

Care Transitions: Medication Management

Expanded Home Health Value- Based Purchasing (HHVBP) Model

July 2023



This material was prepared by Lewin Group under the HHVBP Technical Assistance contract (HHSM-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.

Featured Speaker



Elaine Gardner, RN, MS, COS-C
HHVBP Model Technical Assistance (TA) Team
OASIS Answers, Inc

Objectives

- ✓ Define care transitions
- ✓ Describe medication management
- ✓ Examine medication management strategies to enhance care transitions
- ✓ Describe how medication management strategies and techniques can potentially improve performance on expanded HHVBP Model measures

Definition of Care Transitions

The movement of a patient from one health care provider or setting to another.

- Settings of care may include hospitals, ambulatory care practices, long-term care facilities, home health, and rehabilitation facilities.^{1, 2, 3}



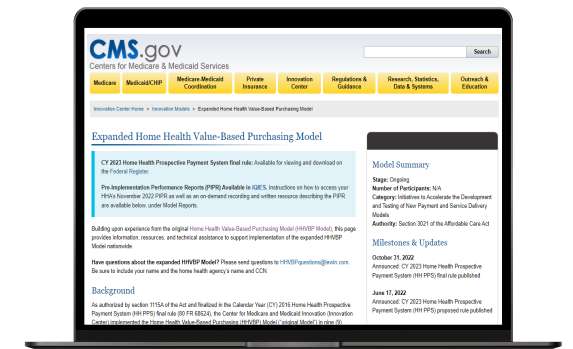
Care Transitions: Provider Communication

Expanded Home Health Value-Based Purchasing (HHVBP) Model

March 2023

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[Expanded HHVBP Model webpage](#)




¹ Agency for Healthcare Research and Quality (AHRQ). *Chartbook on Care Coordination*.

<https://www.ahrq.gov/research/findings/nhqrdr/chartbooks/carecoordination/measure1.html>.

² Centers for Medicare and Medicaid Services (CMS). *Community-based Care Transitions Program*. <https://innovation.cms.gov/innovation-models/cctp>.

³ National Transitions of Care Coalition (NTOCC). *Knowledge & Resource Center*. <https://www.ntocc.org/resources>.



*Each care transition is an **opportunity** to ensure better patient safety across the continuum of care, starting at admission to a health care facility, throughout the visit or stay, at discharge and following through to the next care setting.⁴*

⁴The Joint Commission. 2022. Transitions of Care: Managing Medications. *Quick Safety*, 26. <https://www.jointcommission.org/-/media/tjc/newsletters/qs-26-update2-4-21-22.pdf>.

Goals of Safe and Effective Care Transitions^{1,4}

- ✓ Improve patient experience
- ✓ Mitigate risk of adverse events
 - Medication errors
 - Falls
 - Pressure ulcers
 - Emergency room use
 - Hospitalization
- ✓ Reduce costs
- ✓ Improve performance on quality measures

Safe transitions of care can serve as safety nets for accurate medication management and good quality outcomes for patients.

¹ AHRQ. *Chartbook on Care Coordination*. <https://www.ahrq.gov/research/findings/nhqrd/charbooks/carecoordination/measure1.html>.

⁴ The Joint Commission. 2022. *Transitions of Care: Managing Medications*. *Quick Safety*, 26. <https://www.jointcommission.org/-/media/tjc/newsletters/qs-26-update2-4-21-22.pdf>.

Key Concepts of Care Transitions

Well-trained
clinicians with
information

Knowledge of
patient's goals,
preferences, &
health status

Education of
patient and family

Coordination
among health
professionals

**A set of actions
to ensure
coordination
and continuity**

What is Medication Management?

Descriptions of Medication Management

A **strategy for engaging** with patients and caregivers to **create a complete and accurate medication list**. A complete and accurate medication list is the foundation for **addressing medication reconciliation and medication management issues**.⁵

A **multi-step process** including monitoring, reconciling medications, and ensuring patients get the desired outcomes. It requires a **thorough review** of medications and possible side effects to **create treatment plans and monitor safety and efficacy**.⁶

⁵ AHRQ. *Implementation Quick Start Guide: Medication Management*. https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/patient-family-engagement/pfepriarycare/medmanage_quickstartfull.pdf.

⁶ Meridian Psychiatric Partners. *What is medication management and who should consider it?* <https://meridianpsychiatricpartners.com/medication-management-consider/>.

Why is Medication Management important?

Insights from the Literature

Impact of medication management⁷

- More than 1.5 million preventable adverse drug events occur annually in the United States.
- A comprehensive medication management program was implemented in several community-based clinics for chronically ill patients. For 3280 patients, the pharmacist identified 301 drug therapy problems; most common were **potentially adverse drug reactions** and **inappropriate drug dosage**.
- **Findings: Collaboration with the patient's primary care physician or care team** resolved 49.8% of these problems; the program resulted in potential cost savings of \$1,143,015.

Home health patient safety and medication management⁸

- Adverse events related to medication errors have been identified as patient safety threats.
- Exploring patient safety and medication management in municipal home health care, this study identified three (3) main **challenges to safety**: (1) information transfer, (2) delegation, and (3) advanced medical treatments in the home.
- **Findings:** The issue of **transfer of information** permeated the findings. **Coordinating medications, delegating tasks, and more advanced care, require clear communication between care providers** to be compatible with patient safety within medication management in home health care.

⁷ Chung T.H., Hernandez R.J., Libaud-Moal, A., Nguyen, L.K., Lal, L.S., Swint, J.M., Lansangan, P.J., & Le Y.L. 2020. The evaluation of comprehensive medication management for chronic diseases in primary care clinics, a Texas delivery system reform incentive payment program. *BMC Health Serv Res*, 20(1), 671. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7372764/>.

⁸ Bielsten, T., Odzakovic, E., Kullberg, A., Marcusson, J., & Hellström, I. 2022. Controlling the uncontrollable: Patient safety and medication management from the perspective of registered nurses in municipal home health care. *Global Qualitative Nursing Research*, 9. <https://journals.sagepub.com/doi/10.1177/23333936221108700>.

Conditions of Participation for Home Health Agencies (HHAs)⁹

➤ § 484.55 Comprehensive assessment of patients

(c) *Standard: Content of the comprehensive assessment*

(5) **Review of all medications** the patient is currently using, to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy

➤ § 484.60 Care planning, coordination of services, and quality of care

(a) *Standard: Plan of care*

(2) The individualized plan of care must include all **medications** and treatments

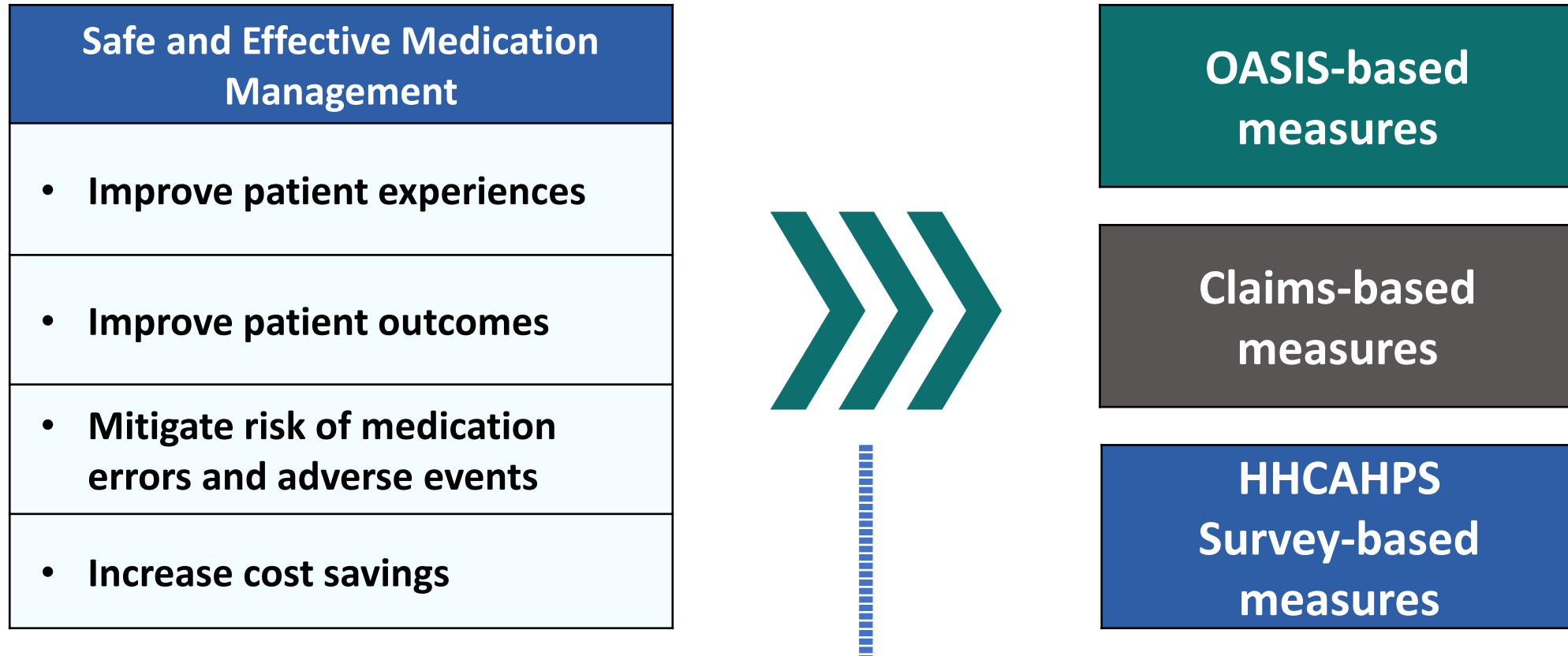
(e) *Standard: Written information to the patient*

(2) **Patient medication schedule/instructions**, including: medication name, dosage and frequency, and which medications will be administered by personnel

⁹ Medicare and Medicaid Program: Conditions of Participation for Home Health Agencies. 2017. 42 CFR Parts 409, 410, 418, 440, 484, 485 & 488. <https://www.govinfo.gov/content/pkg/FR-2017-01-13/pdf/2017-00283.pdf>.

How might Medication Management affect expanded HHVBP Model measures?

Relevance to the Expanded HHVBP Model Measures



How might HHAs implement safe and effective medication management practices?

Applicable Measures in the Expanded HHVBP Model

Category	Count	Quality Measure
OASIS-based (35%)	5	Discharged to Community
		Improvement in Dyspnea
		Improvement in Management of Oral Medications
		Total Normalized Composite Change in Mobility
		Total Normalized Composite Change in Self-Care
Claims-based (35%)	2	Acute Care Hospitalization During the First 60 Days of Home Health Use
		Emergency Department Use without Hospitalization During the First 60 Days of Home Health
HCAHPS Survey-based (30%)	5	Care of Patients/Professional Care
		Communication
		Overall Rating
		Specific Care Issues/Team Discussion
		Willingness to Recommend

What Medication Management strategies might improve care transitions and patient outcomes?

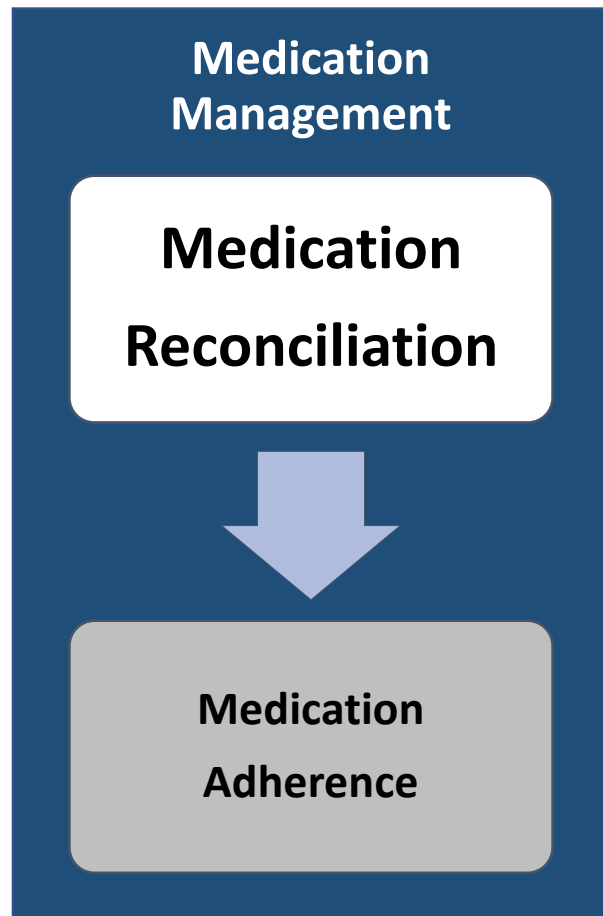
Strategies for Medication Management

Medication Management

**Medication
Reconciliation**

**Medication
Adherence**

Medication Reconciliation



Definition: The **process** of comparing the medications a patient is taking, and should be taking, with newly ordered medications.

Purpose: Develop **accurate list** and **resolve discrepancies**.

Considerations: **Who** will conduct the process and **when** it will be performed.



Four (4) Step Process¹⁰

Medication Reconciliation

1.	Verify all medications prescribed and taken	Consider when – <ul style="list-style-type: none">✓ During time of:<ul style="list-style-type: none">• Referral to Agency• New medication orders• Change in condition✓ During time points of:<ul style="list-style-type: none">• Start of Care (SOC)• Resumption of Care (ROC)• Recertification (Recert)• Preparation for HHA Discharge (DC)
2.	Clarify medications, dosages, and frequencies	
3.	Reconcile discrepancies with prescriber	
4.	Communicate an accurate medication list with patient, caregiver, & providers	

¹⁰ Ptasinski, C. 2007. Develop a medication reconciliation process. *Nursing Management*, 38(3), 18.

https://journals.lww.com/nursingmanagement/Citation/2007/03000/Develop_a_medication_reconciliation_process.6.aspx.

Strategy Application- Agency Process

Medication Reconciliation – Steps 1 and 2

Scenario: A patient is discharged from the hospital to home and the HHA receives a referral. The HHA Registered Nurse (RN) reviews the referral for a list of prior medications and new medication orders.

The HHA RN calls the patient to schedule the Admission visit and asks the patient to have all medications available, including the containers, discharge instructions, and all over-the-counter medications.

- | | |
|---|---|
| 1. Verify all medications prescribed and taken. | <ul style="list-style-type: none">• Early in the Admission visit, the patient shows the RN each medication, and states the frequency, dose, and their understanding of the purpose of the medication. During this step, the RN reviews the medication lists, containers, and packaging, and <u>verifies</u> all medications prescribed and taken. |
| 2. Clarify medications, dosages, and frequencies | <ul style="list-style-type: none">• The medications, dosages, and frequencies are <u>clarified</u>. The patient and RN discuss any questions raised about the medications and the schedule. Any discrepancies are identified. |

Strategy Application- Agency Process

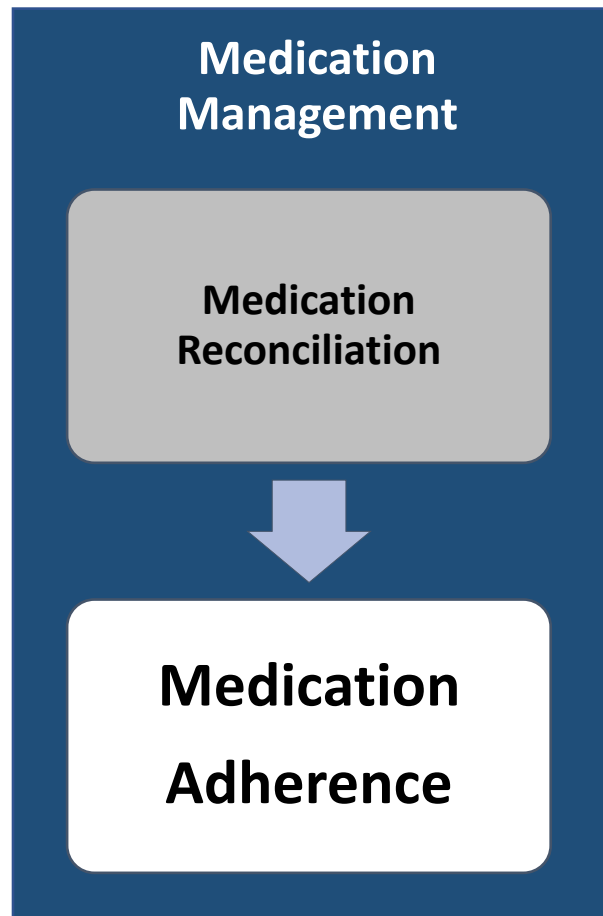
Medication Reconciliation – Steps 3 and 4

Scenario (continued): A patient is discharged from the hospital to home and the HHA receives a referral. The HHA RN reviews the referral for a list of prior medications and new medication orders.

The HHA RN calls the patient to schedule the Admission visit and asks the patient to have all medications available for review, including the containers, discharge instructions, and all over-the-counter medications.

3.	Reconcile discrepancies with prescriber	<ul style="list-style-type: none">The admitting RN calls the physician's office to reconcile discrepancies. The RN enters any new and/or changed medication orders in the patient's HHA medical record.
4.	Communicate an accurate medication list with patient, caregiver, & providers	<ul style="list-style-type: none">The RN communicates to the patient the new and/or changed medication orders. The RN provides an accurate medication list and information to the patient and appropriate caregivers. The RN identifies and communicates the medication updates and changes to the medication schedule to the HHA Team and other identified providers as appropriate.

Medication Adherence



Definition: The **extent** to which the patient's or caregiver's **medication administration behavior coincides with medical advice.**

An **assessment of medication adherence** provides:

- Opportunities to identify barriers and mitigate risks associated with medication administration not aligned with medical orders.
- Clinical assessment and decision-making which incorporates medication management information.



Steps to Address Influencing Factors Medication Adherence

1. Identify barriers

- What are the potential reasons the patient may not take the medications as prescribed? What barriers exist for the patient?

2. Select tools and methods

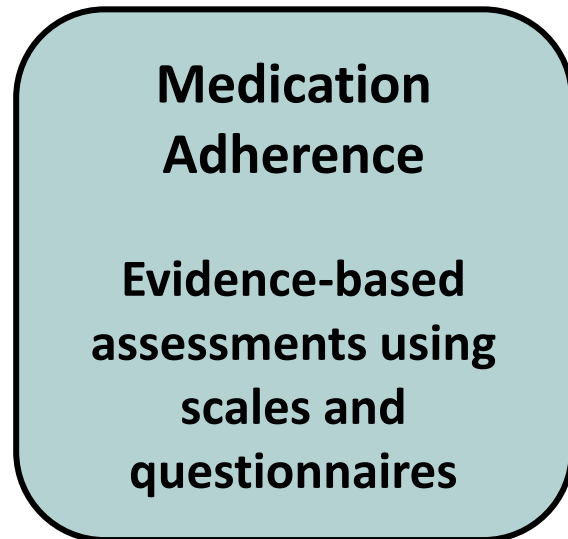
- What tools and methods will assist the patient in taking their prescribed medications as intended?

3. Implement plan

- What actionable steps should be taken, and by whom, to support the patient's adherence to the medications as prescribed?

Identify Barriers – Assessments

Medication Adherence



- ✓ **Medication Adherence Report Scale-5 (MARS-5)** – Five (5) items from the 10 item MARS to identify self-report of use of medications¹¹
- ✓ **Medication Adherence Questionnaire (MAQ)** – Four (4) items from MMAS-8 to identify barriers¹²
- ✓ **Self-Efficacy for Appropriate Medication Use Scale (SEAMS)** – 13 item, three (3)-point Likert-type scale measure barriers to medication adherence while focusing on self-efficacy in chronic disease management¹²

¹¹ Chan, A. H. Y., Horne, H., Hankins, M., and Chisari, C. 2019. The Medication Adherence Report Scale: A measurement tool for eliciting patients' reports of nonadherence. *British Journal of Clinical Pharmacology*, 86(7), 1281-1288. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7319010/pdf/BCP-86-1281.pdf>.

¹² Lam W.Y. and Fresco P. 2015. Medication Adherence Measures: An Overview. *Biomed Res Int*, 2015:217047. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4619779/>.

Identify Barriers – Common Findings

Medication Adherence

Common Findings

Personal health literacy:
*The degree to which individuals are able to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.*¹³

- **Patient's socioeconomic status**
 - Insufficient funds for out-of-pocket expenses for the medication or administration method
 - Availability of family/caregivers for assistance and support
- **Patient's treatment and therapy**
 - Side effects
 - Complexity of the medication regimen
 - Methods of administration
- **Patient's health literacy, knowledge and beliefs**
 - Insufficient knowledge, uncertainty regarding who to call with questions
 - Lack of perceived benefits
 - Belief the medication is disruptive to their routines
- **Patient's physical and psychological condition**
 - Medical condition, ability to perform self-care tasks
 - Forgetfulness, impaired cognition
- **Health care system**
 - Delays with changes in medication orders, filling of prescriptions, and pick-ups/deliveries
 - Lack of clarity and/or consistency across settings

¹³ Health Resources and Services Administration (HRSA). *Health Literacy*. <https://www.hrsa.gov/about/organization/bureaus/ohe/health-literacy#:~:text=Personal%20health%20literacy%20is%20the,actions%20for%20themselves%20and%20others.>

Select Tools & Methods

Medication Adherence

Patient-friendly Medication List and Resources

✓ My Medicines List – English¹⁴, Spanish¹⁵

My Medicines List

My Name: _____ My Allergies: _____ My Emergency Contact Information: _____

My medicines, vitamins, herbals, and supplements, as of _____ Date: _____

Include all **prescription** and **non-prescription** medicines. Non-prescription medicines may include vitamins, herbals, supplements, cold or cough medicines, aspirin, pain relievers, allergy relief medicines, antacids, laxatives, diet pills, and others that you do not need a prescription to buy.

Name (brand and generic)	Strength of medicine	I take this medicine for	I take these every day				
			Instructions	Morning	Noon	Evening	Bedtime

Page 1 of 3

✓ Medication Resources^{16,17}

Medicine Reminder Form

What medicines do I need to take?

Each day, follow this schedule:

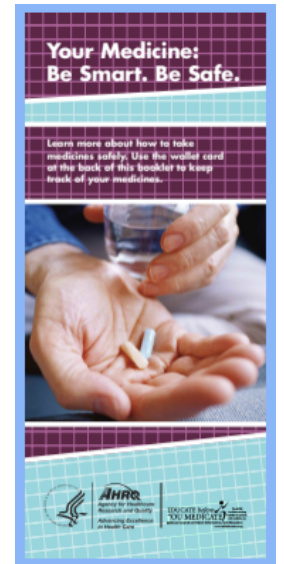
MORNING MEDICINES			
Medicine name (generic and name brand) and amount	Why am I taking this medicine?	How much do I take?	How do I take this medicine?

Ask these questions and write down the answers before taking medicines that your doctor prescribes, so you can keep track of how to take them safely.

1. What am I taking this medicine for?

2. What are the brand name and generic name of this medicine?

3. Can I take a generic version of this medicine?



¹⁴AHRQ. My Medicines List. <https://www.ahrq.gov/sites/default/files/wysiwyg/health-literacy/my-medicines-list.pdf>.

¹⁵AHRQ. Mis Medicamentos. <https://www.ahrq.gov/sites/default/files/wysiwyg/health-literacy/mis-medicamentos.pdf>.

¹⁶AHRQ. What Medications Do I Need To Take. <https://www.ahrq.gov/health-literacy/improve/precautions/tool16b.html>

¹⁷AHRQ. Questions to Ask Before Taking Medicine. <https://www.ahrq.gov/questions/resources/your-meds/before-taking.html>

Select Tools & Methods (continued)

Medication Adherence

Tools for Safe Dosing

✓ Daily Planner



✓ Medication Pre-Fill by Pharmacy



✓ Electronic medication dosing and reminder systems



Implement the Plan – with Patient Medication Adherence

Collaborate with Patient and Family/Caregiver

- **Engage** patient and family/caregiver through **patient-centered goal-setting** and **shared decision-making**.
- Discuss early what is **“important to”** and **“important for”** the patient.
- Identify **preferred language** and **learning style**.
- Engage the patient using **“Show-me”, Teach-back,** and/or **Motivational Interviewing** techniques.
- **Provide materials** to enhance their understanding of their medications.
- **Simplify** the medication regimen.
- Determine how written medication list, schedule, and administration methods in the home will be **kept current**.
- Teach patient to **take current** medication list and bottles **to all medical appointments**.
- **Communicate** current medication list, reflecting up-to-date medical orders, at time of **care transitions**.

Implement the Plan – with Providers

Medication Adherence

Collaborate with HHA Team, PCP, Pharmacist, and other Providers

- Communicate current medication list at time of all care transitions and following HHA policies.
- Improve health literacy; provide patient-friendly medication management teaching materials in languages commonly found in HHA patient population.
- Review patient’s medication management during each patient care coordination meeting or interdisciplinary team (IDT) meeting.
- Follow HHA policies for identifying and addressing medication adherence barriers. For example, making a referral to the HHA social worker when prefilled medication packs are needed, or to investigate funding for an electronic dosing dispenser.
- Communicate with patient’s care team the current plan for keeping the patient’s written medication list, schedule, and administration methods in the home up-to-date throughout care transitions.

Organizational health literacy:

The degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.¹³

¹³ HRSA. *Health Literacy*. <https://www.hrsa.gov/about/organization/bureaus/ohe/health-literacy#:~:text=Personal%20health%20literacy%20is%20the,actions%20for%20themselves%20and%20others.>

Strategy Application – Patient Scenario

Medication Adherence

Scenario: The home care RN identifies a change in the patient’s heart rate and blood pressure since the last home visit five (5) days ago. The RN conducts the four (4) step process of medication reconciliation, and a discrepancy is identified.

The patient states, “I stopped taking that medication a few days ago. The prescription ran out and I didn’t feel like it made much difference. The schedule they wrote out on the hospital discharge paperwork no longer worked for me. Also, the pharmacy I like to use is closed from Friday noon until Monday morning, and that is when I am most likely to get a ride; that pharmacy does not deliver.”

✓ **Identify**
Barriers

Using the medication adherence questionnaire, the RN identified the barriers to medication adherence for discussion, goal-setting, and shared decision-making:

- Limited availability of ride to pharmacy (socioeconomic factor)
- Delay in filling prescription due to pharmacy hours (health care system factor)
- Lack of knowledge and perceived benefits (health literacy, knowledge, beliefs)
- Medication schedule provided by the hospital not conducive to home schedule (treatment)

Strategy Application – Patient Scenario

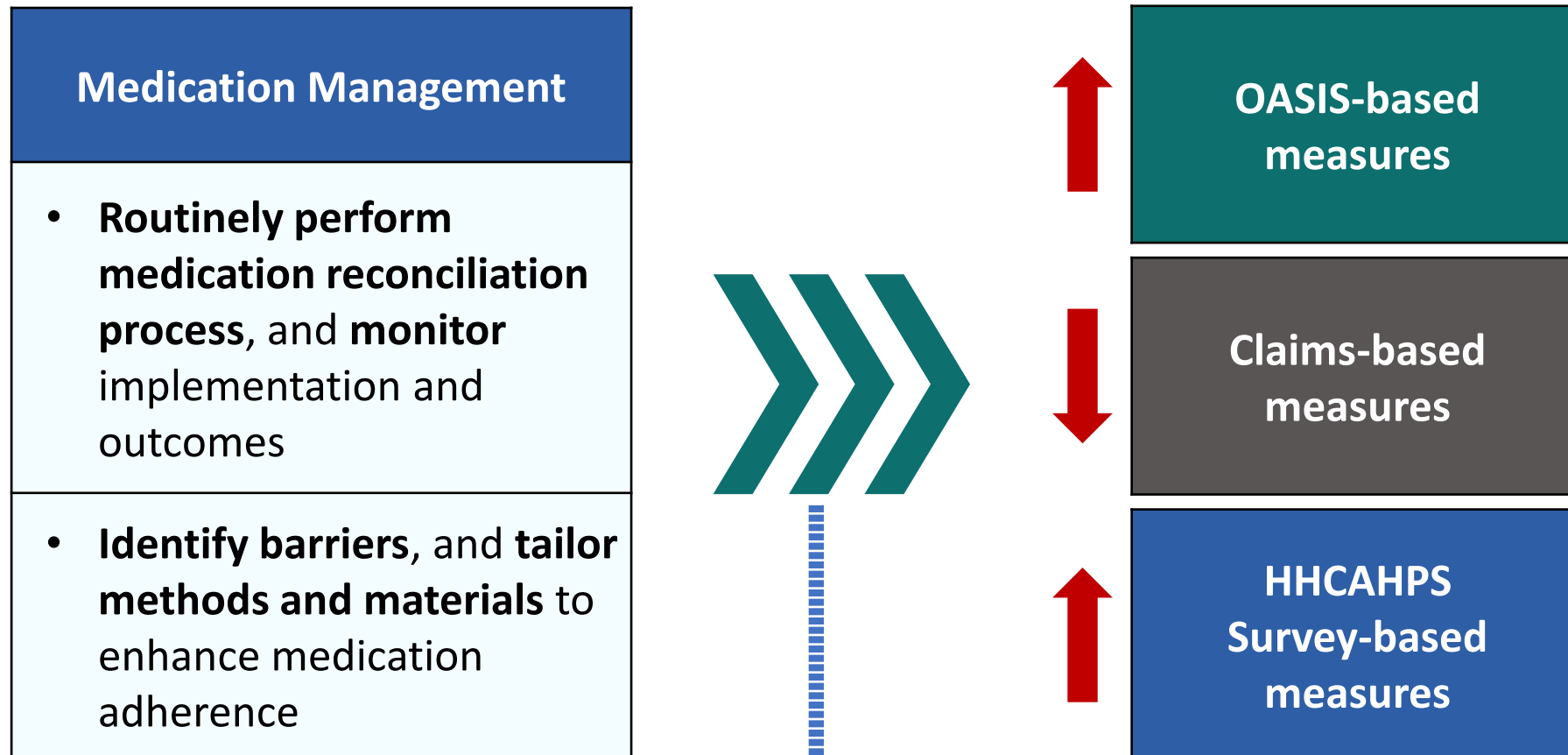
Medication Adherence (continued)

<p>✓ Select Tools & Methods</p>	<p>The patient identified that it was "important to" stay home and out of the hospital. They would like to improve enough to attend in two (2) weeks a reunion at their former workplace. Tools and methods were identified to support medication adherence, including</p> <ul style="list-style-type: none"> • Patient-friendly resource to increase patient’s knowledge of the medication and condition • Updated and accurate "My Medicines List" • Simplified medication regimen aligned with patient’s daily schedule
<p>✓ Implement Plan</p>	<p>Collaborate with HHA Team, PCP, Pharmacist, and other Providers</p> <ul style="list-style-type: none"> • RN called the PCP to report change in condition. The PCP provided new orders and called prescription to pharmacy. <p>Collaborate with Patient and Family/Caregiver</p> <ul style="list-style-type: none"> • Goal-setting and shared decision-making regarding revised medication schedule. • Patient’s daughter picked up the new medication and will plan future pharmacy pick-ups around pharmacy hours. Will consider changing pharmacies and prefilled medication pack if additional issues.

Follow-up skilled nursing (SN) visit scheduled in two (2) days.



Summary



Medication Management Strategies

References and Resources

References & Resources

- ¹ Agency for Healthcare Research and Quality (AHRQ). *Chartbook on Care Coordination*. <https://www.ahrq.gov/research/findings/nhqdr/chartbooks/carecoordination/measure1.html>.
- ² Centers for Medicare and Medicaid Services (CMS). *Community-based Care Transitions Program*. <https://innovation.cms.gov/innovation-models/cctp>.
- ³ National Transitions of Care Coalition (NTOCC). *Knowledge & Resource Center*. <https://www.ntocc.org/resources>.
- ⁴ The Joint Commission. 2022. Transitions of Care: Managing Medications. *Quick Safety*, 26. <https://www.jointcommission.org/-/media/tjc/newsletters/qs-26-update2-4-21-22.pdf>.
- ⁵ AHRQ. *Implementation Quick Start Guide: Medication Management*. https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/patient-family-engagement/pfepriarycare/medmanage_quickstartfull.pdf.
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- ⁷ Chung T.H., Hernandez R.J., Libaud-Moal, A., Nguyen, L.K., Lal, L.S., Swint, J.M., Lansangan, P.J., & Le Y.L. 2020. The evaluation of comprehensive medication management for chronic diseases in primary care clinics, a Texas delivery system reform incentive payment program. *BMC Health Serv Res*, 20(1), 671. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7372764/>.
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- ⁹ Medicare and Medicaid Program: Conditions of Participation (CoPs) for Home Health Agencies. 2017. 42 CFR Parts 409, 410, 418, 440, 484, 485 & 488. <https://www.govinfo.gov/content/pkg/FR-2017-01-13/pdf/2017-00283.pdf>.
- ¹⁰ Ptasinski, C. 2007. Develop a medication reconciliation process. *Nursing Management*, 38(3), 18. https://journals.lww.com/nursingmanagement/Citation/2007/03000/Develop_a_medication_reconciliation_process.6.aspx.
- ¹¹ Chan, A. H. Y., Horne, H., Hankins, M., and Chisari, C. 2019. The Medication Adherence Report Scale: A measurement tool for eliciting patients' reports of nonadherence. *British Journal of Clinical Pharmacology*, 86(7), 1281-1288. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7319010/pdf/BCP-86-1281.pdf>.
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- ¹³ Health Resources and Services Administration (HRSA). *Health Literacy*. <https://www.hrsa.gov/about/organization/bureaus/ohe/health-literacy#:~:text=Personal%20health%20literacy%20is%20the,actions%20for%20themselves%20and%20others>.
- ¹⁴ AHRQ. *My Medicines List*. <https://www.ahrq.gov/sites/default/files/wysiwyg/health-literacy/my-medicines-list.pdf>.
- ¹⁵ AHRQ. *Mis Medicamentos*. <https://www.ahrq.gov/sites/default/files/wysiwyg/health-literacy/mis-medicamentos.pdf>.
- ¹⁶ AHRQ. *What Medications do I Need to Take*. <https://www.ahrq.gov/health-literacy/improve/precautions/tool16b.html>.
- ¹⁷ AHRQ. *Questions to Ask Before Taking Medicine*. <https://www.ahrq.gov/questions/resources/your-meds/before-taking.html>.

Staying Connected Checklist

- ❑ Visit and bookmark the [Expanded HHVBP Model webpage](#)
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- ❑ [Subscribe to the HHVBP Expanded 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
- ❑ Contact the HHVBP Help Desk with questions: HHVBPquestions@lewin.com



Thank You

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