FREE WEBINAR

Pills, Performance & Patient Perception

Understanding M2020's impact on HHVBP, Star Ratings & HHCAHPS

WED, JUN 25 | 2 PM CT

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HOME HEALTH

Agenda

- **Importance of accurate M2020 scoring** and how it affects HHVBP, Star Ratings and HHCAHPS performance.

- **Scoring challenges in various care settings**, including assisted living facilities and independent home environments.

- **Role of risk adjustment** and how it contributes to differences in performance across quality programs.

- **Strategies to improve patient outcomes** related to medication management through interdisciplinary care planning.

Medication Reconciliation and Management

- 80% of medication errors occur during handoffs between settings

- Med errors are usually related to transmission of inaccurate discharge medication lists

- Med errors make up one-fifth of all adverse events

- One study showed 90% of patients experience at least one discrepancy in transition from hospital to home health

- Upon discharge to home patients are often faced with numerous medication changes, new med regimens and follow-up details

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Medication Reconciliation and Management

- Patients with medication discrepancies are nearly **twice as likely** to be readmitted within 30 days.

- Common causes include:

  - Incomplete or inaccurate medication lists.

  - Lack of communication between inpatient and outpatient providers.

  - Patient confusion about medication changes.

Cost to Medicare

- While exact figures vary, **poor care transitions**, including medication errors, contribute to **billions of dollars** in unnecessary medical expenses annually.

- Medicare bears a significant portion of these costs due to:

  - **Avoidable readmissions**.

  - **Adverse drug events (ADEs)** that require emergency care or hospitalization.
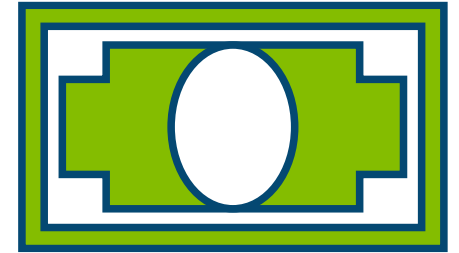
Why M2020 Matters More than Ever

M2020 Management of Oral Meds

- Star Ratings
- HHVBP
- HHCAHPS

Quality Measures in Quality of Patient Care STAR Rating

1. Timely Initiation of Care
2. **Improvement in Management of Oral Meds**
3. Improvement in Ambulation
4. Improvement in Bed Transferring
5. Improvement in Bathing
6. Improvement in Dyspnea
7. Potentially Preventable Hospitalizations

HHCAHPS: Specific Care Issues
Medication Questions

4. When you started getting home health care from this agency, did someone from the agency talk with you about all the **prescription and over-the-counter medicines** you were taking?

5. When you started getting home health care from this agency, did someone from the agency ask to **see** all the prescription and over-the-counter medicines you were taking?

11. In the last 2 months of care, did you take any new prescription medicine or change any of the medicines you were taking?

12. In the last 2 months of care, did home health providers from this agency talk with you about the **purpose** for taking your new or changed prescription medicines?

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13. In the last 2 months of care, did home health providers from this agency talk with you about **when** to take these medicines?

14. In the last 2 months of care, did home health providers from this agency talk with you about the **side effects** of these medicines?

Sample Script:

"You'll take this in the morning with food to help avoid the side effect of an upset stomach. Some people also get a side effect of dizziness with this med. If this happens give us a call right away."

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Quality Measure Weighting 2025

OASIS-based Measures	Weight
Discharge Function Self-Care and Mobility	20%
Oral Meds (M2020)	**9**%
Dyspnea (M1400)	6%
Total for OASIS-based Measures	**35.00%**
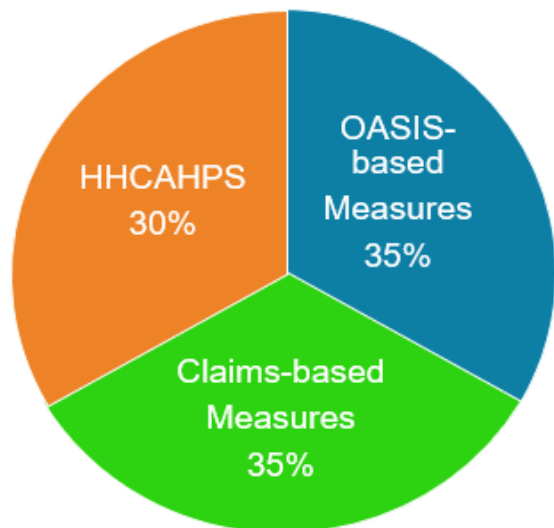
HHCAHPS Survey Measures	Weight
HHCAHPS Professional Care	6.00%
HHCAHPS Communication	6.00%
HHCAHPS Team Discussion	6.00%
HHCAHPS Overall Rating	6.00%
HHCAHPS Willingness to Recommend	6.00%
Total for HHCAHPS Survey Measures	**30.00%**

Claims-based Measures	Weight
PPH	26%
DTC	9%
Total for claims-based Measures	**35.00%**

Pie chart:
- HHCAHPS 30%
- OASIS-based Measures 35%
- Claims-based Measures 35%

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New 2025 Achievement and Benchmarks

What is your Improvement Threshold? (IPR Tab: CY2025 Baseline)

Measure	Measure Weighting	Large Cohort Statistics				
		25th Percentile	50th Percentile	75th Percentile	90th Percentile	99th Percentile
OASIS-based Measures	**35%**					
Discharge Function (DC Function)	20%	51.180	62.350	70.090	83.179	91.260
Improvement in Dyspnea	6%	81.109	89.672	94.382	99.422	100.00
Improvement in Management of Oral Medications	9%	75.179	85.175	91.280	98.476	100.00
Claims-based Measures	**35%**					
Discharge to Community - Post Acute Care (DTC - PAC)	9%	73.550	80.510	84.980	90.123	92.670
Potentially Preventable Hospitalizations (PPH)	26%	11.720	9.760	8.110	6.081	5.080
HHCAHPS Survey-based Measures	**30%**					
Care of Patients	6%	87.076	89.507	91.524	94.585	96.319
Communication Between Providers and Patients	6%	83.649	86.821	89.355	93.192	95.123
Specific Care Issues	6%	77.812	82.373	86.020	91.297	93.984
Overall Rating of Home Health Care	6%	82.336	86.328	89.659	94.687	97.805
Willingness to Recommend the Agency	6%	74.880	80.226	84.714	91.391	95.268

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Value-Based Purchasing

Changes in Baseline Year with New Quality Measures

+/- 5%

OASIS-based Measures	Baseline Year	Performance Year	Payment Year
Discharge Function (DC Function)	2023	2025	2027
Improvement in Dyspnea	2023	2025	2027
Improvement in Management of Oral Medications	2023	2025	2027
Claims-based Measures			
Discharge to Community – Post Acute Care (DTC-PAC)	2022 - 2023	2024 - 2025	2027
Potentially Preventable Hospitalizations (PPH)	2023	2025	2027
HHCAHPS Survey-based Measures			
Care of Patients	2023	2025	2027
Communications Between Providers and Patients	2023	2025	2027
Specific Care Issues	2023	2025	2027
Overall Rating of Home Health Care	2023	2025	2027
Willingness to Recommend the Agency	2023	2025	2027

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Payers

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

All payor OASIS begins July 1; however, that OASIS data is not included.

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Minimum Thresholds

Measure	Minimum Threshold
OASIS-Based	20 home health quality episodes
Claims-Based	20 home health stays
HHCAHPS - Based	40 Completed Surveys

***NOTE:** Small Cohorts are HHA that had fewer than 60 unique HHCAHPS Survey-eligible beneficiaries in the calendar year prior to the performance year*

Risk Adjustment

Everything must be accurate

- M2020 Used for risk adjustment on Discharge Function

- M2020 Used for risk adjustment on other outcomes

- Other items are used for risk adjustment on M2020

- M1033 5 or more medications is a risk adjuster

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Improvement in Management of Oral Meds

Measure Description:
Percentage of home health *quality episodes* during which the patient improved in their ability to take their medicines correctly (by mouth).

Numerator:
Home health *quality episodes* where the value recorded on the discharge assessment indicates less impairment in taking oral medications correctly at discharge than at the start (or resumption) of care.

Denominator:
Home health *quality episodes* ending with a discharge (M0100=9) during the reporting period, except those meeting exclusion criteria.

Exclusions: Home health quality episodes for which the patient
- Scored 0 independent or N/A on M2020 at SOC or ROC
- episode ended with transfer or death (M0100 = 6, 7, 8)
- is nonresponsive (M1700=4, M1710=NA, M1720=NA)
- is discharged to a non-institutional hospice (M2420=3)

OASIS item: M0100, M2020, M1700, M1710, M1720, M2420

Exclusions = Nonresponsive

If at the SOC/ROC:

- **M1700** Cognitive Functioning = **04** Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state or delirium

<div align="center">

or

</div>

- **M1710** When Confused = **NA** Patient nonresponsive

<div align="center">

or

</div>

- **M1720** When Anxious = **NA** Patient nonresponsive

M2020 Management of Oral Meds

M2020. Management of Oral Medications

Patient's current ability to prepare and take all oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. Excludes injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)

Enter Code	
☐	0. Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.
	1. Able to take medication(s) at the correct times if:
	a. individual dosages are prepared in advance by another person; OR
	b. another person develops a drug diary or chart.
	2. Able to take medication(s) at the correct times if given reminders by another person at the appropriate times
	3. Unable to take medication unless administered by another person.
	NA No oral medications prescribed.

Used in Calculations:
- Outcome Measure
- Risk Adjustment
- VBP
- Star Ratings
- Potentially Avoidable Event

- ✓ Day of Assessment
- ✓ Before ANY intervention or teaching from the agency

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M2020 Management of Oral Meds

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Includes assessment of the patient's ability to:

- **Obtain** the medication from where it is routinely stored

- **Read** the label (or otherwise identify the medication correctly, for example patients unable to read and/or write may place a special mark or character on the label to distinguish between medications)

- **Open** the container

- **Select** the pill/tablet or milliliters of liquid

- **Orally** ingest it at the correct times

M2020 Assessment Techniques

- Ask the patient to gather all medications. Is the patient able to access the medications where they are kept in the home?

- Ask to see ALL the bottles. Verify all ordered medications are in the home. If not, still need to assess ability.

- Ask the patient to explain how he/she takes each medication: time of day, number of pills/tabs, relative to food or other medications.

- Ask the patient to demonstrate how to take a pill out of a med bottle (can he/she get the lid off, remove a small pill from the bottle, etc.). If patient uses a med planner, observe if he/she can open compartments and remove pills. Check compartments from day before to see if any pills remain that should have been taken.

M2020 Management of Oral Meds

The patient must be viewed from a holistic perspective in assessing ability to perform medication management.

Ability can be temporarily or permanently limited by:

- physical impairments (for example, limited manual dexterity or inability to access medications safely);

- emotional/cognitive/behavioral impairments (for example, memory deficits, impaired judgment, fear);

- sensory impairments (for example, impaired vision, pain);

- environmental barriers (for example, access to kitchen or medication storage area, stairs, narrow doorways).

M2020 Management of Oral Meds

Includes: all prescribed, and OTC oral meds included on the POC that are swallowed and absorbed through GI system!!

Excludes:

- Topical, injectable and IV meds
- Inhalation meds and sublingual meds
- Swish and expectorate meds
- Meds given per gastrostomy or other tube 4b-Q167.8
- Does not include filling/reordering 4b-Q166

M2020 Management of Oral Medications

Response 0: Able to take independently all oral meds and proper doses at correct times

- Patient takes every med correctly from bottles, and/or

- Sets up her/his own 'planner device'

- A patient who can take their meds by themselves when dispensed by the pharmacy in easy-open containers, bubble packs, pre-filled medi-planner, etc.

- No one must come into home to prepare medications for the patient

- Able to access *usual* medication location without assist

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M2020 Management of Oral Meds

Response 1: Requires someone's help

- Another person to prepare individual doses in advance (e.g., sets up a planner device, and does NOT need reminders)

- Another person must modify original med container for access (for example, removing childproof lids, marking the label for visually impaired)

- Another person to develop a drug diary/chart which the patient relies on to take meds appropriately

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M2020 Management of Oral Meds

Response 2: Requires another person to give reminders

- Daily reminders to take meds are necessary

- Reminders to take PRN meds

- Do not code 2 if the reminders from a device that the patient can set up independently are not considered "assist" or "reminders"

M2020 Management of Oral Meds

Response 3: Unable to take meds unless administered by another person

- Patient who didn't understand how to take med and varying doses worried them.

- Patient who wasn't able to take med at correct time even though reminded and set-up

- Patient who was unable to safely swallow oral med on day of assessment

- Patient requires someone to assist them to **walk to the location** where meds are *routinely stored*, or someone must retrieve the medications from where they are *routinely stored* and bring them to the patient, or bring a beverage to swallow pills

- Planner filled **incorrectly, missed doses**

- If **medication not in the home**, you cannot make assumptions about patient's ability to take the med

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M2020 Oral Meds & M2030 Injectable Medications

Special Considerations

- ALF keeps med in med room & nurse administers
- Family keeps meds out of reach for children's safety
- Medications not in the home

How to Assess:

- Use clinical judgment to determine patient's ability
- Assess complexity of drug regimen
- Assess cognitive status, vision, strength, manual dexterity and general mobility
- Information gathered by report, including details about when and how the patient accesses and administers their meds

More on ALF

Assessment includes consideration of whether a patient:

Can get to location where the meds are routinely stored at the correct times? How much Human Assist is needed?

Can they recognize the med, take it from the bottle/draw the medication up and swallow the medication/inject the medication, at the correct time, every time?

Are there physical barriers? Cognitive barriers?

How often do you think med discrepancies, errors, and adverse effects affect your hospitalization rates?

How many patients are the nurses in ALF passing meds to in a day?

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M2020 Management of ALL Oral Meds

0
- **Independent – No human assist**

1
- **Able to take Independently at correct times if:**
  - Set-up Individual Dosages OR
  - Set-up Drug diary/chart

2
- **Needs reminders**

3
- **Unable to take on their own:**
  - Due to mental/cognitive limitations
  - Due to Physical limitations

N/A
- **No oral meds**

M2020/M2030 – Scenario #1

Meds not in the Home

Two of Mr. M's oral meds and his new prescription for Lantus are not in the home so he cannot demonstrate his ability to take the missing medications.

How are codes for M2020 - Management of Oral Medications, and M2030 - Management of Injectable Medications determined?

M2020/M2030 – Answer #1

Meds not in the Home

- In situations where **one or more medications** that the patient is currently taking and are listed on the Plan of Care are **not available to the patient**, **preventing the patient from being able to demonstrate** their ability to manage **oral or injectable medications**, the assessing clinician could **code using assessment strategies other than direct observation.**

- The assessing clinician would rely on their assessment of the complexity of the patient's overall drug regimen, as well as patient characteristics, including cognitive status, vision, strength, manual dexterity and general mobility, along with any other relevant barriers, and use clinical judgment to determine the patient's current ability. In selecting a code, the clinician may use information gathered by report and/or observation, including details about when and how the patient accesses and administers their medications.

Cat 4, Q167.5.2, etal

This applies when:

- Chooses not to fill. Cognitively intact

- Can't afford meds

- Problem with Pharmacy for M2030

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PRN

At SOC Mrs. F has only 2 prescribed PO medications: Tamiflu 30 mg daily for 7 days and Ativan 0.5 mg, take 1/2 tab at bedtime as needed. At discharge three weeks later, Mrs F has taken all of the Tamiflu, and the only medication patient was prescribed to take was the PRN Ativan. However, the patient has not taken or needed Ativan for the past week.

How should M2020 - Management of Oral Medications be coded?

M2020 – Answer #2

- M2020 reports a patient's ability on **the day of the assessment** (24 hours preceding the visit and time spent in home for the visit), to take the correct oral medications at all the correct times.

- PRN oral medications that are not needed on day of assessment, are **not included** in M2020. If the patient did not need any PRN medications on the day of the assessment, assess the patient's ability on all of the medications taken on the day of assessment. Cat 4 Q167.5.6

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Practice Scenario #3

In late March Mr. F suffered a fall with a right hip fracture. He had a total hip replacement and transferred to rehab. He began homecare on April 1st. He was previously independent with all of his medications. He is now on 2 anti-hypertensives, oral pain medications prn, and Aspirin. At the SOC, he is able to ambulate with a rolling walker on level surfaces but is unable to do stairs without assistance. He has two stairs separating his living area from his kitchen where his medications are stored. His son brings his meds to him at his chair.

(M2020)	Management of Oral Medications: Patient's current ability to prepare and take all oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. Excludes injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)
Enter Code ☐	0 Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.
	1 Able to take medication(s) at the correct times if: (a) individual dosages are prepared in advance by another person; OR (b) another person develops a drug diary or chart.
	2 Able to take medication(s) at the correct times if given reminders by another person at the appropriate times
	3 Unable to take medication unless administered by another person.
	NA No oral medications prescribed.

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Answer #3

Q&A167.5.3 … If the medications were routinely stored in the kitchen and/or the water was not available for the patient to self-administer and the patient required someone to assist them to the location where the meds were stored and or to water, the appropriate score would be a "3".

(M2020)	**Management of Oral Medications:** <u>Patient's current ability</u> to prepare and take <u>all</u> oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. **<u>Excludes</u> injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)**

Enter Code
 	
3
	0 Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.
	
	1 Able to take medication(s) at the correct times if:
	    (a) individual dosages are prepared in advance by another person; <u>OR</u>
	    (b) another person develops a drug diary or chart.
	
	2 Able to take medication(s) at the correct times if given reminders by another person at the appropriate times
	
	3 <u>Unable</u> to take medication unless administered by another person.
	
	NA No oral medications prescribed.

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Practice Scenario #3.1

During the episode, the location of the medications was changed to near the patient's chair and a water cooler is set up nearby. What his score on M2020 at Discharge? Cat4 Q167.5.3

(M2020)	**Management of Oral Medications:** <u>Patient's current ability</u> to prepare and take <u>all</u> oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. **<u>Excludes</u> injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)**

Enter Code
 	
0
	0 Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.
	
	1 Able to take medication(s) at the correct times if:
	
	   (a) individual dosages are prepared in advance by another person; <u>OR</u>
	
	   (b) another person develops a drug diary or chart.
	
	2 Able to take medication(s) at the correct times if given reminders by another person at the appropriate times
	
	3 <u>Unable</u> to take medication unless administered by another person.
	
	NA No oral medications prescribed.

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Practice Scenario #4

Mrs. D's discharge summary lists several new medications, including Lasix. She has all of her medications in the home, but states she is not going to fill the Lasix prescription because it makes her get up to the bathroom too often. She has no cognitive impairments and understands what the Lasix is for, but states she will not take it. Her daughter has set up a med box for her. She is able to easily access the med box and keeps a bottle of water with it. She has been taking all of the other medications as prescribed without additional assistance.

(M2020)	**Management of Oral Medications:** Patient's current ability to prepare and take all oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. **Excludes** injectable and IV medications. **(NOTE: This refers to ability, not compliance or willingness.)**
Enter Code ☐	0 Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.
	1 Able to take medication(s) at the correct times if: (a) individual dosages are prepared in advance by another person; OR (b) another person develops a drug diary or chart.
	2 Able to take medication(s) at the correct times if given reminders by another person at the appropriate times
	3 Unable to take medication unless administered by another person.
	NA No oral medications prescribed.

Answer #4:

Q&A167.5.2.1 If a patient who is cognitively intact chooses not to take medications and therefore does not have them delivered or picked up, the patient's non-adherent behavior would not impact their ability to manage oral medications when selecting a response for M2020.

Response specific instructions: Enter Response 1 if the patient is independent in oral medication administration if another person must prepare individual doses (for example, place medications in a medi-planner or other device)…

(M2020)	**Management of Oral Medications:** <u>Patient's current ability</u> to prepare and take <u>all</u> oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. **<u>Excludes</u> injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)**
Enter Code **1**	0 Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.
	1 Able to take medication(s) at the correct times if:
	(a) individual dosages are prepared in advance by another person; <u>OR</u>
	(b) another person develops a drug diary or chart.
	2 Able to take medication(s) at the correct times if given reminders by another person at the appropriate times
	3 <u>Unable</u> to take medication unless administered by another person.
	NA No oral medications prescribed.

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Strategies to Improve

Strategies to Improve

Accurate Assessment & Scoring

- Proper medication reconciliation (multi-disciplinary)
  - Ask to SEE all the meds
  - Verify what's in the home with what's on the list – fix discrepancies
  - Ask about changes at EVERY Visit
  - Document new and discontinued meds

- Understanding of how M2020 should be scored is critical

- Avoid auto-coding, assess the patients' abilities – even if in ALF

- Direct observation is preferred

- Document any barriers such as cognition, dexterity or mobility issues

Strategies to Improve

Care Planning & Teaching

- **Medication teaching:**
  - This process needs to be clear for patient and well documented in medical record so it's clear to the next clinician what was taught and what still needs to be taught! (Even ALF)
  - Spread teaching out! Teach at each visit.
  - Plain, simple language and memorable
  - Teach and teach-back

- There should be a **Patient-stated goals** related to improving med management!

- All disciplines should have Medication Management goals!

- Track adherence and progress towards goals

- DO NOT Discharge before goals are met!

- Identify barriers and implement changes!

- Consider use of reminder systems, blister packs, telehealth

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Strategies to Improve

- Educate staff on OASIS Scoring

- Educate staff on techniques to Improve Management of Oral Meds

- Educate staff on proper Medication Reconciliation

- Staff education onboarding and ongoing

- QA Reviews of staff scoring and documentation

- Interdisciplinary communication and care planning

- Monitor consistency in scoring by clinician and teams

- Track progress

Example

- Patient is unable to take medications at SOC because they are just not sure what and when to take—Score 3

- Patient is educated on medications but still has a hard time keeping up with taking them so he was referred for a med set up service and at discharge is able to take his medications reliably from his med box—Score 1

- **What if the med box comes set up from the Amazon pharmacy?**

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Example

- Patient is cognitively intact but is unable to get to his medications—Score 3

- Patient receives therapy to improve his mobility so he is independent with his walker—Score 0

- Alternatively, the patient keeps his medications within reach along with a beverage—Score 0 (if someone has to set up his big Stanley every morning, then—Score 1)

Example

- A neighbor sets up the medications for the patient at SOC, but there are meds from yesterday still in the box. The patient says she doesn't have any trouble remembering to take her morning meds but forgets afternoon and evening doses.—Score 3.

- The patient is taught how to set up an alarm on her phone and at DC is taking her meds reliably—Score 1.

- Alternatively, the neighbor calls the patient to remind her—Score 2.

- The patient has no one to set up medications for her and does not take them reliably because she gets confused with multiple doses during the day—Score 3

- The nurse arranges med delivery in blister packs and the patient can take meds reliably at DC—Score 0

POLL | SCENARIO 1

The patient has 5 medications that you determine he takes reliably and safely. He has 2 medications on his DC list that are not in the home. He tells you he will not be able to afford to get those medications until next week when his check comes in. You determine that he knows what the meds are for and he has taken them without problems before.

- Score—3 because all the medications are not in the home.
- Score—3 because he is noncompliant.
- Score—0 because he is able to take his meds reliably and safely.
- Score—NA because you are unable to determine the correct response.

POLL | SCENARIO 2

The patient has 7 medications in the home that he takes reliably and safely. He has a new antibiotic that he is supposed to take QID and alternating dosages of coumadin. He says that he can never remember to take antibiotics like that and is confused about the coumadin. Neither has been picked up at the pharmacy.

- Score—0 because with a little bit of teaching he'll be able to take all his meds reliably and safely.
- Score—3 because the medications are not in the home.
- Score—2 because you determine that with some reminders, he will be OK.
- Score—3 because he does not understand how to take the coumadin.

Example

- The patient lives in an ALF, which provides 24 hr assistance. She is described as "pleasantly confused." She is wheelchair bound because she is not safe ambulating even with max assistance. Her contract includes bathing assistance. She has fallen several times in the last few months. She was recently hospitalized for CHF, and then again when she hit her head on the door facing. She takes 17 medications. Today she weighs 103lbs. Her record at the ALF says that her weight is 135 (last weighed 3 months ago). The patient has no idea what you're talking about when you talk about her meds—Score 3.

- You make the referral for your agency's pharmacy reconciliation program and get her meds down to 8. She says she is less dizzy and isn't as confused. Her family is very happy because her meds are not as expensive.

- At discharge, she still cannot take her meds by herself or with reminders—Score 3.

- Risk adjustment—was this patient expected to improve?
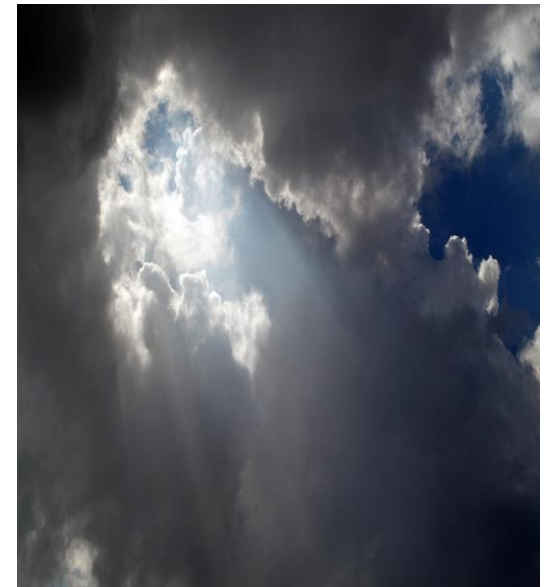
Summary & Take Aways

M2020 is small but mighty — affecting multiple quality domains

It requires accurate scoring, smart care planning, and interdisciplinary effort

Improvement leads to higher VBP scores, better Star ratings, and improved HHCAHPS

Meet with us

mcbee *part of Netsmart*

We would love to meet with you! Set up a free consultation to learn about…

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QUESTIONS

Recording & slides will be available:
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