

Expanded Home Health Value-Based Purchasing (HHVBP) Model

QUARTERLY NEWSLETTER - SEPTEMBER 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.

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Preliminary And Final Annual Performance Report (APR) For CY 2024

Agencies will receive their Preliminary APR in September/October 2024. This report will identify how an agency is performing with their quality measures (QMs) and expected payment adjustments. Note: HHAs can expect that this report will look the same as their Preview APR (available in August 2024), unless a recalculation request was submitted and the Centers for Medicare & Medicaid Services (CMS) made adjustments/corrections if needed and notified the HHA of the decision (i.e., request granted or denied). The Preliminary APR would reflect any of those changes granted by CMS.

An agency must believe they have found an error in the Preview Report in order to submit a recalculation request.

Agencies that requested a recalculation (within 15 days of their August Preview APR) and do not agree with the outcome of CMS' decision may submit a reconsideration request within 15 days of the publication of their Preliminary APR. CMS will investigate the submitted request, make adjustments/corrections if needed, and notify the HHA of the decision (i.e., request granted or denied). The agency may once more appeal this decision by submitting a Request for CMS Administrator Review within 7 days of receiving the outcome notification from CMS regarding the Reconsideration Request. Requests for recalculation and reconsideration must be submitted to HHVBP_Recalculation_Requests@abtassoc.com.

Final APRs will be available in December 2024, at least 30 days before the applicable payment year (CY 2025). This report will reflect agency performance for the QMs and identify the Achievement and Improvement Points that will impact individual payment adjustments in 2025.

APR Recalculation And Reconsideration 2024 Timeline

To learn more about HHA Recalculation Requests, [click here](#).

Click Here

Instructions for Accessing HHVBP Model Reports in iQIES




HHVBP Public Reporting

The expanded HHVBP Model data will be publicly reported beginning in 2025.

HHA-level HHVBP performance metrics for CY 2023 as reported in the CY 2024 APR will be published in the Provider Data Catalog (PDC) in mid-January 2025. For each CY thereafter, CMS anticipates following the same approximate timeline for public reporting.

The metrics that will be made available include but are not limited to:

- 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:
 - ✓ The HHA's applicable measure results and improvement thresholds,
 - ✓ The HHA's Total Performance Score (TPS),
 - ✓ The HHA's TPS Percentile Ranking, and
 - ✓ The HHA's payment adjustment for a given year.

Help Desk Highlights

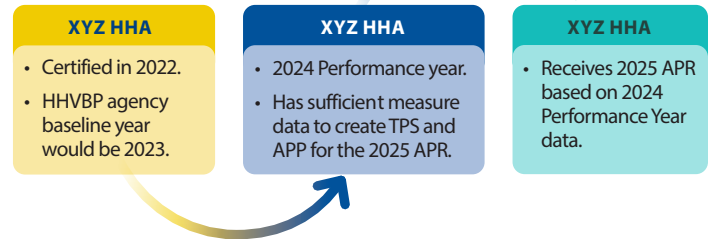
Common Help Desk questions are added to the expanded HHVBP Model FAQs. To access the updated FAQs, [click here](#).

Who receives a CY 2024 APR?

Only active HHAs that were Medicare-certified prior to January 1, 2022, and had sufficient measure data to generate a TPS and Annual Payment Percentage (APP) will receive a CY 2024 APR. The cadence for receiving an APR is the same for an agency achieving Medicare certification in subsequent years.

For example, HHAs that were Medicare certified in 2022 would not be eligible to receive a CY 2024 APR but may be eligible to receive a CY 2025 APR based on CY 2024 performance if they have sufficient measure data to generate a TPS and APP for the CY 2025 APR (see **Exhibit 1**). Similarly, HHAs that were Medicare-certified in 2021 but did not have sufficient measure data to create a TPS and APP may be eligible to receive a CY 2025 APR based on CY 2024 performance if they meet the minimum measure data requirement for that APR.

Exhibit 1

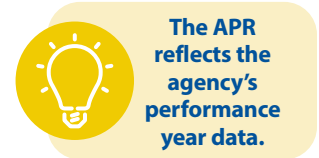


If your agency did NOT receive a Preview APR in August 2024, this might be why...

Understanding Agency APR Eligibility

Though it is understood that the expanded HHVBP Model participation is mandatory for all HHAs, agencies may not receive a 2024 APR. For CY 2024, HHAs will receive an APR **only** if they were Medicare-certified prior to January 1, 2022, **and** had sufficient data for at least five QMs to calculate their TPS.

HHAs that become Medicare-certified must have provided a full CY of services (beginning after the date of Medicare certification) to be eligible for an APR. That first CY of services will become their HHA baseline year. This is to allow adequate time for the agency to collect the necessary data used to calculate QMs and to ensure that enough data are collected to most accurately reflect an agency's performance as displayed on an APR.



Updating Demographic Data

"I noticed that my agency name appears different on each of the reports. How can I request that it is changed so it appears the same on each?"

Information on how to update an HHA's demographic data can be found on the Home Health Quality Reporting web page: [How to Update Home Health Demographic Data | CMS](#), and additional instructions are outlined in [Provider Demographic Update Process](#) that can be found in the Downloads section.

All HH providers are responsible for ensuring their latest demographic data are updated and available in both the iQIES and PECOS systems.

1. Complete form CMS-855A in PECOS with the updated demographic information: [Welcome to the Medicare Provider Enrollment, Chain, and Ownership System \(PECOS\) \(hhs.gov\)](#).
 - If you need assistance, contact your Medicare Administrative Contractor (MAC).
2. Contact your State OASIS Automation Coordinator (OAC) or State OASIS Education Coordinator (OEC) and request an update of your demographic data in iQIES.
 - A list of OAC/OECs and their contact information can be found here: [OASIS Coordinators | CMS](#).



Updates to HH provider demographic information do not happen in real time and can take up to 6 months to appear on Care Compare. Should you have questions regarding this process, please contact the iQIES help desk by email at iQIES@cms.hhs.gov or by phone at (800) 339-9313.

Contact Us

HHVBP Model Help Desk

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

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!](#)

HHVBP Training Updates

On August 13, 2024, CMS hosted a webinar, The HHVBP CY 2024 Annual Performance Report (APR) – What You Need to Know! A recording of this webinar and more can be found on the [Expanded HHVBP Model website](#) under Model Reports. The purpose of this webinar is to educate HH providers about the Preview APR that came out in August 2024. The webinar includes a discussion of the CY 2024 APR, how to interpret the report, the recalculation and reconsideration process, the applicable QM results and corresponding payment adjustment amounts determined by CY 2023 performance, and how the APP will be applied to Medicare Fee-For-Service (FFS) payments in CY 2025, the payment year.

In addition, CMS is offering a web-based training course that provides an overview of changes to the expanded HHVBP Model Applicable Measure Set for CY 2025 based on the [HH CY 2024 Prospective Payment System \(PPS\) final rule](#). The changes to the expanded HHVBP Model's applicable measure set categories, reflecting QMs that were removed and added, are discussed. A review of measure specifications and measure weighting is also provided. The course includes interactive exercises to help you understand and apply the content presented. This program is part of a comprehensive strategy to ensure HH providers have access to the education necessary to understand and comply with changes in requirements associated with the expanded HHVBP Model.

Advancing Agency Achievement

In addition to the trainings found on the expanded HHVBP Model website, other training resources that agencies may find helpful are on the HH QRP Training Web Page.

HH QRP Education Spotlight: Section GG Training

HH providers have been collecting self-care and mobility data for several years. Since the advent of Section GG in 2017, agencies have witnessed how these data elements have impacted them in a multitude of ways. Since the Discharge Function Score measure baseline data collection began in 2023, agencies will need to ensure that accurate assessments for self-care and mobility are being conducted.

To assist agencies in the promotion of accurate data collection, CMS is offering an updated web-based training series on the *Assessment and Coding of Section GG: Functional Abilities*. This training (originally posted in 2019), has been updated to reflect OASIS-E1 guidance as of August 2024.

This training series consists of five courses:

- **Course 1:** Section GG Data Accuracy and Quality Measures.
- **Course 2:** Prior Functioning and Prior Device Use Items.
- **Course 3:** Accurate Coding for GG0130. Self-Care and GG0170. Mobility.
- **Course 4:** Understanding Admission and Discharge Performance for GG0130. Self-Care Items.
- **Course 5:** Understanding Admission and Discharge Performance for GG0170. Mobility Items.



Each of the courses contains interactive exercises to test your knowledge related to the assessment and coding of Section GG data elements. This "Train-the-Trainer" program is part of a comprehensive strategy to ensure HH providers have access to the education necessary to understand and comply with changes in Section GG guidance associated with the HH Quality Reporting Programs (QRPs).

This training series can be found on the [HH QRP Training Web Page](#).

HH QRP Education Spotlight: HH QRP Key Program Updates Training

Is your agency up to date on the changes to the HH QRP that are being implemented this year? Some of these updates will have an impact on HHVBP. CMS has posted a web-based training specifically addressing these recent changes. What You Need to Know: PAC QRP Key Program Updates – FY/CY 2025 provides an overview of key HH QRP updates, targeting new, removed and revised QMs. There is a discussion on the Discharge Function Score measure, including a description of how the measure is calculated. This training can be found on the [HH QRP Training Web Page](#).