

FREE WEBINAR

# Wheeling & Walking

*Measuring functional  
outcomes with Section GG*

TUE, APR 16 | 12 PM CT



**simple.**  
a Netsmart solution

  
Netsmart

**mcbee**  
part of Netsmart

HOME HEALTH

# YOUR SPEAKERS



**Lisa Selman-Holman**

VP of Education & Quality  
*McBee, part of Netsmart*



**Michelle Horner**

Post-Acute Education Manager  
*McBee, part of Netsmart*

# Poll #1

Have you looked at your IPR yet?

# VBP Overview

Quality Outcomes

# Which OASIS Items?

## Star

(Outcome/Process)

- M0102/M0104
- M1860
- M1850
- M1830
- M1400
- M2020



## PDGM

(Payment)

- M1033
- M1800
- M1810
- M1820
- M1830
- M1840
- M1850
- M1860



## VBP

(Outcomes)

- M1800, M1810, M1820, M1830, M1845, M1870
- M1840, M1850, M1860
- M1400
- M2020
- M2420

**+/- 5%**

## 2025 VBP

(Outcomes)

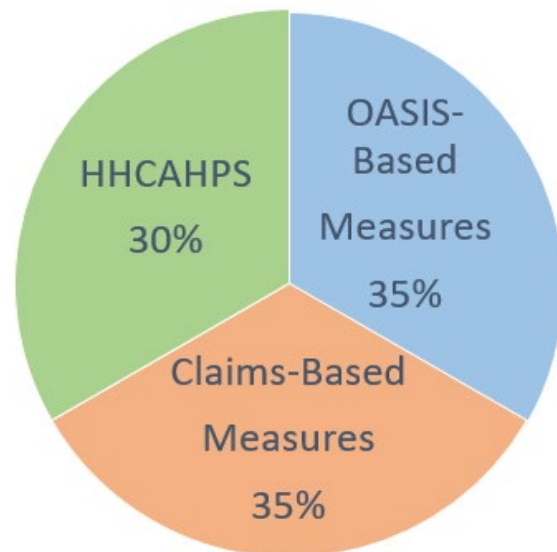
- M1400
- M2020
- GG0130A
- GG0130B
- GG0130C
- GG0170A
- GG0170C
- GG0170D
- GG0170E
- GG0170F
- GG0170I
- GG0170J
- GG0170R

**+/- 5%**

# Quality Measures in Home Health VBP TPS

OASIS-based Measures	Weight
TNC Self-Care	8.75%
TNC Mobility	8.75%
Oral Meds (M2020)	5.83%
Dyspnea (M1400)	5.83%
Discharge to Community (M2420)	5.83%
<b>Total for OASIS-based Measures</b>	<b>35.00%</b>

HHCAHPS Survey Measures	Weight
HHCAHPS Professional Care	6.00%
HHCAHPS Communication	6.00%
HHCAHPS Team Discussion	6.00%
HHCAHPS Overall Rating	6.00%
HHCAHPS Willingness to Recommend	6.00%
<b>Total for HHCAHPS Survey Measures</b>	<b>30.00%</b>



<i>Claims-based Measures</i>	<i>Weight</i>
ACH	26.25%
ED Use	8.75%
<i>Total for claims-based Measures</i>	<b>35.00%</b>

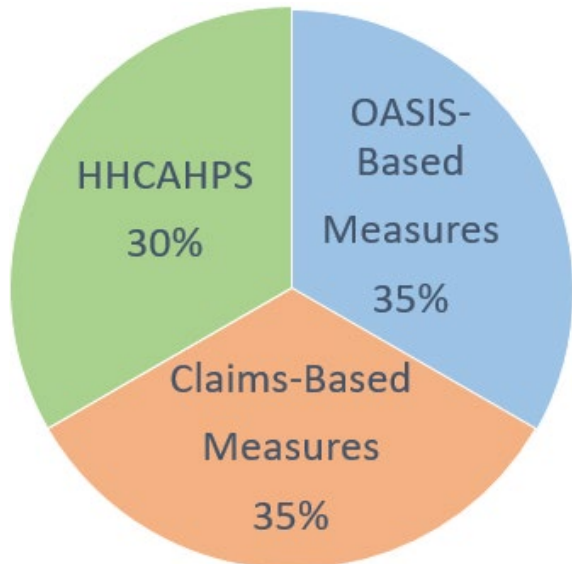
# CHANGES in HH VBP Quality Measures

Current Measure Category	Measures Removed	Replacement Measure Category	Replacement Measures 2025
OASIS-based	TNC Change in Self-Care	OASIS-based	Discharge Function Score (DC Function)
	TNC Change in Mobility		
OASIS-based	Discharged to Community	Claims-based	Discharge to Community – Post Acute Care (DTC-PAC)
Claims-based	Acute Care Hospitalization (ACH)	Claims-based	Home Health Within-Stay Potentially Preventable Hospitalization (PPH)
	Emergency Department Use without Hospitalization (ED Use)		

# 2025: Quality Measures Home Health VBP TPS

OASIS-based Measures	Weight
Discharge Function Self-Care and Mobility (based on GG)	20%
Oral Meds (M2020)	9%
Dyspnea (M1400)	6%
<b>Total for OASIS-based Measures</b>	<b>35.00%</b>

HHCAHPS Survey Measures	Weight
HHCAHPS Professional Care	6.00%
HHCAHPS Communication	6.00%
HHCAHPS Team Discussion	6.00%
HHCAHPS Overall Rating	6.00%
HHCAHPS Willingness to Recommend	6.00%
<b>Total for HHCAHPS Survey Measures</b>	<b>30.00%</b>



Claims-based Measures	Weight
PPH	26%
DTC	9%
<b>Total for claims-based Measures</b>	<b>35.00%</b>



# HH VBP Payer Breakdown

Measure Category	Payer Data Used	Payer Payment Adjustment
OASIS-Based Measures	Medicare FFS Medicare Advantage Medicaid FFS Medicaid Managed Care	Medicare FFS
HHCAHPS Survey-Based Measures	Medicare FFS Medicare Advantage Medicaid FFS Medicaid Managed Care	Medicare FFS
Claims-Based Measures	Medicare FFS	Medicare FFS

# Discharge Function Score

The Discharge Function Score measure focuses on GG items that are currently available across these PAC settings.

Total score will be between 10 - 60

# Measure Title: Discharge Function Score (DC Function)

Measure Category	OASIS-based
Data Source	Section GG – Self-Care [GG0130 three (3) items], Mobility [GG0170 eight (8) items]
Measure Description	Proportion of HHA’s episodes where a patient’s observed discharge score meets or exceeds their expected discharge score.
Measure Calculation	<p><b>Numerator:</b> Number of quality episodes in an HHA with an observed discharge function score that is equal to or higher than the calculated expected discharge function score.</p> <p><b>Observed score:</b> Sum of the individual items at discharge.</p> <p><b>Expected score:</b> Determined by applying a regression equation determined from risk adjustment to each home health episode.</p> <p><b>Denominator:</b> Total number of home health quality episodes with an OASIS record in the measure target period [four (4) quarters] that do not meet the exclusion criteria.</p> <p><b>Measure-specific Exclusions:</b> Episodes that end with unexpected inpatient facility transfer, death, or discharge to hospice; patient less than 18 years old; coma or vegetative state; episodes less than three (3) days.</p>
Measure Type	End Result Outcome – Health

**Observed  $\geq$  Expected**

# Covariate Groups Used to Risk-Adjust DC Function Score

Age Category	Admission Source
Admission Function Score	Body Mass Index
Prior surgery	Risk for Hospitalization
Prior Function/Device Use	Confusion
Pressure Ulcers	Vision
Cognitive Function	Medication Management Needs
Incontinence	Supervision and Safety Sources of Assistance
Availability of Assistance and Living Arrangement	HCC Comorbidities

# DC Function Measure: OASIS Items

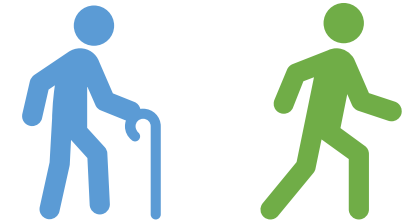
Item	Item Description
GG0130A	Eating
GG0130B	Oral Hygiene
GG0130C	Toileting Hygiene
GG0170A	Roll Left and Right
GG0170C	Lying to Sitting on Side
GG0170D	Sit to Stand
GG0170E	Chair/Bed-to-Chair Transfer
GG0170F	Toilet Transfer
GG0170I	Walk 10 Feet
GG0170J	Walk 50 Feet with 2 Turns
GG0170R	Wheel 50 Feet with 2 Turns

- 10 GG items used to score 10-60
- The observed discharge function score is the sum of individual function items at discharge if scored with a 1-6.
- If an ANA score is used the imputation occurs
- Different locomotion items are used if the patient uses a wheelchair than for the remaining patients.

# Walking vs Wheeling

- **If:**
  - Walk 10 Feet (GG0170I) has an activity not attempted (ANA) code at both admission **and** discharge **AND**
  - (ii) either Wheel 50 Feet with 2 Turns (GG0170R) or Wheel 150 Feet (GG0170S) has a code between 1 and 6 at either admission or discharge.
- **Then:**
  - Multiply the wheel 50 feet score x2
- Otherwise use scores from Walk 10 feet + Walk 50 feet
- In either case, 10 items are used to calculate a patient's total observed discharge score and score values range from 10 – 60.

# GG0170I Walk 10 Ft & GG0170J Walk 50ft with 2 turns



## 10 Feet

- From standing, walk at least 10 feet

## 50 Feet w/ 2 Turns

- From standing, walk 50 ft and make 2 turns
- Turns of 90 degrees
- Turns may be same or different directions

If even with assistance a patient was not able to participate in walking a distance of 10 feet, an “activity not attempted” code (rather than 01 - Dependent) would be selected. (88 or 9)

- Score the amount of Human Assist to perform safely
- Device use does not impact scoring!
- If only help is retrieval of device, then use *05 Set-up or Clean-up assistance*
- If medically restricted but could perform prior – code *88 Not attempted due to Medical condition or Safety Concern*

# GG0170I, Walk 10 Feet - Examples

- **Code 06, Independent:**

- The patient retrieves his quad cane from its place next to his bedside table and uses it to walk fifteen feet in his room without any assistance from a helper.

- **Code 05, Setup or clean-up assistance:**

- A helper moves a walker within reach of the patient, and the patient uses it to walk at least ten feet.

- **Code 04, Supervision or touching assistance:**

- The patient uses a rolling walker to walk ten feet while a helper provides steadying assistance.
- A helper cues the patient periodically about proper walker placement as the patient walks ten feet without any additional assistance.
- A helper reminds the patient to not leave the walker behind occasionally.



# GG0170I, Walk 10 Feet - Examples

- **Code 03, Partial/moderate assistance:**
  - The patient uses a four-wheeled walker to walk ten feet down a hallway while a helper provides trunk support (but less than half of the effort).
  - The patient walks ten feet while a helper provides steadying assistance for the first seven feet and trunk support for the remaining three.
- **Code 02, Substantial/maximal assistance:**
  - The patient uses a rolling walker to walk ten feet in his room as a helper advances each foot. Overall, the helper provides more than half of the effort.
  - The patient uses a four-wheeled walker to walk ten feet while a helper provides trunk support and occasionally advances one leg.
- **Code 01, Dependent:**
  - The patient uses a walker to walk ten feet in his room while one helper provides steadying assistance and a second helper manages the patient's equipment (oxygen, IV pole, etc.).
  - Two helpers are needed, one on each side to provide steadying assistance with a gait belt.

# GG0170K, Walk 150 Feet - Examples

- **Code 06, Independent:**

- The patient uses a hemi walker to walk 150 feet from his room to the kitchen without any assistance from a helper.

- **Code 05, Setup or clean-up assistance:**

- A helper hands a cane to the patient, after which the patient uses it to walk 150 feet.

- **Code 04, Supervision or touching assistance:**

- The patient uses a hemi walker to walk one hundred feet, takes a brief standing rest break, and then continues another seventy-five feet in the corridor between the kitchen and the bedroom while a helper provides occasional cues for walker placement.
- A helper manages the patient's equipment (oxygen, IV pole, etc.) while the patient walks 150 feet.

# GG0170K, Walk 150 Feet - Examples

- **Code 03, Partial/moderate assistance:**
  - The patient uses a four-wheeled walker to walk 150 feet down a hallway while a helper provides trunk support to help the patient maintain his balance. Overall, the helper provides less than half of the effort.
- **Code 02, Substantial/maximal assistance:**
  - The patient uses a walker to walk 150 feet down a hallway while a helper provides substantial trunk support and occasionally advances each of the patient's legs. Overall, the helper provides more than half of the effort.
  - The patient uses a rolling walker to walk 150 feet, but his balance gets worse the further he walks. A helper occasionally assists the patient with advancing his walker and provides a great deal of trunk support during the last 100 feet. Overall, the helper provides more than half of the effort.
- **Code 01, Dependent:**
  - The patient uses a hemi walker to walk 150 feet while one helper provides steady assistance, and a second helper follows close by with a wheelchair in case the patient needs to sit down.

# GG0170R Wheel 50 ft with 2 Turns



- Once seated, wheel 50 feet and make 2 turns
- Turns are 90 degrees
- May be the same or different directions
- Indicate if W/C is manual or motorized (RR1)
- If a patient **uses a wheelchair under any conditions**, in or out of the home, **however infrequent**, including if a patient uses a wheelchair in addition to ambulation. If the assessing clinician is unable to observe wheelchair use during the visit, performance of similar activities and/or patient/caregiver report may be used to determine patient ability.

**Assist may be verbal cues, SBA or physical assist!**

# GG0170R, Wheel 50 Feet with Two Turns- Examples

- **Code 06, Independent:**

- The patient turns to the left as he exits his room, self-propels his wheelchair seventy-five feet down a corridor, and turns to the right as he enters the kitchen without any assistance from a helper.

- **Code 05, Setup or clean-up assistance:**

- A helper moves the footrests of the patient's wheelchair into position and unlocks the brakes, after which the patient self-propels the wheelchair sixty feet and makes two turns without any additional assistance.

- **Code 04, Supervision or touching assistance:**

- The patient self-propels his wheelchair fifty feet, and a helper provides cues in order to prevent the patient from hitting the walls with each turn.

# GG0170R, Wheel 50 Feet with Two Turns- Examples

- **Code 03, Partial/moderate assistance:**

- The patient turns his wheelchair to the left as he exits his room and then propels himself forty feet down a hallway toward the dining room, and a helper pushes the wheelchair the remaining ten feet and makes a right turn to enter the dining room.
- The patient propels fifty feet down a hall as a helper helps the patient steer the wheelchair in order to prevent the patient from hitting the walls.

- **Code 02, Substantial/maximal assistance:**

- The patient turns to the left as he exits his room and propels his wheelchair twenty feet down a hallway toward the dining room, and a helper pushes the wheelchair the remaining thirty-five feet and makes a right turn to enter the dining room.

- **Code 01, Dependent:**

- A helper has to push the patient's wheelchair the entire fifty feet and make two turns because the patient is on sternal precautions.
- The patient only utilizes a wheelchair at doctor appointments to go from the car into the building, around 2 turns to get into the office and is pushed by a helper

# Activity Not Attempted

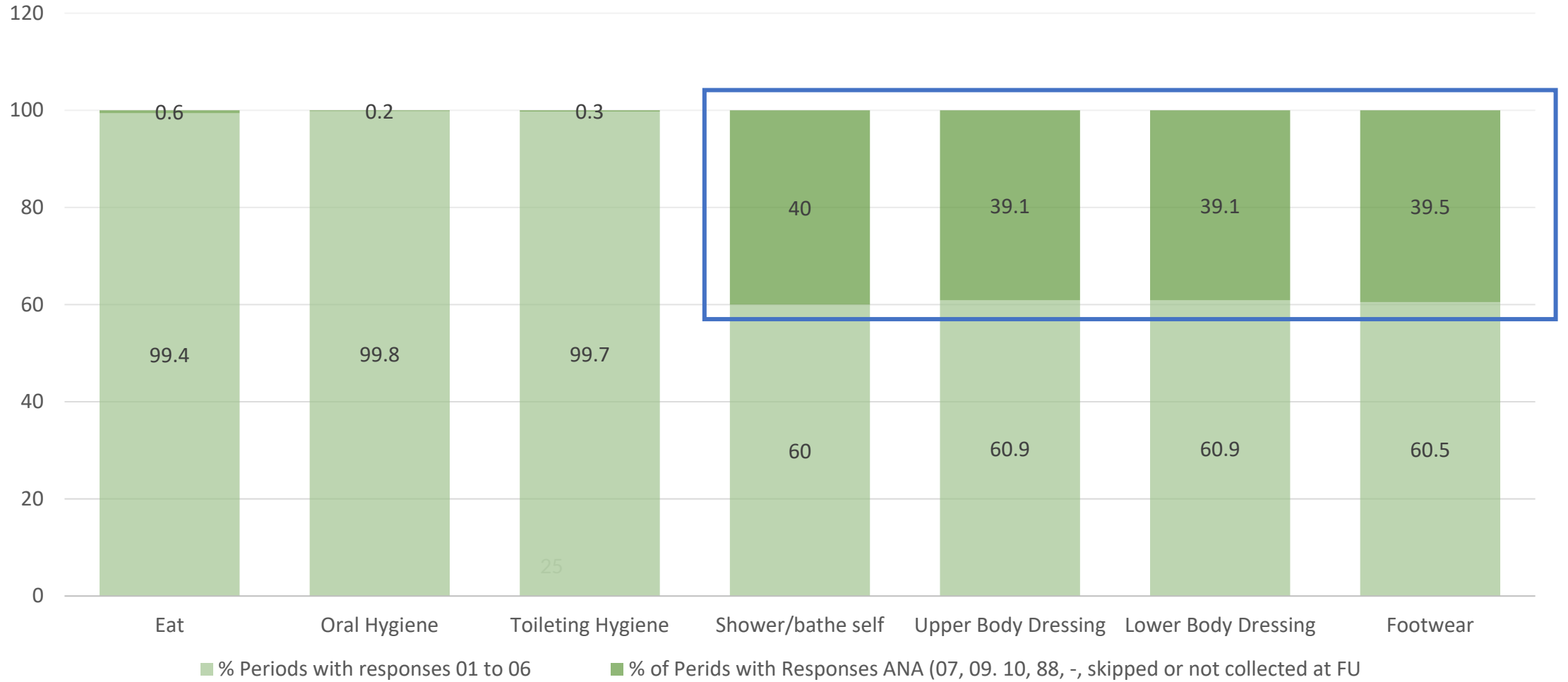
ANAs get imputed!

# GG Item Response Options

Category	GG Items Response	Response Description
Patient Functional Status Assessed	6	Independent
	5	Setup or clean-up assistance
	4	Supervision or touching assistance
	3	Partial/moderate assistance
	2	Substantial/maximal assistance
	1	Dependent
Activity Not Attempted (ANA) codes	7	Patient refused
	9	Not applicable
	10	Not attempted due to environmental limitations
	88	Not attempted due to medical condition or safety concerns
Other NA codes	^	Skip pattern
	-	Not assessed/no information

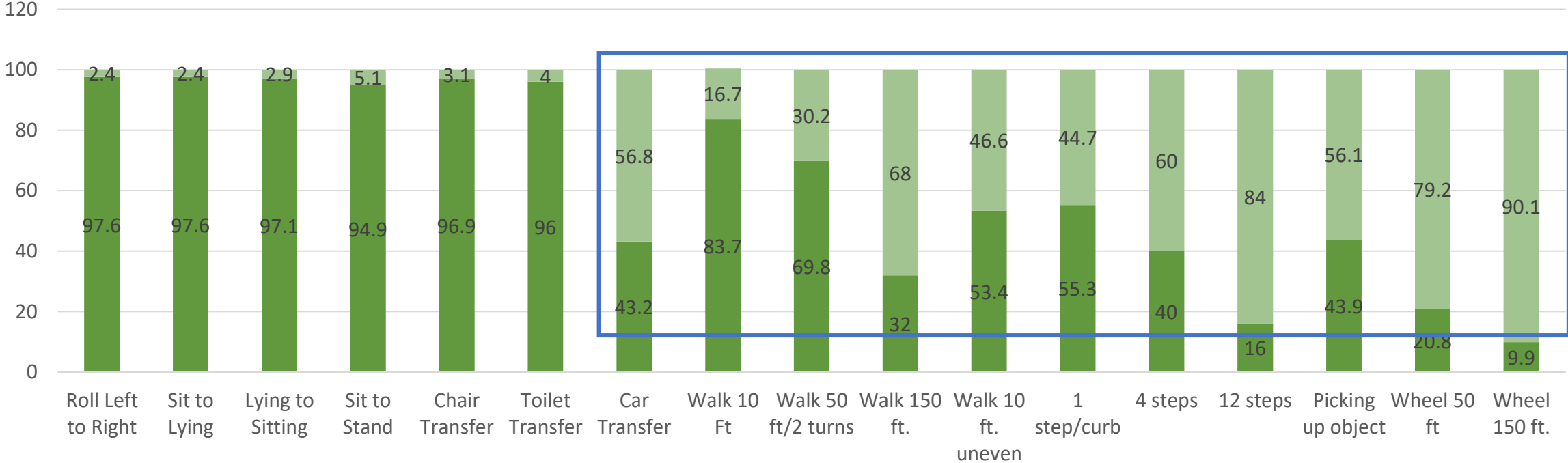


# OASIS GG ITEM FREQUENCIES BY RESPONSE TYPE IN CY 2021 GG0130



# OASIS GG ITEM FREQUENCIES BY RESPONSE TYPE CY2021

## GG0170



■ % Periods with responses 01 to 08

■ % Periods with responses ANA 07,09,10,88, -, skip, not collected at FU

# ANA

- **Code 07, Patient refused**, if the patient refused to complete the activity and no other Performance or “activity not attempted” code is applicable.
- **Code 09, Not applicable**, if the patient did not attempt to perform the activity and did not perform this activity prior to the current illness, exacerbation, or injury.
- **Code 10, Not attempted due to environmental limitations**, if the patient did not attempt this activity due to environmental limitations. Examples include lack of equipment, and weather constraints.
- **Code 88, Not attempted due to medical condition or safety concerns**, if the activity was not attempted due to medical condition or safety concerns, and the activity was completed prior to the current illness, exacerbation, or injury.
- **A Dash** is a valid response for this item. Dash indicates “no information.” CMS expects dash use to be a rare occurrence.

# ANA (07, 10, 09, 88, -) General Guidance

As stated in the OASIS-E Manual, the ANA codes should only be used after:

- 1) determining that the activity is not completed, and
  - 2) the performance code cannot be determined based on patient/caregiver report,
  - 3) collaboration with other agency staff, or
  - 4) assessment of similar activities.
- 
- The – should be used in very limited circumstances, i.e., the assessment couldn't be completed because the patient was transferred.

# Guidance on 07 and 10

## 07—Patient refused

- Update 07 to 1-6 if within the assessment time period, the patient does demonstrate after refusing the first time
- Use patient or caregiver report, collaboration with other agency staff, or assessment of similar activities before coding 07

Limit the use of these ANAs!

## 10—Not attempted due to environmental limitations

- Use patient or caregiver report, collaboration with other agency staff, or assessment of similar activities before coding 10.
- The assessing clinicians can use professional clinical judgment to determine if a car transfer, or stair activity, or other GG self-care or mobility activity, may be assessed using a similar activity as an acceptable alternative.
- Wheelchair activities: If you are unable to observe the activity, and you cannot determine their status on patient and/or caregiver report or on assessment of similar activities, then select the appropriate “activity not attempted” code.

# Guidance on 88 and 09

## 88—New medical or safety

- Do NOT update 88 to 1-6 if within the assessment time period, the patient does demonstrate after not being able the first time
- The patient is unable to complete the activity because of a new medical or safety reason.

## 09—Not applicable

- The patient was unable to complete the task prior to the current illness, injury, or exacerbation, and is unable to do so now.
- Someone *cannot* perform the task for him.

88—A brand new state  
09—the patient's  
baseline

# Difference between 1 Dependent and ANA

- On average, patients who are coded as NA on a GG activity at SOC/ROC tend to score higher at discharge (if assessed) than patients who are coded as dependent at SOC/ROC.
- Treating both types of patients the same in risk adjustment can lead to less accurate expected discharge values for each of these types of patients.
- Bottom Line: CMS will expect those with responses of 7 10 9 88 at SOC/ROC to score higher (be more independent) at DC.

# Poll #2

Are your staff using a lot of ANA codes?



# Examples

And Takeaways

# GG Item Response Options

Category	GG Items Response	Response Description
Patient Functional Status Assessed	6	Independent
	5	Setup or clean-up assistance
	4	Supervision or touching assistance
	3	Partial/moderate assistance
	2	Substantial/maximal assistance
	1	Dependent
Activity Not Attempted (ANA) codes	7	Patient refused
	9	Not applicable
	10	Not attempted due to environmental limitations
	88	Not attempted due to medical condition or safety concerns
Other NA codes	^	Skip pattern
	-	Not assessed/no information

# Example

Patient with recent shoulder surgery. Requires walker for safety. Now has platform walker.

Item	Item Description
GG0130A	Eating
GG0130B	Oral Hygiene
GG0130C	Toileting Hygiene
GG0170A	Roll Left and Right
GG0170C	Lying to Sitting on Side
GG0170D	Sit to Stand
GG0170E	Chair/Bed-to-Chair Transfer
GG0170F	Toilet Transfer
GG0170I	Walk 10 Feet
GG0170J	Walk 50 Feet with 2 Turns
GG0170R	Wheel 50 Feet with 2 Turns

Score	Points
06	6
05	5
04	4
88	Imputed
03	3
03	3
03	3
03	3
05	5
88	Imputed
NA	

**32**  
+  
**Imputed**

# Example

Patient with recent stroke. Requires helper to wheel wheelchair.  
Requires verbal cues for most ADLs with variation of assistance.

Item	Item Description
GG0130A	Eating
GG0130B	Oral Hygiene
GG0130C	Toileting Hygiene
GG0170A	Roll Left and Right
GG0170C	Lying to Sitting on Side
GG0170D	Sit to Stand
GG0170E	Chair/Bed-to-Chair Transfer
GG0170F	Toilet Transfer
GG0170I	Walk 10 Feet
GG0170J	Walk 50 Feet with 2 Turns
GG0170R	Wheel 50 Feet with 2 Turns

Score	Points
04	4
04	4
03	3
03	3
02	2
02	2
01	1
03	3
88	Imputed
88	Imputed
01	1x2

24

ANA at SOC and DC

Count this score twice

# Answering the GG Items is a BIG DEAL!

- Activity Not Assessed (ANA) responses are IMPUTED to a 01 to 06 response
- Discharge responses are imputed (what should the score be, based on the other info in the assessment?) and compared to the agency response
- We do not want CMS guessing for us!



# Simplified

## Observed Score

- Actual score at DC from responding to 10 (or 9 with wheeling counted twice) GG items with ANAs imputed to 1-6

## Expected Score

- All imputed based on responses to ALL GG items and other OASIS items at SOC or ROC.

**Observed  $\geq$  Expected**

$$\frac{\text{Number of HHA's quality episodes where observed discharge score} \geq \text{expected discharge score}}{\text{Total number of HHA's episodes}} * 100$$

# When does this happen?

How much time do you have to increase your accuracy in the GG items (and Others)?

# Model Baseline Year Change

Update the Model baseline year from CY 2022 to CY 2023 starting in the CY 2025 performance year to enable CMS to measure competing HHAs performance on benchmarks and achievement thresholds that are more current for the proposed applicable measure set.

**TABLE D6: DATA PERIODS USED UNDER THE PROPOSED MEASURE SET FOR PERFORMANCE YEAR CY 2025 AND PAYMENT YEAR CY 2027**

Measure	Data Period	Data Period Used for Model Baseline Year*	Data Period Used for Performance Year	Payment Year
<b>OASIS-based Measures</b>				
Improvement in Dyspnea	1-year	CY 2023	CY 2025	CY 2027
Improvement in Management of Oral Medications	1-year	CY 2023	CY 2025	CY 2027
DC Function	1-year	CY 2023	CY 2025	CY 2027
<b>Claims-based Measures</b>				
Potentially Preventable Hospitalizations	1-year	CY 2023	CY 2025	CY 2027
Discharge to Community-Post Acute Care	2-year	CY 2022/2023	CY 2024/2025	CY 2027
<b>HHC AHPS Survey-based Measures</b>				
Care of Patients	1-year	CY 2023	CY 2025	CY 2027
Communications Between Providers and Patients	1-year	CY 2023	CY 2025	CY 2027
Specific Care Issues	1-year	CY 2023	CY 2025	CY 2027
Overall Rating of Home Health Care	1-year	CY 2023	CY 2025	CY 2027
Willingness to Recommend the Agency	1-year	CY 2023	CY 2025	CY 2027

\*Beginning with performance year CY 2025, the baseline year and AT/BMs would be updated to CY 2023 for all remaining measures from the initial measure set.

2024



# Review and Correct Report 4/1/24

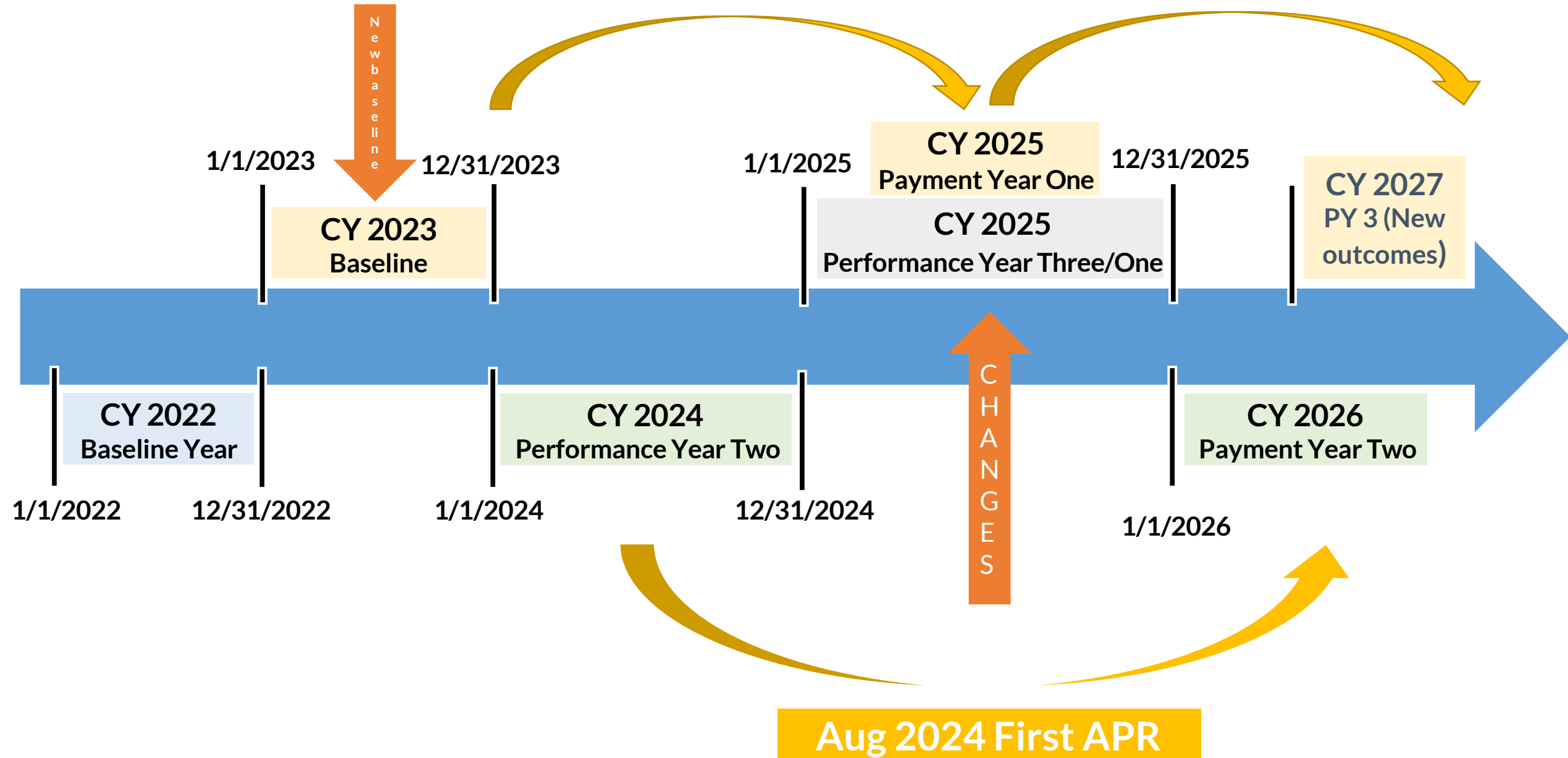
## Discharge Function Score

AGENCY-LEVEL DATA

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Average Observed Discharge Function Score	Number of HH Episodes that Triggered the Quality Measure	Number of HH Episodes Included in the Denominator*	Your Agency's Observed Performance Rate
Q1 2024	01/01/2024	03/31/2024	08/15/2024	Open	52.94	88	138	63.77%
Q4 2023	10/01/2023	12/31/2023	05/15/2024	Open	55.72	128	185	69.19%
Q3 2023	07/01/2023	09/30/2023	02/15/2024	Closed	55.82	110	151	72.85%
Q2 2023	04/01/2023	06/30/2023	11/15/2023	Closed	56.31	103	136	75.74%
Cumulative	04/01/2023	03/31/2024	-	-	-	429	610	70.33%

Remember max score is 60.

# Expanded HHVBP New Timeline



# What should you be doing now?

Looking at your Interim Performance Reports

Educating staff on accurate and complete documentation and OASIS scoring

Educating staff on PDGM, Star Ratings and VBP....why what they do matters and how the OASIS can help guide them in care planning

Make sure staff specifically understand how to score the GG items!

- STOP routine use of the ANA codes.

**Email us with Questions or to set up a time to talk about your Interim Performance Reports!**

[LisaSelman-Holman@McBeeAssociates.com](mailto:LisaSelman-Holman@McBeeAssociates.com)

[MichelleHorner@McBeeAssociates.com](mailto:MichelleHorner@McBeeAssociates.com)

[Post-AcuteAcademy@McBeeAssociates.com](mailto:Post-AcuteAcademy@McBeeAssociates.com)

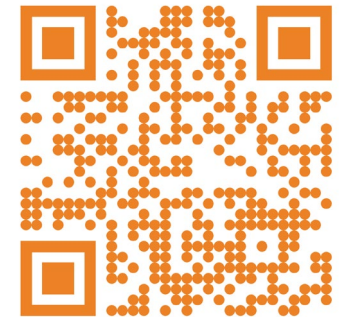


mcb Post-Acute Academy

Self-paced, on-demand  
post-acute education to  
maximize your potential.

*ICD-10 Coding, OASIS, VBP & More*

*[www.postacuteacademy.com](http://www.postacuteacademy.com)*

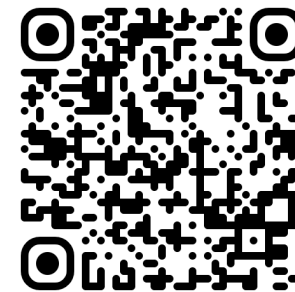


# SimpleHomeHealth™: Connect

*One simple solution to analyze, scrub and submit OASIS-E files.*



- Automated OASIS-E submission to CMS
- iQIES report center for all your agencies
- OASIS scrubbing for complete compliance
- Simple OASIS scrubber rule management



OASIS-E and  
PDGM just got  
simpler.

Scan the code to learn more  
or visit [SimpleHomeHealth.com](https://SimpleHomeHealth.com)  
**simple.** a Netsmart solution

# Questions



**simple.**  
a Netsmart solution

  
**Netsmart**

**mcbee**  
part of Netsmart

**HOME HEALTH**

# Thanks for joining us!

Webinar recording & slides available at:  
[www.simpleltc.com/wheeling-and-walking](http://www.simpleltc.com/wheeling-and-walking)



**simple.**  
a Netsmart solution

  
Netsmart

**mcbee**  
part of Netsmart

**HOME HEALTH**