EXPANDED HOME HEALTH VALUE BASED PURCHASING (HHVBP) MODEL TRAINING

Participant Questions

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

August 13, 2024

Current as of September 2024

Acronym List

Acronym	Definition
APP	Annual Performance Percentage
APR	Annual Performance Report
CCN	CMS Certification Number
CMS	Centers for Medicare & Medicaid Services
CY	Calendar Year
DTC-PAC	Discharge to Community – Post-Acute Care
FFS	Fee for Service
HHA	Home Health Agency
HHCAHPS	Home Health Consumer Assessment of Healthcare Providers and Systems
IPR	Interim Performance Report
MAC	Medicare Administrative Contractor
OASIS	Outcome and Assessment Information Set
PDC	Provider Data Catalog
PPS	Prospective Payment System
TEP	Technical Expert Panel
TPS	Total Performance Score

#	Topic	Question	Response
1	Adjusted Payment Percentage (APP)	What percentage of Home Health Agencies (HHAs) does the Centers for Medicare & Medicaid Services (CMS) expect will be impacted by an APP > +/- 2.5 percent?	The calendar year (CY) 2024 Annual Performance Report (APR) includes a table on the "Annual Payment Adjustment" tab that provides cohort-level APP statistics, including the average, 25th percentile, median, 75th percentile, and 99th percentile values.
2	APR	When will the APR be released in August?	The Preview CY 2024 APR was published on August 23, 2024, which includes the APP for your HHA.
3	APP	Where can I find my APP?	The Preview CY 2024 APR was published on August 23, 2024, which includes the APP for your HHA.
4	APP	When will we be provided the preliminary annual payment adjustment?	The Preview CY 2024 APR was published on August 23, 2024, which includes the APP for your HHA.
5	APP	Is there a specific date when the payment adjustments will take place?	CMS applies the HHA's APP based on CY 2023 performance to Medicare Fee for Service (FFS) payments in CY 2025. HHA episodes can span the calendar, so claims with through dates in 2025 will get the 2025 payment adjustment even if the episodes began prior to 2025. Medicare Home Health Prospective Payment System (HH PPS) adjustments are not made to aggregate revenue but occur for each final Medicare FFS claim an agency submits with a payment episode "through date" in payment year CY 2025.
6	APP	Is it correct that payment adjustments only apply to Medicare FFS and not Medicare Advantage/Replacement Plans?	Yes, that is correct. CMS applies the HHA's APP based on CY 2023 performance to Medicare FFS payments in CY 2025. HHA episodes can span the calendar, so claims with through dates in 2025 will get the 2025 payment adjustment even if the episodes began prior to 2025. Medicare HH PPS adjustments are not made to aggregate revenue but occur for each final Medicare FFS claim an agency submits with a payment episode "through date" in payment year CY 2025.

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7	APP	What is the billing process for the expanded HHVBP Model?	Once CMS calculates the APP for HHAs eligible for a payment adjustment, the following process is followed for HH PPS claims for Medicare FFS beneficiaries: 1. The HHA submits a final claim as usual. 2. The Medicare claims processing system reviews the claim, calculates payment, and applies the APP to the claim. 3. The Medicare Administrative Contractor (MAC) pays the claims and returns the remittance advice with the claim. Please note: the adjustment amount is not separately identified on the remittance advice. For additional questions about billing, you can visit the Home Health PPS webpage.
8	APP	How are the payment adjustments applied?	Payment adjustments are the amount by which an HHA's final claim payment amount under the HH PPS is changed per the payment adjustment methodology. • If positive, the payment amount increases according to the APP. • If negative, the payment amount decreases according to the APP. CMS applies the APP to Medicare FFS payments. HHA episodes can span the calendar, so claims with through dates in 2025 will get the 2025 payment adjustment even if the episodes began prior to 2025. Medicare HH PPS adjustments are not made to aggregate revenue but occur for each final Medicare FFS claim an agency submits with a payment episode "through date" in the expanded Model payment year—in this case, CY 2025.
9	Appeals Process	How many days after we ask for a recalculation should we have an answer?	After the Preview CY 2024 APRs are published, HHAs have 15 calendar days to submit a recalculation request if they find evidence of an error in their report. The deadline for submitting a recalculation request for the CY 2024 APRs is September 7, 2024. Recalculation request decisions are shared with HHAs no later than 1 calendar day before Preliminary APRs are published on September 27, 2024.
10	Appeals Process	What is the mechanism to appeal the results in the CY 2024 APR?	This process is covered in slides 48–51, which is the "The Appeals Process" section. In essence, agencies have three opportunities to appeal, which are (1) a recalculation request period, (2) a reconsideration request period for those agencies that disagree with the decision made in response to the submitted recalculation request, and (3) an administrator review request period for those agencies disagreeing with the decision made pertaining to the submitted reconsideration request.

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11	APR	Our HHA did not receive an APR. Why is this?	The CY 2024 APRs are not published yet. The Preview CY 2024 APRs are slated to be published on Friday, August 23. Note that in order to be eligible to receive a Calendar Year 2024 APR and APP, the HHA would have had to be Medicare-certified prior to January 1, 2022, **and** had sufficient data for at least five quality measures in calendar year 2023 to calculate a Total Performance Score (TPS) and APP.
12	APR	The most recent HHVBP report available for our agency is the Preliminary July 2024 Interim Performance Report (IPR). What is the difference between the July 2024 IPR and the CY 2024 APR?	IPRs are based on the 12 most recent months of performance data. APRs, on the other hand, are based on data during a given performance year, which is a full CY. The CY 2024 APRs are based on performance data in CY 2023 for all measure categories. The most important difference is that IPRs are not connected to payment, whereas APRs are. Your agency's performance reported in its CY 2024 APR is connected to payment in the payment year, which is CY 2025.
13	APR	How can our agency compare its performance to other HHAs in the same cohort?	Each HHA will be able to compare their performance to other agencies in their cohort using the IPRs, issued quarterly, and the APRs. Both the IPR and APR include TPS statistics for the HHA's assigned cohort, which provides the TPS for the 25th, 50th, 75th, and 99th percentiles for the HHA's cohort. This information provides each HHA with the opportunity to see how their TPS compares to others in the cohort. The APR includes the Final TPS-APP for the mean, the 25th, 50th, 75th, and 99th percentiles for the HHA's cohort.
14	Cohorts	Are HHCAHPS Survey-based measures included in TPS calculations for the smaller-volume cohort?	No, HHCAHPS Survey-based measures are not reported or included in the TPS calculations for the smaller-volume cohort. The expanded model national cohorts were constructed to group HHAs of similar size that are likely to receive scores on the same set of measures for the purposes of setting benchmarks and achievement thresholds and determining payment adjustments. These HHCAHPS Survey-based measures are not calculated in expanded model performance reports for the smaller-volume cohort and no achievement thresholds or benchmarks are calculated.
15	Eligibility	What happens if the initial Medicare enrollment date for the agency is in 2023 or after?	An HHA that was Medicare certified in CY 2023 will be eligible to receive a CY 2025 APR.
16	IPR	We don't seem to have the adjusted payment tab on our IPR reports. Is this something that is provided elsewhere or do we have to calculate it?	IPRs are based on the 12 most recent months of performance data. APRs, on the other hand, are based on data during a given performance year, which is a full CY. The CY 2024 APRs are based on performance data in CY 2023 for all measure categories. The most important difference is that IPRs are not connected to payment, whereas APRs are. Your HHA's performance reported in its CY 2024 APR is connected to payment in the payment year, which is CY 2025.

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17	Minimum Data Thresholds	What if our agency does not have data for CY 2022?	For an HHA without or with insufficient data in CY 2022, which is the HHA baseline year for the CY 2024 APRs, baseline scores cannot be calculated for any of the 12 applicable measures. Therefore, the HHA is not eligible to receive a CY 2024 APR and a corresponding APP.
18	Minimum Data Thresholds	How is the calculation made if there are insufficient HHCAHPS surveys (less than 400)?	If an HHA was Medicare-certified prior to January 1, 2022, and had sufficient data for at least five quality measures to calculate a TPS and APP, the HHA will receive a CY 2024 APR. If an HHA is missing all measures from a single measure category (e.g., less than 40 HHCAHPS surveys), CMS will redistribute the weights for the remaining two measure categories such that the proportional contribution remains consistent with the original weights. For an HHA with no HHCAHPS Survey-based measures but sufficient data for all Outcome and Assessment Information Set (OASIS)-based and claims-based measures, weights are redistributed to the claims-based (otherwise weighted 35 percent) and OASIS-based (otherwise weighted 35 percent) measure categories, such that the both the claims-based measure category and the OASIS-based measure category are weighted at 50 percent each of the TPS.
19	Model Years	Will the baseline year remain 2022 when we move to the new measure?	Starting with the CY 2025 measure set, the baseline year will be updated to CY 2023 for all applicable measures, except Discharge to Community – Post-Acute Care (DTC-PAC). For the DTC-PAC measure, the baseline year is CY 2022 and CY 2023.
20	Public Reporting	What and where is the Provider Data Catalog?	The Provider Data Catalog (PDC) gives HHAs direct access to CMS' official data. Some of these data are used on the Medicare Care Compare website and directories, while other data are only available in the PDC. The goal is to make data readily available in open, accessible, and machine-readable formats. The PDC can be accessed at https://data.cms.gov/provider-data. Note that HHVBP data are currently available in the PDC only.
21	Public Reporting	Is HHVBP performance going to be reported on Care Compare?	CMS consulted with a Technical Expert Panel (TEP) earlier this summer to get feedback on reporting HHVBP performance on Care Compare. The consensus among TEP members was that public reporting on Care Compare requires additional time to consider which information is most beneficial for those using Care Compare to help make informed care decisions and how to present this information in a straightforward and unambiguous way. Until then, public reporting of HHVBP data will be on the CMS Provider Data Catalog starting in January 2025.

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22	Quality Measures	What happens if there are no claims-based measures on the preliminary report?	If an HHA was Medicare-certified prior to January 1, 2022, and had sufficient data for at least five quality measures to calculate a TPS and APP, the HHA will receive a CY 2024 APR. If an HHA is missing all measures from a single measure category (e.g., no claims-based measures), CMS will redistribute the weights for the remaining two measure categories such that the proportional contribution remains consistent with the original weights. For an HHA with no claims-based measures but sufficient data for all OASIS-based and HHCAHPS- Survey-based measures, weights are redistributed to the HHCAHPS Survey-based (otherwise weighted 30 percent) and OASIS-based (otherwise weighted 35 percent) measure categories, such that the HHCAHPS Survey-based measure category is weighted at 46.15 percent and the OASIS-based measure categories is weighted at 53.85 percent of the TPS.
23	Risk Adjustment	Is there any risk adjustment for the quality measures that are included in the calculations impacting the APP?	Yes. One of the key components for calculating both achievement points and improvement points is the HHA Performance Score. This score is a risk-adjusted value for each quality measure based on the HHA's performance when sufficient data were available. • 20+ quality episodes/stays for OASIS-based/claims-based measures. • 40+ surveys for HHCAHPS Survey-based measures. The risk adjustments are calculated at the agency or CMS Certification Number (CCN) level and are developed specifically for each measure to compensate for differences in the patient population of HHAs.
24	TPS Scoring Methodology	Is there a generalized TPS that would dictate a negative APP, a positive APP, or no impact to revenue?	The HHA's APP depends on the HHA's TPS in relation to the HHA's cohort TPS. Therefore, a TPS with a higher percentile ranking within the HHA's cohort will have a relatively higher APP.
25	TPS Scoring Methodology	Do the payments pro rate based upon your actual percentile of your TPS? For example, if you are at 60th percentile, how is your APP calculated?	The HHA's APP is dependent on the HHA's TPS compared to the cohort's TPS. Generally, a TPS associated with a higher percentile ranking within the HHA's cohort will have a relatively higher APP.
26	TPS Scoring Methodology	What is the TPS percentile level that will not have negative adjustment? 50th percentile is -0.416 percent and 75th is +1.645 percent. Seems like big range.	The HHA's APP is dependent on the HHA's TPS compared to the cohort's TPS. Generally, a TPS associated with a higher percentile ranking within the HHA's cohort will have a relatively higher APP.

#	Topic	Question	Response
27	TPS Scoring Methodology	How does the TPS effect reimbursement?	Once CMS calculates the APP for HHAs eligible for a payment adjustment, the following process is followed for HH PPS claims for Medicare FFS beneficiaries: 1. The HHA submits a final claim as usual. 2. The Medicare claims processing system reviews the claim, calculates payment, and applies the APP to the claim. 3. The Medicare Administrative Contractor (MAC) pays the claims and returns the remittance advice with the claim. Please note: the adjustment amount is not separately identified on the remittance advice. For additional questions about billing, you can visit the Home Health PPS webpage.
28	TPS Scoring Methodology	What if an HHA does not meet the minimum of five (5) applicable measures to receive a TPS and a corresponding payment adjustment?	An HHA that does not meet the minimum threshold of episodes or completed HHCAHPS Surveys on five or more applicable measures for a given performance year (CY 2023, for instance) will not receive a TPS or be subject to a payment adjustment for the respective payment year (or CY 2025). Instead, the HHA will be paid for services in an amount equivalent to what would have been paid in accordance with the HH PPS). HHAs will continue to have the opportunity to receive a TPS in the next performance year and be eligible for a payment adjustment in the next payment year.
29	TPS Scoring Methodology	When will an agency receive zero (0) Achievement Points and zero (0) Improvement Points for some of the quality measures on the CY 2024 APR?	An HHA will receive zero achievement or improvement points if their Performance Year Measure Value is worse than (lower) or equal to their cohort's Achievement or Improvement Threshold, respectively. For later reference, you can review slides 29 and 33, which go over the definitions of Achievement and Improvement Points.