

Expanded Home Health Value-Based Purchasing (HHVBP) Model

QUARTERLY NEWSLETTER - JUNE 2024

This newsletter contains information for home health agencies (HHAs) related to the expanded Home Health Value-Based Purchasing (HHVBP) Model, including Model highlights, training updates, new insights, reminders, resources, and contact information. The Centers for Medicare & Medicaid Services (CMS) and the PAC Training Team will release these newsletters on a quarterly basis.

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Click here for instructions on how to access performance reports.

Instructions for Accessing HHVBP Model Reports in iQIES

Annual Performance Report

The Annual Performance Report (APR) provides feedback to HHAs about performance relative to quality measure achievement thresholds, benchmarks, and improvement thresholds based on the data from the prior calendar year (CY).

The purpose of the APR is to provide HHAs with:

- The HHA’s Total Performance Score (TPS) based on complete performance year data.
- The Adjusted Payment Percentage (APP) applied in the corresponding payment year, if applicable.
- An explanation of how CMS determined the APP based on the HHA’s performance scores relative to the performance of other HHAs in its cohort.

Preview CY 2024 APR

CMS will release the Preview CY 2024 APR in August 2024.

HHAs receive an APR and an 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.

The CY 2024 APR will include:

- An individual HHA payment adjustment percentage to be applied to CY 2025.
- An explanation of when the adjustment will apply.
- How CMS determined the adjustment relative to the HHA’s final TPS.

Adjusted Payment Percentage



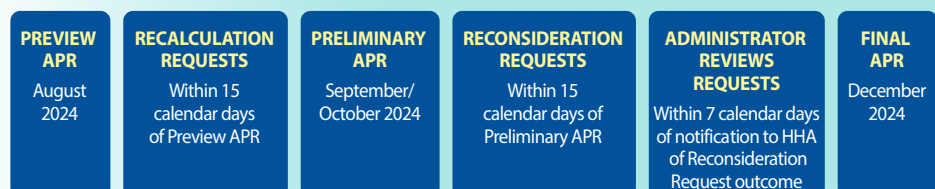
Each competing HHA will receive three versions of their APR

- 1 **PREVIEW** Annual Performance
- 2 **PRELIMINARY** Annual Performance
- 3 **FINAL** Annual Performance

APR Recalculation & Reconsideration 2024 Timeline

To learn more about HHA Recalculation Requests, click here:

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



Important Terms

Request for Reconsideration (APR only)

HHAs that submitted a request for recalculation may submit a request for reconsideration of the recalculation of their annual TPS and payment adjustment percentage. The request for reconsideration must be submitted via secure portal to hhvbp_recalculation_requests@abtassoc.com within 15 calendar days from the notification to the HHA contact of the outcome of the recalculation process. An HHA may request Administrator review of a reconsideration decision within 7 calendar days of CMS' outcome notification.

The PAC Training Team will be hosting a webinar about the CY 2024 APRs in August 2024. Please see below for more information.

HHVBP Interim Performance Report Updates

The Final April Interim Performance Report (IPR) was released in mid-June. The next IPR release will be the Preliminary July 2024 IPR, which will include CY 2023 benchmarks and achievement thresholds for the CY 2025 applicable measure set.

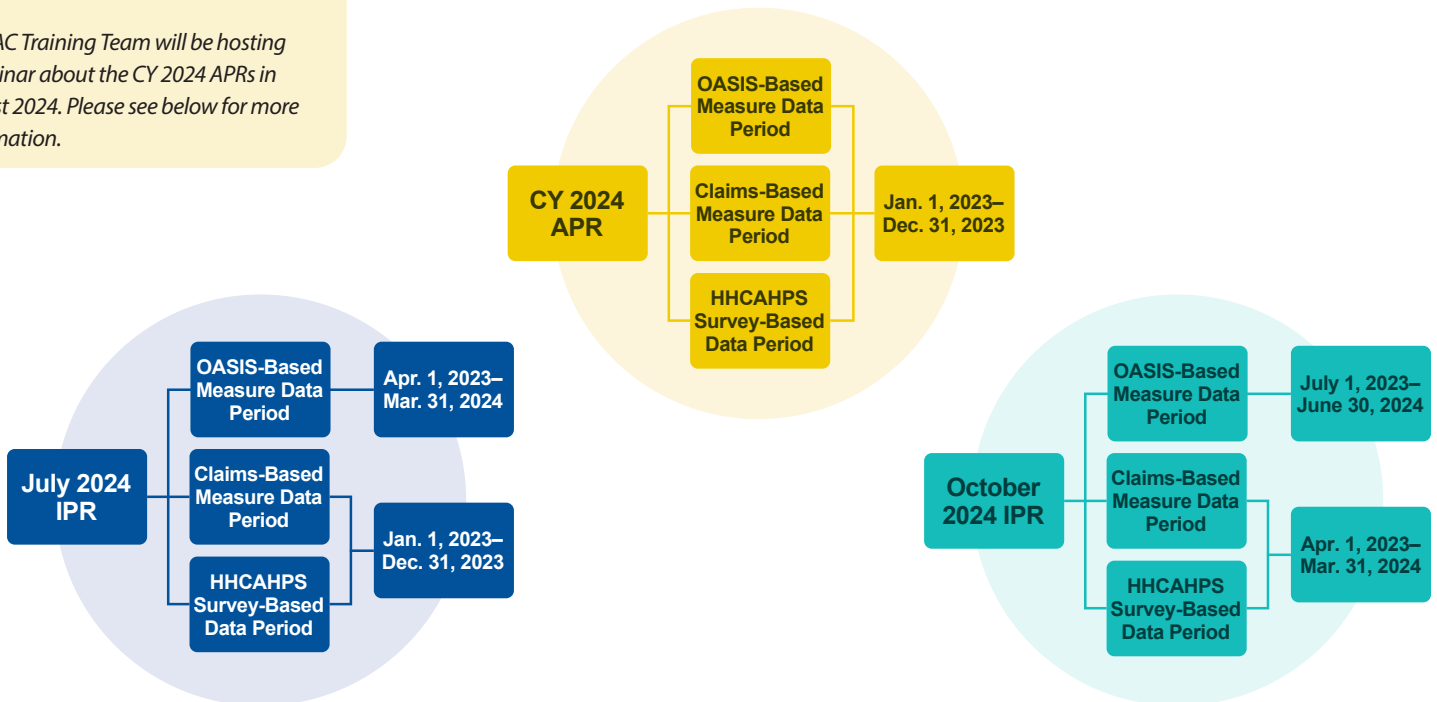
Starting with the July 2024 IPRs, HHAs certified in CY 2022 will be eligible to receive an IPR. In addition, cohort assignment will be updated to be based on the number of Home Health Care Consumer Assessment of Healthcare Providers & Systems (HHCAPHS) survey-eligible patients in CY 2023.



IPRs are informed by Outcome and Assessment Information Set (OASIS)-based, claims-based, and HHCAPHS-based measures.

Expanded HHVBP Upcoming Report & Data Collection Timeframes

It is important for HHAs to understand the anticipated reports and associated data collection timeframes. Below, the July 2024 IPR, CY 2024 APR, and October 2024 IPR timeframes are outlined.



HHVBP Training Updates

On August 13, 2024, CMS will be hosting a webinar, *The HHVBP CY 2024 Annual Performance Report (APR) – What You Need to Know!* The purpose of this webinar is to educate home health providers about the first APR. The webinar will include a discussion of the CY 2024 APR, how to interpret the report, the appeals process, the applicable quality measure results based on CY 2023 performance, and the corresponding payment adjustment applied FFS claims submitted for services provided in CY 2025, the payment year.

Be on the lookout for a registration announcement for this webinar. If you would like to receive an email notification when registration opens and for other future training resources or events, please register to be added to the [Notification List](#).



HHVBP CY 2024 Annual Performance Report (APR) What You Need to Know!

WEBINAR
August 13, 2024

Help Desk Highlights

Providers frequently contact the expanded HHVBP Model Help Desk to ask why they received zero (0) Achievement Points or zero (0) Improvement Points for some of the quality measures listed on their Home HHA's HHVBP Interim Performance Reports (IPRs).

To answer this question, it is helpful to identify and understand the following:

1. Your CCN's performance year measure value for each measure (located on the Achievement and Improvement tabs).
2. Your cohort's achievement threshold for each measure (located on the Achievement tab).
3. Your CCN's improvement threshold for each measure (located on the Improvement tab).
4. The Model's definitions for Achievement Points and Improvement Points [see the Glossary in the [Frequently Asked Questions \(FAQs\)](#), located on the CMS Expanded HHVBP Model webpage].
 - In part, the definitions state achievement points quantify the HHA's performance relative to other HHAs within the respective volume-based cohort in the Model baseline year, and improvement points quantify the HHA's performance relative to its own performance in the HHA baseline year.
5. The measure set for HHVBP in Appendix A in the FAQs, for specific information on each quality measure included in the Model.

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 Self-Care [a]							
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

For More Information

To learn more about this topic visit the [Expanded HHVBP Model webpage](#). Here you can also view the Model resource [How Measure Performance Becomes Care Points](#) instructional video.

[Click here](#) to access the most recent version of the FAQs which are designed to provide timely and easily understood information for HHA providers and key stakeholders.

If you need a refresher on how to navigate the FAQs quickly and efficiently, access the resource [Making the Most of HHVBP Resources Instructional Recording](#).

For the **OASIS-based** and **HHCAHPS Survey-based** measures in the HHVBP Performance Feedback Reports [i.e., IPR, Annual Performance Report (APR)]:



An "HHA's Performance Year Measure Value" that is lower than or equal to "Your Cohort's Achievement Threshold" (for achievement points) or "Your HHA's Improvement Threshold" (for improvement points) would be unfavorable.

Improvement Points Example:

In the Improvement Points example highlighted above for the HHCAHPS Survey-based measure for Care of Patients:

- The agency's Performance Year Measure Value was 87.456.
- The agency's Improvement Threshold was 87.929.
- The agency's Performance Year Measure Value was worse (lower than) the agency's Improvement Threshold, therefore there were 0.00 Improvement Points for this agencies Care of Patients measure.

For the **claims-based** measures in the **HHVBP Performance Feedback Reports** (i.e., IPR, APR) which currently include Acute Care Hospitalization During the First 60 Days of Home Health (ACH), and Emergency Department Use Without Hospitalization During the First 60 Days of Home Health (ED Use):



An "HHA's Performance Year Measure Value" that is higher than or equal to "Your Cohort's Achievement Threshold" (for achievement points) or "Your HHA's Improvement Threshold" (for improvement points) would be unfavorable.

In summary, for OASIS-based and HHCAHPS Survey-based measures, an HHA receives achievement points when their HHA's measure value is higher than their cohort's achievement threshold and receives improvement points when their HHA's measure value is higher than their HHA's improvement threshold. For the claims-based measures, an HHA receives achievement points when their HHA's measure value is lower than their cohort's achievement threshold and receives improvement points when their HHA's measure value is lower than their HHA's improvement threshold.



Advancing Agency Achievement

Spotlight on OASIS Accuracy

OASIS accuracy is essential in demonstrating the best outcomes from the care delivered by HHAs. The OASIS provides the assessment data used in the expanded HHVBP Model that can impact up to 35 to 50 percent of the measure category applied to the calculation. It is important for HHAs to understand the OASIS items, guidance, and other supplemental guidance publications, such as Q&As. At times, CMS provides new or refined instruction within Q&As that may supersede previously published guidance.

In addition, there are several trainings that CMS has published to help agencies train their staff in OASIS assessments. These offerings are provided in various formats to target specific learning needs. Below is a listing of trainings and educational assets for the Section GG Self-Care and Mobility items, which will feed the new Discharge Function Score measure for HHVBP.



Recording From OASIS-E Virtual Event September 2022:

- Recorded Webinar: [Section GG: Summary of Guidance Changes Webinar](#).
- Recorded Workshop: [Section GG: Self-Care and Functional Mobility Workshop](#).

Pocket Guide: GG Self-Care and Mobility Performance Coding Instructions.

Video Tutorials:

- Decision Tree for Coding Section GG0130. Self-Care and GG0170. Mobility.
- GG0110 Prior Device Use with Information from Multiple Sources.
- Coding GG0130A. Eating.
- Coding GG0130B. Oral Hygiene.
- GG0130H. Putting on/Taking Off Footwear.
- GG0170C. Lying to Sitting on Side of Bed.
- GG0170L. Walking 10 Feet on Uneven Surfaces.
- GG0170P. Picking Up Object.

Section GG Web-Based training Series:

- Section GG: [Understanding Prior Functioning and Prior Device Use - Overview](#).
- Section GG: [GG0130. Self-Care Items - Overview](#).
- Section GG: [GG0170. Mobility Items - Overview](#).

Job Aid for GG0130 Self-Care: Job Aid Zip File.

- GG0130A. Eating.
- GG0130B. Oral Hygiene.
- GG0130C. Toileting Hygiene.
- GG0130E. Shower/Bathe Self.
- GG0130F. Upper Body Dressing.
- GG0130G. Lower Body Dressing.
- GG0130H. Putting on/Taking off Footwear.



Home Health QRP Training

Additional HH QRP Training can be found at <https://www.cms.gov/medicare/quality/home-health/home-health-quality-reporting-training>.

Discharge Function Score Quality Measure: Updated Resources

The Discharge Function Score quality measure will be included in the expanded HHVBP Model measure set beginning with the calendar year 2025 performance year. Recently, CMS provided updates to some of the resources related to this measure. The most up to date resources for the Discharge Function Score quality measure can be found in the Downloads section at the bottom of the [CMS Home Health Quality Measures](#) webpage. The recent updates include an update to the [Discharge Function Score for Home Health Technical Report](#) (Updated March 2024) and the [Discharge Function Imputation Appendix File](#) (Updated March 2024).

Contact Us

HHVBP Model Help Desk

HHVBPquestions@cms.hhs.gov
Contact for information, updates, and questions about the expanded HHVBP Model.

PAC Training Help Desk

PACTraining@Econometricainc.com
Contact for questions about accessing resources or feedback regarding training.

Home Health Quality Reporting Program (HH QRP) Help Desk

homehealthqualityquestions@cms.hhs.gov
Contact for questions about the following: Home Health Quality, including Care Compare (excluding HHCAHPS), OASIS coding and documentation, quality reporting requirements and 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).

QIES/iQIES Service Center

iqies@cms.hhs.gov, (800) 339-9313
Contact for support with registration for the Internet Quality Improvement Evaluation System (iQIES). Alternatively, refer to the iQIES Onboarding Guide on QTSO at <https://qtso.cms.gov/software/iqies/reference-manuals> for registration support.

CCSQ Support Central

https://cmsqualitysupport.servicenow.com/ccsq_support_central
Use this link to create a ticket or to track an existing ticket.

Home Health CAHPS Help Desk

HHCAHPS@rti.org
Contact for questions related to the HHCAHPS Survey or Patient Survey Star Ratings.

HHVBP Model Expansion Listserv

Subscribe to the HHVBP Model Expansion Listserv to receive email updates related to the expanded HHVBP Model.

Not sure which help desk to use?



Check out the [Guide to Home Health Help Desks!](#)

CY 2025 HPPS Proposed Rule Updates for the Expanded HHVBP Model



Request for Information (RFI) on Future Performance Measure Concepts for the Expanded HHVBP Model

CMS is including in the proposed rule an RFI that would build on input from the expanded Home Health Value-Based Purchasing (HHVBP) Model's Implementation and technical expert panel (TEP), which met in November 2023. The meeting included a discussion of potential future measure concepts that could fill measurement gaps in the expanded HHVBP Model. These include function measures to complement the existing cross-setting DC measure. These measures would include care activities like bathing and dressing, which are important for home health patients and caregivers but are not included in the DC Function measures. Based on TEP feedback, CMS may also consider adding the existing Medicare Spending per Beneficiary measure in future rulemaking. Other potential areas for measure development activities discussed with the TEP include family caregiver status and claims-based falls with major injury.

The Discharge Function Score measure does not include all care activities which are important for home health patient and caregivers. Activities like bathing and dressing could be considered for future measure development.

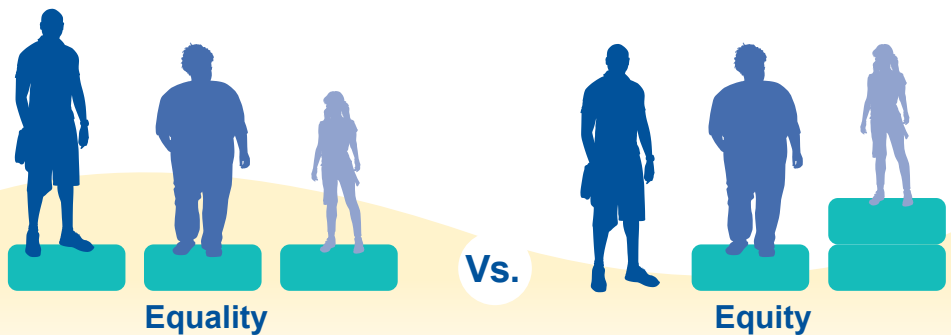
Health Equity Update

CMS is including an update on health equity to let stakeholders know that we are committed to developing approaches to meaningfully incorporate the advancement of health equity into the expanded HHVBP Model. As we move this important work forward, we will continue to take input from home health stakeholders and monitor the application of proposed health equity policies across CMS initiatives, such as proposed payment adjustments in the Hospital and SNF Value-Based Purchasing Programs.

REQUESTS FOR COMMENTS

Comments can be submitted electronically through [Regulations.gov](https://www.regulations.gov).

The comment period is open for 60 days after the HPPS Proposed Rule is published.



CMS defines Health Equity as the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.