

Expanded Home Health Value-Based Purchasing (HHVBP) Model

HHVBP Newsletter – September 2023

The HHVBP Newsletter provides home health agencies (HHAs) with the latest information about the expanded HHVBP Model as well as important tools, news, and timely insights from the Centers for Medicare & Medicaid Services (CMS) and the HHVBP Model Technical Assistance (TA) Team. Please consider sharing this newsletter within your organization.

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HHVBP Model Highlights

The October 2023 Interim Performance Report (IPR)

In October 2023, the second quarterly Interim Performance Report (IPR) will be available to home health agencies (HHAs) via [iQIES](#). The quarterly IPRs provide HHAs with the cohort assignment, performance year measure data for the 12 most recent months, and interim Total Performance Score (TPS). To receive an IPR during the Calendar Year (CY) 2023 performance year, HHAs must be active, Medicare-certified prior to January 1, 2022, and meet the minimum threshold of data for at least one (1) quality measure in the quarterly reporting period for the performance year.

IPRs provide HHAs with an opportunity to monitor their performance in the expanded Model and compare performance to other agencies in their cohort. Upon receipt of the October 2023 IPR, HHAs

can compare their October performance scores with those in the July 2023 IPR. *Note – the final version of the July 2023 IPR, published 8/21/2023, is available for download in [iQIES](#).*

Differences Between the July and October IPRs

Data time periods. It is important to note that the performance data time periods for the October 2023 IPR will differ from those used for July 2023, as shown in **Exhibit 1**. The October 2023 IPR will report 12 months of data, ending June 30, 2023, for OASIS-based measures, and ending March 31, 2023, for both the claims-based measures and Home Health Consumer Assessment of Healthcare Providers and Systems (HHAHPS) Survey-based measures.

**Exhibit 1. Interim Performance Reports (IPRs):
Performance Data Time Periods for the July 2023 and October 2023 IPRs**

Report Title	OASIS-based Measures	Claims-based and HHAHPS Survey-based Measures
July 2023 Interim Performance Report (IPR)	4/1/2022 – 3/31/2023	1/1/2022 – 12/31/2022
October 2023 IPR	7/1/2022 – 6/30/2023	4/1/2022 – 3/31/2023

Improvement points. The improvement point value for each measure is available on the **Improvement Tab**. The value in the *Your Performance Year Measure Value* column must exceed the value in the *Your HHA’s Improvement Threshold* column for an HHA to receive improvement points for a measure. An HHA will receive improvement points if the measure value is greater than the improvement threshold.

- For the July 2023 IPR, improvement points were not available for the claims-based and HHAHPS Survey-based measures because the data time periods, CY 2022, were the same for the HHA baseline year, and performance year. Therefore, improvement points were zero (0) given there was no opportunity for an HHA to demonstrate improvement.
- For the October 2023 IPR, the HHA baseline year will remain CY 2022, for the entire CY 2023 performance year, and the performance year data period for the claims-based and HHAHPS Survey-based measures is 4/1/2022 – 3/31/2023. HHAs have an opportunity to receive improvement points, depending on whether the measure value equals or exceeds the improvement threshold.

Care points. Care points, available on the **Care Points Tab**, indicate the higher of either the achievement points or improvement points for a quality measure. For the July 2023 IPR, only achievement points for claims-based and HHAHPS Survey-based measures were used to calculate care points, since improvement points were zero (0), as described above. For the October 2023 IPR, care points will be calculated by comparing achievement and improvement points.

The HHAHPS Survey-based measures are not included in the Total Performance Score (TPS) calculations for the smaller-volume cohort. These measures are not calculated in expanded Model performance reports for the smaller-volume cohort and no achievement thresholds or benchmarks are calculated, as the smaller volume cohort is exempt from participation in the HHAHPS Survey in accordance with [§ 484.245](#). For more information, please see the *Expanded HHVBP Model Frequently Asked Questions (FAQs)*, Q3010.

Recruitment Announcement – Technical Expert Panel (TEP) for the Expanded HHVBP Model

Abt Associates is currently recruiting a wide range of home health stakeholders—for example, providers, patient advocates, and methodologists/researchers with expertise in areas such as performance measurement, quality of care, and health equity—to participate in a Technical Expert Panel (TEP) to provide input on potential refinements to the expanded HHVBP Model.

The Call for TEP materials, including the draft TEP Charter and Nomination Form, are available at the [Current TEP Opportunities webpage](#).

If you have general questions about the TEP and would like to contact Abt Associates, please email HHVBP@abtassoc.com.

The implementation work is under CMS contract number HHS-500-2014-00026I and task order number HHS-500-T0002.



ICYMI (In Case You Missed It)

Resources from the Overview of the Interim Performance Report (IPR): The July 2023 IPR Live Event

On Thursday, July 27, the HHVBP TA Team hosted a live event, *Overview of the Interim Performance Report (IPR): The July 2023 IPR*. The presentation included the timeline for the calendar year (CY) 2023 performance year, how to access the IPRs, the content presented in each IPR tab, the recalculation request process, commonly asked questions about IPRs, and relevant expanded Model resources. The live event [recording](#) and [slides](#), along with the [Questions & Answers document](#) and [Interim Performance Report \(IPR\) - Quick Reference Guide](#), are now available on the [Expanded HHVBP Model webpage](#), under “Model Reports.”



Strategies for Success

Briefing Card Series – Patient Monitoring

This month’s *Strategies for Success* highlights strategic practices related to monitoring for changes in patients’ clinical status. **Exhibit 2** shows the briefing card, which follows an SBAR (situation, background, assessment, and recommendation) format, leading to a recommendation on how an HHA can address opportunities for improvement.

To review additional briefing cards with specific quality improvement practices, please see the “*Briefing Card Compendium*” available on the [Expanded HHVBP Model webpage](#) under “Quality Improvement.”

Exhibit 2. Briefing Card: Monitoring for and Responding to Signs of Deterioration in Clinical Status

Monitoring: <i>HHA has established protocols for monitoring for and responding to signs of deterioration in clinical status, including monitoring outside of in-person visits.</i>	
<u>Situation</u>	Home health patients may experience delays in care because signs of deterioration in clinical status are not detected or because monitoring occurs at times of limited availability of care resources.
<u>Background</u>	Home health patients are at risk for emergency department visits and hospitalization due to, for example, their underlying and recognized health conditions, fragmentation of care and care transitions, exacerbation of previously well-managed conditions, and even new diagnoses that can arise. Responding to signs of deterioration in clinical status may involve coordination of care with other providers. Care plans must include interventions, such as monitoring, which address these underlying risk factors. Monitoring scheduling should consider patient-specific risk and the availability of other care providers.
<u>Assessment</u>	Failure to establish and use protocols for monitoring for and responding to signs of deterioration in clinical status can negatively impact patient outcomes, patient experience, HHA operations, and increase risk for emergency department visits and hospitalizations.
<u>Recommendation</u>	<p>HHAs should establish protocols for monitoring for and responding to signs of deterioration in clinical status. This would include:</p> <ul style="list-style-type: none"> • Development or adoption of monitoring protocols. • Orientation and education on monitoring protocols and expectations for their use. • Ensuring that responsible staff have the time to perform expected monitoring activities, according to schedules provided in protocols. • Incorporating monitoring protocols into procedures, tools, and patient education and training resources. • Performance monitoring and feedback.



Resource Spotlight

Updated Edition of the Resource Index Now Available!

The expanded HHVBP Model Resource Index has been updated to reflect current resources available to assist home health agencies (HHAs) with understanding and participating in the expanded Model. Resources include direct links and are organized according to the category and the order in which they appear on the [Expanded HHVBP Model webpage](#).

In addition to the resources listed, the [Expanded HHVBP Model webpage](#) includes links to monthly expanded Model newsletters, the CMS Health Equity Strategy, and the Home Health Prospective Payment System (HH PPS) final rules.

Updated Edition of FAQs Available

The September 2023 edition of the “*Expanded HHVBP Model Frequently Asked Questions (FAQs)*,” is available on the [Expanded HHVBP Model webpage](#). The FAQs assist HHAs in understanding common terms and essential elements of the expanded HHVBP Model. This edition of the FAQs also includes responses to questions submitted by HHAs during registration for the *Overview of the Interim Performance Report (IPR): The July 2023 IPR* event. These [questions and answers](#) are also available on the [Expanded HHVBP Model webpage](#), under “Model Reports.” The HHVBP TA Team provides updates to the FAQs as needed and notifies HHAs that have signed up to receive communications when an updated version is available on the Expanded HHVBP Model webpage.



Literature Link

Original HHVBP Model Improved Care Quality and Decreased Medicare Spending

In the first six (6) years since the HHVBP Model was originally implemented, Medicare spending has reduced by \$1.38 billion and improved care quality, according to the May 2023 [Sixth Annual Report](#) providing an evaluation of the HHVBP Model. The Centers for Medicare and Medicaid Services (CMS) Innovation Center (CMMI) implemented the original Model in nine (9) states from 2016 through 2021: Arizona, Florida, Iowa, Massachusetts, Maryland, Nebraska, North Carolina, Tennessee, and Washington. Across these states, over 1,900 HHAs participated in the original Model in 2021 where Total Performance Scores (TPS) were 6% higher among HHVBP states than in non-HHVBP states. More about the improvements made under the original HHVBP Model can be found in the Evaluation of the HHVBP Model [Sixth Annual Report](#).

Contact Us

Please **do not reply to this email**. This is an unmonitored inbox. If you require assistance, use the following options:

- For program questions about the expanded HHVBP Model, contact the **HHVBP Model Help Desk** at HHVBPquestions@lewin.com.
- For support with registration for the Internet Quality Improvement and Evaluation System ([iQIES](#)), please contact the **QIES/iQIES Service Center** by phone at **(800) 339-9313** or by email at iqies@cms.hhs.gov. You may also refer to the *iQIES Onboarding Guide* posted to QTSO for registration support: <https://qtso.cms.gov/software/iqies/reference-manuals>.
- To receive email updates about the expanded Model, please subscribe to the [Expanded HHVBP Model listserv](#). Enter your email address in the contact form, then select “Home Health Value-Based Purchasing (HHVBP) Expanded Model” from the Innovations list.
- Please contact the **Home Health Quality Reporting Program (HH QRP) Help Desk** at homehealthqualityquestions@cms.hhs.gov for questions about the following: Home Health Quality, including Care Compare (excluding HHCAHPS), OASIS coding and OASIS documentation, quality reporting requirements & deadlines, data reported in quality reports, measure calculations, Quality of Patient Care Star Rating (excluding suppression requests), public reporting, risk adjustment, and Quality Assessment Only (QAO)/Pay for Reporting (P4P).

- Please contact the **Home Health CAHPS Help Desk** at hhcahps@rti.org for questions related to the HHCAHPS Survey or Patient Survey Star Ratings.

Not sure which help desk to use? Check out the [Guide to Home Health Help Desks!](#)