Expanded Home Health Value-Based Purchasing (HHVBP) Model

Introduction to the **Pre-Implementation Performance Report (PIPR)**

November 2022

This material was prepared by Lewin Group under the HHVBP Technical Assistance contract (HHSM-500-2014-0033I.) 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.

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Overview

- Expanded HHVBP Model implementation timeline
- Pre-Implementation Performance Reports (PIPR)
  - Accessing your reports
  - Report contents
  - Using the PIPR
- Technical assistance resources

Expanded HHVBP Model

For more information, please see the following technical assistance resources:

- HHVBP Model Expansion 101 (webinar recording)
- FAQs & Model Guide (comprehensive)
- Quality Measures Used in the Expanded Model (focused review of quality measures)
- Navigating Performance Feedback Reports: Interim Performance Report (IPR) and Annual Performance Report (APR) – a webinar recording and Q&A

All resources are available on the Expanded HHVBP Model webpage.

Acronyms

APR	Annual Performance Report
CY	Calendar Year
HHA	Home Health Agency
HHCAHPS	Home Health Consumer Assessment of Providers and Systems
HHVBP	Home Health Value-Based Purchasing
IPR	Interim Performance Report
OASIS	Outcome and Assessment Information Set
PIPR	Pre-Implementation Performance Report
TNC	Total Normalized Composite

Key Terms

Achievement Threshold	The median (50th percentile) of Medicare-certified HHAs' performance scores on each quality measure during the designated Model baseline year, calculated separately for the larger and smaller-volume cohorts.
Benchmark	The mean of the top decile (90th percentile) of all HHAs' performance scores on the specified quality measure during the baseline year, calculated separately for the larger and smaller-volume cohorts. CMS uses the benchmark for calculating both the achievement score and the improvement score.
Cohort	The group in which an HHA competes. HHAs compete nationally in one (1) of two (2) volume-based cohorts, as defined by unique beneficiary count for each HHA in the year prior to the performance year.
Improvement Threshold	An individual competing HHA's performance on an applicable measure during the HHA baseline year.

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Expanded HHVBP Model Implementation Timeline

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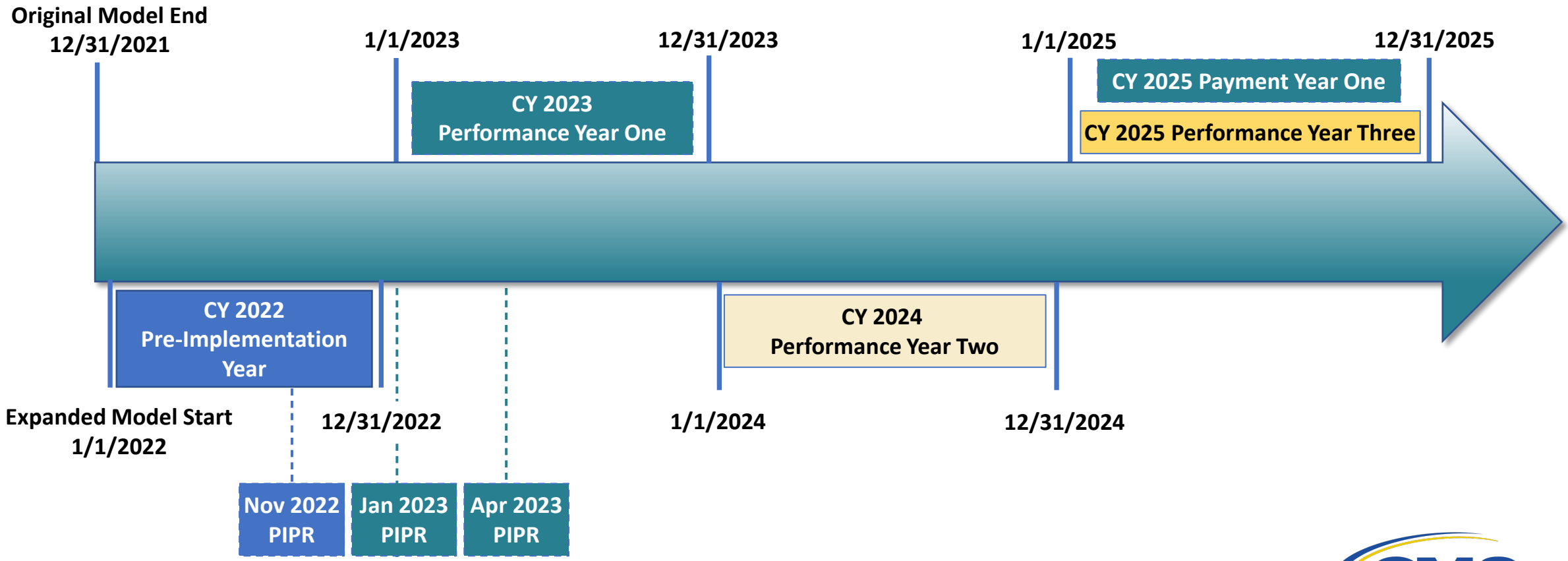

Pre-Implementation Performance Reports (PIPRs)

PIPR Report Date	Data Period	
	OASIS-based Measures	Claims-based Measures HHCAHPS Survey-based Measure Components
November 2022	July 1, 2021 to June 30, 2022	April 1, 2021 to March 31, 2022
January 2023	Oct. 1, 2021 to Sep. 30, 2022	July 1, 2021 to June 30, 2022
April 2023	Jan. 1, 2022 to Dec. 31, 2022	Oct. 1, 2021 to Sep. 30, 2022

- Interim Performance Reports (IPRs) will be available quarterly beginning July 2023.
- Annual Performance Reports (APRs) will be available annually beginning August 2024.

Pre-Implementation Performance Report (PIPR)

About the PIPR

The goal of the PIPRs is to provide HHAs with a current snapshot of their performance compared to others in their cohort on each of the applicable measures used in the expanded HHVBP Model.

Accessing the PIPR

- HHAs can access PIPRs through the Internet Quality Improvement Evaluation System (iQIES - https://iqies.cms.gov/).
- Instructions on how to download reports from iQIES are available on the Expanded HHVBP Model webpage under "Model Reports" https://innovation.cms.gov/innovation-models/expanded-home-health-value-based-purchasing-model
- For more information, please review the QIES Technical Support Office webpage for Home Health Providers. (https://qtso.cms.gov/providers/home-health-agency-hha-providers).

PIPR Content

Tab	Description
Overview	Overview of Report
Measure Performance	Compares HHA performance to that of their peers
TNC Change Reference	HHA's performance on individual OASIS items composing the TNC change measures – reported performance, with comparison to peers

Overview
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Your HHA

Note on cohort assignment

Home Health Value-Based Purchasing (HHVBP) Model

CY 2022 Pre-Implementation Performance Report

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Your HHA	
CCN	999999
HHA Name	We Love Home Health
HHA Address	999 Home Health Ln, Home Health, MD 99999
Your HHA's Cohort	Larger-volume

The Expanded HHVBP Model

The HHVBP Model is designed to support greater quality and efficiency of care among Medicare-certified Home Health Agencies (HHAs) nationally. Under this model, Medicare payments made to HHAs are dependent on the HHAs' performance on specified quality measures relative to their peers (i.e., value-based payments). The HHVBP Model was first tested among HHAs in nine states from January 1, 2016 to December 31, 2021. National expansion began on January 1, 2022. Calendar Year (CY) 2022 is the pre-implementation year. The first full performance year for the expanded HHVBP Model is CY 2023. For more information related to the expanded HHVBP Model, please refer to the CY 2022 and CY 2023 Home Health Prospective Payment System (HH PPS) Final Rules.

This Pre-Implementation Performance Report

This HHVBP CY 2022 Pre-Implementation Performance Report (PIPR) provides your HHA's measure performance compared to HHAs in your HHA's cohort using performance year data covering the following time periods:

OASIS-based Measures	July 1, 2021 to June 30, 2022
Claims-based Measures	April 1, 2021 to March 31, 2022
HHCAHPS Survey-based Measure Components	April 1, 2021 to March 31, 2022

For this PIPR, your HHA's cohort is determined by your HHA's unique beneficiary count in CY 2021. If your HHA's cohort shows "N/A" (Not Available), your HHA could not be assigned to a cohort for this report and cohort information presented in this report is based on the larger-volume cohort, which most HHAs fall into. Updates to your cohort assignment will appear in future reports as applicable. Please refer to the Expanded HHVBP Model Guide at https://innovation.cms.gov/innovation-models/expanded-home-health-value-based-purchasing-model for additional information.

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Overview | Measure Performance | TNC Change Reference

Overview
(slide 2 of 2)

Data collection periods

Home Health Value-Based Purchasing (HHVBP) Model

CY 2022 Pre-Implementation Performance Report

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Measure Performance (slide 1 of 6)

Your HHA

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Measure Performance Summary

Measure	Performance Year Data Period [b] (12-Month End Date)	Your HHA's Performance Year Measure Value	Your HHA's Percentile Ranking Within Your HHA's Cohort [c]	Your HHA's Cohort Statistics [d] N = 6,982			
				25th Percentile	50th Percentile	75th Percentile	Mean of 90th Percentile
OASIS-based Measures							
Discharged to Community	6-30-2022	76.942	50-74	67.594	72.820	77.119	84.871
Improvement in Dyspnea	6-30-2022	92.936	≥75	68.887	79.416	87.063	97.478
Improvement in Management of Oral Medications	6-30-2022	88.765	≥75	74.728	85.116	91.193	98.200
Total Normalized Composite (TNC) Change in Mobility [e]	6-30-2022	0.970	≥75	0.631	0.724	0.804	0.986
Total Normalized Composite (TNC) Change in Self-Care [f]	6-30-2022	2.528	≥75	1.811	2.064	2.275	2.669
Claims-based Measures							
Acute Care Hospitalizations	3-31-2022	9.420	≥75	15.519	13.366	11.238	7.019
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HHCAHPS Survey-based Measure Components							
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Specific Care Issues	3-31-2022	87.351	≥75	77.606	81.757	85.540	92.262
Overall Rating of Home Health Care	3-31-2022	84.980	25-49	81.096	85.187	88.784	94.780
Willingness to Recommend the Agency	3-31-2022	83.119	50-74	74.129	79.502	84.247	91.678

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Overview | **Measure Performance** | TNC Change Reference | ⊕

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Measure Performance (slide 2 of 6)

Measures

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Overview | **Measure Performance** | TNC Change Reference | ⊕

Measure Performance (slide 3 of 6)

Data period

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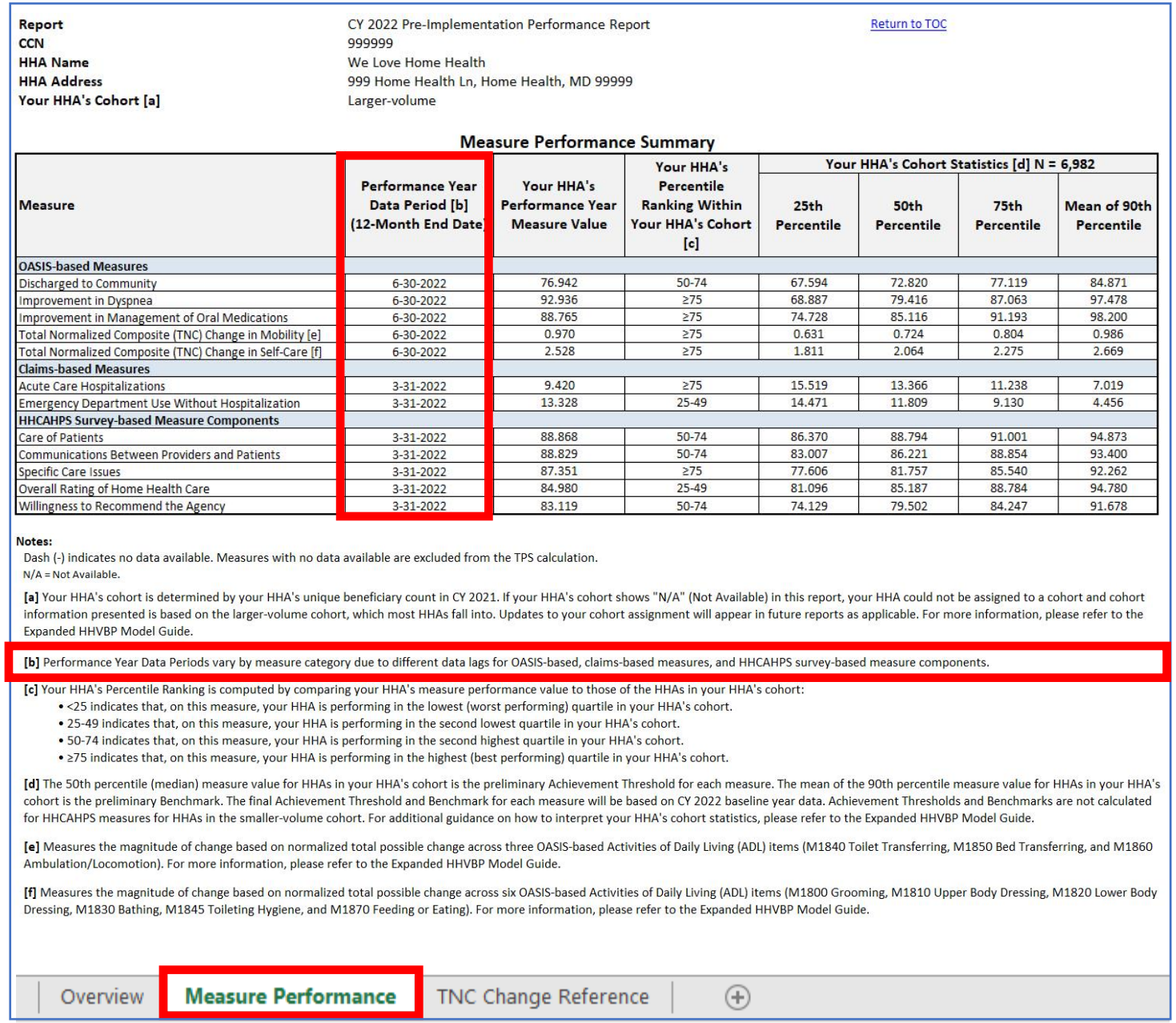

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Overview | Measure Performance | TNC Change Reference

Measure Performance (slide 4 of 6)

HHA performance

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[e] Measures the magnitude of change based on normalized total possible change across three OASIS-based Activities of Daily Living (ADL) items (M1840 Toilet Transferring, M1850 Bed Transferring, and M1860 Ambulation/Locomotion). For more information, please refer to the Expanded HHVBP Model Guide.

[f] Measures the magnitude of change based on normalized total possible change across six OASIS-based Activities of Daily Living (ADL) items (M1800 Grooming, M1810 Upper Body Dressing, M1820 Lower Body Dressing, M1830 Bathing, M1845 Toileting Hygiene, and M1870 Feeding or Eating). For more information, please refer to the Expanded HHVBP Model Guide.

Overview | Measure Performance | TNC Change Reference

Measure Performance (slide 5 of 6)

HHA percentile ranking

Footnote [c]: Your HHA's Percentile Ranking is computed by comparing your HHA's measure performance value to those of the HHAs in your HHA's cohort:

- <25 indicates that, on this measure, your HHA is performing in the lowest (worst performing) quartile in your HHA's cohort.
- 25-49 indicates that, on this measure, your HHA is performing in the second lowest quartile in your HHA's cohort.
- 50-74 indicates that, on this measure, your HHA is performing in the second highest quartile in your HHA's cohort.
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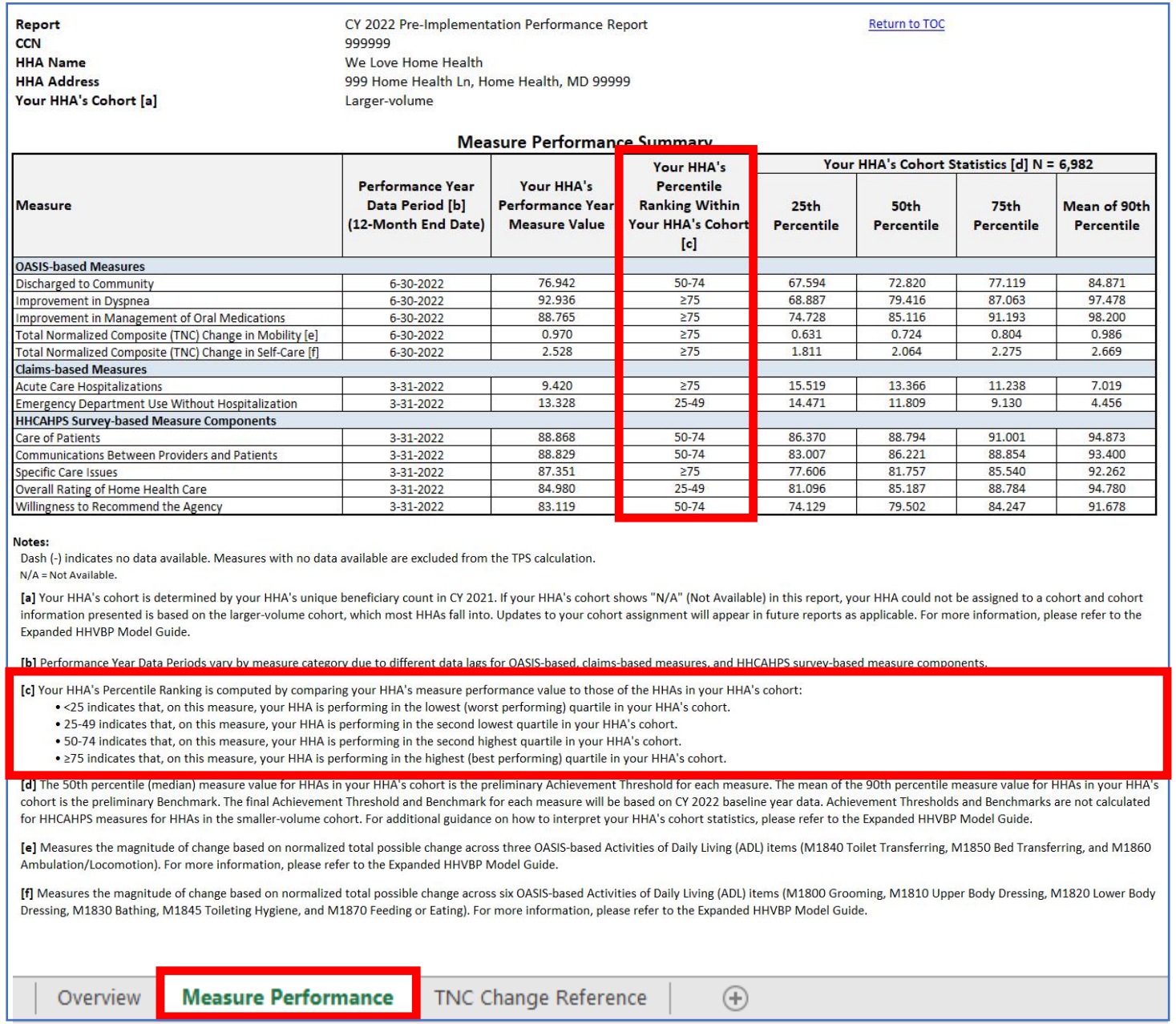

Report	CY 2022 Pre-Implementation Performance Report
CCN	999999
HHA Name	We Love Home Health
HHA Address	999 Home Health Ln, Home Health, MD 99999
Your HHA's Cohort [a]	Larger-volume

Return to TOC

Measure Performance Summary

Measure	Performance Year Data Period [b] (12-Month End Date)	Your HHA's Performance Year Measure Value	Your HHA's Percentile Ranking Within Your HHA's Cohort [c]	Your HHA's Cohort Statistics [d] N = 6,982			
				25th Percentile	50th Percentile	75th Percentile	Mean of 90th Percentile
OASIS-based Measures							
Discharged to Community	6-30-2022	76.942	50-74	67.594	72.820	77.119	84.871
Improvement in Dyspnea	6-30-2022	92.936	≥75	68.887	79.416	87.063	97.478
Improvement in Management of Oral Medications	6-30-2022	88.765	≥75	74.728	85.116	91.193	98.200
Total Normalized Composite (TNC) Change in Mobility [e]	6-30-2022	0.970	≥75	0.631	0.724	0.804	0.986
Total Normalized Composite (TNC) Change in Self-Care [f]	6-30-2022	2.528	≥75	1.811	2.064	2.275	2.669
Claims-based Measures							
Acute Care Hospitalizations	3-31-2022	9.420	≥75	15.519	13.366	11.238	7.019
Emergency Department Use Without Hospitalization	3-31-2022	13.328	25-49	14.471	11.809	9.130	4.456
HHCAHPS Survey-based Measure Components							
Care of Patients	3-31-2022	88.868	50-74	86.370	88.794	91.001	94.873
Communications Between Providers and Patients	3-31-2022	88.829	50-74	83.007	86.221	88.854	93.400
Specific Care Issues	3-31-2022	87.351	≥75	77.606	81.757	85.540	92.262
Overall Rating of Home Health Care	3-31-2022	84.980	25-49	81.096	85.187	88.784	94.780
Willingness to Recommend the Agency	3-31-2022	83.119	50-74	74.129	79.502	84.247	91.678

Notes:

Dash (-) indicates no data available. Measures with no data available are excluded from the TPS calculation.
N/A = Not Available.

[a] Your HHA's cohort is determined by your HHA's unique beneficiary count in CY 2021. If your HHA's cohort shows "N/A" (Not Available) in this report, your HHA could not be assigned to a cohort and cohort information presented is based on the larger-volume cohort, which most HHAs fall into. Updates to your cohort assignment will appear in future reports as applicable. For more information, please refer to the Expanded HHVBP Model Guide.

[b] Performance Year Data Periods vary by measure category due to different data lags for OASIS-based, claims-based measures, and HHCAHPS survey-based measure components.

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Overview | Measure Performance | TNC Change Reference

Measure Performance (slide 6 of 6)

Cohort statistics

Footnote [d]:

- The 50th percentile (median) measure value for HHAs in your HHA's cohort is the *preliminary* Achievement Threshold for each measure.
- The mean of the 90th percentile measure value for HHAs in your HHA's cohort is the *preliminary* Benchmark.
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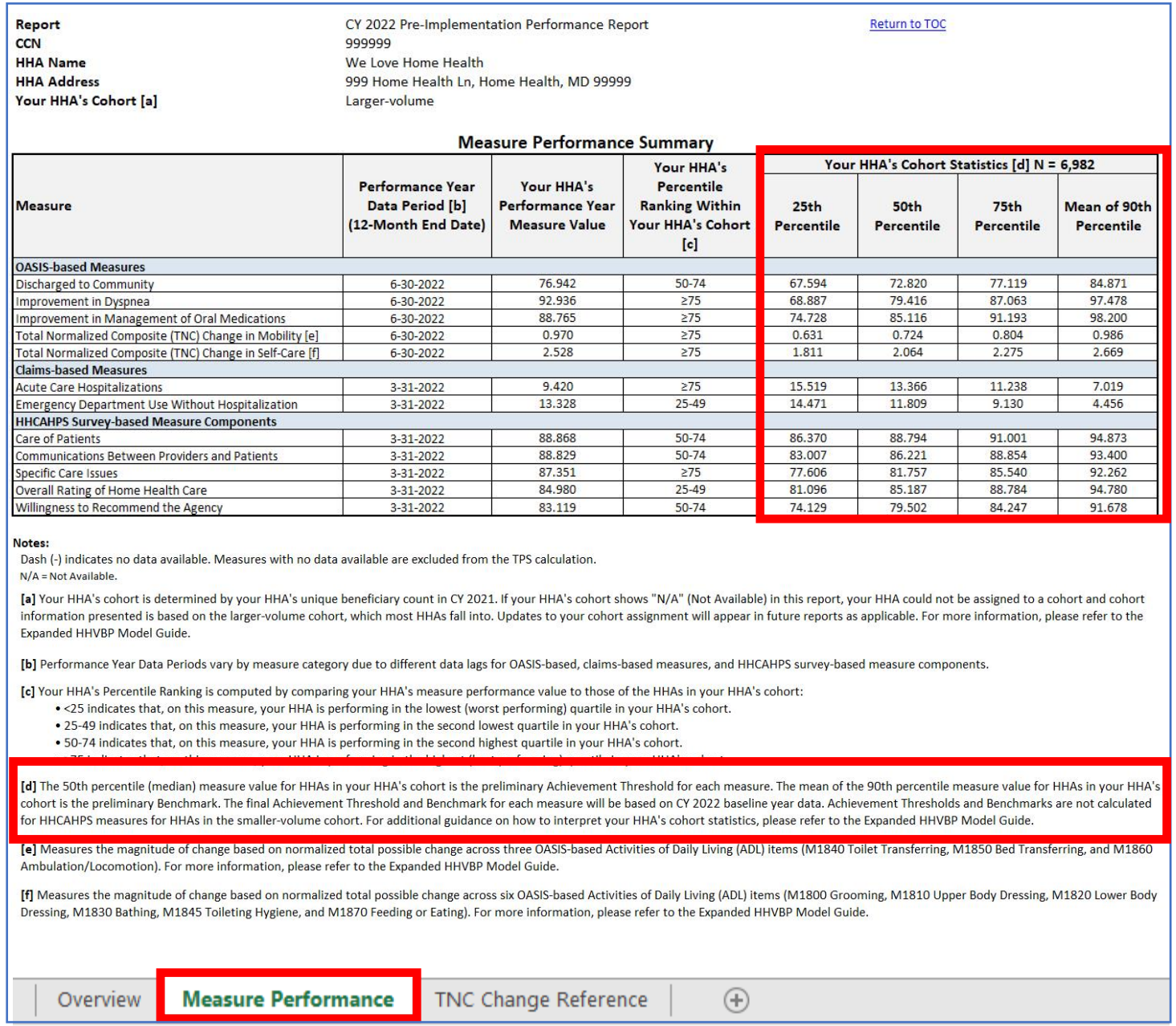

Report	CY 2022 Pre-Implementation Performance Report
CCN	999999
HHA Name	We Love Home Health
HHA Address	999 Home Health Ln, Home Health, MD 99999
Your HHA's Cohort [a]	Larger-volume

Return to TOC

Measure Performance Summary

Measure	Performance Year Data Period [b] (12-Month End Date)	Your HHA's Performance Year Measure Value	Your HHA's Percentile Ranking Within Your HHA's Cohort [c]	Your HHA's Cohort Statistics [d] N = 6,982			
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Overview | Measure Performance | TNC Change Reference

TNC Change Reference (slide 1 of 2)

Episodes

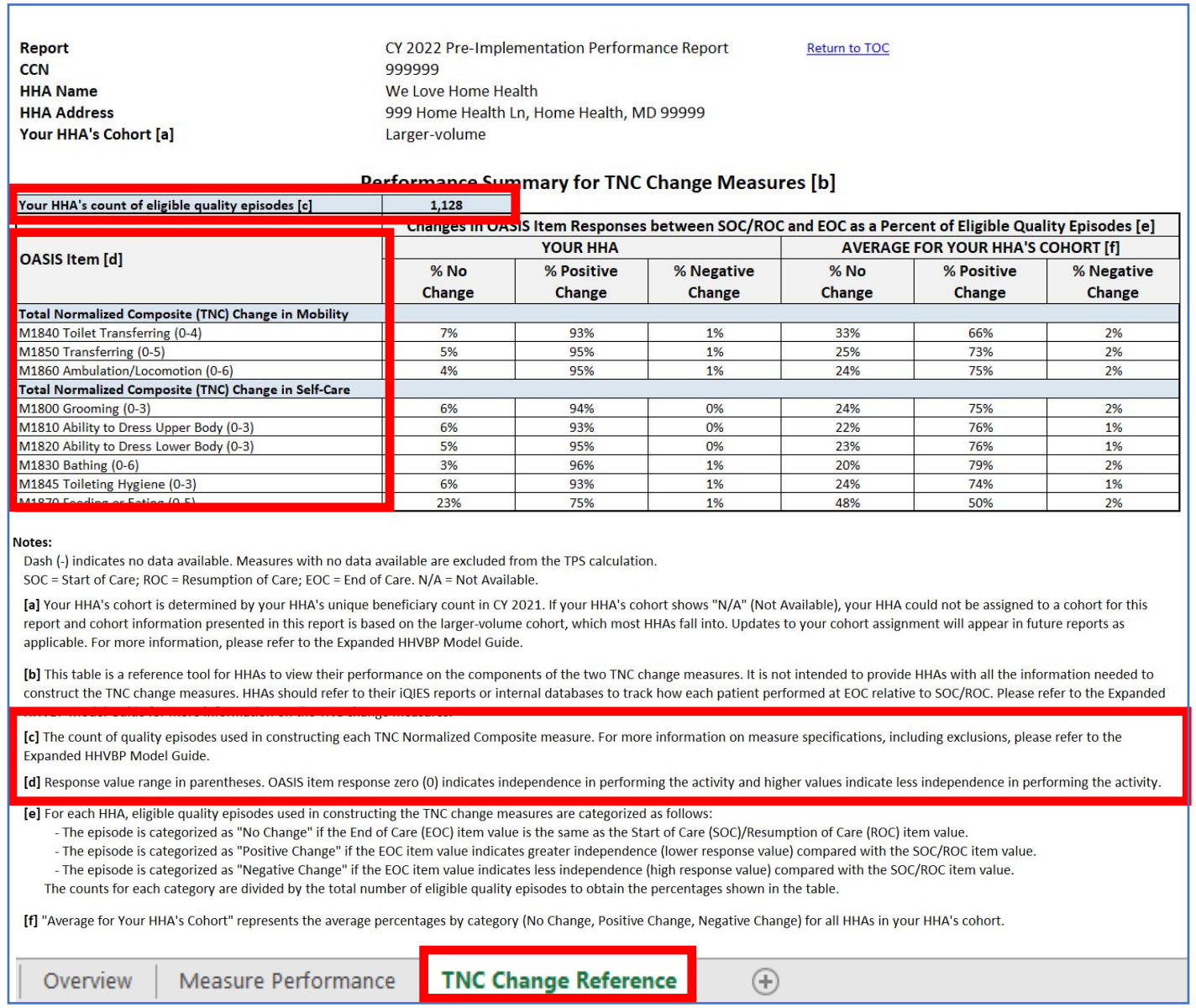
OASIS items

Footnotes:

[c] The count of quality episodes used in constructing each TNC Normalized Composite measure. For more information on measure specifications, including exclusions, please refer to the Expanded HHVBP Model Guide.

[d] Response value range in parentheses. OASIS item response zero (0) indicates independence in performing the activity and higher values indicate less independence in performing the activity.

The methodology for calculating the TNC measures takes into account patients who may not have goals for improvement.



Report	CY 2022 Pre-Implementation Performance Report
CCN	999999
HHA Name	We Love Home Health
HHA Address	999 Home Health Ln, Home Health, MD 99999
Your HHA's Cohort [a]	Larger-volume

Return to TOC

Performance Summary for TNC Change Measures [b]

Your HHA's count of eligible quality episodes [c]	1,128

OASIS Item [d]	Changes in OASIS Item Responses between SOC/ROC and EOC as a Percent of Eligible Quality Episodes [e]					
	YOUR HHA			AVERAGE FOR YOUR HHA'S COHORT [f]		
	% No Change	% Positive Change	% Negative Change	% No Change	% Positive Change	% Negative Change
Total Normalized Composite (TNC) Change in Mobility						
M1840 Toilet Transferring (0-4)	7%	93%	1%	33%	66%	2%
M1850 Transferring (0-5)	5%	95%	1%	25%	73%	2%
M1860 Ambulation/Locomotion (0-6)	4%	95%	1%	24%	75%	2%
Total Normalized Composite (TNC) Change in Self-Care						
M1800 Grooming (0-3)	6%	94%	0%	24%	75%	2%
M1810 Ability to Dress Upper Body (0-3)	6%	93%	0%	22%	76%	1%
M1820 Ability to Dress Lower Body (0-3)	5%	95%	0%	23%	76%	1%
M1830 Bathing (0-6)	3%	96%	1%	20%	79%	2%
M1845 Toileting Hygiene (0-3)	6%	93%	1%	24%	74%	1%
M1870 Feeding or Eating (0-5)	23%	75%	1%	48%	50%	2%

Notes:

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SOC = Start of Care; ROC = Resumption of Care; EOC = End of Care. N/A = Not Available.

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[b] This table is a reference tool for HHAs to view their performance on the components of the two TNC change measures. It is not intended to provide HHAs with all the information needed to construct the TNC change measures. HHAs should refer to their iQIES reports or internal databases to track how each patient performed at EOC relative to SOC/ROC. Please refer to the Expanded

[c] The count of quality episodes used in constructing each TNC Normalized Composite measure. For more information on measure specifications, including exclusions, please refer to the Expanded HHVBP Model Guide.

[d] Response value range in parentheses. OASIS item response zero (0) indicates independence in performing the activity and higher values indicate less independence in performing the activity.

[e] For each HHA, eligible quality episodes used in constructing the TNC change measures are categorized as follows:
- The episode is categorized as "No Change" if the End of Care (EOC) item value is the same as the Start of Care (SOC)/Resumption of Care (ROC) item value.
- The episode is categorized as "Positive Change" if the EOC item value indicates greater independence (lower response value) compared with the SOC/ROC item value.
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The counts for each category are divided by the total number of eligible quality episodes to obtain the percentages shown in the table.

[f] "Average for Your HHA's Cohort" represents the average percentages by category (No Change, Positive Change, Negative Change) for all HHAs in your HHA's cohort.

Overview | Measure Performance | **TNC Change Reference**

TNC Change Reference (slide 2 of 2)

Performance

Footnotes:

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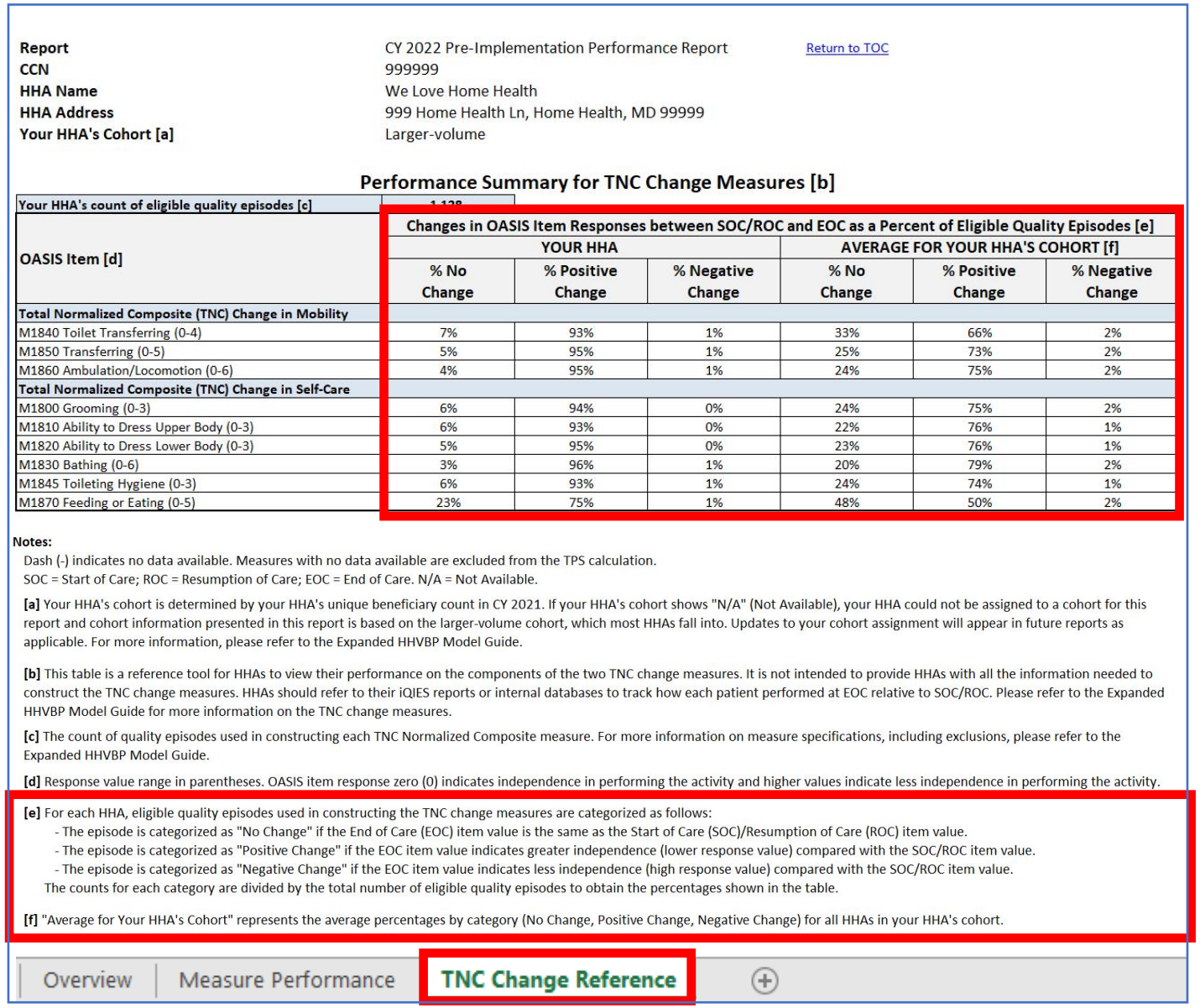

Report	CY 2022 Pre-Implementation Performance Report
CCN	999999
HHA Name	We Love Home Health
HHA Address	999 Home Health Ln, Home Health, MD 99999
Your HHA's Cohort [a]	Larger-volume

Return to TOC

Performance Summary for TNC Change Measures [b]

Your HHA's count of eligible quality episodes [c]	[illegible]					
OASIS Item [d]	**Changes in OASIS Item Responses between SOC/ROC and EOC as a Percent of Eligible Quality Episodes [e]**					
	YOUR HHA			**AVERAGE FOR YOUR HHA'S COHORT [f]**		
	% No Change	**% Positive Change**	**% Negative Change**	**% No Change**	**% Positive Change**	**% Negative Change**
Total Normalized Composite (TNC) Change in Mobility						
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M1830 Bathing (0-6)	3%	96%	1%	20%	79%	2%
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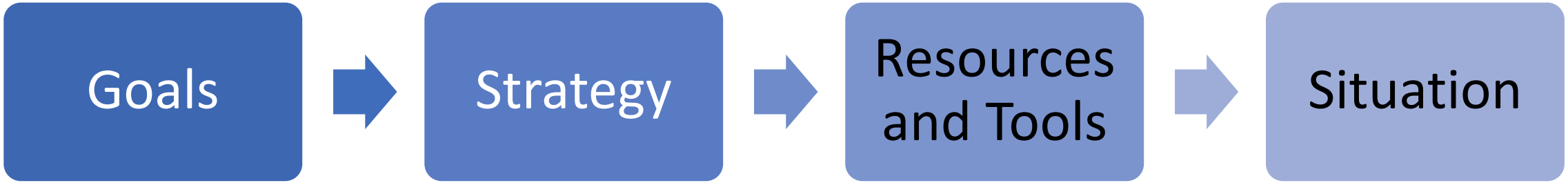
Overview | Measure Performance | **TNC Change Reference**

Using the PIPR

The PIPR in Context



Benefits of the PIPR

The PIPR may provide new insights that will help you reach your goals. Expanded HHVBP Model performance reports can be incorporated into established quality improvement efforts. The PIPR…

- ✓ Provides a comprehensive overview of quality performance
- ✓ Responds to requests of CMS to provide agencies with data prior to the start of the first performance year
- ✓ Aligns measurement with the HHVBP Model that has been adopted nationally for Medicare fee-for-service
- ✓ Helps you to become familiar with subsequent reports, like IPRs and APRs, that will be released later in the Model
- ✓ Allows you to see how you're doing compared to peers nationally at this point in time
- ✓ Is provided to you through the iQIES system

Quality Measure Category-Focused Performance Improvement

PIPR Measure Performance Table

Measure	Performance Year Data Period [b] (12-Month End Date)	Your HHA's Performance Year Measure Value	Your HHA's Percentile Ranking Within Your HHA's Cohort [c]
OASIS-based Measures			
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Improvement in Dyspnea	6-30-2022	92.936	≥75
Improvement in Management of Oral Medications	6-30-2022	88.765	≥75
Total Normalized Composite (TNC) Change in Mobility [e]	6-30-2022	0.970	≥75
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Communications Between Providers and Patients	3-31-2022	88.829	50-74
Specific Care Issues	3-31-2022	87.351	≥75
Overall Rating of Home Health Care	3-31-2022	84.980	25-49
Willingness to Recommend the Agency	3-31-2022	83.119	50-74

Performance Profile

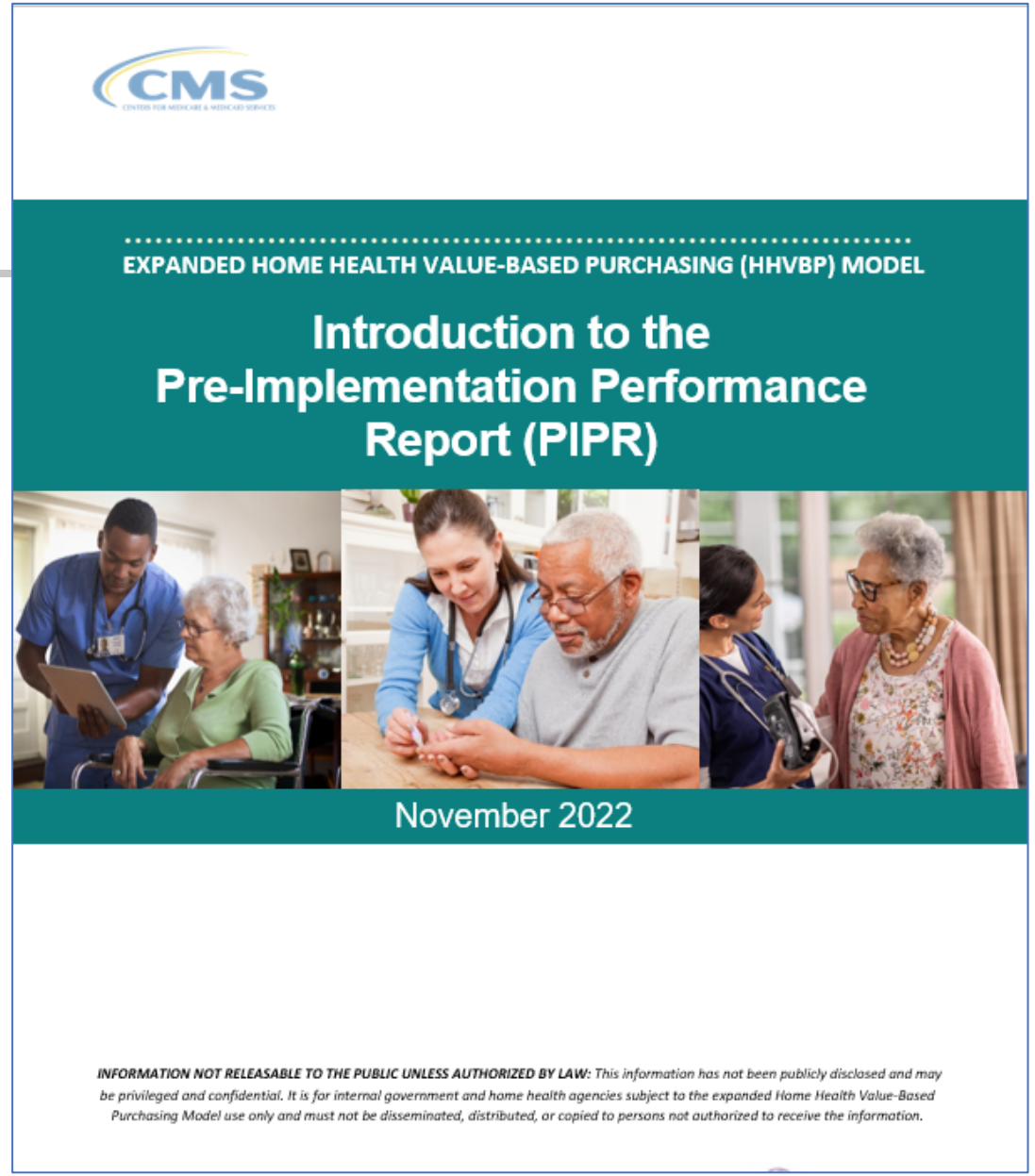
Your HHA's Percentile Ranking Within Your HHA's Cohort (Located in Care Points Tab on IPR or APR)			
<25	25-49	50-74	≥75
			X
		X	
			X
			X
			X
			X
			X
	X		
		X	
		X	
		X	
			X
	X		
		X	

1. ***Performance profiled by measure category.***
2. ***Improvement strategies matched to opportunity for improvement identified.***

Available to download from the Expanded HHVBP Model webpage under "Quality Improvement."

Written Resource

- Available on the Expanded HHVBP Model webpage
- Summarizes information about the PIPR
- Includes FAQs specific to the PIPR



Expanded HHVBP Model Resources

Expanded HHVBP Model Help Desks

HHVBP Model Help Desk	iQIES Help Desk
Questions related to implementation, measures, resources, HHVBP performance feedback report content, or other questions related to the expanded HHVBP Model. Email: HHVBPquestions@lewin.com	Technical questions related to Internet Quality Improvement Evaluation System (iQIES) platform registration, navigation, or assistance with accessing reports. Email: iQIES@cms.hhs.gov Phone: 1 (800) 339-9313 Webpage: iQIES Help
When sending an email to either help desk, please include the following information: • Your first and last name • Email address • CCN(s) or Facility ID (do not include Taxpayer Identification Number (TIN)) • Facility/agency name and address • If CCN or Facility ID is unknown, please include facility/agency name and zip code	

Home Health Quality Reporting Program Help Desks	
Home Health Quality Help Desk	**Home Health CAHPS**
Questions related to: Home Health Quality, including Care Compare (excluding HHCAHPS), OASIS coding and OASIS documentation, quality reporting requirements & 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). Email: homehealthqualityquestions@cms.hhs.gov	Questions related to the Home Health CAHPS Survey or the Patient Survey Star Ratings. Email: hhcahps@rti.org Phone: 1 (866) 354-0985

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Innovation Center Home > Innovation Models > Expanded Home Health Value-Based Purchasing Model

Expanded Home Health Value-Based Purchasing Model

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.

Have questions about the expanded HHVBP Model? Please send questions to HHVBPquestions@lewin.com. Be sure to include your name and the home health agency's name and CCN.

Want to stay up to date on the expanded HHVBP Model? Please subscribe to the HHVBP Model Expansion List Serv.

Background

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.

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.

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.

Model Summary

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

Milestones & Updates

November 2, 2021
Announced: CY 2022 Home Health Proposed Payment System Final Rule published

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Timeline

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
  - HHVBP Model Expansion 101 (recorded webinar)
  - Quality Measures Used in the Expanded Model (focused review of quality measures)
  - Quality Measure Category-Focused Performance Improvement Self Assessment Tool

- Contact the HHVBP TA Help Desk HHVBPquestions@lewin.com
- Subscribe to the HHVBP Model Expansion listserv
- Refer to the CY 2023 HH PPS final rule

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Thank you!