult hos - 6 mo, oth 12	3.X: mult hos - 6 mo, oth 0	
DFS (GG)	Actual: 44.0 DC Expected: 58.9		Act: 54.00 Exp: 58.91 (-4.9) Diff
Pain	Sleep: 1, Ther: 0, Day-to-Day: 2		Sleep: 1, Ther: 1, Day-to-Day: 2
M1400 Dyspnea	1: >20 feet/stairs		0: never
M1845 Toilet Hyg	1: able if placed		1: able if placed
M1870 Feeding	1: able w/ min assist		0: able to feed self
M2020 Oral Meds	2: able if reminded		0: able to take meds
Timely Init Cr	Measure met		
BIMS Summary	15 / 15: cognitively intact		15 / 15: cognitively intact

Quality Measure Summary

Outcomes Before and After Discharge



Outcome Patient Detail

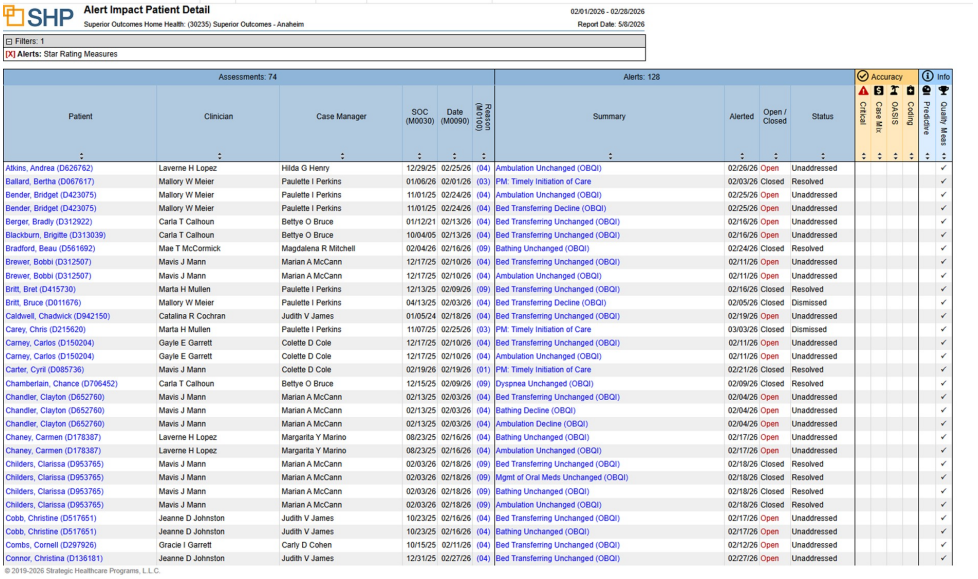
Superior Outcomes Home Health: (30235) Superior Outcomes - Anaheim

04/08/2026 - 05/08/2026

Report Date: 05/08/2026

Patient	SOC/ROC (M0030/32)	TRF/DC (M0906)	Days	Risk of ACH	TRF To	Comm	DFS	Discharge Function Score (DFS): Eating SOC/ROC	Eating DC	Eating Difference	Oral Hyg SOC/ROC	Oral Hyg DC	Oral Hyg Difference	Toilet Hyg SOC/ROC	Toilet Hyg DC	Toilet Hyg Difference	Roll L&R SOC/ROC	Roll L&R DC	Roll L&R Difference	Lie Sit SOC/ROC	Lie Sit DC	Lie Sit Difference	Sit Stand SOC/ROC	Sit Stand DC	Sit Stand Difference	Bed Chair SOC/ROC	Bed Chair DC	Bed Chair Difference	Toilet Trf SOC/ROC	Toilet Trf DC	Toilet Trf Difference	Walk 10' SOC/ROC	Walk 10' DC	Walk 10' Difference	Walk 50' SOC/ROC	Walk 50' DC	Walk 50' Difference	Wheel 50' SOC/ROC	Wheel 50' DC	Wheel 50' Difference	Functional Change	Functional Self-Cr SOC/ROC Score	Functional Self-Cr DC Score	Functional Mobility SOC/ROC Score	Functional Mobility DC Score	Outcomes	Outcomes Star Rating / VBP Ambulation	Bathing	Bed Transfer	Dyspnea	Oral Meds	Upper Dress	Lower Dress	Pain	Other
Brewer, Bobbi (D312507)	02/05/26	04/12/26	67	5			▲	24.0	45.75	49.00	3.3	5	6	1	2	6	4	3	4	1	2	6	4	2	6	4	2	3	1	3	1	2	3	1	2	6	4	2	6	4				45	18	31	24	56	0												
Cantrell, Charity (D352217)	04/06/26	04/12/26	7	6				16.1	33.00			5			3			1			1						1			1													13		15														
Bentley, Buddy (D289094)	03/12/26	04/10/26	30	1			▲	57.0	60.00	60.00	0.0	6	6	0	6	6	0	5	6	1	6	6	0	6	6	0	6	6	0	6	6	0	6	6	0	5	6	1	5	6	1				18	38	42	66	80	0												
Lang, Lula (D732377)	03/14/26	04/10/26	28	6				40.0	55.75			6			5			3			4			3			2			3			5			4							27		44														
Maddox, Mike (D324176)	01/23/26	04/10/26	78	2			▼	30.0	50.80	37.88	-12.9	3	5	2	3	4	1	3	4	1	3	0	3	1	3	1	3	0	3	3	0	3	4	1	3	1							-19	21	27	45	20	4												
Richards, Richie (D561124)	02/12/26	04/10/26	58	1			▲	55.0	60.00	60.00	0.0	6	6	0	5	6	1	5	6	1	6	6	0	6	6	0	5	6	1	5	6	1	6	6	0	5	6	1							26	33	42	73	90	0												
Taylor, Tyson (D159720)	02/28/26	04/10/26	42	2			▲	39.0	55.28	58.49	3.2	5	6	1	5	5	0	3	6	3	4	6	2	4	6	2	4	6	2	4	6	2	4	6	2	3	6	3	3		2				24	26	39	39	50	0												
Whitehead, Wilton (D762946)	03/04/26	04/10/26	38	1			▼	30.0	54.25	40.00	-14.3	3	4	1	3	4	1	3	4	1	3	4	1	3	4	1	3	4	1	3	4	1	3	4	1	3	4	1	3	4	1				22	21	28	45	60	0												
Denton, Dewitt (D044768)	04/05/26	04/09/26	5	4		w/ Asst	▲	20.0	42.84	60.00	17.2	2	6	4	2	6	4	2	6	4	2	6	4	2	6	4	2	6	4	2	6	4	2	6	4	2	6	4	2	6	4				88	14	42	30	90	0												
Helton, Harriet (D759233)	02/26/26	04/09/26	43	1			▲	30.0	55.23	58.00	2.8	3	5	2	3	5	2	3	6	3	3	6	3	3	6	3	3	6	3	3	6	3	3	6	3	3	6	3	3	6	3				60	21	36	45	90	0												
Hunt, Hope (D159239)	02/27/26	04/09/26	42	2			▲	45.0	56.06	60.00	3.9	6	6	0	6	6	0	5	6	1	4	6	2	4	6	2	4	6	2	4	6	2	4	6	2	4	6	2	4	6	2				31	30	39	45	67	0												
Lyons, Lesley (D516269)	03/13/26	04/09/26	28	4				52.0	57.77			6			5			6			5			5			5			5			5			5							31		66														
McGrath, Melanie (D678395)	03/04/26	04/09/26	37	2			▲	24.0	48.94	60.00	11.1	5	6	1	2	6	4	2	6	4	3	6	3	2	6	4	2	6	4		6	4	2	6	4	2	6	4	2	6	4				88	19	42	25	90	0												
McLean, Marcia (D501031)	03/26/26	04/09/26	15	6			▲	39.2	52.17	52.75	0.6	4	6	2	4	6	2	5	6	1			0			1	4	4	0	4	6	2	4	6	2	4	6	2			2	6			18	26	42	40	42	0												
Meyers, Mickey (D617400)	03/22/26	04/09/26	19	2			▼	50.0	53.58	50.00	-3.6	5	5	0	5	5	0	5	5	0	5	5	0	4	5	1	4	5	1	5	5	0										6	5	-1	6	32	35	44	47	0												
Morse, Maude (D689755)	12/25/25	04/09/26	106	1			▲	58.0	59.74	60.00	0.3	6	6	0	6	6	0	6	6	0	6	6	0	6	6	0	6	6	0	6	6	0	6	6	0	5	6	1	5	6	1				5	38	42	74	75	0												
Schmitt, Savannah (D581811)	03/12/26	04/09/26	29	3			▼	43.0	57.21	53.00	-4.2	4	5	1	5	6	1	3	4	1	5	6	1	5	6	1	5	6	1	3	4	1	4	5	1	4	5	1							25	26	34	55	72	0												
Shea, Shannon (D239527)	02/12/26	04/09/26	57	2			▲	44.0	57.90	60.00	2.1	6	6	0	6	6	0	5	6	1	4	6	2	3	6	3	4	6	2	4	6	2	4	6	2	4	6	2	4	6	2				27	35	41	47	68	0												
Chandler, Clara (D154195)	03/12/26	04/08/26	28	3			▼	30.0	52.38	50.00	-2.4	3	5	2	3	5	2	3	5	2	3	5	2	3	5	2	3	5	2	3	5	2	3	5	2	3	5	2	3	5	2				44	21	35	45	75	0												
Daly, Dexter (D345414)	03/10/26	04/08/26	30	2			▲	53.0	58.06	60.00	1.9	6	6	0	5	6	1	5	6	1	6	6	0	6	6	0	5	6	1	5	6	1	5	6	1	5	6	1	5	6	1				14	34	42	70	76	0												
Levy, Luciano (D997868)	03/28/26	04/08/26	12	6			▲	48.0	56.75	60.00	3.3	5	6	1	5	6	1	5	6	1	5	6	1	5	6	1	5	6	1	5	6	1	4	6	2	4	6	2	4	6	2				40	35	42	57	90	0												
Lyons, Lee (D165717)	12/23/25	04/08/26	107	3			▼	22.0	48.72	46.00	-2.7	4	6	2	2	6	4	2	4	2	2	5	3	2	4	2	2	3	1	3	1	2	3	1	2	6	4	2	6	4				42	16	29	22	51	0												

Ongoing Management SOC and During the Episode



SHP **Alert Impact Patient Detail**

Superior Outcomes Home Health: (30235) Superior Outcomes - Anaheim

02/01/2026 - 02/28/2026

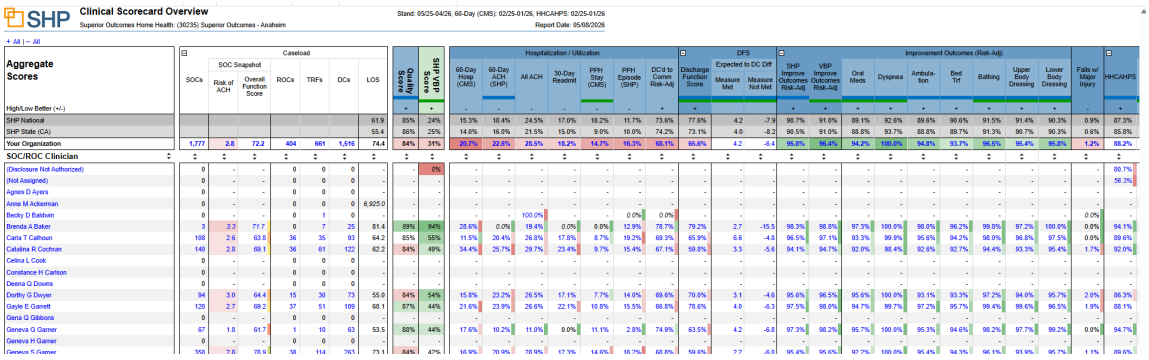
Report Date: 5/8/2026

Filters: 1

[X] **Alerts:** Star Rating Measures

Assessments: 74						Alerts: 128				Accuracy				Info	
Patient	Clinician	Case Manager	SOC (M0030)	Date (M0090)	Reason (M0100)	Summary	Alerted	Open / Closed	Status	Critical	Case Mix	OASIS	Coding	Predictive	Quality Meas
Atkins, Andrea (D626762)	Laverne H Lopez	Hilda G Henry	12/29/25	02/25/26	(04)	Ambulation Unchanged (OBQI)	02/26/26	Open	Unaddressed						✓
Ballard, Bertha (D067617)	Mallory W Meier	Paulette I Perkins	01/06/26	02/01/26	(03)	PM: Timely Initiation of Care	02/03/26	Closed	Resolved						✓
Bender, Bridget (D423075)	Mallory W Meier	Paulette I Perkins	11/01/25	02/24/26	(04)	Ambulation Unchanged (OBQI)	02/25/26	Open	Unaddressed						✓
Bender, Bridget (D423075)	Mallory W Meier	Paulette I Perkins	11/01/25	02/24/26	(04)	Bed Transferring Decline (OBQI)	02/25/26	Open	Unaddressed						✓
Berger, Bradly (D312922)	Carla T Calhoun	Bettye O Bruce	01/12/21	02/13/26	(04)	Bed Transferring Unchanged (OBQI)	02/16/26	Open	Unaddressed						✓
Blackburn, Brigitte (D313039)	Carla T Calhoun	Bettye O Bruce	10/04/05	02/13/26	(04)	Bed Transferring Unchanged (OBQI)	02/16/26	Open	Unaddressed						✓
Bradford, Beau (D561692)	Mae T McCormick	Magdalena R Mitchell	02/04/26	02/16/26	(09)	Bathing Unchanged (OBQI)	02/24/26	Closed	Resolved						✓
Brewer, Bobbi (D312507)	Mavis J Mann	Marian A McCann	12/17/25	02/10/26	(04)	Bed Transferring Unchanged (OBQI)	02/11/26	Open	Unaddressed						✓
Brewer, Bobbi (D312507)	Mavis J Mann	Marian A McCann	12/17/25	02/10/26	(04)	Ambulation Unchanged (OBQI)	02/11/26	Open	Unaddressed						✓
Britt, Bret (D415730)	Marta H Mullen	Paulette I Perkins	12/13/25	02/09/26	(09)	Bed Transferring Unchanged (OBQI)	02/16/26	Closed	Resolved						✓
Britt, Bruce (D011676)	Mallory W Meier	Paulette I Perkins	04/13/25	02/03/26	(04)	Bed Transferring Decline (OBQI)	02/05/26	Closed	Dismissed						✓
Caldwell, Chadwick (D942150)	Catalina R Cochran	Judith V James	01/05/24	02/18/26	(04)	Bed Transferring Unchanged (OBQI)	02/19/26	Open	Unaddressed						✓
Carey, Chris (D215620)	Marta H Mullen	Paulette I Perkins	11/07/25	02/25/26	(03)	PM: Timely Initiation of Care	03/03/26	Closed	Dismissed						✓
Carney, Carlos (D150204)	Gayle E Garrett	Colette D Cole	12/17/25	02/10/26	(04)	Bed Transferring Unchanged (OBQI)	02/11/26	Open	Unaddressed						✓
Carney, Carlos (D150204)	Gayle E Garrett	Colette D Cole	12/17/25	02/10/26	(04)	Ambulation Unchanged (OBQI)	02/11/26	Open	Unaddressed						✓
Carter, Cyril (D085736)	Mavis J Mann	Colette D Cole	02/19/26	02/19/26	(01)	PM: Timely Initiation of Care	02/21/26	Closed	Resolved						✓
Chamberlain, Chance (D706452)	Carla T Calhoun	Bettye O Bruce	12/15/25	02/09/26	(09)	Dyspnea Unchanged (OBQI)	02/09/26	Closed	Resolved						✓
Chandler, Clayton (D652760)	Mavis J Mann	Marian A McCann	02/13/25	02/03/26	(04)	Bed Transferring Unchanged (OBQI)	02/04/26	Open	Unaddressed						✓
Chandler, Clayton (D652760)	Mavis J Mann	Marian A McCann	02/13/25	02/03/26	(04)	Bathing Decline (OBQI)	02/04/26	Open	Unaddressed						✓
Chandler, Clayton (D652760)	Mavis J Mann	Marian A McCann	02/13/25	02/03/26	(04)	Ambulation Decline (OBQI)	02/04/26	Open	Unaddressed						✓
Chaney, Carmen (D178387)	Laverne H Lopez	Margarita Y Marino	08/23/25	02/16/26	(04)	Bathing Unchanged (OBQI)	02/17/26	Open	Unaddressed						✓
Chaney, Carmen (D178387)	Laverne H Lopez	Margarita Y Marino	08/23/25	02/16/26	(04)	Ambulation Unchanged (OBQI)	02/17/26	Open	Unaddressed						✓
Childers, Clarissa (D953765)	Mavis J Mann	Marian A McCann	02/03/26	02/18/26	(09)	Bed Transferring Unchanged (OBQI)	02/18/26	Closed	Resolved						✓
Childers, Clarissa (D953765)	Mavis J Mann	Marian A McCann	02/03/26	02/18/26	(09)	Mgmt of Oral Meds Unchanged (OBQI)	02/18/26	Closed	Resolved						✓
Childers, Clarissa (D953765)	Mavis J Mann	Marian A McCann	02/03/26	02/18/26	(09)	Bathing Unchanged (OBQI)	02/18/26	Closed	Resolved						✓
Childers, Clarissa (D953765)	Mavis J Mann	Marian A McCann	02/03/26	02/18/26	(09)	Ambulation Unchanged (OBQI)	02/18/26	Closed	Resolved						✓
Cobb, Christine (D517651)	Jeanne D Johnston	Judith V James	10/23/25	02/16/26	(04)	Bed Transferring Unchanged (OBQI)	02/17/26	Open	Unaddressed						✓
Cobb, Christine (D517651)	Jeanne D Johnston	Judith V James	10/23/25	02/16/26	(04)	Bathing Unchanged (OBQI)	02/17/26	Open	Unaddressed						✓
Combs, Cornell (D297926)	Gracie I Garrett	Carly D Cohen	10/15/25	02/11/26	(04)	Bed Transferring Unchanged (OBQI)	02/12/26	Open	Unaddressed						✓
Connor, Christina (D136181)	Jeanne D Johnston	Judith V James	12/31/25	02/27/26	(04)	Bed Transferring Unchanged (OBQI)	02/27/26	Open	Unaddressed						✓

Clinical Scorecard – By Clinician



SHP **Clinical Scorecard Overview**

Superior Outcomes Home Health: (30235) Superior Outcomes - Anaheim

Stand: 05/25-04/26, 60-Day (CMS): 02/25-01/26, HHCAHPS: 02/25-01/26

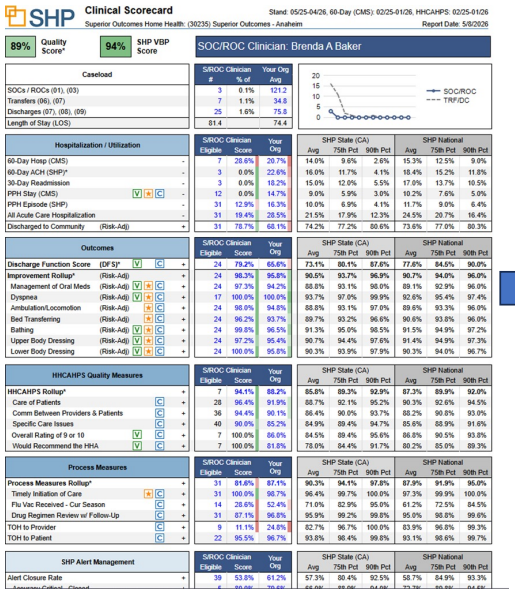
Report Date: 05/08/2026

+ All | – All

Aggregate Scores	Caseload							Quality Score	SHP VBP Score	Hospitalization / Utilization							DFS		Improvement Outcomes (Risk-Adj)										HHCAHPS
	SOCs	SOC Snapshot: Risk of ACH	SOC Snapshot: Overall Function Score	ROCs	TRFs	DCs	LOS			60-Day Hosp (CMS)	60-Day ACH (SHP)	All ACH	30-Day Readmit	PPH Stay (CMS)	PPH Episode (SHP)	DC'd to Comm Risk-Adj	Discharge Function Score	Expected to DC Diff: Measure Met	Expected to DC Diff: Measure Not Met	SHP Improve Outcomes Risk-Adj	VBP Improve Outcomes Risk-Adj	Oral Meds	Dyspnea	Ambulation	Bed Trf	Bathing	Upper Body Dressing	Lower Body Dressing	Falls w/ Major Injury	
High/Low Better (+/-)	+	+	+	+	+	+	-	+	+	-	-	-	-	-	-	-	+	+	+	+	+	+	+	+	+	+	+	+	+
SHP National							61.9	65%	24%	15.3%	18.4%	24.5%	17.0%	10.2%	11.7%	73.6%	77.6%	4.2	-7.9	90.7%	91.0%	88.1%	92.6%	89.6%	90.6%	91.5%	91.4%	90.3%	0.9%	87.3%
SHP State (CA)							55.4	66%	25%	14.0%	16.0%	21.5%	15.0%	9.0%	10.0%	74.2%	73.1%	4.0	-8.2	90.5%	91.0%	88.8%	93.7%	88.8%	89.7%	91.3%	90.7%	90.3%	0.6%	85.8%
Your Organization	1,777	2.8	72.2	404	661	1,516	74.4	84%	31%	20.7%	22.6%	28.5%	18.2%	14.7%	16.3%	68.1%	65.6%	4.2	-6.4	95.8%	96.4%	94.2%	100.0%	94.8%	93.7%	96.5%	95.4%	95.8%	1.2%	88.2%
SOC/ROC Clinician																													
(Disclosure Not Authorized)	0	-	-	0	0	0	-	-	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	60.7%
(Not Assigned)	0	-	-	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	56.3%
Agnes D Ayers	0	-	-	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Anne M Ackerman	0	-	-	0	0	0	6,925.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Becky D Baldwin	0	-	-	0	1	0	-	-	-	-	-	100.0%	-	-	0.0%	0.0%	-	-	-	-	-	-	-	-	-	-	-	0.0%	-
Brenda A Baker	3	3.3	77.7	0	7	25	81.4	89%	94%	28.6%	0.0%	19.4%	0.0%	0.0%	12.9%	78.7%	79.2%	2.7	-15.5	98.3%	98.8%	97.3%	100.0%	98.0%	96.2%	99.8%	97.2%	100.0%	0.0%	94.1%
Carla T Calhoun	108	2.6	63.8	36	35	93	64.2	85%	55%	11.5%	20.4%	26.8%	17.8%	8.7%	19.2%	69.3%	65.9%	6.6	-4.8	96.5%	97.1%	93.3%	99.9%	95.6%	94.2%	98.0%	96.8%	97.5%	0.0%	89.6%
Catalina R Cochran	140	2.8	69.1	36	61	122	62.2	84%	49%	34.4%	25.7%	29.7%	23.4%	9.7%	15.4%	67.1%	59.8%	3.3	-5.8	94.1%	94.7%	92.0%	98.4%	92.6%	92.7%	94.4%	93.3%	95.4%	1.7%	92.0%
Celina L Cook	0	-	-	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Constance H Carlson	0	-	-	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Deena Q Downs	0	-	-	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dorthy G Dwyer	94	3.0	64.4	15	30	73	55.0	84%	54%	15.8%	23.2%	26.5%	17.1%	7.7%	14.0%	69.6%	70.0%	3.1	-4.6	95.6%	96.5%	95.6%	100.0%	93.1%	93.3%	97.2%	94.0%	95.7%	2.0%	86.3%
Gayle E Garrett	120	2.7	69.2	37	51	109	68.1	87%	44%	21.6%	23.9%	26.6%	22.1%	10.8%	15.5%	66.8%	70.6%	4.0	-6.3	97.5%	98.0%	94.7%	99.7%	97.2%	95.7%	99.4%	99.6%	96.5%	1.9%	88.1%
Gena Q Gibbons	0	-	-	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Geneva G Garner	67	1.8	61.7	1	10	63	53.5	88%	44%	17.6%	10.2%	11.0%	0.0%	11.1%	2.8%	74.9%	63.5%	4.2	-6.8	97.3%	98.2%	95.7%	100.0%	95.3%	94.6%	98.2%	97.7%	99.2%	0.0%	94.7%
Geneva H Garner	0	-	-	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Geneva S Garner	358	2.8	78.9	38	114	283	73.1	84%	47%	16.9%	20.9%	28.9%	17.3%	14.6%	18.2%	68.8%	59.6%	2.2	-6.6	95.4%	96.6%	92.2%	100.0%	96.4%	94.3%	96.1%	93.9%	95.7%	1.1%	89.6%

Defaults to SOC * Can change to Medicare Advantage Payers!!!!

Clinician Contribution in Relation to Agency Goals



Clinical Scorecard

Superior Outcomes Home Health: (30235) Superior Outcomes - Anaheim

Stand: 05/25-04/26, 60-Day (CMS): 02/25-01/26, HHCAHPS: 02/25-01/26

Report Date: 5/8/2026

89% Quality Score* | 94% SHP VBP Score | SOC/ROC Clinician: Brenda A Baker

Caseload	SRoC Clinician #	SRoC Clinician % of	Your Org Avg
SOCs / ROCs (01), (03)	3	0.1%	121.2
Transfers (06), (07)	7	1.1%	34.8
Discharges (07), (08), (09)	25	1.6%	75.8
Length of Stay (LOS)	81.4		74.4

Hospitalization / Utilization	SRoC Clinician Eligible	SRoC Clinician Score	Your Org	SHP State (CA) Avg	SHP State (CA) 75th Pct	SHP State (CA) 90th Pct	SHP National Avg	SHP National 75th Pct	SHP National 90th Pct
60-Day Hosp (CMS)	7	28.6%	20.7%	14.0%	9.6%	2.6%	15.3%	12.5%	9.0%
60-Day ACH (SHP)*	3	0.0%	22.6%	16.0%	11.7%	4.1%	18.4%	15.2%	11.8%
30-Day Readmission	3	0.0%	18.2%	15.0%	12.0%	5.5%	17.0%	13.7%	10.5%
PPH Stay (CMS)	12	0.0%	14.7%	9.0%	5.9%	3.0%	10.2%	7.6%	5.0%
PPH Episode (SHP)	31	12.9%	16.3%	10.0%	6.9%	4.1%	11.7%	9.0%	6.4%
All Acute Care Hospitalization	31	19.4%	28.5%	21.5%	17.9%	12.3%	24.5%	20.7%	16.4%
Discharged to Community (Risk-Adj)	31	78.7%	68.1%	74.2%	77.2%	80.6%	73.6%	77.0%	80.3%

Outcomes	SRoC Clinician Eligible	SRoC Clinician Score	Your Org	SHP State (CA) Avg	SHP State (CA) 75th Pct	SHP State (CA) 90th Pct	SHP National Avg	SHP National 75th Pct	SHP National 90th Pct
Discharge Function Score (DFS)*	24	79.2%	65.6%	73.1%	80.1%	87.6%	77.6%	84.6%	90.0%
Improvement Rollup* (Risk-Adj)	24	98.3%	95.8%	90.5%	93.7%	96.9%	90.7%	94.0%	96.0%
Management of Oral Meds (Risk-Adj)	24	97.3%	94.2%	88.8%	93.1%	98.0%	89.1%	92.9%	96.0%
Dyspnea (Risk-Adj)	17	100.0%	100.0%	93.7%	97.0%	99.9%	92.6%	95.4%	97.4%
Ambulation/Locomotion (Risk-Adj)	24	98.0%	94.8%	88.8%	93.1%	97.0%	89.6%	93.3%	96.0%
Bed Transferring (Risk-Adj)	24	96.2%	93.7%	89.7%	93.2%	96.6%	90.6%	93.8%	96.0%
Bathing (Risk-Adj)	24	99.8%	96.5%	91.3%	95.0%	98.5%	91.5%	94.9%	97.2%
Upper Body Dressing (Risk-Adj)	24	97.2%	95.4%	90.7%	94.4%	97.6%	91.4%	94.9%	97.3%
Lower Body Dressing (Risk-Adj)	24	100.0%	95.8%	90.3%	93.9%	97.9%	90.3%	94.0%	96.7%

HHCAHPS Quality Measures	SRoC Clinician Eligible	SRoC Clinician Score	Your Org	SHP State (CA) Avg	SHP State (CA) 75th Pct	SHP State (CA) 90th Pct	SHP National Avg	SHP National 75th Pct	SHP National 90th Pct
HHCAHPS Rollup*	7	94.1%	88.2%	85.8%	89.3%	92.9%	87.3%	89.9%	92.0%
Care of Patients	28	96.4%	91.9%	88.7%	92.1%	95.2%	90.3%	92.6%	94.5%
Comm Between Providers & Patients	36	94.4%	90.1%	86.4%	90.0%	93.7%	88.2%	90.8%	93.0%
Specific Care Issues	40	90.0%	85.2%	84.9%	89.4%	94.7%	85.6%	88.9%	91.6%
Overall Rating of 9 or 10	7	100.0%	86.0%	84.5%	89.4%	95.6%	86.8%	90.5%	93.8%
Would Recommend the HHA	7	100.0%	81.8%	78.0%	84.4%	91.7%	80.2%	85.0%	89.3%

Process Measures	SRoC Clinician Eligible	SRoC Clinician Score	Your Org	SHP State (CA) Avg	SHP State (CA) 75th Pct	SHP State (CA) 90th Pct	SHP National Avg	SHP National 75th Pct	SHP National 90th Pct
Process Measures Rollup*	31	81.6%	87.1%	90.3%	94.1%	97.8%	87.9%	91.9%	95.0%
Timely Initiation of Care	31	100.0%	98.7%	96.4%	99.7%	100.0%	97.3%	99.9%	100.0%
Flu Vac Received - Cur Season	14	28.6%	52.4%	71.0%	82.9%	95.0%	61.2%	72.5%	84.5%
Drug Regimen Review w/ Follow-Up	31	87.1%	96.8%	95.9%	99.2%	99.8%	95.0%	98.8%	99.6%
TOH to Provider	9	11.1%	24.8%	82.7%	96.7%	100.0%	83.9%	96.8%	99.3%
TOH to Patient	22	95.5%	96.7%	93.8%	98.4%	99.8%	93.1%	98.6%	99.7%

SHP Alert Management	SRoC Clinician Eligible	SRoC Clinician Score	Your Org	SHP State (CA) Avg	SHP State (CA) 75th Pct	SHP State (CA) 90th Pct	SHP National Avg	SHP National 75th Pct	SHP National 90th Pct
Alert Closure Rate	39	53.8%	61.2%	57.3%	80.4%	92.5%	58.7%	84.9%	93.3%

forvis mazars

Sample Home Health Agency
Home Health Outcome Based Performance Incentive Results

Employee Identification				Performance Incentive
Employee Name	Position	Hire Date	Branch Location	Performance Period Qtr 3 2024
Nellie Nurse	Full time, CM, RN	01/10/22	Anywhere, USA	Maximum incentive compensation $ 500

Performance Data

Formula	(A)	(B)	(C)	(D) (A) - (B) ÷ (D)	(E) (A) - (C) ÷ (E)	(F) (E) ÷ (D) ÷ (F)	(G)	(H) Baseline x (F) ÷ (G) ÷ (H)
Performance Measures	Expected Minimum Performance Measures	Optimal Performance Goals	Actual Performance Results	Maximum Success Measures	Actual Success Measure	Percent of Optimal Goals Achieved	Maximum Incentive Weight	Performance Incentive Compensation
Outcomes conference participation	95.0%	98.0%	97.0%	3.0%	2.0%	66.7%	20.0%	$ 67
Hospitalization rate	14.0%	8.0%	16.0%	6.0%	-2.0%	-33.3%	15.0%	$ (25)
Improved medication management	55.0%	57.0%	54.0%	2.0%	-1.0%	-50.0%	10.0%	$ (25)
Falls	7.5%	3.5%	3.0%	4.0%	4.5%	100.0%	15.0%	$ 75
Caseload	22	25	23	3	1	33.3%	20.0%	$ 33
SOC/Recert OASIS completed < 1 days	90.0%	95.0%	92.0%	5.0%	2.0%	40.0%	10.0%	$ 20
Visit documentation same day	85.0%	92.0%	90.0%	7.0%	5.0%	71.4%	10.0%	$ 36
					Performance incentive results	36.1%	100.0%	$ 181

Performance incentive compensation $ 181

OASIS Accuracy: The Foundation of Star Ratings

If your OASIS doesn't reflect true patient status, your outcomes can't improve — no matter how good your care is.

⚠ Common Scoring Pitfalls

- ! Scoring ambulation TOO HIGH at SOC (leaves no room for improvement)
- ! Not using "usual" performance concept for functional items
- ! Confusing 'assistance needed' vs. 'assistance provided'
- ! Ignoring ability to safely perform tasks (not just ability)
- ! Not using all available clinical info (caregiver reports, PT notes)
- ! Inconsistency between SOC and ROC assessments
- ! Over-reliance on patient self-report without clinical correlation

✓ Best Practices

- ✓ Episode Management – Evaluation at SOC/ROC
- ✓ Provide ongoing education
- ✓ Implement OASIS review process before submission
- ✓ Use OASIS scrubbing software to catch outliers
- ✓ Track clinician-level outcome performance
- ✓ Hold monthly QI meetings with focus on specific items

Intentional Focus Required!

Reducing Rehospitalization: A Top Outcome Driver

Hospitalization during the home health episode is one of the most heavily weighted QPC outcome measures.

1 — Risk Stratification

Identify high-risk patients at SOC. Flag for intensive monitoring.

2 — Timely Starts of Care

Admit within 24–48 hours of referral. Early visits detect acute changes before hospitalization occurs.

3 — Physician Communication

Develop clear escalation pathways.
Know when to call vs. send to ED.

4 — Patient & Caregiver Teaching

Teach symptom recognition. Confirm understanding. Provide written action plans for CHF, COPD, Diabetes.

5 — Medication Reconciliation

Review ALL medications at SOC and every visit. Identify high-risk drugs. Confirm adherence.

6 — Post-Hospitalization Protocols

Transition care protocols for common diagnoses. Coordinate with SNFs, hospitals, and PCPs on discharge.

Improving HHCAHPS Patient Experience Scores

Patient Journey Touch Points

Intake & Onboarding

Set expectations. Warm welcome. Introduce your agency.

First Visit

Thorough assessment. Build rapport. Explain the plan.

Mid-Episode Check-In

Clinical supervisor call. Address concerns early.

Every Visit

Consistent communication, teach-back, documentation.

Discharge

Final teaching. Follow-up plan. Satisfaction survey mention.

Top HHCAHPS Improvement Tactics

1. **Communication Scripts**
   Train staff on plain-language explanations and teach-back techniques.
2. **Response Rate Strategy**
   Work with your HHCAHPS vendor to optimize survey delivery timing.
3. **Complaint Resolution**
   Fast resolution of patient concerns prevents poor survey responses.
4. **Cultural Competency**
   Train for diverse patient populations — especially in Florida's market.
5. **Staff Consistency**
   Assign consistent aides/nurses to build patient-clinician trust.
6. **Leadership Rounding**
   Manager check-in calls at 72 hrs and 30 days post-admission.

Section 7: Tracking & Monitoring Your Performance

iQIES / CASPER Reports

CMS's official quality measure reports. Pull monthly QM reports and compare to state/national benchmarks.

Care Compare Preview

Review your agency's pending star ratings quarterly before public release. Fix errors before they go live.

HH-CAHPS Vendor Reports

Get monthly patient satisfaction data from your HHCAHPS vendor. Monitor domain-level scores.

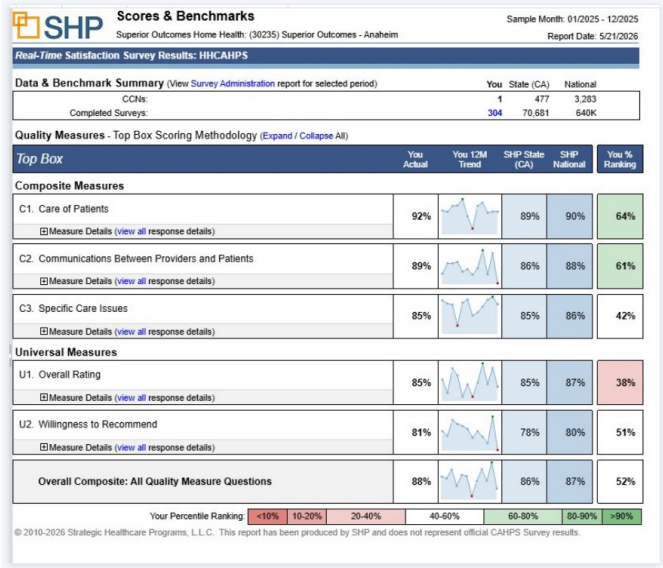
Agency Software / EMR

Most modern HH EMRs have built-in outcome dashboards. Use them for real-time clinician-level monitoring.

Recommended Monitoring Cadence

Weekly	Review new admissions for OASIS risk flags; check hospitalization dashboard
Monthly	Pull CASPER QM reports; review HHCAHPS rolling data; clinician performance review
Quarterly	Preview Care Compare star ratings; compare to state/national benchmarks; QI committee meeting
Annually	Full OASIS inter-rater reliability audit; strategic quality improvement plan update

HHCAHPS Report



SHP Scores & Benchmarks

Superior Outcomes Home Health: (30235) Superior Outcomes - Anaheim

Sample Month: 01/2025 - 12/2025

Report Date: 5/21/2026

Real-Time Satisfaction Survey Results: HHCAHPS

Data & Benchmark Summary (View Survey Administration report for selected period)

	You	State (CA)	National
CCNs:	1	477	3,283
Completed Surveys:	304	70,681	640K

Quality Measures - Top Box Scoring Methodology (Expand / Collapse All)

Top Box	You Actual	You 12M Trend	SHP State (CA)	SHP National	You % Ranking
Composite Measures					
C1. Care of Patients ⊞Measure Details (view all response details)	92%		89%	90%	64%
C2. Communications Between Providers and Patients ⊞Measure Details (view all response details)	89%		86%	88%	61%
C3. Specific Care Issues ⊞Measure Details (view all response details)	85%		85%	86%	42%
Universal Measures					
U1. Overall Rating ⊞Measure Details (view all response details)	85%		85%	87%	38%
U2. Willingness to Recommend ⊞Measure Details (view all response details)	81%		78%	80%	51%
Overall Composite: All Quality Measure Questions	88%		86%	87%	52%

Your Percentile Ranking: <10% | 10-20% | 20-40% | 40-60% | 60-80% | 80-90% | >90%

Florida vs. National Benchmarks — How Does Your State Stack Up?

All values are percentages. Green = Florida above national. Red = Florida below national.

Overall Star Rating Measures	National	Florida
PPH (Preventable Hosp.)	10.2%	▲ 10.2%
Improvement in Oral Meds	89.2%	▲ 90.5%
Improvement in Dyspnea	92.8%	▲ 93.3%
Improvement in Ambulation	89.6%	▲ 90.1%
Improvement in Bed Trf.	90.8%	▲ 91.5%
Improvement in Bathing	91.6%	▲ 92.5%
Timely Initiation (TIOC)	97.3%	▲ 98.2%

HHCAHPS Patient Survey Measures	National	Florida
Overall HHCAHPS Composite	87.2%	▼ 86.1%
Care of Patients	90.3%	▼ 89.5%
Communication	88.2%	▼ 87.4%
Specific Care Issues	85.6%	▼ 83.7%
Overall Rating	86.7%	▼ 86%
Would Recommend Agency	80.2%	▼ 79%

⚡ Florida outperforms nationally on all 7 Overall Star measures — but trails on all 6 of 6 HHCAHPS domains. Patient experience is Florida's improvement opportunity.

Your 90-Day Star Rating Action Plan

Days 1–30 Foundation

- ✓ Pull current CASPER QM report
- ✓ Identify your 3 lowest-performing measures
- ✓ Conduct OASIS reviews
- ✓ Audit your Care Compare listing
- ✓ Review HHCAHPS vendor dashboard

Days 31–60 Education & Process

- ✓ Train clinicians on OASIS accuracy for target items
- ✓ Implement rehospitalization risk protocol
- ✓ Roll out communication scripts for HHCAHPS
- ✓ Set up real-time outcome dashboards
- ✓ Launch leadership rounding calls

Days 61–90 Monitor & Adjust

- ✓ Review monthly QM data for improvement
- ✓ Hold QI committee meeting with data review
- ✓ Adjust protocols based on early results
- ✓ Preview next quarter's star rating
- ✓ Share wins with staff; update action plan

Key Takeaways

01	Star Ratings are a public-facing business asset — not just a quality metric. They drive referrals, VBP payments, and managed care contracts.
02	OASIS accuracy is the foundation. Inaccurate coding produces inaccurate outcomes. Invest in regular training and competency.
03	Outcome measures make up ~70% of your QPC star score. Prioritize functional improvement and hospitalization reduction.
04	Patient experience (HHCAHPS) requires a culture of service. Communication, consistency, and complaint resolution drive scores up.
05	Monitor your data regularly. Use CASPER reports, Care Compare previews, Outside Tools, and EMR dashboards to act before ratings are published.
06	Use the 90-day action plan as your roadmap. Start with your worst-performing measures and build from there.

★★★★★

Thank You

Questions & Discussion

Florida State Home Health Conference | July 2025

Resources: CMS Care Compare | iQIES CASPER Reports | HHCAHPS Survey Website | CMS VBP Program