Preparing for Calendar Year (CY) 2024 and CY 2025

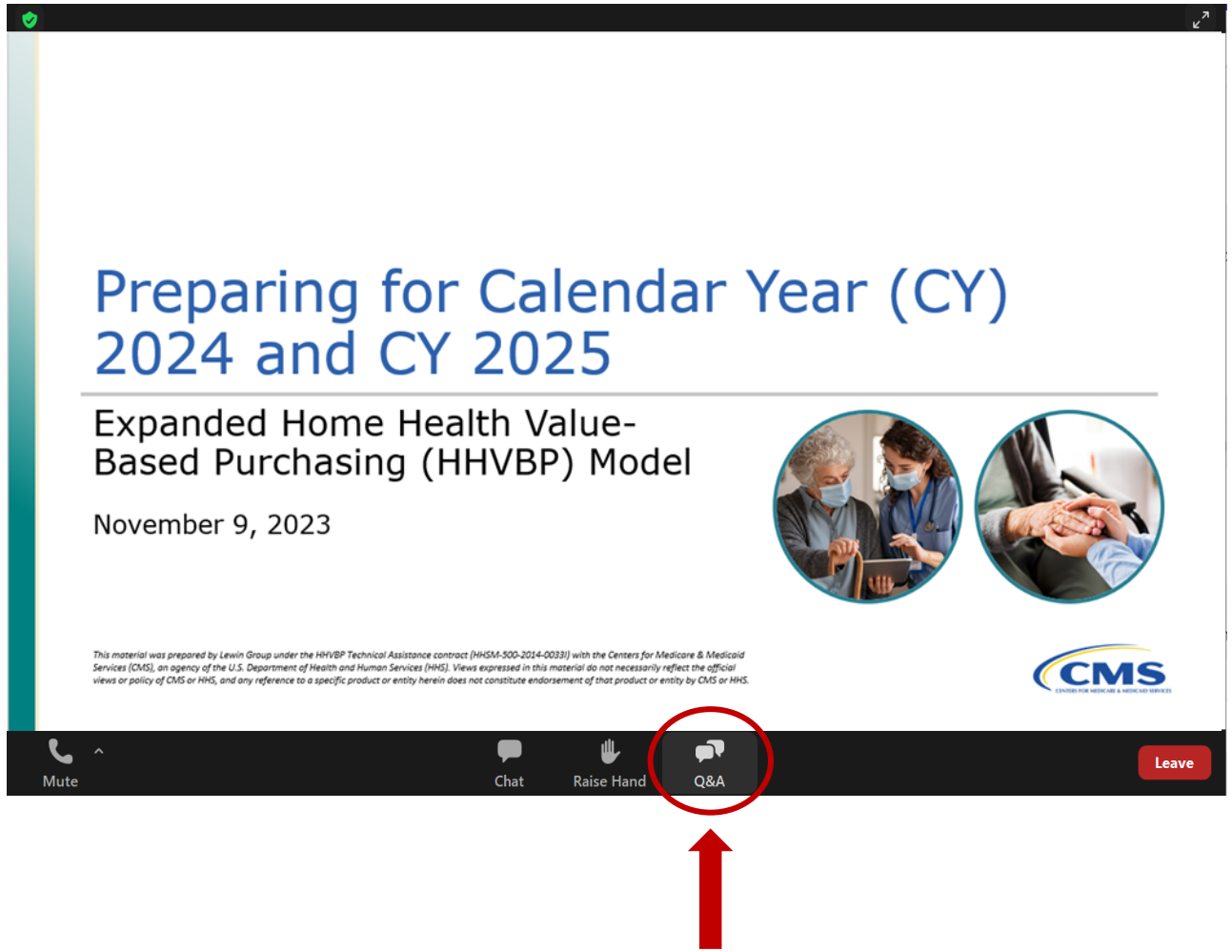
Expanded Home Health Value-Based Purchasing (HHVBP) Model

November 9, 2023

This material was prepared by Lewin Group under the HHVBP Technical Assistance contract (HHSM-500-2014-0033I) with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Webinar Logistics



Agenda

- Welcome & Introductions
- Expanded HHVBP Model
- Calendar Year (CY) 2024 HH PPS Final Rule - Expanded Model Updates
- Questions & Answers (Q&A)
- Expanded Model Information & Resources

Welcome & Introductions

Carrie Kolleck Mailloux, LMSW

HHVBP Model Technical Assistance (TA) Team

The Lewin Group

Michael P. Silver, MPH

HHVBP Model TA Team

The Lewin Group

Elaine Gardner, MS, RN, COS-C

HHVBP Model TA Team

OASIS Answers, Inc

Expanded HHVBP Model

Applicable CMS Home Health Prospective Payment System (HH PPS) Final Rules

Final Rule	Date Published	Summary Specific to the Expanded Model
CY 2022 HH PPS final rule	11/9/2021	• CMS finalized the expanded HHVBP Model with quality measures and measure weights, volume-based national cohorts, and maximum payment adjustment +/- 5% applied to Medicare fee-for-service (FFS) claims beginning with CY 2025.
CY 2023 HH PPS final rule	10/31/2022	• Defined Model and Home Health Agency (HHA) baseline years. • Changed the Model baseline year from CY 2019 to CY 2022 starting in CY 2023. • Changed the HHA baseline year from CY 2019 to CY 2022 for existing HHAs with a Medicare certification date prior to January 1, 2019, and from CY 2021 to CY 2022 for HHAs with a Medicare certification date prior to January 1, 2022 starting in the CY 2023 performance year.

CY 2024 HH PPS final rule	11/1/2023	• Beginning with the 2024 Annual Performance Report (APR), CMS provides an additional opportunity during the appeals process for HHAs to seek an CMS Administrator review of a reconsideration decision.
		• Codified measure removal factors, effective CY 2024.
		• Beginning CY 2025 performance year and subsequent years:
		  • Updates to the applicable measure set and measure weights.
		  • Update to the Model baseline year.

See also: 42 CFR Part 484 Subpart F

Applicable Measure Set

Applicable Measure Set: CY 2023 and CY 2024 Performance Years

Category	Count	Quality Measure
OASIS-based	5	Discharged to Community
		Improvement in Dyspnea
		Improvement in Management of Oral Medications
		Total Normalized Composite Change in Mobility (TNC Mobility)
		Total Normalized Composite Change in Self-Care (TNC Self-Care)
Claims-based	2	Acute Care Hospitalization (ACH)
		Emergency Department Use without Hospitalization (ED Use)
HHCAHPS Survey-based	5	Care of Patients
		Communication Between Providers and Patients
		Specific Care Issues
		Overall Rating of Home Health Care
		Willingness to Recommend the Agency

Measure Set Updates: Beginning with the CY 2025 Performance Year

Current Measure Category	Measures Removed	Replacement Measure Category	Replacement Measures
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)		

Applicable Measure Set: Beginning with the CY 2025 Performance Year

Category	Count	Quality Measure
OASIS-based	3	Improvement in Dyspnea
		Improvement in Management of Oral Medications
		Discharge Function Score (DC Function)
Claims-based	2	Home Health Within-Stay Potentially Preventable Hospitalization (PPH)
		Discharge to Community – Post Acute Care (DTC-PAC)
HHCAHPS Survey-based	5	Care of Patients
		Communication Between Providers and Patients
		Specific Care Issues
		Overall Rating of Home Health Care
		Willingness to Recommend the Agency

Comparison of Applicable Measure Sets: CY 2023, CY 2024, and CY 2025

Category	Quality Measure	CY 2023, 2024	CY 2025
OASIS-based	*Discharged to Community*	X	
	Improvement in Dyspnea	X	X
	Improvement in Management of Oral Medications	X	X
	Total Normalized Composite Change in Mobility (TNC Mobility)	X	
	Total Normalized Composite Change in Self-Care (TNC Self-Care)	X	
	Discharge Function Score (DC Function)		X
Claims-based	*Acute Care Hospitalization (ACH)*	X	
	Emergency Department Use without Hospitalization (ED Use)	X	
	Home Health Within-Stay Potentially Preventable Hospitalization (PPH)		X
	Discharge to Community – Post Acute Care (DTC-PAC)		X
HHCAHPS Survey-based	Care of Patients	X	X
	Communication Between Providers and Patients	X	X
	Specific Care Issues	X	X
	Overall Rating of Home Health Care	X	X
	Willingness to Recommend the Agency	X	X

Measures Added

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	**Numerator:** 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. **Observed score: Sum of the individual items at discharge.** **Expected score: Determined by applying a regression equation determined from risk adjustment to each home health episode.** **Denominator:** 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. **Measure-specific Exclusions:** 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.
Measure Type	End Result Outcome – Health

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

- **For each quality episode, applicable item scores from End of Care (EOC) assessments are summed to calculate an *observed* discharge function score (DC Function).**
- **Each *observed* discharge function score is compared to an *expected* discharge function score.**
- **The *expected* discharge function score is computed by risk adjusting the *observed* discharge function score for each home health episode.**
- **HHA performance on the DC Function measure is the proportion of quality episodes with *observed* discharge function score equal to or greater than the *expected* discharge function score.**

Measure Title: Home Health Within-Stay Potentially Preventable Hospitalization (PPH)

Measure Category	**Claims-based**
Data Source	**Claims** – Medicare fee-for-service (FFS)
Measure Description	HHA-level rate of risk-adjusted potentially preventable hospitalization (PPH) or potentially preventable observation stays (PPOBS) that occur within a home health stay for all eligible stays at each agency.
Measure Calculation	**Numerator:** The risk-adjusted prediction of the number of patients with at least one (1) potentially preventable hospitalization (i.e., in an acute care hospital or long-term care hospital) or observation stay during the home health stay. **Denominator:** The risk-adjusted expected number of hospitalizations or observation stays. The "expected" number of observation stays or admissions is the projected number of risk-adjusted hospitalizations if the same patients were treated at the average HHA appropriate to the measure. **Risk-Standardized Rate:** Numerator over denominator times the national observed PPH rate. **Measure-specific Exclusions:** Home health stays 1) that begin with a Low Utilization Payment Adjustment (LUPA) claim, 2) in which the patient receives service from multiple agencies during the home health stay, or 3) for patients not continuously enrolled in Medicare Part A FFS for the 12 months prior to the home health admission date through the end of the home health stay.
Measure Type	Utilization outcome

Measure Title: Discharge to Community – Post Acute Care (DTC-PAC)

Measure Category	**Claims-based**
Data Source	**Claims** – Medicare fee-for-service (FFS)
Measure Description	This measure assesses successful discharge to the community from an HHA, with successful discharge to the community including no unplanned hospitalizations and no death in the 31 days following discharge.
Measure Calculation	**Numerator:** The risk-adjusted estimate of the number of patients who are discharged to the community, do not have an unplanned admission to an acute care hospital (ACH) or long-term care hospital (LTCH) in the 31-day post-discharge observation window, and who remain alive during the post-discharge observation window. **Denominator:** The risk-adjusted expected number of discharges to community. This estimate includes risk adjustment for patient characteristics with the HHA effect removed. The "expected" number of discharges to community is the predicted number of risk-adjusted discharges to community if the same patients were treated at the average HHA appropriate to the measure for home health stays that begin during the **two (2) year observation window**. **Risk-Standardized Rate:** Numerator over denominator times the national observed DTC-PAC rate. **Measure-specific Exclusions:** Home health stays discharged: to psychiatric hospital, against medical advice, to disaster alternative care sites or federal hospitals, court/law enforcement, or hospice; enrolled in hospice in the post-discharge observation window; not continuously enrolled in Medicare Parts A and B or enrolled in Part C; a short-term acute care stay or psychiatric stay for non-surgical treatment of cancer in the 30 days prior to PAC admission; discharge to another home health agency; or baseline nursing facility residents who return to nursing home as place of residence.
Measure Type	Utilization outcome

Measure Weights

Weighting of Quality Measures

- There is a designated weight for each measure category, accounting for 100% of the Total Performance Score (TPS).

Measure Category	Weight
OASIS-based	35%
Claims-based	35%
HHCAHPS Survey-based	30%

- If an HHA is missing all measures from a single measure category, CMS will redistribute the weights for the remaining two (2) measure categories such that the proportional contribution remains consistent with the original weights.
  - For example, if an HHA is missing the HHCAHPS survey-based measures, the OASIS-based and claims-based measure categories are weighted at 50% each as part of the total TPS.

Measure Category	Weight
OASIS-based	50%
Claims-based	50%
HHCAHPS Survey-based	0%

- Measure category weights are the same for all performance years.

Measure Weights

Measure Category	Quality Measures	Finalized Redistributions			
		Current Measure Weights (CY 2023, CY 2024)		Measure Weights Beginning CY 2025	
		Larger-Volume Cohort	Smaller-Volume Cohort	Larger-Volume Cohort	Smaller-Volume Cohort
OASIS-based Measures	Discharged to Community	5.83%	8.33%	-	-
	Improvement in Dyspnea	5.83%	8.33%	6.00%	8.57%
	Improvement in Management of Oral Medications	5.83%	8.33%	9.00%	12.86%
	Total Normalized Composite Change in Mobility (TNC Mobility)	8.75%	12.5%	-	-
	Total Normalized Composite Change in Self-Care (TNC Self-Care)	8.75%	12.5%	-	-
	Discharge Function Score (DC Function)	-	-	20.00%	28.57%
	Sum of OASIS-based Measures	**35.00%**	**50.00%**	**35.00%**	**50.00%**
Claims-based Measures	Acute Care Hospitalization (ACH)	26.25%	37.50%	-	-
	Emergency Department Use Without Hospitalization (ED Use)	8.75%	12.50%	-	-
	Home Health within-stay Potentially Preventable Hospitalization (PPH)	-	-	26.00%	37.14%
	Discharge to Community – Post Acute Care (DTC-PAC)	-	-	9.00%	12.86%
	Sum of Claims-based measures	**35.00%**	**50.00%**	**35.00%**	**50.00%**
HHCAHPS Survey-based Measures	Care of Patients	6.00%	0.00%	6.00%	0.00%
	Communication Between Providers and Patients	6.00%	0.00%	6.00%	0.00%
	Specific Care Issues	6.00%	0.00%	6.00%	0.00%
	Overall Rating of Home Health Care	6.00%	0.00%	6.00%	0.00%
	Willingness to Recommend the Agency	6.00%	0.00%	6.00%	0.00%
	Sum of HHCAHPS Survey-based measures	**30.00 %**	**0.00%**	**30.00%**	**0.00%**
All	**Sum of All Measures**	**100.00 %**	**100.00 %**	**100.00 %**	**100.00 %**

Model Baseline Year

Model Baseline Year: Achievement Threshold & Benchmark

The **Model baseline year** is the calendar year against which CMS calculates the following for each measure, by cohort:

- Achievement threshold
- Benchmark

Achievement Threshold

The median (50th percentile) of Medicare-certified HHAs' performance on **each quality measure** during the designated baseline year, calculated separately for the larger and smaller-volume cohorts.

Benchmark

The mean of the top decile (90th percentile and above) of all HHAs' performance scores **on the specified quality measure** during the baseline year, calculated separately for the larger and smaller-volume cohorts.

Used to calculate both the achievement score and the improvement score.

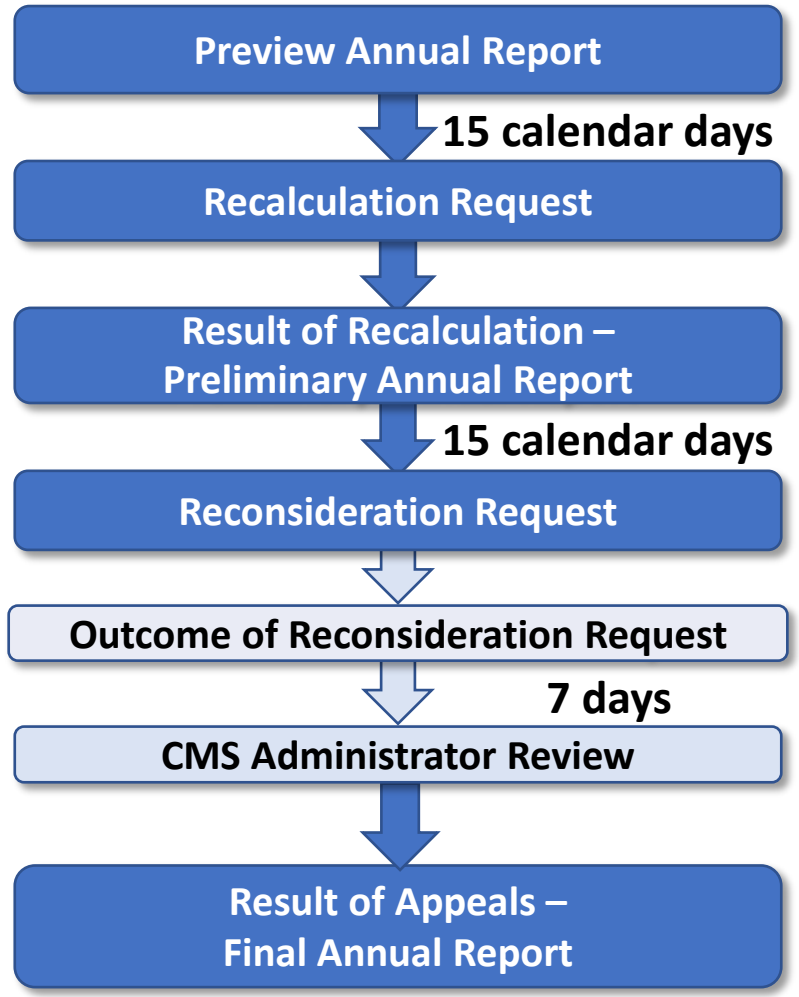
Model Baseline Year

Performance Years	Measures	Model Baseline Year
CY 2023 & CY 2024	All	CY 2022
Beginning CY 2025 and subsequent years	Improvement in Dyspnea	CY 2023
	Improvement in Management of Oral Medications	CY 2023
	Discharge Function Score (DC Function)	CY 2023
	Home Health Within-Stay Potentially Preventable Hospitalization (PPH)	CY 2023
	Discharge to Community – Post Acute Care (DTC-PAC)	CY 2022 & CY 2023
	Care of Patients	CY 2023
	Communication Between Providers and Patients	CY 2023
	Specific Care Issues	CY 2023
	Overall Rating of Home Health Care	CY 2023
	Willingness to Recommend the Agency	CY 2023

Appeals Process

CMS Administrator Review: Annual Performance Report (APR)

- **Preview APR:**
  - An HHA may submit an Annual Report ***recalculation request*** within 15 calendar days after CMS issues the Preview Annual Report if they believe there is an error.
- **Preliminary APR:**
  - If an HHA disagrees with the results of the CMS recalculation, the HHA may submit a ***reconsideration request**** within 15 calendar days after CMS issues the Preliminary APR.
- ***From CY 2024 Final Rule, effective beginning CY 2024:***
  - An HHA may request a ***CMS Administrator review*** of a reconsideration decision within seven (7) days from CMS' notification to the HHA contact of the outcome of the ***reconsideration request***.



Only HHAs that submit a recalculation request can submit a reconsideration request.

Measure Removal Factors

Codification of Measure Removal Factors (Effective Beginning CY 2024)

Eight (8) previously finalized measure removal factors – codified at 42 CFR Part 484 Subpart F.

Factor	Description
1	Measure performance among HHAs is so high and unvarying that meaningful distinctions in improvements in performance can no longer be made (that is, topped out).
2	Performance or improvement on a measure does not result in better patient outcomes.
3	A measure does not align with current clinical guidelines or practice.
4	A more broadly applicable measure (across settings, populations, or conditions) for the particular topic is available.
5	A measure that is more proximal in time to desired patient outcomes for the particular topic is available.
6	A measure that is more strongly associated with desired patient outcomes for the particular topic is available.
7	Collection or public reporting of a measure leads to negative unintended consequences other than patient harm.
8	The costs associated with a measure outweigh the benefit of its continued use in the program.

Public Reporting Reminder

Expanded Model Public Reporting

CMS anticipates making the following information available on or after December 1, 2024, and on the same approximate timeline for each year thereafter:

- Applicable measure benchmarks and achievement thresholds for each small- and large-volume cohort.
- For ***each HHA*** that qualified for a payment adjustment based on the data for the applicable performance year:
  - ✓ Applicable measure results and improvement thresholds;
  - ✓ Total Performance Score (TPS);
  - ✓ TPS Percentile Ranking; and
  - ✓ Payment adjustment for a given year.

Questions & Answers (Q&A)

Q&A: Effective Dates

Q: When do the changes cited in the Calendar Year (CY) 2024 Home Health Prospective Payment System (HH PPS) final rule begin?

A: CMS finalized the Calendar Year (CY) 2024 Home Health Prospective Payment System (HH PPS) final rule on November 1, 2023.

- Home health agencies (HHAs) have an opportunity to request CMS Administrator review of the annual Total Performance Score (TPS) and payment adjustment reconsideration decisions in their Annual Performance Report (APR), **starting with the August 2024 APR** (slide 24).
- **Beginning January 1st of the CY 2025 performance year**, the following updates take effect:
  - Applicable measure set (slide 9)
  - Associated measure weights (slide 19)
  - Model baseline year (slide 22)

Q&A: Risk Adjustment

Q: How does risk adjustment affect each applicable measure in the expanded Model?

A: Risk adjustment is necessary to account for differences in patient case-mix among different home health agencies (HHAs) that affect performance on outcome measures. That is, age and pre-existing conditions may impact how patients perform on outcome measures. Risk adjustment accounts for the differing types of patients served by HHAs, enables comparison across HHAs, and aims to prevent providers from avoiding the sickest patients and preferencing the healthiest. The risk adjustment methodology, using a predictive model developed specifically for each measure, compensates for differences in the patient population served by different HHAs.

Q&A: Risk Adjustment (Continued)

Q: How does risk adjustment affect each applicable measure in the expanded Model?

A: For example, the DC Function measure, which will be included in the applicable measure set beginning with the Calendar Year (CY) 2025 performance year:

- Excludes episodes for patients with limited expected improvement for the selected OASIS items or for whom improvement may no longer be a goal for care. These episodes are not included in the risk adjustment modeling.
- Calculates a risk-adjusted discharge function score based on factors that include: age; admission function score; prior surgery; prior function/device use; pressure ulcers; cognitive function; incontinence; availability of assistance and living arrangements; admission source; body mass index; risk for hospitalization; confusion; vision; medication management needs; supervision and safety sources of assistance; and Hierarchical Condition Categories (HCC) comorbidities.

More than 80 risk factors are included in the risk-adjustment model for the DC Function measure. All measures used in the expanded Model, their specifications and risk models, are reviewed by technical expert panels with public comment invited. For additional information, please see *Risk Adjustment in the Expanded HHVBP Model*, available on the Expanded HHVBP Model webpage.

Q&A: Quality Measure Calculation

Q: How will CMS calculate the Discharge to Community – Post Acute Care (DTC-PAC) measure?

A: Please see slide 16. Additional information on technical specifications is available on the Home Health Quality Measures webpage.

Additional Q&A

Expanded Model Information & Resources

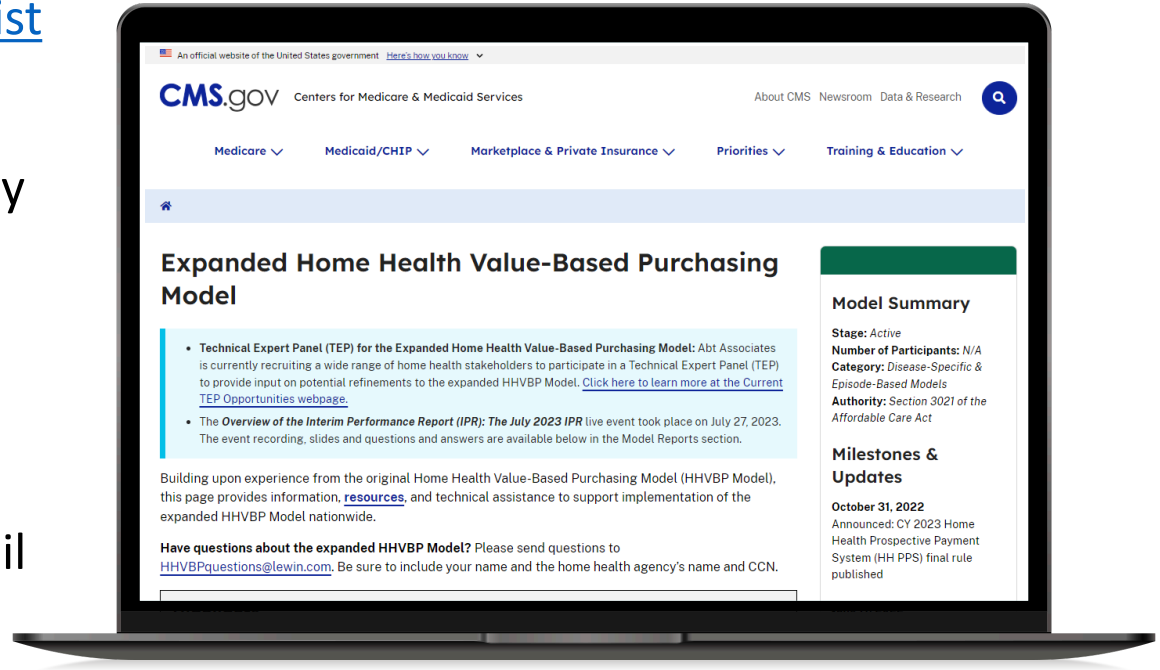
Expanded Model Information & Resources: Help Desks

HHVBP Model Help Desk	iQIES Help Desk
Questions related to the expanded Model requirements, technical assistance and learning resources, and technical questions pertaining to the Total Normalized Composite (TNC) measures and performance reports. Email: HHVBPquestions@lewin.com	Technical questions related to Internet Quality Improvement Evaluation System (iQIES) platform registration, navigation, or assistance with accessing reports. Email: iQIES@cms.hhs.gov Phone: 1 (800) 339-9313 Webpage: iQIES Help
When sending an email to either help desk, please include the following information: • Your first and last name • Email address • CCN(s) or Facility ID (do not include Taxpayer Identification Number (TIN)) • Facility/agency name and address • If CCN or Facility ID is unknown, please include facility/agency name and zip code	

Home Health Quality Reporting Program Help Desks	
Home Health Quality Help Desk	**Home Health CAHPS**
Questions related to Home Health Quality Measures include, but are not limited to quality manuals, quality measures, measure calculation (Outcome-Based Quality Improvement (OBQI), Outcome-Based Quality Monitoring (OBQM), Process-Based Quality. Improvement (PBQI), Quality of Patient Care Stars, Home Health Compare), risk adjustment, public reporting, and Quality Assessment Only (QAO)/Pay for Reporting (P4R). Email: homehealthqualityquestions@cms.hhs.gov	Questions related to the Home Health Consumer Assessment of Healthcare Providers & Systems (CAHPS®) Survey or the Patient Survey Star Ratings Email: hhcahps@rti.org Phone: 1 (866) 354-0985

Staying Connected Checklist

- ❑ Visit and bookmark the Expanded HHVBP Model webpage.
- ❑ Review the Expanded HHVBP Model YouTube playlist for all recorded content.
- ❑ Subscribe to the Expanded HHVBP Model listserv by entering your email address on the contact form, then select “Home Health Value-Based Purchasing (HHVBP) Expanded Model” from the Innovations list. To ensure you receive expanded Model communications via email, please add “cmslists@subscriptions.cms.hhs.gov” to your email safe sender list.
- ❑ Access and review the reports available in iQIES in the “HHA Provider Preview Reports” folder.



Thank You

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES