

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

## HHVBP Newsletter – June 2022

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.

Information in this edition of the newsletter includes the following:

- [HHVBP Model Highlights](#)
  - [Now Available: Evaluation of the Original Home Health Value-Based Purchasing Model – Fifth Annual Report](#)
- [On the Horizon](#)
  - [Coming Soon: Sample Reports – Interim Performance Report \(IPR\) and the Annual Total Performance Score and Payment Adjustment Report \(Annual Report\)](#)
  - [Upcoming Resources and Learning Events](#)
- [Resource Spotlight](#)
  - [New Resources and Learning Events Now Available](#)
- [Literature Link: Health Equity](#)
  - [CCSQ’s Focus on Health Equity](#)
  - [2022 CMS Quality Conference: Advancing Health Equity](#)



### HHVBP Model Highlights

#### ***Now Available: Evaluation of the Original Home Health Value-Based Purchasing Model – Fifth Annual Report***

The *Home Health Value-Based Purchasing Model - Fifth Annual Report* is now available on the [original HHVBP Model webpage](#) (scroll down to the “Latest Evaluation Reports” section). The primary goals of this evaluation are to understand how the shift in financial incentives under the original HHVBP Model may influence HHA behavior and, in turn, the following aspects of home health care (as cited in the [Findings-At-A-Glance Report](#)):

- Quality and utilization;
- Medicare spending;
- Patient experience with care and functional status; and
- Equity and access.

This [Annual Report](#) focuses on the experience of home health patients and agencies through 2020, the third year that eligible agencies in the original HHVBP Model states received an adjustment to their Medicare payment amounts under the Home Health Prospective Payment System (HH PPS).

### Reminder

The achievement thresholds and benchmarks for each quality measure in the expanded HHVBP Model are now available on the [Internet Quality Improvement and Evaluation System \(iQIES\) portal](#).

More information, including instructions on how to access the achievement thresholds and benchmarks, is available on the [Expanded HHVBP Model webpage](#).



### On the Horizon

#### **Coming Soon: Sample Reports – Interim Performance Report (IPR) and the Annual Total Performance Score and Payment Adjustment Report (Annual Report)**

For learning purposes only, CMS will publish two sample reports in July – one for the IPR and one for the Annual Report. The sample reports are based on the same scoring methodologies and other policies presented in the [Calendar Year \(CY\) 2022 Home Health Prospective Payment System \(HH PPS\) final rule](#).

The intent of these sample reports is to orient HHAs to the content and format of the performance feedback reports and help HHAs understand how CMS will assess HHA performance under the expanded HHVBP Model. **These sample reports will not include actual HHA performance data.** The sample reports will be made available to each competing HHA through [iQIES](#). CMS will notify each competing HHA via email when the two reports are available.

In August, the HHVBP TA Team will host a live event designed to assist HHAs with understanding the format and content of the IPRs and Annual Report, using the sample reports as examples. Registration will be available soon.

#### **Upcoming Resources and Learning Events**

In the coming months, the HHVBP TA team will release the following resources and learning products to assist HHAs with implementation of the expanded HHVBP Model, including the interpretation of performance feedback reports:

- **How Measure Performance Becomes Care Points:** A video on how an HHA's performance on a quality measure becomes the HHA's achievement points, improvement points, and care points.
- **How Care Points Become the Total Performance Score (TPS):** An on-demand recording and accompanying written resource reviewing the calculation of the TPS from care points.
- **How the Total Performance Score (TPS) Becomes the Final Payment Adjustment:** An on-demand recording and accompanying written resource to help HHAs understand how the TPS translates into the adjusted payment percentage (APP) under the [CY 2022 HH PPS final rule](#).

All resources will be available on the [Expanded HHVBP Model webpage](#).

Subscribe to the [Expanded HHVBP Model listserv](#) to receive an email notification when resources become available on the [Expanded HHVBP Model webpage](#) and for other Model updates.



## Resource Spotlight

### ***New Resources and Learning Events Now Available***

The following expanded HHVBP Model resources are now available on the [Expanded HHVBP Model webpage](#):

- *June Edition of the FAQs*
- *Expanded HHVBP Model Guide*
- *HHVBP Model Composite Measure Calculation Steps*
- *An Overview: Risk Adjustment Process and Use in the Expanded HHVBP Model*
- *Making the Most of HHVBP Resources* (instructional video)
- *Quality Measures Used in the Expanded HHVBP Model* (instructional video)
- *How to use Existing Quality Assurance and Performance Improvement (QAPI) Processes to Support Improvement in Expanded Home Health Value-Based Purchasing (HHVBP) Model*
- *Leadership and Communication—Essential Elements for Quality Improvement* (podcast)



## Literature Link: Health Equity

### ***CCSQ's Focus on Health Equity***

In alignment with CMS' programmatic vision of providing high-quality, equitable services, CCSQ pledged to advance health equity for those served through its models and initiatives, including the expanded HHVBP Model, by:

1. Focusing on a person-centric approach as part of an overarching CMS Quality Strategy, which strives toward creating a care journey that is free from inequity while optimizing opportunities and access for underserved populations and
2. Identifying measurable interventions to close gaps in quality care and outcomes.

In the [CY 2022 HH PPS final rule](#), CMS outlined an improved data collection strategy to better understand the needs of HHAs and improve access to care for beneficiaries. According to the final rule, HHAs will begin reporting certain Standardized Patient Assessment Data Elements starting January 1, 2023. CMS also sought guidance on additional Standardized Patient Assessment Data Elements to assess health equity in the care of HHA patients. Through the comment period for the [CY 2023 HH PPS proposed rule](#), CMS will continue to solicit comments and suggestions as the agency continues to develop policies that address health equity and SDOH.

The Standardized Patient Assessment Data Elements on social determinants of health (SDOH) include race, ethnicity, preferred language, interpreter services, health literacy, transportation, and social isolation.

### **2022 CMS Quality Conference: Advancing Health Equity**

At the annual CMS Quality Conference *Grand Plenary* ([Session #29](#)), Jean Moody-Williams, Deputy Director of the Center for Clinical Standards and Quality (CCSQ), introduced the conference theme—*New Hope, New Health: Charting a Path Forward*—and announced the rollout of the CMS strategy: *Advancing Health Equity Across CMS Programs and Policies*. In addition, LaShawn McIver, Director of the CMS Office for Minority Health (OMH), outlined CMS’ pledge to advance health equity by:

CMS defines health equity as “the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other circumstances.”

1. Designing, implementing, and operationalizing policies and programs that support health for all people served by CMS programs;
2. Eliminating avoidable differences in health outcomes experienced by people who are disadvantaged or underserved; and
3. Providing the care and support enrollees need to thrive.

Other sessions focused on health equity included:

- *Advancing Person-Centered Care through Quality and Health Equity* ([Session #8](#)). Provided an overview of CMMI’s strategic direction to advance health equity. In this session, center leaders presented on current model efforts to achieve equitable outcomes through high quality, affordable, person-centered care. Dr. Dora Hughes, Chief Medical Officer at CMMI, discussed how CMMI is embedding health equity across the life cycle of its models.
- *Health Equity: Working Toward Equity Through Collaborative Action, Compassion, and Caring* ([Session #19](#)). Organized by CCSQ, featured a discussion with speakers from different state and regional health initiatives working to create a culture of advancing equity. Presenters recommended the use of solutions customized to specific groups, as well as engaging with patients and community organizations as key stakeholders when developing quality improvement models and strategies.



All recorded sessions from the 2022 CMS Quality Conference are available at [Quality Conference 2022 on Vimeo](#).

### **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 Help Desk** at [HHVBPquestions@lewin.com](mailto:HHVBPquestions@lewin.com).
- To receive email updates about expansion, please subscribe to the [HHVBP Model Expansion listserv](#). Enter your email address in the contact form, then select “Home Health Value-Based Purchasing (HHVBP) Expanded Model” from the Innovations 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 by email at [iqies@cms.hhs.gov](mailto: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>.
- Please contact the **Home Health Quality Reporting Program (HH QRP) Help Desk** at [homehealthqualityquestions@cms.hhs.gov](mailto: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).