

Expanded Home Health Value-Based Purchasing (HHVBP) Model

HHVBP Newsletter – July 2023

The HHVBP Newsletter provides home health agencies (HHAs) with the latest information about the expanded HHVBP Model as well as important tools, news, and timely insights from the Centers for Medicare & Medicaid Services (CMS) and the HHVBP Model Technical Assistance (TA) Team. Please consider sharing this newsletter within your organization.

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HHVBP Model Highlights

Expanded HHVBP Model Performance Feedback Reports

July 2023 Interim Performance Reports (IPRs) are Available on iQIES!

The first quarterly Interim Performance Reports (IPRs) for the expanded HHVBP Model were published on the [Internet Quality Improvement Evaluation System \(iQIES\)](#) on July 20, 2023. The IPR provides HHAs with information on their measure performance in the expanded Model based on the 12 most recent months of data available. Using the IPR, an HHA can assess and track their performance relative to peers in their respective cohort throughout the expanded Model performance year. An HHA will receive an IPR during the calendar year (CY) 2023 performance year if the HHA meets the following criteria:

- active,

- Medicare-certified prior to January 1, 2022, and
- meets the minimum threshold of data for at least one (1) quality measure in the quarterly reporting period for the performance year:
 - ✓ OASIS-based – 20 home health quality episodes
 - ✓ Claims-based – 20 home health stays
 - ✓ HHCAHPS Survey-based – 40 completed surveys

The July 2023 IPR provides quality measure performance scores based on the following time periods for each measure category:

- ✓ OASIS-based: April 1, 2022 – March 31, 2023
- ✓ Claims-based: January 1, 2022 – December 31, 2022
- ✓ HHCAHPS Survey-based: January 1, 2022 – December 31, 2022

The IPR is available via [iQIES](#) in the “HHA Provider Preview Reports” folder, by the CMS Certification number (CCN) assigned to the HHA. If your organization has more than one (1) CCN, then a report will be available for each CCN. Only [iQIES](#) users authorized to view an HHA’s reports can access expanded HHVBP Model reports. For assistance with downloading your HHA’s IPR, please contact the iQIES Service Center at 1-800-339-9313, Monday through Friday, 8:00 AM-8:00 PM ET, or by [email \(igies@cms.hhs.gov\)](mailto:igies@cms.hhs.gov). To create a ticket online or track an existing ticket, please go to [CCSQ Support Central](#).

Locating the IPR in iQIES

1. Log into iQIES at <https://igies.cms.gov/>.
2. Select the [My Reports](#) option from the [Reports](#).
3. From the [My Reports](#) page, select the [HHA Provider Preview Reports](#).
4. Select the HHVBP file to view the desired report. To quickly locate the most recently published report, select the down arrow adjacent to the [Created Date](#) label at the top of the table. This will order the reports in the folder from newest to oldest.
5. Select the file name link and the contents of the file will display.

Instructions on how to access the IPRs are also available on the [Expanded HHVBP Model webpage](#), under “Model Reports”.

Submitting an IPR Recalculation Request

There are two (2) versions of the quarterly IPRs: a Preliminary IPR and a Final IPR. The Preliminary IPR provides an HHA with an opportunity to submit a **recalculation request** for applicable measures and interim performance scores if the agency believes there is evidence of a discrepancy in the calculation. Please note, the recalculation request does not apply to errors in data submission since submission requirements for the expanded Model align with current Code of Federal Regulations (CFRs).

To dispute the calculation of the performance scores in the *Preliminary IPR*, an HHA must submit a recalculation request **within 15 calendar days after publication** of the Preliminary IPR. **For the July 2023 IPR, HHAs must submit a recalculation request by Friday, August 4, 2023.** The *Final IPR* will reflect any changes resulting from an approved recalculation.

HHAs may submit requests for recalculation by emailing hhvbp_recalculation_requests@abtassoc.com. Recalculation requests must contain the following information, as cited in the [CY 2022 HH PPS final rule](#) (p. 62331) and CFR [§484.375](#):

- The provider’s name, address associated with the services delivered, and CCN.
- The basis for requesting recalculation to include the specific data that the HHA believes is inaccurate or the calculation the HHA believes is incorrect.
- Contact information for a person at the HHA with whom CMS or its agent can communicate about this request, including name, email address, telephone number, and mailing address (must include physical address, not just a post office box).
- A copy of any supporting documentation, not containing PHI, the HHA wishes to submit in electronic form.

These instructions are also available on the [Expanded HHVBP Model webpage](#), under “Model Reports”.

Calendar Year (CY) 2024 Home Health Prospective Payment System (HH PPS) Proposed Rule: Comment Period Available

All information regarding proposed changes to the expanded HHVBP Model in the Calendar Year (CY) 2024 Home Health Prospective Payment System (HH PPS) proposed rule is available in the [Federal Register](#).

The comment period is open until August 29, 2023. Instructions on how to submit comments are available in the [Federal Register](#).



Strategic Practices for Patient and Family/Caregiver Engagement

This month’s *Strategies for Success* highlights strategic practices related to patient and family/caregiver engagement. **Exhibit 1** shows the briefing card, which follows an SBAR (situation, background, assessment, and recommendation) format, leading to a recommendation on how an HHA can address opportunities for improvement.

For additional information, please see the *Strategies for Success Self-Assessment Tool* materials and the *Briefing Card Compendium* available on the [Expanded HHVBP Model webpage](#) under “Quality Improvement”.

Exhibit 1. Briefing Card: Patient Family/Caregiver Engagement

Patient Engagement:	<i>Care delivery promotes patient and family/caregiver engagement (PFE) consistent with patient goals.</i>
<u>Situation</u>	Home health care processes and care practices should promote patient/person and family/caregiver engagement (PFE), consistent with patient values, preferences, and goals, in all aspects of care, decision-making, and self-care.

	These processes and care practices, however, can present barriers if the patient/person is not at the center of care.
<u>Background</u>	PFE is a desired result or output of health care processes. Barriers to PFE in home care include previous adverse experiences with health care; interactions with the HHA and staff that are not perceived by patients and family/caregivers to be respectful, supportive, nurturing, and responsive to what is important to and for them; gaps in incorporating patient and family/caregiver education and training needs into care planning; and gaps in monitoring the effects of education and training interventions and adapting care plans accordingly.
<u>Assessment</u>	Engagement of patients and family/caregivers supports the home health plan of care, goal accomplishment, positive patient outcomes and the patient and family/caregiver experience during the delivery of home health care.
<u>Recommendation</u>	<p>Home health care processes should anticipate and identify barriers to PFE. HHA staff training and education should include strategies to promote PFE. HHAs should establish procedures that promote PFE, including:</p> <ul style="list-style-type: none"> • Recognition of PFE as an organizational and leadership priority. • Identification of methods and techniques for patient and family/caregiver education and training that are effective in promoting PFE across the range of needs found in the population served by the HHA. Examples include: <ul style="list-style-type: none"> ○ Motivational Interviewing and other patient communication approaches. ○ Outreach calls during times of risk for hospitalization or ED Use. ○ Self-Management Tools. ○ Remote Patient Monitoring. ○ Decision Making Aids. ○ Teach-back. • Staff orientation, education, and training on PFE processes and methods. • Ensuring responsible staff have the time to perform PFE activities and interventions. • Incorporating PFE activities and methods into procedures, tools, and patient education and training resources. • Performance monitoring and feedback for staff.



Resource Spotlight

Medication Management – On-demand Recording Now Available

The *Care Transitions: Medication Management* on-demand recording is available for HHAs as they consider clinical strategies for accomplishing improvement in the expanded HHVBP Model quality

measures. HHAs are encouraged to watch the recording to gather information on evidence-based strategies that can inform Quality Assurance and Performance Improvement (QAPI) plans.

Learning Resource Title	Featured Quality Improvement Strategies
<i>Care Transitions: Medication Management</i>	<ul style="list-style-type: none"> • Medication Reconciliation – a four (4) step process • Medication Adherence – identifying barriers, tools, and methods

The recording and accompanying slides, in addition to other resources that will support quality improvement efforts, are available on the [Expanded HHVBP Model webpage](#) under “Quality Improvement”. For questions, please email the HHVBP Model Help Desk at HHVBPquestions@lewin.com.

Expanded HHVBP Model TNC Measure Technical Specifications

Two (2) resources detailing the technical specifications for the expanded HHVBP Model Total Normalized Composite (TNC) Change Measures are available on the [Expanded HHVBP Model webpage](#) under “Quality Measures”.

1. ***Technical Specifications for the Total Normalized Composite (TNC) Change Measures: April 2023*** – Describes the current risk adjustment methodology for the expanded HHVBP composite change measures, TNC Change in Mobility and TNC Change in Self-Care, which was updated to accommodate changes in OASIS-E and align with the update to the risk adjustment models made for OASIS-based outcome measures under the Home Health Quality Reporting Program (HH QRP). These specifications apply to quality episodes that begin on or after January 1, 2023.
2. ***Technical Specifications for the Total Normalized Composite (TNC) Change Measures: October 2021*** – These specifications align with the risk adjustment models for OASIS-D outcome measures under the HH QRP for quality episodes that began prior to January 1, 2023.

Expanded HHVBP Model Briefing Card Compendium

The HHVBP Model TA Team is pleased to announce the release of a new resource for home health agencies (HHAs), the “*Expanded HHVBP Model Briefing Card Compendium*”, available on the [Expanded HHVBP Model webpage](#) under “Quality Improvement”. Features of this resource include detailed descriptions of nine (9) strategies that may improve performance using the SBAR (situation, background, assessment, and recommendation) format – four (4) assessment strategies, one (1) care planning strategy, one (1) monitoring strategy, two (2) patient engagement strategies, and one (1) maintenance coverage strategy.

See the “*First Performance Year Quick Guide*” materials for more information on SBAR and the “*Strategies for Success Self-Assessment Tool*” on how to use the briefing cards. These resources are also available on the [Expanded HHVBP Model webpage](#) under “Quality Improvement”.



ICYMI (In Case You Missed It)

Overview of the Interim Performance Report (IPR): The July 2023 IPR

To assist HHAs in understanding the purpose and content of the IPRs, the HHVBP TA Team hosted a live webinar, *Overview of the Interim Performance Report (IPR): The July 2023 IPR*, on Thursday, July 27, 2023. The slides and recording specific to this event will be available soon.

In the meantime, resources are available on the [Expanded HHVBP Model webpage, under “Model Reports”](#). The HHVBP TA Team encourages HHAs to view the on-demand resources and share with other HHA staff as they review the first quarterly IPR for their HHA. For questions, please email the Expanded HHVBP Model Help Desk at HHVBPquestions@lewin.com.

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 expanded HHVBP Model, contact the **HHVBP Model Help Desk** at HHVBPquestions@lewin.com.
- 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 by email at iqies@cms.hhs.gov. You may also refer to the *iQIES Onboarding Guide* posted to QTSO for registration support: <https://qtso.cms.gov/software/iqies/reference-manuals>.
- To receive email updates about the expanded Model, please subscribe to the [Expanded HHVBP Model listserv](#). Enter your email address in the contact form, then select “Home Health Value-Based Purchasing (HHVBP) Expanded Model” from the Innovations list.
- Please contact the **Home Health Quality Reporting Program (HH QRP) Help Desk** at homehealthqualityquestions@cms.hhs.gov for questions about the following: 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).
- Please contact the **Home Health CAHPS Help Desk** at hhcahps@rti.org for questions related to the HHCAHPS Survey or Patient Survey Star Ratings.

Not sure which help desk to use? Check out the [Guide to Home Health Help Desks!](#)