Home Health Value-Based Purchasing Model HHVBP Newsletter – December 2021

Welcome to the expanded HHVBP Model!

The HHVBP Newsletter provides home health agencies (HHAs) with the latest HHVBP Model information as well as important tools, news, and timely insights from CMS and the HHVBP Model Technical Assistance (TA) Team. Please consider sharing this newsletter within your organization. This edition of the newsletter introduces the expanded HHVBP Model and includes the following information:

- HHVBP Model Highlights
 - o Expanded HHVBP Model to begin January 2022
 - Original HHVBP Model to end early date correction for portal and *Connect* closure,
 December 30, 2021
- Resource Spotlight
 - CMS launches Expanded Model webpage



Expanded HHVBP Model to begin January 2022

On November 9, 2021, CMS published the Calendar Year (CY) 2022 Home Health Prospective Payment System (HH PPS) final rule establishing January 1, 2022, as the start of the expanded HHVBP Model. The final rule also established HHA eligibility criteria, payment adjustment rates, definition of cohorts, applicable quality measures, and payment methodology. The final rule appears in the November 9, 2021 Federal Register.

The expanded HHVBP Model begins on January 1, 2022 and includes Medicare-certified HHAs in all fifty (50) states, the District of Columbia, and the U.S. territories. During the pre-

Key Dates for the Expanded HHVBP Model	
Calendar Year (CY)	Context within Model
2022	Pre-Implementation Year
2023	Performance Year 1
2025	First Payment Year

implementation year, CY 2022, CMS will provide HHAs with resources and training to prepare for implementation. The pre-implementation year provides HHAs time to prepare and learn about the expectations and requirements of the expanded Model without risk to payments.

Cohorts

In the expanded Model, cohorts are determined based on each HHA's number of unique beneficiaries in the CY prior to the performance year. HHAs are assigned to either a nationwide larger-volume cohort or nationwide smaller-volume cohort to group HHAs that are of similar size and are more likely to receive scores on the same set of measures for purposes of setting benchmarks and achievement thresholds and determining payment adjustments.

Payment adjustment

The first full performance year for the expanded HHVBP Model is CY 2023, beginning January 1, 2023. Performance in CY 2023 will determine payment adjustment amounts for the first payment year in CY 2025. Under the expanded Model, HHAs receive adjustments to their Medicare fee-for-service payments based on their performance on a set of quality measures, relative to their peers' performance within their respective cohort. Performance on these quality measures in

a specified calendar year (performance year) impacts payment adjustments in a later calendar year (payment year). In a payment year, CMS applies an applicable percent ranging from -5% to +5% toward Medicare fee-for-service payments.

Applicable quality measures

CMS uses data from the Outcome and Assessment Information Set (OASIS), completed Home Health Consumer Assessment of Healthcare Providers and Systems (HHCAHPS) surveys, and Medicare fee-for-service claims to calculate HHAs' performance (Table 1). HHVBP-specific data for each measure will be available via the Internet Quality Improvement Evaluation System (iQIES).

Table 1. Expanded HHVBP applicable quality measures and source (CY 2022)

Data Source	Measures
OASIS-based	 Improvement in Dyspnea/Dyspnea Discharged to Community Improvement in Management of Oral Medications/Oral Medications Total Normalized Composite Change in Self-Care/TNC Self-Care Total Normalized Composite Change in Mobility/TNC Mobility
Claims-based	 Acute Care Hospitalization During the First 60 Days of Home Health Use/ACH Emergency Department Use without Hospitalization During the First 60 Days of Home Health/ED Use
HHCAHPS Survey-based	Five (5) components:

Performance feedback reports

CMS will provide sample performance feedback reports to HHAs via <u>iQIES</u> when administratively feasible and based on available data, for learning purposes only during the pre-implementation year. The sample reports will include the same information as an Interim Performance Report (IPR) and an Annual Total Performance Score (TPS) and Payment Adjustment Report (Annual Report). Data included in each report will be based on the same scoring methodologies and other policies finalized in the <u>CY 2022 Home Health Prospective Payment System (HH PPS) rule</u>.

Questions from HHAs about the expanded Model will inform the content and type of resources produced. Please send questions to the HHVBP Model Help Desk at HHVBP Questions@lewin.com.

To receive email updates on expansion, please subscribe to the HHVBP Model Expansion Listserv. Select "Home Health Value-Based Purchasing (HHVBP) Expanded Model" from the Innovations list. To ensure you receive HHVBP Expanded Model communications via email, please add cms.hhs.gov to your email safe sender list.

For support with registration for the Internet Quality Improvement and Evaluation System (iQIES), please contact the QIES/iQIES Service Center by phone at (800) 339-9313 or email at iqies@cms.hhs.gov. You may also refer to the iQIES Onboarding Guide posted to the QIES Technical Support Office (QTSO).

Original HHVBP Model to end early

The original HHVBP Model will end one year early for the HHAs in the nine original Model States (i.e., Arizona, Florida, Iowa, Massachusetts, Maryland, Nebraska, North Carolina, Tennessee, and Washington), such that CY 2020 performance data will not be used to calculate a payment adjustment for CY 2022. For more information, see Section I.A.2 (p. 62241) of the CY 2022 HH PPS Final Rule.

On <u>December 30, 2021</u>, CMS will sunset the <u>HHVBP Secure Portal</u> and <u>HHVBP Connect</u>. Original HHVBP performance reports and Model resources will no longer be available after this date.



Resource Spotlight

CMS launches expanded Model webpage

On November 2, 2021, CMS launched the <u>Expanded Home Health Value-Based Purchasing Model</u> webpage. This webpage will serve as the primary source for information about the expanded HHVBP Model. In addition, resources to support HHAs with understanding and implementing the Model will be added to this site. Resources currently available include:

- HHVBP Model Composite Measure Calculation Steps
- HHVBP Model Technical Specifications Composite Outcome Measures

Resources Coming in 2022

- Frequently Asked Questions
- Expanded HHVBP Model 101 Webinar
- Model Guide

Contact Us

Please do not reply to this email. This is an unmonitored inbox. If you require assistance, use the following options:

- For program questions about the <u>expanded</u> or <u>original</u> HHVBP Model, contact the <u>HHVBP Help Desk</u> at HHVBPquestions@lewin.com.
- For support with registration for the Internet Quality Improvement and Evaluation System (<u>iQIES</u>), please contact our QIES/iQIES Service Center by phone at (800) 339-9313 or by email at <u>iqies@cms.hhs.gov</u>. You may also refer to the iQIES Onboarding Guide posted to QTSO for registration support:
 https://qtso.cms.gov/software/iqies/reference-manuals.
- For HHAs participating in the original Model, if you have technical issues with gaining access to the HHVBP Secure Portal to access reports available for the original HHVBP Model, contact the HHVBP Technical Support Help Desk at 1-844-280-5628. The Collaboration Sites Business Operations Support Center (CBOSC) is available to answer your questions Monday through Friday, 8:30 AM to 6:00 PM ET, except federal holidays. If you call outside of these hours, you have the option to leave a voice mail message. Your call will be returned on the next business day.
- For HHAs participating in the original Model, if you have <u>HHVBP Connect</u> questions, such as password resets, contact the <u>HHVBP Connect Help Desk</u> at <u>CMMIConnectHelpDesk@cms.hhs.gov</u> or 1-888-734-6433.