

# How Care Points Become the Total Performance Score (TPS)

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## Expanded Home Health Value-Based Purchasing (HHVBP) Model

August 2022



*This material was prepared by Lewin Group under the HHVBP Technical Assistance contract (HHS-500-2014-00331.) 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.*



# Care Points, Total Performance Score, and Payment Adjustment Series

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This resource is the second in a series that describes quality measurement, performance, and payment adjustment methods. Resources in this series include:



These resources are available on the Expanded HHVBP Model webpage:

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

# Why is a Total Performance Score (TPS) needed?

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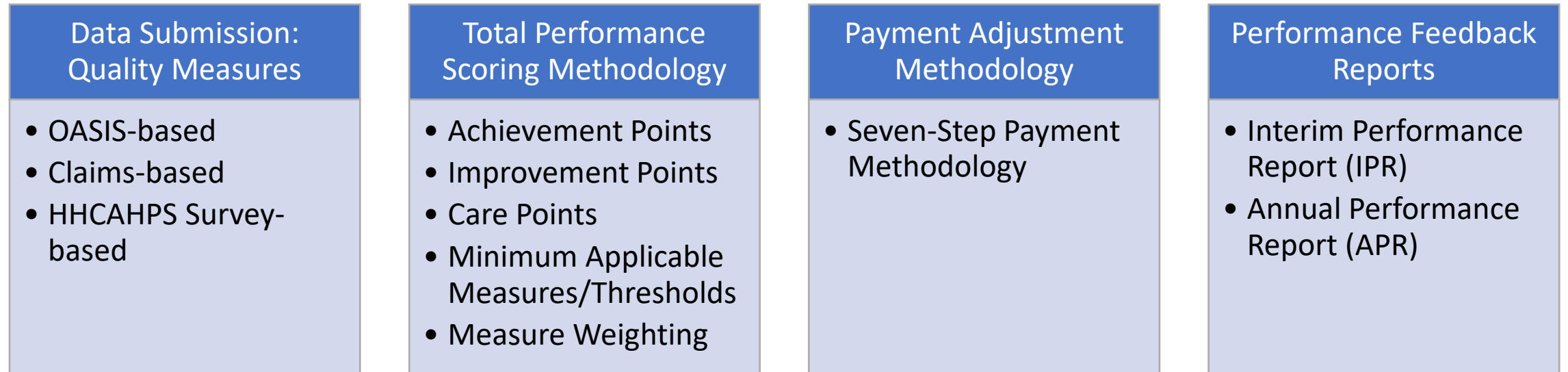
- The value of home health care includes impact on:
  - Patients' sense of health and wellbeing
  - Functional status, mobility
  - Capacity for self-care
  - Utilization of other care resources
  - Future health, wellbeing, and use of care resources
  - Patients' experience of care and satisfaction with care provided
- Expanded HHVBP Model includes multiple measures of value
- TPS is used to translate multiple measures of value into an adjusted payment percentage (APP)

# Glossary

Acronym	Detail
ACH	Acute Care Hospitalization
CY	Calendar Year
ED	Emergency Department
FFS	Fee-for-Service
HHA	Home Health Agency
HHCAHPS	Home Health Consumer Assessment of Healthcare Providers and Systems
HH PPS	Home Health Prospective Payment System
HHVBP	Home Health Value-Based Purchasing
OASIS	Outcome and Assessment Information Set
TNC	Total Normalized Composite
TPS	Total Performance Score

# Components of the Expanded HHVBP Model: From Quality Care to Payment Adjustment

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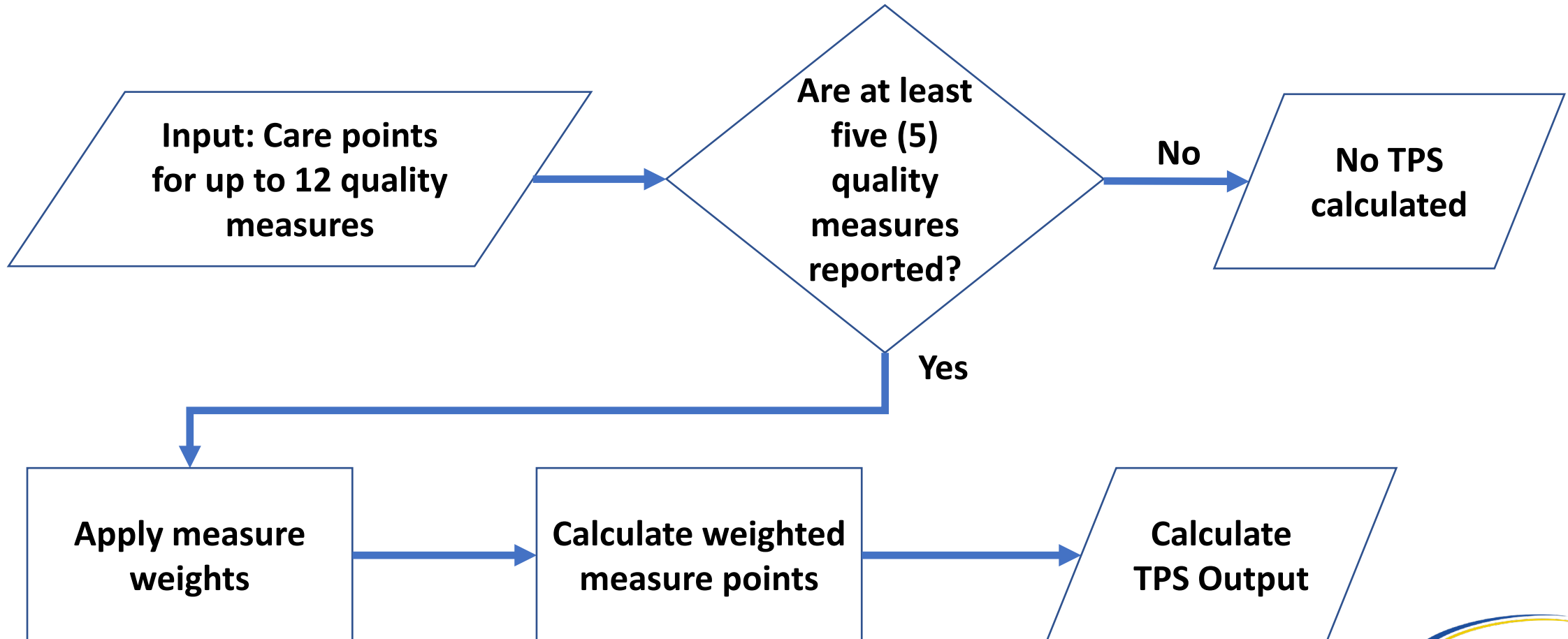
Additional information and resources now available on the Expanded HHVBP Model webpage  
<https://innovation.cms.gov/innovation-models/expanded-home-health-value-based-purchasing-model>

# Definitions

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- **Care points** are the higher of achievement points or improvement points for each measure on the Interim Performance Report (IPR) and Annual Performance Report (APR).
- **Total Performance Score (TPS)** is a numeric score, ranging from zero (0) to 100, awarded to each competing HHA based on a measure-weighted sum of care points.

# Calculating the TPS



# Minimum Data Required for Quality Measures

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- The calculation of a TPS requires sufficient measure data.
  1. The minimum threshold of data an HHA must have per reporting period is the following for each measure category:

Measure Category	Threshold
OASIS-based	20 home health quality episodes
Claims-based	20 home health stays
HHCAHPS Survey-based	40 completed surveys

2. In addition, an HHA must have sufficient data to allow calculation of at least five (5) of the 12 measures to calculate a TPS.



# Care Points to TPS

# Components of the TPS Calculation

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- Weights for measure categories, measures within categories, and measures
- Redistribution of measure weights, when needed
- Application of TPS formula

# Measure Weights

MEASURE CATEGORIES	CATEGORY WEIGHT	WITHIN CATEGORY MEASURE WEIGHT	MEASURE WEIGHT
<b>OASIS-based Measures</b>			
Discharged to Community	35.00	16.67	5.83
Improvement in Dyspnea		16.67	5.83
Improvement in Management of Oral Medications		16.67	5.83
Total Normalized Composite (TNC) Change in Mobility		25.00	8.75
Total Normalized Composite (TNC) Change in Self-Care		25.00	8.75
<b>Claims-based Measures</b>			
Acute Care Hospitalizations	35.00	75.00	26.25
Emergency Department Use Without Hospitalization		25.00	8.75
<b>HHCAHPS Survey-based Measure Components</b>			
Care of Patients	30.00	20.00	6.00
Communications Between Providers and Patients		20.00	6.00
Specific Care Issues		20.00	6.00
Overall Rating of Home Health Care		20.00	6.00
Willingness to Recommend the Agency		20.00	6.00

# Redistribution of Measure Weights

Measure Category	Quality Measures	Measure Reporting Scenarios			
		All Measures	No HHCAPHS	No Claims	No Claims or HHCAPHS
OASIS-based Measures	Discharged to Community	5.83	8.33	8.97	16.67
	Improvement in Dyspnea	5.83	8.33	8.97	16.67
	Improvement in Management of Oral Medications	5.83	8.33	8.97	16.67
	Total Normalized Composite (TNC) Change in Mobility	8.75	12.50	13.46	25.00
	Total Normalized Composite (TNC) Change in Self-Care	8.75	12.50	13.46	25.00
	<b>Total for OASIS-based Measures</b>	<b>35.00</b>	<b>50.00</b>	<b>53.85</b>	<b>100.00</b>
Claims-based Measures	Acute Care Hospitalizations	26.25	37.50	0.00	0.00
	Emergency Department Use Without Hospitalization	8.75	12.50	0.00	0.00
	<b>Total for claims-based Measures</b>	<b>35.00</b>	<b>50.00</b>	<b>0.00</b>	<b>0.00</b>
HHCAPHS Survey-based Measure Components	Care of Patients	6.00	0.00	9.23	0.00
	Communications Between Providers and Patients	6.00	0.00	9.23	0.00
	Specific Care Issues	6.00	0.00	9.23	0.00
	Overall Rating of Home Health Care	6.00	0.00	9.23	0.00
	Willingness to Recommend the Agency	6.00	0.00	9.23	0.00
	<b>Total for HHCAPHS Survey-based Measure Components</b>	<b>30.00</b>	<b>0.00</b>	<b>46.15</b>	<b>0.00</b>
<b>Total for all Measure Categories</b>		<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>



# Revised Measure Weights

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If one (1) or more (but not all) measures within a category are not reported due to having insufficient data, the following formula is applied to calculate a revised measure weight (RMW).

$$\text{Original Measure Weight} \times \frac{\text{Sum of All Measure Weights within the Category}}{\text{Sum of Measure Weights for Reported Measures within the Category}} = \text{RMW}$$

RMWs are treated as measure weights in performance reports and calculations.

# Calculation of the TPS

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## 1. Calculate the Weighted Measure Points

$$\left( \frac{\text{Care Points}}{\text{Maximum Possible Care Points}} \right) \times \text{Measure Weight} = \text{Weighted Measure Points}$$

*(Maximum possible care points for all measures = 10)*

## 2. Next, calculate the TPS

$$\text{Sum of Weighted Measure Points} = \text{TPS}$$

*(TPS range = 0 to 100)*

# TPS Calculation Example

# Measure Scorecard Tab: Sample Annual Performance Report (APR)

Measure Scorecard				
Measure	Your HHA's Care Points	Maximum Possible Points	Measure Weight [a]	Your HHA's Weighted Measure Points [b]
<b>OASIS-based Measures</b>				
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
<b>Sum of OASIS-based Measures</b>	<b>27.162</b>	<b>50.000</b>	<b>35.000</b>	<b>19.400</b>
<b>Claims-based Measures</b>				
Acute Care Hospitalizations	1.251	10.000	26.250	3.284
Emergency Department Use Without Hospitalization	0.000	10.000	8.750	0.000
<b>Sum of Claims-based Measures</b>	<b>1.251</b>	<b>20.000</b>	<b>35.000</b>	<b>3.284</b>
<b>HHCAHPS Survey-based Measure Components</b>				
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
<b>Sum of HHCAHPS Survey-based Measure Components</b>	<b>1.212</b>	<b>50.000</b>	<b>30.000</b>	<b>0.727</b>
<b>Sum of All Measures</b>	<b>29.625</b>	<b>120.000</b>	<b>100.000</b>	<b>23.411</b>





# Care Points Column

**Measure Scorecard**

Measure	Your HHA's Care Points	Maximum Possible Points	Measure Weight [a]	Your HHA's Weighted Measure Points [b]
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Discharged to Community	6.561	10.000	5.833	3.827
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<b>Sum of All Measures</b>	<b>29.625</b>	<b>120.000</b>	<b>100.000</b>	<b>23.411</b>

# Measure Weight Column

Measure Scorecard				
Measure	Your HHA's Care Points	Maximum Possible Points	Measure Weight [a]	Your HHA's Weighted Measure Points [b]
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<b>Sum of All Measures</b>	<b>29.625</b>	<b>120.000</b>	<b>100.000</b>	<b>23.411</b>

# Weighted Measure Points Column

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# Calculation of Weighted Measure Points

# Weighted Measure Points Calculation – Acute Care Hospitalization

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<b>Claims-based Measures</b>				
Acute Care Hospitalizations	1.251	10.000	26.250	3.284

## Acute Care Hospitalization

$$\left( \frac{\text{Care Points}}{\text{Maximum Possible Care Points}} \right) \times \text{Measure Weight} = \text{Weighted Measure Points}$$

$$\left( \frac{1.251}{10.000} \right) \times 26.250 = 3.284$$

# TPS Calculation: Sum of Weighted Measure Points = TPS

**Measure Scorecard**

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# Expanded HHVBP Model Resources

# Expanded HHVBP Model Help Desks

HHVBP Model Help Desk	iQIES Help Desk
<p>Questions related to implementation, measures, resources, HHVBP report content, or other questions related to the HHVBP Model.</p> <p>Email: <a href="mailto:HHVBPquestions@lewin.com">HHVBPquestions@lewin.com</a></p>	<p>Technical questions related to Internet Quality Improvement Evaluation System (iQIES) platform registration, navigation, or assistance with accessing reports.</p> <p>Email: <a href="mailto:iQIES@cms.hhs.gov">iQIES@cms.hhs.gov</a>      Web page: <a href="#">iQIES Help</a></p> <p>Phone: 1 (800) 339-9313</p>
<p>When sending an email to either help desk, please include the following information:</p> <ul style="list-style-type: none"> <li>• Your first and last name</li> <li>• Email address</li> <li>• CCN(s) or Facility ID</li> <li>• Facility/agency name and address</li> <li>• If CCN or Facility ID is unknown, please include facility/agency name and zip code</li> </ul>	
Home Health Quality Reporting Program Help Desks	
Home Health Quality Help Desk	Home Health CAHPS
<p>Questions related to: Home Health Quality, including Care Compare (excluding HHCAHPS), OASIS coding and OASIS documentation, Quality reporting requirements &amp; 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).</p> <p>Email: <a href="mailto:homehealthqualityquestions@cms.hhs.gov">homehealthqualityquestions@cms.hhs.gov</a></p>	<p>Questions related to the Home Health CAHPS Survey or the Patient Survey Star Ratings.</p> <p>Email: <a href="mailto:hcahps@rti.org">hcahps@rti.org</a>      Phone: 1 (866) 354-0985</p>



# Want to Learn More?

The screenshot shows the CMS.gov website with the following content:

- Navigation: Home | About CMS | Newsroom | Archive | Help | Print
- Search bar
- Menu: Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, Outreach & Education
- Breadcrumbs: Innovation Center Home > Innovation Models > Expanded Home Health Value-Based Purchasing Model
- Section: **Expanded Home Health Value-Based Purchasing Model**
- Text: Building upon experience from the original Home Health Value-Based Purchasing Model (HHVBP Model), this page provides information, resources, and technical assistance to support implementation of the expanded HHVBP Model nationwide.
- Contact: **Have questions about the expanded HHVBP Model?** Please send questions to [HHVBPquestions@lewin.com](mailto:HHVBPquestions@lewin.com). Be sure to include your name and the home health agency's name and CCN.
- Subscription: **Want to stay up to date on the expanded HHVBP Model?** Please subscribe to the [HHVBP Model Expansion List Serv.](#)
- Section: **Background**
- Text: As authorized by section 1115A of the Act and finalized in the Calendar Year (CY) 2016 Home Health Prospective Payment System (HH PPS) final rule (80 FR 68624), the Center for Medicare and Medicaid Innovation (Innovation Center) implemented the Home Health Value-Based Purchasing (HHVBP) Model ("original Model") in nine (9) states on January 1, 2016. The design of the original HHVBP Model leveraged the successes and lessons learned from other CMS value-based purchasing programs and demonstrations to shift from volume-based payments to a model designed to promote the delivery of higher quality care to Medicare beneficiaries. The specific goals of the original HHVBP Model were to:
  1. Provide incentives for better quality care with greater efficiency;
  2. Study new potential quality and efficiency measures for appropriateness in the home health setting; and
  3. Enhance the current public reporting process.
- Text: The original HHVBP Model resulted in an average 4.6 percent improvement in HHAs' total performance scores (TPS) and an average annual savings of \$141 million to Medicare without evidence of adverse risks. The evaluation of the original model also found reductions in unplanned acute care hospitalizations and skilled nursing facility (SNF) stays, resulting in reductions in inpatient and SNF spending. The U.S. Secretary of Health and Human Services determined that expansion of the original HHVBP Model would further reduce Medicare spending and improve the quality of care. In October 2020, the CMS Chief Actuary certified that expansion of the HHVBP Model would produce Medicare savings if expanded to all states.
- Text: On January 8, 2021, CMS announced the certification of the HHVBP Model for expansion nationwide, as well as the intent to expand the Model through notice and comment rulemaking. On July 7, 2021, CMS published the proposed rule for public comment.
- Section: **Model Summary**
- Text: **Stage:** Ongoing  
**Number of Participants:** N/A  
**Category:** Initiatives to Accelerate the Development and Testing of New Payment and Service Delivery Models  
**Authority:** Section 3021 of the Affordable Care Act
- Section: **Milestones & Updates**
- Text: **November 2, 2021**  
Announced: CY 2022 Home Health Proposed Payment System Final Rule published
- Section: **Stay Connected with the Innovation Center**
- Image: Social media icons for Facebook and Twitter
- Section: **Timeline**
- Text: **January 1, 2022**  
Anticipated start of the pre-implementation year. HHAs will not be assessed on their

- Explore more resources on the [Expanded HHVBP Model Webpage](#):
  - Frequently Asked Questions (updated monthly)
  - Expanded HHVBP Model Guide
  - "How Measure Performance Becomes Care Points" Instructional Video
  - "How Care Points Become the Total Performance Score (TPS)" Recording & Written Resource
  - "How the Total Performance Score (TPS) Becomes the Final Payment Adjustment" Recording & Written Resource

- Contact the HHVBP TA Help Desk [HHVBPquestions@lewin.com](mailto:HHVBPquestions@lewin.com)
- Subscribe to the [HHVBP Model Expansion listserv](#)
- Refer to the [CY 2022 HH PPS final rule](#)

Thank you!