



Expanded Home Health Value-Based Purchasing Model

The HHVBP CY 2024 Annual Performance Report (APR)

What You Need to Know!



Marcie O'Reilly

Program Coordinator, HHVBP Model
Centers for Medicare & Medicaid Services

Brenda Karkos

Senior Associate, Abt Global

Marisa Roczen

Associate, Abt Global

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Today's Agenda

- Welcome and introductions.
- What is the expanded HHVBP Model?
- Calendar Year (CY) 2024 APR: eligibility, cohorts, and Model years.
- Expanded HHVBP Model applicable measure set.
- Interpreting your agency's CY 2024 APR.
- The appeals process.
- Public reporting.
- Resources.
- Q&A session.



Today's Presenters

Marcie O'Reilly, BSN

Program Coordinator, HHVBP Model
Centers for Medicare & Medicaid Services



Brenda Karkos, MSN, MBA, RN
Senior Associate
Abt Global



Marisa Roczen, Ph.D.
Associate
Abt Global



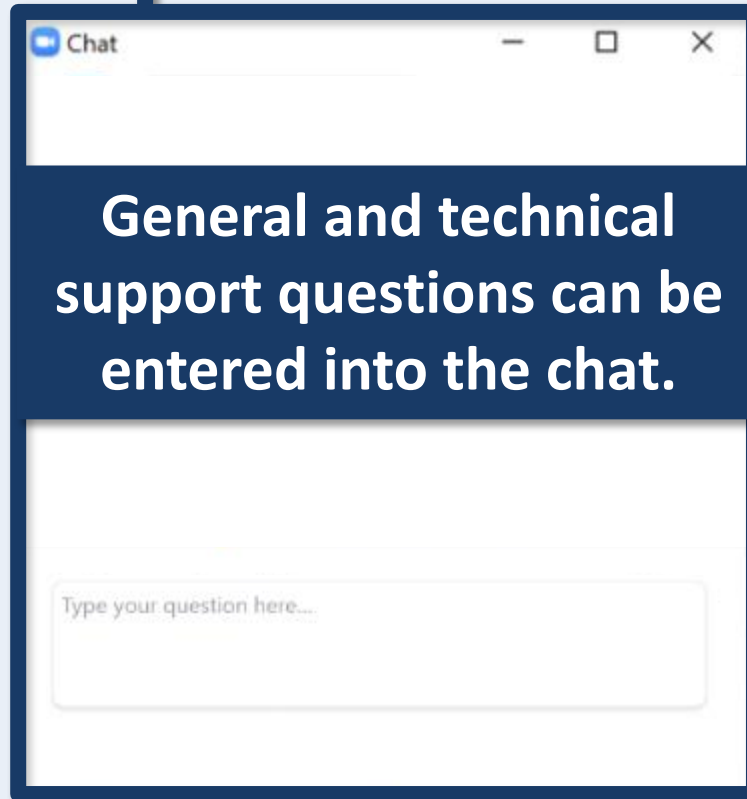
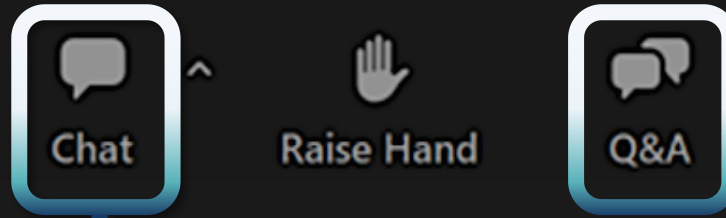
Objectives

- ▶ Describe the expanded HHVBP Model.
- ▶ Define key concepts of the CY 2024 APR.
- ▶ Summarize performance periods and minimum data thresholds by quality measure category.
- ▶ Interpret Total Performance Score (TPS) and Annual Payment Percentage (APP) using the information provided in the CY 2024 APR.
- ▶ Explain how to initiate the appeals process for the CY 2024 APR when applicable.

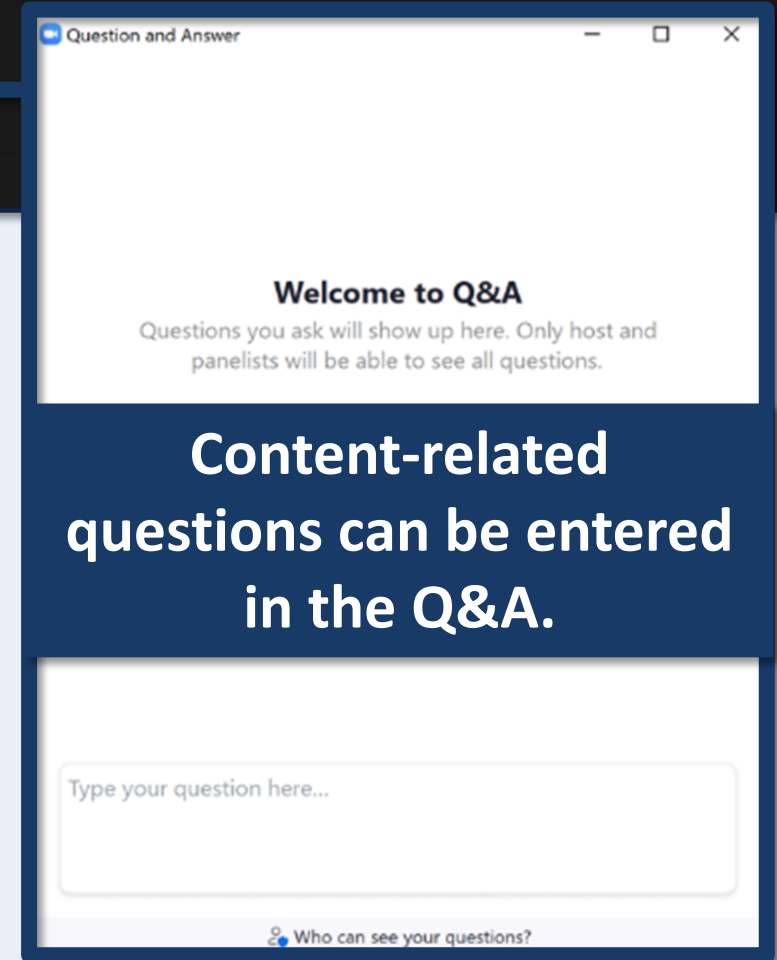


Event Navigation

During the event, a navigation panel can be accessed from the bottom of the screen.



General and technical support questions can be entered into the chat.



Content-related questions can be entered in the Q&A.

How often do you access the expanded HHVBP Model web page?

- A. Once a week or more often.
- B. Once a month.
- C. A few times per year.
- D. I have not accessed or am not familiar with the expanded HHVBP Model web page.

The screenshot shows the CMS.gov website page for the Expanded Home Health Value-Based Purchasing Model. The page includes a navigation menu with categories like Medicare, Medicaid/CHIP, Marketplace & Private Insurance, Priorities, and Training & Education. The main content area is titled "Expanded Home Health Value-Based Purchasing Model" and features a "Model Summary" section with details such as Stage (Active), Number of Participants (N/A), Category (Disease-Specific & Episode-Based Models), and Authority (Section 3021 of the Affordable Care Act). It also lists "Milestones & Updates" with dates and descriptions of rule publications. A "Highlights" section is partially visible at the bottom.

How long have you been in your current role within your Home Health Agency (HHA)?

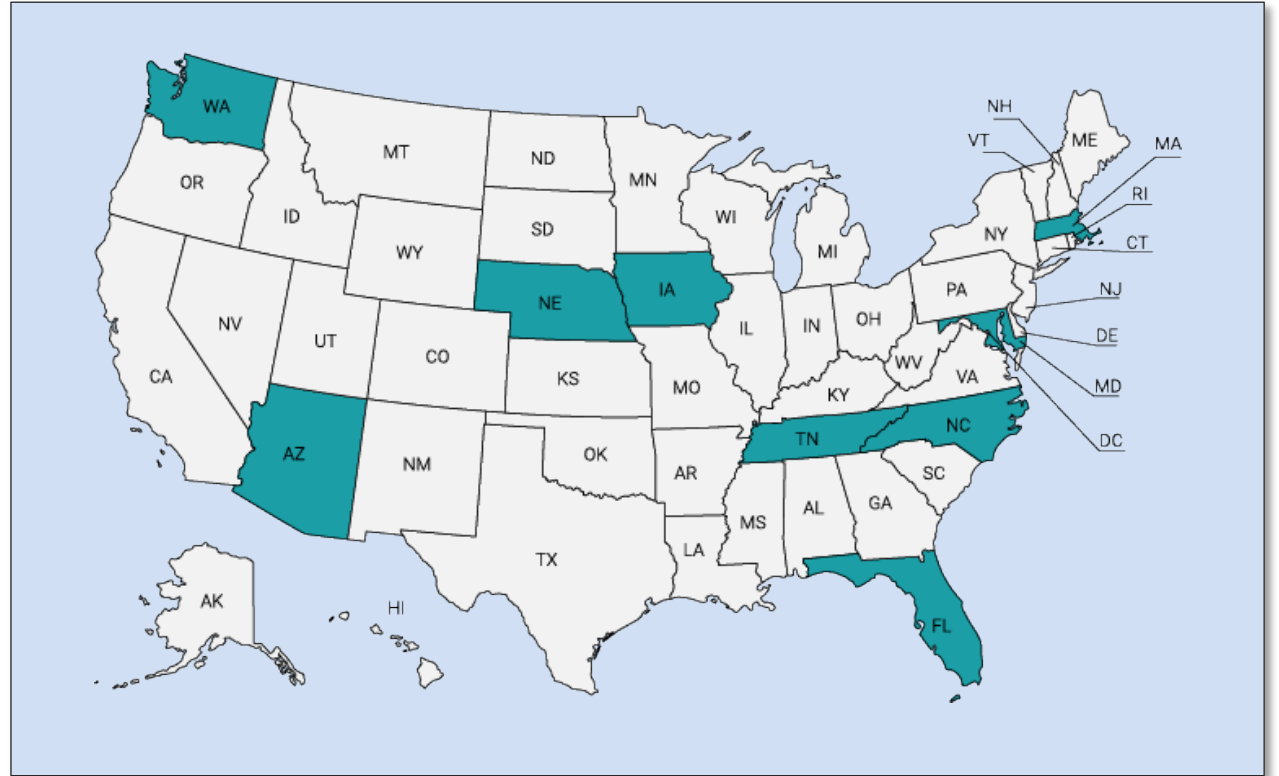
- A. More than 10 years.
- B. 5–9 years.
- C. 1–4 years.
- D. I am new to my current role.



What Is the Expanded HHVBP Model?

Introduction to the Expanded HHVBP Model

- The original HHVBP Model was first tested between 2016 and 2021.
- HHAs in nine states were included:
 - Arizona (AZ)
 - Florida (FL)
 - Iowa (IA)
 - Maryland (MD)
 - Massachusetts (MA)
 - Nebraska (NE)
 - North Carolina (NC)
 - Tennessee (TN)
 - Washington (WA)
- National expansion started on January 1, 2022.



The Expanded HHVBP Model: Goals and Structure

- The expanded HHVBP Model is designed to **support greater care quality and efficiency** among HHAs nationally.
- Medicare payments made to HHAs are dependent on their performance on a set of quality measures relative to their peers (i.e., value-based payments).

Each CY, HHAs receive **two types of reports**:

Interim Performance Reports (IPRs)

Four quarterly IPRs published in January, April, July, and October.

Annual Performance Reports (APRs)

One APR published in August.

The Expanded HHVBP Model: Performance Metrics



The HHVBP Model's **key performance metrics** are the TPS and APP.

- 1 TPS: A numeric score ranging between zero (0) and 100.
- 2 APP: Payment adjustment percentage derived from the TPS that ranges between -5 percent and +5 percent. It is applied to payment for each final Medicare fee-for-service (FFS) claim submitted with a payment episode “through date” in CY 2025.

CY 2024 APR: Eligibility, Cohorts, and Model Years

Eligibility



Model participation is mandatory for all Medicare-certified HHAs with a CMS Certification Number (CCN) in the 50 States, District of Columbia, and U.S. territories that receive payment from CMS for home health care services.

- HHAs compete with other HHAs within one of two nationwide volume-based cohorts on a set of quality measures related to care provided.

CY 2024 APR Eligibility

- HHAs receive an APR and APP if they:
 - Were Medicare-certified prior to January 1, 2022, **and**
 - Had sufficient data for at least five quality measures to calculate a TPS.

Cohorts

- Cohorts are based on the HHA's number of unique survey-eligible beneficiaries for the Home Health Consumer Assessment of Healthcare Providers and Systems (HHCAHPS) Survey.
- The cohorts for the CY 2024 APR were determined based on the number of unique HHCAHPS Survey-eligible beneficiaries in CY 2022.

Smaller-Volume Cohort

HHAs with **fewer than 60** unique HHCAHPS Survey-eligible beneficiaries in the CY prior to the performance year.

Larger-Volume Cohort

HHAs with **at least 60** unique HHCAHPS Survey-eligible beneficiaries in the CY prior to the performance year.

Model Years

Baseline Year
CY 2022

CY 2022 performance is used to calculate quality measure-specific achievement thresholds, benchmarks, and improvement thresholds.

Performance Year
CY 2023

CY 2023 performance is measured against 12 quality measures relative to performance of HHAs in each cohort.

Publication Year
CY 2024

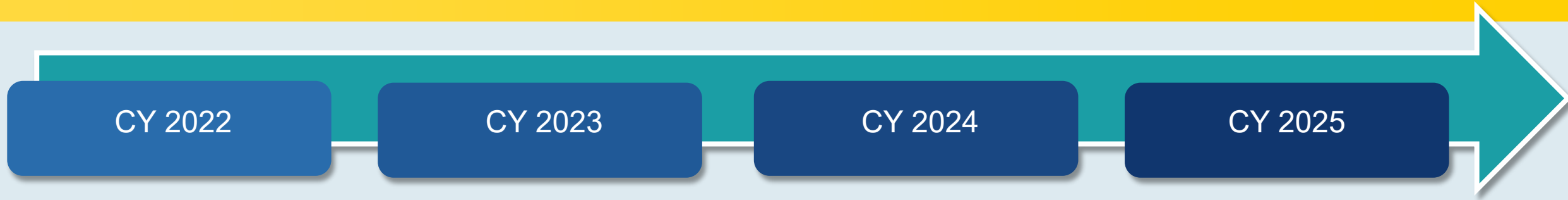
CY 2024 APRs are published in August 2024 and reflect HHA performance in CY 2023.

Payment Year
CY 2025

CY 2025 payment adjustment ranging from -5% to 5% applied to Medicare FFS claims with through dates in CY 2025.

Q₁

Which model year is the performance year for the CY 2024 APRs?



A. CY 2022

C. CY 2024

B. CY 2023

D. CY 2025

Q₁

Which model year is the performance year for the CY 2024 APRs?



A. CY 2022

C. CY 2024




B. CY 2023

D. CY 2025

How is the smaller-volume cohort defined for the CY 2024 APRs?

- A. Includes HHAs with fewer than 60 quality episodes of care in CY 2022.
- B. Includes HHAs with fewer than 60 quality episodes of care in CY 2023.
- C. Includes HHAs with fewer than 60 unique HHCAHPS Survey-eligible beneficiaries in CY 2023.
- D. Includes HHAs with fewer than 60 unique HHCAHPS Survey-eligible beneficiaries in CY 2022.

How is the smaller-volume cohort defined for the CY 2024 APRs?

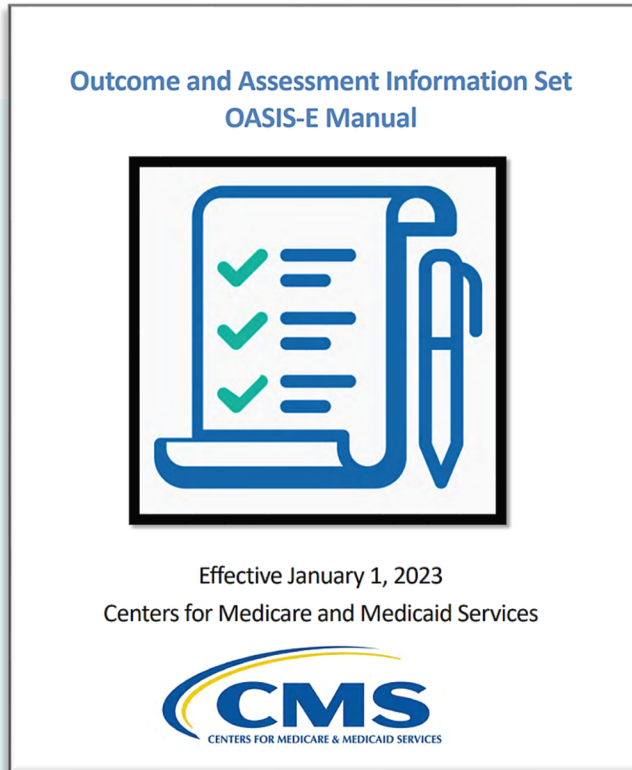
- A. Includes HHAs with fewer than 60 quality episodes of care in CY 2022.
- B. Includes HHAs with fewer than 60 quality episodes of care in CY 2023.
- C. Includes HHAs with fewer than 60 unique HHCAHPS Survey-eligible beneficiaries in CY 2023.
-  **D. Includes HHAs with fewer than 60 unique HHCAHPS Survey-eligible beneficiaries in CY 2022.**

Smaller-Volume Cohort

HHAs with fewer than 60 unique HHCAHPS Survey-eligible beneficiaries in the CY prior to the performance year.

Expanded HHVBP Applicable Measure Set

OASIS-Based Measures



Measures:

- Discharged to Community.
- Improvement in Dyspnea (Dyspnea).
- Improvement in Management of Oral Medications.
- Total Normalized Composite (TNC) Change in Mobility.
- Total Normalized Composite (TNC) Change in Self-Care.

Claims-Based Measures



Measures:

- Acute Care Hospitalizations During the First 60 Days of Home Health (ACH).
- Emergency Department Use without Hospitalization During the First 60 Days of Home Health (ED Use).

HHCAHPS Survey-Based Measures



HHCAHPS SURVEY



Measures:

- Care of Patients (Professional Care).
- Communications between Providers and Patients (Communications).
- Specific Care Issues (Team Discussion).
- Overall Rating of Home Health Care (Overall Rating).
- Willingness to Recommend the Agency (Willingness to Recommend).

Interpreting Your Agency's CY 2024 APR

Accessing Your Agency's CY 2024 APR

For detailed instructions on how to access your HHA's CY 2024 APR, please refer to the following resource:

[Instructions for Accessing HHVBP Model Reports in iQIES \(cms.gov\)](#)

Expanded HHVBP Model Instructions for Accessing HHVBP Model Reports in iQIES

November 2022

Data reports for the expanded HHVBP Model will be available on the Internet Quality Improvement and Evaluation System (iQIES) portal: <https://iqies.cms.gov/>. The Centers for Medicare & Medicaid Services (CMS) will notify HHAs via email when new reports are available.

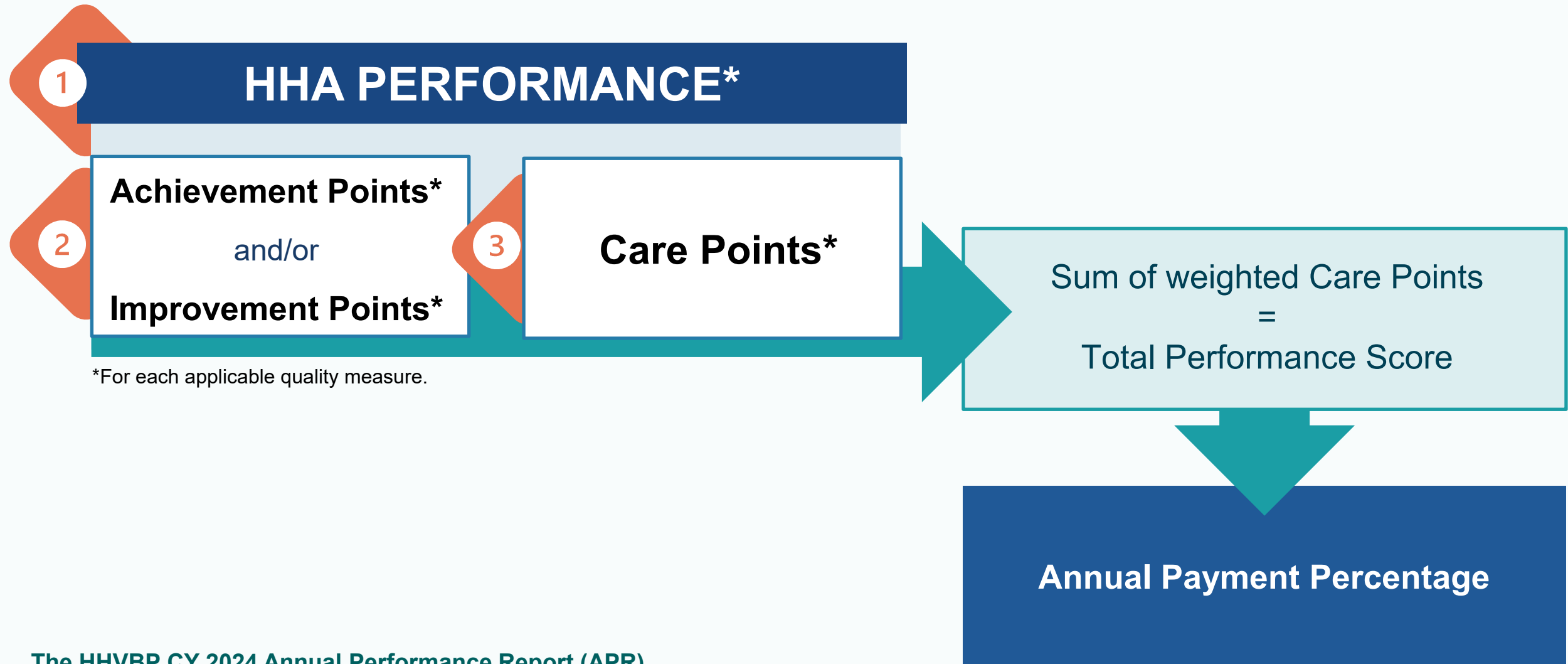
Below are the types of reports home health agencies (HHAs) can access through iQIES:

- **Pre-Implementation Performance Reports (PIPR):** PIPRs are the first reports available in the expanded HHVBP Model that contain HHA-specific performance information. The PIPRs provide HHAs with a current snapshot of their performance data on the expanded HHVBP Model quality measures, with comparison to their respective volume-based cohort.
- **Performance Feedback Report - Interim Performance Report (IPR):** These quarterly reports contain information on the quality measure performance based on the twelve (12) most recent months of data available. The IPR provides feedback to HHAs about performance relative to quality measure achievement thresholds, benchmarks, and improvement thresholds. The IPR provides HHAs the opportunity to assess and track their performance relative to peers in their respective cohort. The first IPR will be available in July 2023 for the calendar year (CY) 2023 performance year/CY 2025 payment year. *A sample of this report is available on the [Expanded HHVBP Model webpage](#).*
- **Performance Feedback Report - Annual Performance Report (APR):** The APR focuses primarily on the HHA's payment adjustment percentage for the following payment year and includes an explanation of when CMS will apply the adjustment and how CMS determined this adjustment relative to the HHA's performance scores. The first APR will be available in August 2024 for the CY 2023 performance year/CY 2025 payment year. *A sample of this report is available on the [Expanded HHVBP Model webpage](#).*

For additional information, please refer to the "Expanded HHVBP Model Frequently Asked Questions (FAQs)" and the "Expanded HHVBP Model Guide" on the [Expanded HHVBP Model webpage](#).

Access to iQIES

Conceptual Model: From HHA Performance to APP



Achievement Points: Definition

- An HHA can earn between zero (0) and 10 achievement points for each quality measure.
- An HHA's performance year measure value must exceed the designated achievement threshold for a quality measure to receive achievement points for that quality measure.

The formula for calculating achievement points is:



$$10 \times \left(\frac{\text{HHA Performance} - \text{Achievement Threshold}}{\text{Benchmark} - \text{Achievement Threshold}} \right)$$

Achievement Points: Key Components



HHA Performance Score:

- The risk-adjusted value for each quality measure based on the HHA's performance in CY 2023 when sufficient data are available.
 - 20+ quality episodes/stays for OASIS-based/claims-based measures.
 - 40+ surveys for HHCAHPS Survey-based measures.



Achievement Threshold:

- The median (50th percentile) of HHAs' performance on each quality measure in CY 2022, calculated separately for each volume-based cohort.



Benchmark:

- The mean of the top decile (90th percentile) of HHAs' performance on each quality measure in CY 2022, calculated separately for each volume-based cohort.

Achievement Points Tab

Achievement Points

Measure	Performance Year Data Period [a] (12-Month End Date)	Your HHA's Performance Year Measure Value [a]	Your Cohort's Achievement Threshold [b]	Your Cohort's Benchmark [c]	Your HHA's Achievement Points [d]	Maximum Possible Achievement Points
OASIS-based Measures						
Discharged to Community	12-31-2023	79.496	71.992	83.429	6.561	10.000
Improvement in Dyspnea	12-31-2023	88.431	82.042	96.651	4.373	10.000
Improvement in Management of Oral Medications	12-31-2023	79.993	73.580	93.361	3.242	10.000
Total Normalized Composite (TNC) Change in Mobility [e]	12-31-2023	0.784	0.656	0.862	6.214	10.000
Total Normalized Composite (TNC) Change in Self-Care [f]	12-31-2023	2.139	1.827	2.349	5.977	10.000
Claims-based Measures						
Acute Care Hospitalizations	12-31-2023	14.297	15.058	8.976	1.251	10.000
Emergency Department Use Without Hospitalization	12-31-2023	15.830	12.854	6.099	0.000	10.000
HHCAHPS Survey-based Measure Components						
Care of Patients	12-31-2023	87.456	88.948	94.372	0.000	10.000
Communications Between Providers and Patients	12-31-2023	85.896	86.465	92.832	0.000	10.000
Specific Care Issues	12-31-2023	78.287	83.651	92.214	0.000	10.000
Overall Rating of Home Health Care	12-31-2023	82.541	85.306	93.946	0.000	10.000
Willingness to Recommend the Agency	12-31-2023	75.283	79.876	90.890	0.000	10.000

Achievement Points Tab: Example

Calculating achievement points for Improvement in Dyspnea “manually.”

$$10 \times \frac{(HHA \text{ Performance Score} - \text{Achievement Threshold})}{(\text{Benchmark} - \text{Achievement Threshold})}$$

Achievement Points						
Measure	Performance Year Data Period [a] (12-Month End Date)	Your HHA's Performance Year Measure Value [a]	Your Cohort's Achievement Threshold [b]	Your Cohort's Benchmark [c]	Your HHA's Achievement Points [d]	Maximum Possible Achievement Points
OASIS-based Measures						
Discharged to Community	12-31-2023				6.561	10.000
Improvement in Dyspnea	12-31-2023	88.431	82.042	96.651	4.373	10.000

$$10 \times \frac{(88.431 - 82.042)}{(96.651 - 82.042)}$$

$$= 10 \times \frac{(6.389)}{(14.609)} = 10 \times 0.4373 = 4.373$$

Improvement Points: Definition

- An HHA can earn between zero (0) and 9 improvement points for each quality measure.
- An HHA's performance year measure value must exceed its improvement threshold for a quality measure to receive improvement points for that quality measure.

The formula for calculating improvement points is:



$$9 \times \left(\frac{\text{HHA Performance} - \text{HHA Improvement Threshold}}{\text{Benchmark} - \text{HHA Improvement Threshold}} \right)$$

Improvement Points: Key Components



HHA Performance Score:

- The risk-adjusted value for each quality measure based on the HHA's performance in CY 2023 when sufficient data are available.
 - o 20+ quality episodes/stays for OASIS-based/claims-based measures.
 - o 40+ surveys for HHCAHPS Survey-based measures.
- Note: The same value is used to calculate achievement points.



Improvement Threshold:

- The HHA's baseline year performance score for each quality measure with sufficient data in CY 2022 performance.



Benchmark:

- The mean of the top decile (90th percentile) of HHA performance on each quality measure in CY 2022, calculated separately for each volume-based cohort.
- Note: The same value is used to calculate achievement points.

Improvement Points Tab

Improvement Points

Measure	Performance Year Data Period [a] (12-Month End Date)	Baseline Year Data Period [a] (12-Month End Date)	Your HHA's Performance Year Measure Value [b]	Your HHA's Improvement Threshold [c]	Your Cohort's Benchmark [d]	Your HHA's Improvement Points [e]	Maximum Possible Improvement Points
OASIS-based Measures							
Discharged to Community	12-31-2023	12-31-2022	79.496	73.055	83.429	5.588	9.000
Improvement in Dyspnea	12-31-2023	12-31-2022	88.431	82.038	96.651	3.937	9.000
Improvement in Management of Oral Medications	12-31-2023	12-31-2022	79.993	69.117	93.361	4.037	9.000
Total Normalized Composite (TNC) Change in Mobility [f]	12-31-2023	12-31-2022	0.784	0.703	0.862	4.585	9.000
Total Normalized Composite (TNC) Change in Self-Care [g]	12-31-2023	12-31-2022	2.139	1.932	2.349	4.468	9.000
Claims-based Measures							
Acute Care Hospitalizations	12-31-2023	12-31-2022	14.297	14.756	8.976	0.715	9.000
Emergency Department Use Without Hospitalization	12-31-2023	12-31-2022	15.830	15.761	6.099	0.000	9.000
HHCAHPS Survey-based Measure Components							
Care of Patients	12-31-2023	12-31-2022	87.456	87.929	94.372	0.000	9.000
Communications Between Providers and Patients	12-31-2023	12-31-2022	85.896	84.837	92.832	1.192	9.000
Specific Care Issues	12-31-2023	12-31-2022	78.287	83.502	92.214	0.000	9.000
Overall Rating of Home Health Care	12-31-2023	12-31-2022	82.541	83.287	93.946	0.000	9.000
Willingness to Recommend the Agency	12-31-2023	12-31-2022	75.283	75.248	90.890	0.020	9.000

Improvement Points Tab: Example

Calculating improvement points for Improvement in Dyspnea “manually.”

$$9 \times \frac{(HHA \text{ Performance Score} - HHA \text{ Improvement Threshold})}{(Benchmark - HHA \text{ Improvement Threshold})}$$

Improvement Points							
Measure	Performance Year Data Period [a] (12-Month End Date)	Baseline Year Data Period [a] (12-Month End Date)	Your HHA's Performance Year Measure Value [b]	Your HHA's Improvement Threshold [c]	Your Cohort's Benchmark [d]	Your HHA's Improvement Points [e]	Maximum Possible Improvement Points
OASIS-based Measures							
Discharged to Community	12-31-2023	12-31-2022	88.431	82.038	96.651	6.393	9.000
Improvement in Dyspnea	12-31-2023	12-31-2022	88.431	82.038	96.651	3.937	9.000

$$9 \times \frac{(88.431 - 82.038)}{(96.651 - 82.038)}$$

$$= 9 \times \frac{(6.393)}{(14.613)} = 9 \times 0.4375 = 3.937$$

Care Points: Definition



Care Points are the **higher** of Achievement Points or Improvement Points for each quality measure.

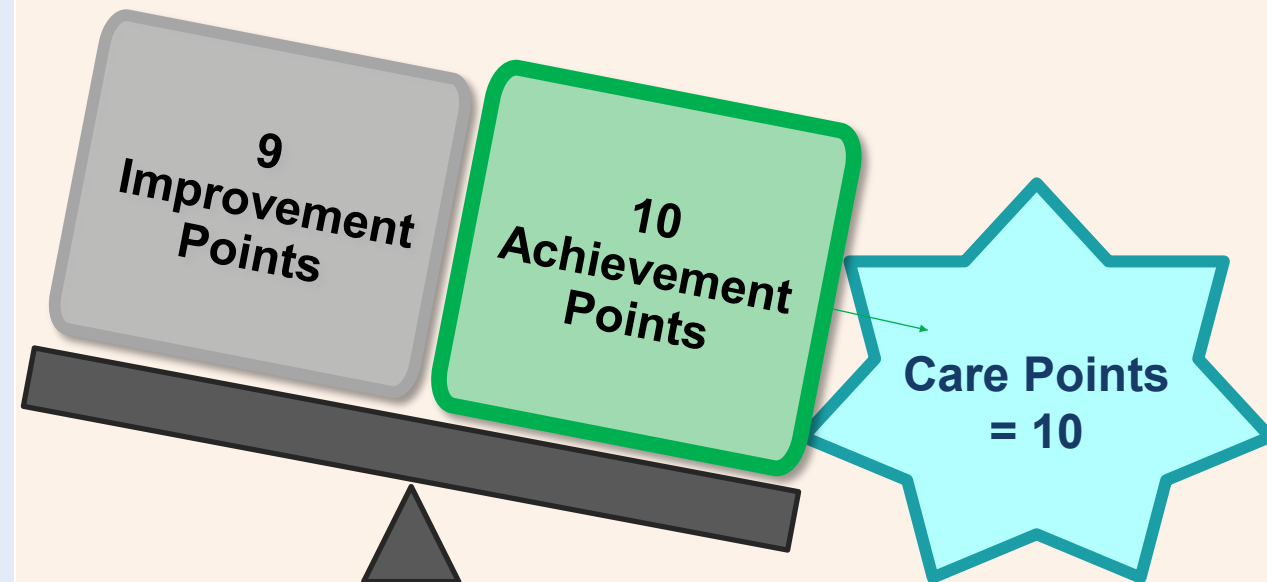
Example:

Improvement Points > Achievement Points



Example:




Achievement Points > Improvement Points



Care Points Tab

Care Points					
Measure	Sufficient Data for Measure Inclusion?	Your HHA's Achievement Points	Your HHA's Improvement Points	Your HHA's Care Points [a]	Your HHA's Percentile Ranking Within Your HHA's Cohort [b]
OASIS-based Measures					
Discharged to Community	Yes	6.561	5.588	6.561	>75
Improvement in Dyspnea	Yes	4.373	3.937	4.373	50-74
Improvement in Management of Oral Medications	Yes	3.242	4.037	4.037	50-74
Total Normalized Composite (TNC) Change in Mobility	Yes	6.214	4.585	6.214	≥75
Total Normalized Composite (TNC) Change in Self-Care	Yes	5.977	4.468	5.977	≥75
Claims-based Measures					
Acute Care Hospitalizations	Yes	1.251	0.715	1.251	25-49
Emergency Department Use Without Hospitalization	Yes	0.000	0.000	0.000	<25
HHCAHPS Survey-based Measure Components					
Care of Patients	Yes	0.000	0.000	0.000	<25
Communications Between Providers and Patients	Yes	0.000	1.192	1.192	25-49
Specific Care Issues	Yes	0.000	0.000	0.000	<25
Overall Rating of Home Health Care	Yes	0.000	0.000	0.000	<25
Willingness to Recommend the Agency	Yes	0.000	0.020	0.020	25-49
Number of Measures Included	12		Summed Care Points:	29.625	50-74

Measure Weights

- An HHA's TPS is the sum of each quality measure's weighted care points.
- Measure Category Weights:
 -  OASIS-based: 35 percent.
 -  Claims-based: 35 percent.
 -  HHCAHPS-Survey-based: 30 percent.
- An HHA must have sufficient data to calculate care points for at least five quality measures to receive a TPS and APP.

Measure Category	Quality Measures	Within-category weight
OASIS-based Measures	Discharged to Community	16.67%
	Improvement in Dyspnea	16.67%
	Improvement in Management of Oral Medications	16.67%
	TNC Change in Mobility	25.00%
	TNC Change in Self-Care	25.00%
Claims-based Measures	ACH	75.00%
	ED Use	25.00%
HHCAHPS Survey-based Measures	Care of Patients	20.00%
	Communication Between Providers and Patients	20.00%
	Specific Care Issues	20.00%
	Overall Rating of Home Health Care	20.00%
	Willingness to Recommend the Agency	20.00%

Measure Scorecard Tab

Measure Scorecard

Measure	Your HHA's Care Points	Maximum Possible Points	Measure Weight [a]	Your HHA's Weighted Measure Points [b]
OASIS-based Measures				
Discharged to Community	6.561	10.000	5.833	3.827
Improvement in Dyspnea	4.373	10.000	5.833	2.551
Improvement in Management of Oral Medications	4.037	10.000	5.833	2.355
Total Normalized Composite (TNC) Change in Mobility	6.214	10.000	8.750	5.437
Total Normalized Composite (TNC) Change in Self-Care	5.977	10.000	8.750	5.230
Sum of OASIS-based Measures	27.162	50.000	35.000	19.400
Claims-based Measures				
Acute Care Hospitalizations	1.251	10.000	26.250	3.284
Emergency Department Use Without Hospitalization	0.000	10.000	8.750	0.000
Sum of Claims-based Measures	1.251	20.000	35.000	3.284
HHCAHPS Survey-based Measure Components				
Care of Patients	0.000	10.000	6.000	0.000
Communications Between Providers and Patients	1.192	10.000	6.000	0.715
Specific Care Issues	0.000	10.000	6.000	0.000
Overall Rating of Home Health Care	0.000	10.000	6.000	0.000
Willingness to Recommend the Agency	0.020	10.000	6.000	0.012
Sum of HHCAHPS Survey-based Measure Components	1.212	50.000	30.000	0.727
Sum of All Measures	29.625	120.000	100.000	23.411

Calculating weighted measure points for Improvement in Dyspnea “manually.”

$$\text{Measure Weight} \times \frac{\text{Care Points}}{10} = \text{Weighted Measure Points}$$

$$5.833 \times \frac{4.373}{10} = 2.551$$

Total Performance Score (TPS)	
Number of Measures Included	12
Your HHA's Summed Care Points	29.625
Your HHA's TPS	23.411
Percentile Ranking within Your HHA's Cohort [c]	25-49

TPS Statistics for Your HHA's Cohort	
Number of HHAs in Your HHA's Cohort	7,056
25th Percentile	15.053
50th Percentile	23.543
75th Percentile	34.984
99th Percentile	71.534

TNC Change Reference Tab

Performance Summary for TNC Change Measures [a]

Your HHA's count of eligible quality episodes [b]	1,267					
OASIS Item [c]	Changes in OASIS Item Responses between SOC/ROC and EOC as a Percent of Eligible Quality Episodes [d]					
	YOUR HHA			AVERAGE FOR YOUR HHA'S COHORT [e]		
	No Change	Positive Change	Negative Change	No Change	Positive Change	Negative Change
Total Normalized Composite (TNC) Change in Mobility						
M1840 Toilet Transferring (0-4)	10%	88%	1%	35%	63%	2%
M1850 Transferring (0-5)	6%	94%	1%	29%	69%	2%
M1860 Ambulation/Locomotion (0-6)	7%	92%	1%	27%	71%	2%
Total Normalized Composite (TNC) Change in Self-Care						
M1800 Grooming (0-3)	14%	85%	1%	29%	69%	2%
M1810 Ability to Dress Upper Body (0-3)	10%	89%	1%	26%	72%	2%
M1820 Ability to Dress Lower Body (0-3)	11%	88%	1%	26%	73%	1%
M1830 Bathing (0-6)	6%	93%	1%	22%	76%	2%
M1845 Toileting Hygiene (0-3)	9%	90%	1%	29%	70%	2%
M1870 Feeding or Eating (0-5)	41%	56%	3%	54%	43%	3%

Annual Payment Adjustment: Definition

- Payment adjustments are the amount by which an HHA's final claim payment amount under the Home Health Prospective Payment System (HH PPS) is changed per the payment adjustment methodology described in [§484.370](#).
- CMS applies the APP to Medicare FFS payments.
 - ➕ If positive, the payment amount increases according to the APP.
 - ➖ If negative, the payment amount decreases according to the APP.



The APP range is minus five percent (-5%) to plus five percent (+5%) and is applied to final Medicare FFS payments in CY 2025.

Annual Payment Adjustment Calculation

The amount of each HHA's payment adjustment depends on the following:

- 1 The HHA's TPS.
- 2 The performance of other HHAs in the HHA's volume-based cohort.

The HHA's TPS turns into the HHA's APP in seven steps.



Step	Description
1	<p>Determine the HHA's Prior Year Payment</p> <ul style="list-style-type: none"> For each HHA in the cohort, the Prior Year Payment (Column C2) is the total Medicare FFS home health claims payment for the year prior to the performance year.
2	<p>Determine the HHA Unadjusted Payment Amount</p> <ul style="list-style-type: none"> For each HHA in the cohort, the HHA Unadjusted Payment Amount (Column C3) is calculated by multiplying the 5% maximum payment percentage by the Prior Year Payment in Step 1 (Column C2). The total Unadjusted Payment Amount for all HHAs in the cohort is in the row below (Sum C3).
3	<p>Determine the HHA TPS-Adjusted Payment Amount</p> <ul style="list-style-type: none"> For each HHA in the cohort, the HHA TPS Adjusted Payment Amount (Column C4) is calculated by dividing the TPS (Column C1) by 100 and multiplying it by the Unadjusted Payment Amount (Column C3). The total TPS-Adjusted Payment Amount for all HHAs in the cohort is in the row below (Sum C4).
4	<p>Calculate the Linear Exchange Function (LEF) Ratio (Column C5)</p> <ul style="list-style-type: none"> Divide the cohort-level Unadjusted Payment Amount (Column C3) by the cohort-level TPS-Adjusted Payment Amount (Column C4). This is the Linear Exchange Function (LEF) Ratio. <i>The LEF ratio is the same for each HHA in the respective cohort.</i>
5	<p>Determine the HHA Final TPS-Adjusted Payment Amount</p> <ul style="list-style-type: none"> The HHA Final TPS-Adjusted Payment Amount (Column C6) is calculated by multiplying the HHA TPS-Adjusted Payment Amount (Column C4) by the LEF Ratio (Column C5).
6	<p>Determine the HHA TPS-Adjusted Payment Percentage</p> <ul style="list-style-type: none"> The HHA TPS-Adjusted Payment Percentage (Column C7) is calculated by dividing the HHA TPS-Adjusted Payment Amount (Column C6) by the Prior Year Payment (Column C2). This represents the gross payment percentage applicable to your HHA without accounting for the 5% payment reduction.
7	<p>Determine the HHA Final TPS-Adjusted Payment Percentage (APP)</p> <ul style="list-style-type: none"> Subtract 5% from the HHA TPS-Adjusted Payment Percentage (Column C7). The Final TPS-Adjusted Payment Percentage (Column C8) is capped at +/- 5%.

Annual Payment Adjustment Tab

Annual Payment Adjustment Calculation

	(C1)	Step 1 (C2)	Step 2 (C3)	Step 3 (C4)	Step 4 (C5)	Step 5 (C6)	Step 6 (C7)	Step 7 (C8)
	Total Performance Score (TPS)	Prior Year Payment	Unadjusted Payment Amount $5\% \times (C2)$	TPS-Adjusted Payment Amount $(C1/100) \times (C3)$	Linear Exchange Function (LEF) Ratio $Total (C3)/Total (C4)$	Final TPS-Adjusted Payment Amount $(C4) \times (C5)$	TPS-Adjusted Payment Percentage $(C6)/(C2)$	Final TPS-Adjusted Payment Percentage $(C7) - 5\%$
Your HHA:	23.411	\$2,307,857	\$115,393	\$27,015	4.574	\$123,569	5.354%	0.354%
Your HHA's Cohort (all HHAs):	22.501	\$17,184,680,726	\$859,234,036	\$187,845,948	4.574	\$859,234,036	5.000%	-

Final TPS-Adjusted Payment Percentage Statistics For Your HHA's Cohort

Number of HHAs in Your HHA's Cohort:	7,056				
	Mean	25th Percentile	50th Percentile	75th Percentile	99th Percentile
Final TPS-Adjusted Payment Percentage	0.000%	-1.880%	-0.416%	1.645%	5.000%

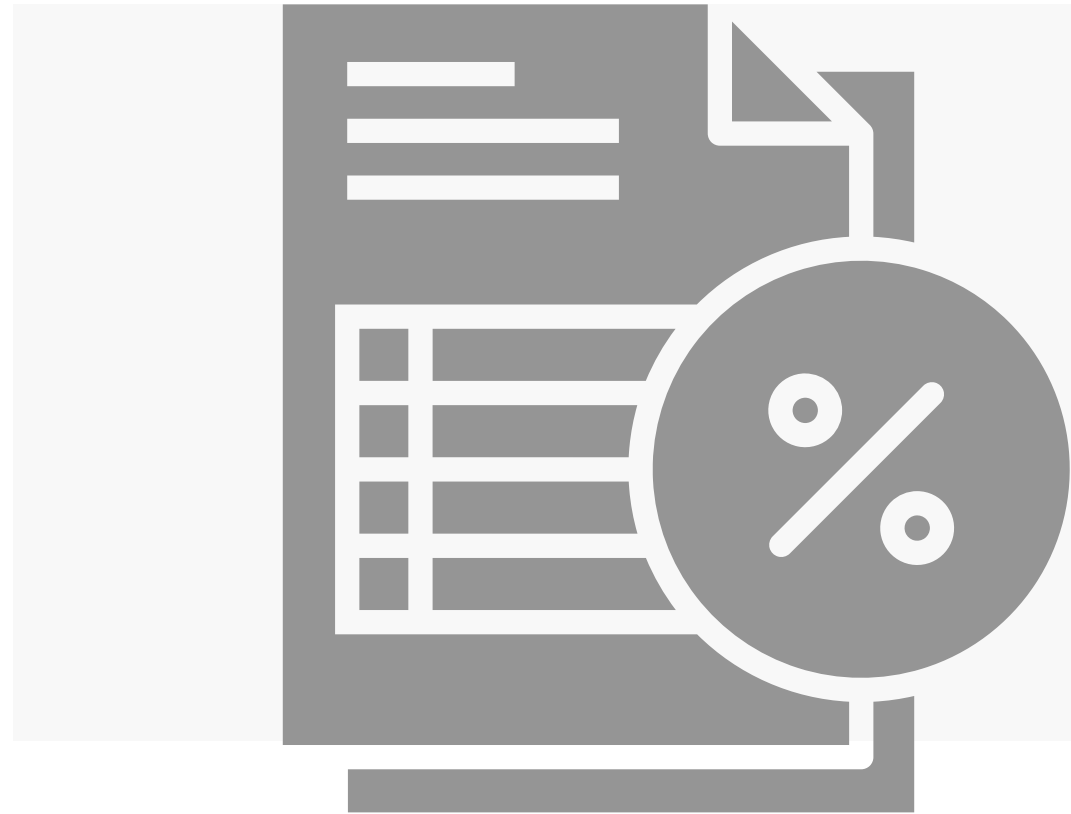
Achievement Thresholds and Benchmarks

Report	July 2023 Interim Performance Report	Return to TOC			
CCN	999999	Go to Model Resources			
HHA Name	We Love Home Health				
HHA Address	999 Home Health Ln, Home Health, MD 99999				
Your HHA's Cohort [a]	Larger-Volume				
Final Achievement Thresholds and Benchmarks					
Measure	Data Period [b] (12-Month End Date)	Achievement Threshold [c]		Benchmark [c]	
		Smaller-volume Cohort	Larger-volume Cohort	Smaller-volume Cohort	Larger-volume Cohort
OASIS-based Measures					
Discharged to Community					
Improvement in Dyspnea					
Improvement in Management of Oral Medications					
Total Normalized Composite (TNC) Change in Mobility					
Total Normalized Composite (TNC) Change in Self-Care					
Claims-based Measures					
Acute Care Hospitalizations					
Emergency Department Use Without Hospitalization					
HHCAHPS Survey-based Measures					
Care of Patients					
Communications Between Providers and Patients					
Specific Care Issues					
Overall Rating of Home Health Care					
Willingness to Recommend the Agency					



What is the maximum Payment Adjustment Percentage HHAs can achieve?

- A. Between -3% and +3%.
- B. Between -4% and +4%.
- C. Between -5% and +5%.
- D. Between -6% and +6%.



Q₃

What is the maximum Payment Adjustment Percentage HHAs can achieve?

- A. Between -3% and +3%.
- B. Between -4% and +4%.
- C. **Between -5% and +5%.**
- D. Between -6% and +6%.



The Appeals Process

The Appeals Process: Overview



The Appeals Process: Recalculation Requests

“Preview Reports” are published in August.

- HHAs have 15 calendar days to submit a recalculation request if they find evidence of an error in their report.
 - CMS investigates submitted requests, makes adjustments/corrections if needed, and notifies HHAs of decision (i.e., request granted or denied).



Recalculation requests may be submitted by any HHA that received a “Preview” CY 2024 APR.

The Appeals Process: Reconsideration/Administrator Review Requests

“Preliminary Reports” are published in September/October.

- HHAs have 15 calendar days to submit a reconsideration request if they submitted a recalculation request and are not in agreement with the recalculation request decision.
 - CMS investigates requests, makes adjustments/corrections if needed, and notifies HHAs of decision (i.e., request granted or denied).
- HHAs have 7 calendar days to submit a request for administrator review if they submitted a reconsideration request and are not in agreement with the reconsideration request decision.
 - CMS investigates requests, makes adjustments/corrections if needed, and notifies HHAs of decision (i.e., request granted or denied).

“Final Reports” are published 30 days before the payment year.

Public Reporting

HHVBP Public Reporting

When and where will public reporting start?

- Early in CY 2025 on Provider Data Catalog (PDC).
 - See CY 2024 Home Health Prospective Payment System (HH PPS) Final Rule [§ 484.355\(c\)](#).

What will be publicly reported?

- Each quality measure's benchmark and achievement threshold by volume-based cohort.
- For each HHA that qualified for a payment adjustment based on CY 2023 performance:
 - Applicable measure results and improvement thresholds.
 - TPS and TPS percentile ranking.
 - Payment adjustment percentage.

Resources

Resources



If you are interested in receiving additional information and updates or have questions about the expanded HHVBP Model:

- ▶ Subscribe to the [HHVBP Model Expansion listserv](#).
- ▶ Contact the HHVBP Help Desk at HHVBPquestions@cms.hhs.gov.

Additional Resources:

- ⚙ [Expanded HHVBP Model webpage](#).
- ⚙ [Expanded HHVBP Model YouTube playlist](#).
- ⚙ [CY 2024 HH PPS Final Rule](#).
- ⚙ [Expanded HHVBP Model Guide](#).
- ⚙ [Expanded HHVBP FAQs](#).
- ⚙ [Instructions for Accessing HHVBP Model Reports in iQIES \(cms.gov\)](#).

HOME HEALTH RESOURCES AND HELP DESKS

Home Health Quality Reporting Program

Home Health (HH) Quality Reporting Program (QRP) and links to topic specific webpages.

<https://www.cms.gov/medicare/quality/home-health>

HomeHealthQualityQuestions@cms.hhs.gov

Expanded HH Value-Based Purchasing (HHVBP) Model

Resources related to the HHVBP Model.

<https://www.cms.gov/priorities/innovation/innovation-models/expanded-home-health-value-based-purchasing-model>

HHVBPQuestions@cms.hhs.gov

HHCAHPS® Survey

HHCAHPS Survey, requirements, and the Patient Survey Star Ratings.

<https://homehealthcahps.org>

HHCAHPS@rti.org
(866)-354-0985

Quality of Patient Care (QoPC) Star Ratings

Resources related to QoPC Star Ratings.

<https://www.cms.gov/medicare/quality/home-health/home-health-star-ratings>

Requests for Formal Review:
HHC_Star_Ratings_Review_Request@cms.hhs.gov

HomeHealthQualityQuestions@cms.hhs.gov

Home Health Payment Policy

Medicare payment policies including eligibility, coverage requirements, and the Payment Driven Grouping Model (PDGM).

HomeHealthPolicy@cms.hhs.gov

HHVBP Recalculation Request

Resources related to submitting a recalculation request.

<https://www.cms.gov/priorities/innovation/media/document/hhvpb-exp-ipr-recalc-instrux>

HHVBP_Recalculation_Requests@abtassoc.com

Data Submission and Validation

OASIS data submission and reports.

<https://qtso.cms.gov/providers/home-health-agency-hha-providers>

iQIES@cms.hhs.gov
(800)-339-9313

HH QRP Reconsideration Process

Extensions, exemptions, and reconsideration requests.

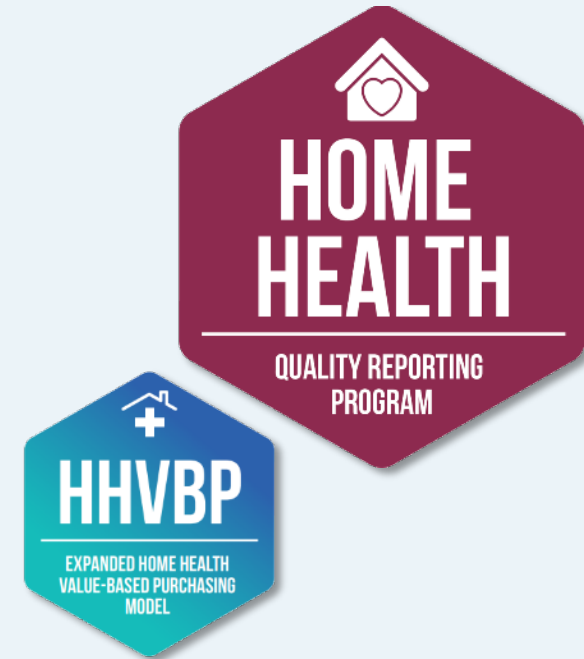
<https://www.cms.gov/medicare/quality/home-health/home-health-quality-reporting-reconsideration-and-exception-extension>

HHAPURconsiderations@cms.hhs.gov

Compliance with HH Conditions of Participation

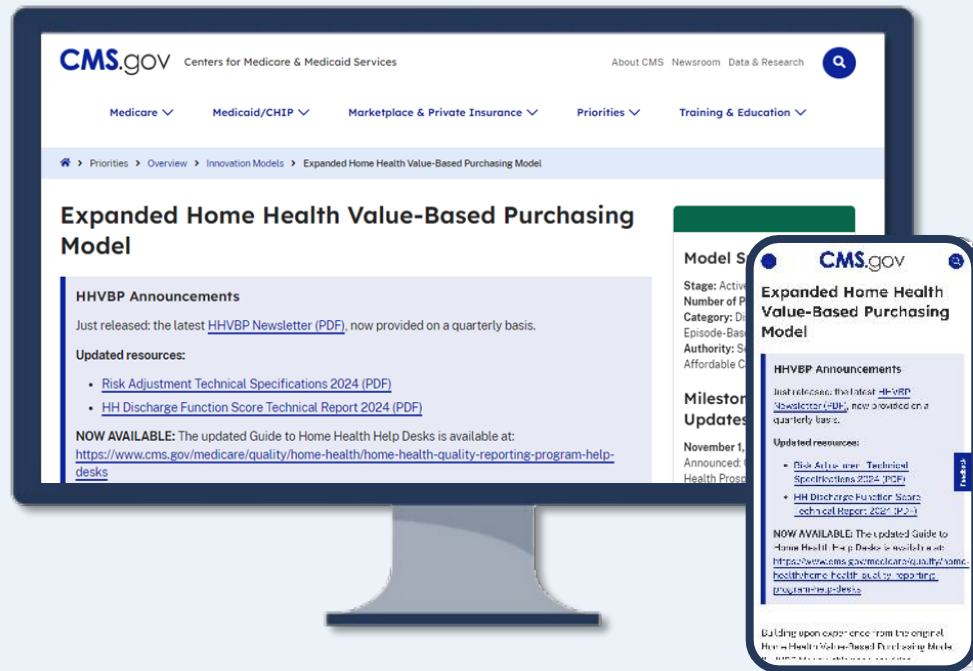
Survey and certification, regulations, and interpretive guidance.

HHASurveyProtocols@cms.hhs.gov



Questions





Thank You

Resources will be available on the HHVBP Model web page.

List of Acronyms

APP	Annual Payment Percentage	HHVBP	Home Health Value-Based Purchasing
APR	Annual Performance Report	IPR	Interim Performance Report
CCN	CMS Certification Number	iQIES	Internet Quality Improvement and Evaluation System
CMS	Centers for Medicare & Medicaid Services	OASIS	Outcome and Assessment Information Set
CY	Calendar Year	PDC	Provider Data Catalog
FAQ	Frequently Asked Questions	PY	Performance Year
FFS	Fee for Service	Q&A	Questions & Answers
HH	Home Health	QM	Quality Measure
HHA	Home Health Agency	QRP	Quality Reporting Program
HHCAHPS	Home Health Consumer Assessment of Healthcare Providers and Systems	TNC	Total Normalized Composite
HH PPS	Home Health Prospective Payment System	TPS	Total Performance Score