

Expanded Home Health Value-Based Purchasing (HHVBP) Model

HHVBP Newsletter – May 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 CMS and the HHVBP Model Technical Assistance (TA) Team. Please consider sharing this newsletter within your organization.

Information in this edition of the newsletter continues to orient HHAs to the expanded HHVBP Model and includes the following information:

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HHVBP Model Highlights

Now Available: Expanded HHVBP Model Achievement Thresholds and Benchmarks

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: <https://iqies.cms.gov/>. The achievement thresholds and benchmarks were calculated by cohort using quality measure data for the Model baseline year, which is calendar year (CY) 2019 for the CY 2023 performance year/CY 2025 payment year.

Instructions on how to access the achievement thresholds and benchmarks is now available on the [Expanded HHVBP Model webpage](#), in the “CY 2023 Benchmarks and Achievement Thresholds - Access Instructions” document.

More information about the achievement thresholds and benchmarks and their use in the expanded Model is available in the [Expanded HHVBP Model Frequently Asked Questions](#) (FAQs) on the [Expanded HHVBP Model webpage](#).

The **achievement threshold** is the median (50th percentile) of Medicare-certified HHAs’ performance scores on each quality measure during the designated Model baseline year (CY 2019), calculated separately for the larger- and smaller-volume cohorts. CMS uses the achievement threshold for calculating the achievement score.

The **benchmark** is the mean of the top decile (90th percentile) of all HHAs’ performance scores on the specified quality measure during the baseline year, also calculated separately for the larger- and smaller-volume cohorts. CMS uses the benchmark for calculating both the achievement score and the improvement score.

Expanded HHVBP Model Cohorts

How does CMS define and determine cohort assignments?

In the expanded HHVBP Model, HHAs compete in either a nationwide smaller-volume cohort or a nationwide larger-volume cohort, as defined by the number of unique HHCAHPS survey-eligible beneficiaries for each HHA. CMS establishes the cohorts prospectively in the year prior to the performance year.

Smaller-volume cohort: the group of competing HHAs that had fewer than sixty (60) unique beneficiaries in the calendar year prior to the performance year.

Larger-volume cohort: the group of competing HHAs that had sixty (60) or more unique beneficiaries in the calendar year prior to the performance year.

CMS believes that separating smaller- and larger-volume HHAs into cohorts under the expanded HHVBP Model will 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.

To allow for a sufficient number of HHAs in each volume-based cohort, CMS assigns cohorts based on all HHAs nationwide, rather than by state, as under the original HHVBP Model. Using nationwide cohorts in performance comparisons, rather than state/territory-based cohorts, is consistent with the Skilled Nursing Facility and Hospital VBP Programs, in addition to the Home Health Compare Star Ratings.

HHAs can identify their cohort assignment through the expanded HHVBP Model performance feedback reports that will be available on iQIES. The quarterly Interim Performance Report (IPR) provides feedback to HHAs regarding quality measure performance relative to achievement thresholds and benchmarks, giving competing HHAs the opportunity to assess and track their performance relative to their respective cohort and their own past performance.

Can an HHA's cohort assignment change?

It is possible that an HHA's assigned cohort will change, since the cohort assignment is dependent on the number of unique HHCAHPS survey-eligible beneficiaries for the HHA in the year prior to the performance year. For example, an HHA with a beneficiary count of less than sixty (60) during calendar year (CY) 2024, will be assigned to the smaller-volume cohort for the CY 2025 performance year. If this same HHA experiences an increase to sixty (60) or more beneficiaries in CY 2025, the HHA will be assigned to the larger-volume cohort for the CY 2026 performance year.

Approximately how many HHAs are included in each cohort?

As cited in the [Calendar Year \(CY\) 2022 Home Health Prospective Payment System \(HH PPS\) final rule](#) and based on CY 2019 Care Compare data, approximately 7,084 HHAs fall within the larger-volume cohort and 485 HHAs fall within the smaller-volume cohort. These HHA counts provide a sufficiently large number of values in each cohort to allow ranking of HHA performance scores and payment adjustment percentages across the range of -5% to +5%. Further, the CMS analysis found that many of the smaller-volume HHAs may not receive a score on the HHCAHPS survey measure, which account for 30% of the overall TPS, while most of the larger-volume cohort HHAs would be scored on the full set of applicable measures.



On the Horizon

New Implementation Resources Coming Soon

In the coming months, the HHVBP TA Team will release new resources to assist HHAs with implementation of the expanded HHVBP Model. All resources will be available on the [Expanded HHVBP Model webpage](#). These resources include an update to the HHVBP Model Composite Measure Calculation Steps resource, as well as an overview of the risk adjustment methodology used in the expanded HHVBP Model.

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

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

April Edition of the FAQs

The [Expanded HHVBP Model Frequently Asked Questions](#) (FAQs) will assist HHAs in understanding common terms used in the expanded Model and requirements under the [CY 2022 HH PPS final rule](#).

Expanded HHVBP Model Guide

The Model Guide includes an overview of the expanded Model, information on eligibility and cohorts, quality measures used in the expanded Model, Total Performance Score (TPS) methodology and payment adjustment methodologies, and an overview of the performance feedback reports.

Quality Measures & Quality Improvement Resources

The “Quality Measures Used in the Expanded HHVBP Model” [on-demand video](#) provides measure-specific information for each of the applicable quality measures included in the expanded Model. A [companion resource](#), “How to use Existing Quality Assurance and Performance Improvement (QAPI) Processes to Support Improvement in Expanded Home Health Value-Based Purchasing (HHVBP) Model,” highlights the use of the quality improvement cycle to support HHAs’ improvement efforts.

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.
- 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 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.
- 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).