Home Health Value-Based Purchasing (HHVBP)

HHVBP Model Expansion 101

February 10, 2022

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Webinar Logistics

Home Health
Value-Based Purchasing (HHVBP)

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Mute   Chat   Raise Hand   Q&A   Leave

Agenda

- Welcome
- Expanded Model Highlights
- Essential Topics
  - ✓ Introduction to the Model Participation & Cohorts
  - ✓ Performance & Payment Years
  - ✓ Quality Measures
  - ✓ Baseline Years
  - ✓ Total Performance Scoring Methodology
  - ✓ Payment Adjustment Methodology
  - ✓ Performance Feedback Reports
  - ✓ Public Reporting
- Questions & Answers
- Model Information & Resources

Welcome Speakers

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Expanded HHVBP Model

Centers for Medicare and Medicaid Services

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Introduction to the Model

Expansion of the HHVBP Model

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Baltimore, MD 21244

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

OFFICE OF THE ACTUARY

Date: October 13, 2020

From: Paul Spitalnic, ASA, MAAA
Chief Actuary, Centers for Medicare and Medicaid Services

Subject: Certification of Home Health Value-Based Purchasing (HHVBP) Model

Certification

Section 1115A of the Social Security Act established the Center for Medicare and Medicaid Innovation (CMMI) within the Centers for Medicare & Medicaid Services (CMS) to test innovative payment techniques and service delivery models. For successful models, the law states that "the Secretary may, through rulemaking, expand (including implementation on a nationwide basis) the duration and the scope of a model that is being tested…to the extent determined appropriate by the Secretary, if—

(1) The Secretary determines that such expansion is expected to—
    (A) reduce spending under the applicable title without reducing the quality of care; or
    (B) improve the quality of patient care without increasing spending;
(2) The Chief Actuary of the Centers for Medicare & Medicaid Services certifies that such expansion would reduce (or would not result in any increase in) net program spending under the applicable titles; and
(3) The Secretary determines that such expansion would not deny or limit the coverage or provision of benefits under the applicable title for applicable individuals."

We were asked to consider a nationwide expansion of the Home Health Value-Based Purchasing (HHVBP) Model. The considered expansion would simply apply the current model operating in 9 states to all states. Based on the formal evaluation of the first 3+ years of the program as well as our own analysis, I certify that the expansion of the HHVBP Model would reduce program spending. The remainder of this memorandum summarizes the evidence and analysis supporting this certification.

- Original Model implemented 2016 – 2021.
- On average, the original HHVBP Model resulted in:
  - **4.6% improvement** in home health agency (HHA) performance.
  - **Annual savings of $141 million** to Medicare.
- The Chief Actuary of the Centers for Medicare and Medicaid Services (CMS) certified:
  - **Nationwide expansion** of the HHVBP Model **would reduce net Medicare spending.**

Source: https://www.cms.gov/files/document/certification-home-health-value-based-purchasing-hhvbp-model.pdf

6

Expanded HHVBP Model Highlights

- CMS seeks to continue to improve quality of care for Medicare beneficiaries nationwide through payment incentives to HHAs.

- Payment adjustments determined based on HHAs quality performance measures relative to peers in their national size cohort

- Payment adjustment applies only to Medicare Home Health fee-for-service (FFS) claims.

Expanded HHVBP Model Highlights (continued)

- On January 1, 2022, CMS launched the expanded HHVBP Model.

- Calendar year (CY) 2022 is the pre-implementation year **without risk** to payments.

- The first performance year for the expanded Model is CY 2023, beginning January 1.

- HHA performance in CY 2023 will determine the payment adjustment incentive for the first payment year, CY 2025.

- CY 2025 payment adjustment incentive is upward/downward 5%.

The CY 2022 Pre-Implementation Year

- ✓ CMS will provide education and support to competing HHAs.
- ✓ HHAs will have time to prepare for implementation of the expanded HHVBP Model.
- ✓ HHA's can use this time to assess their performance on the set of quality measures used in the expanded HHVBP Model.

Participation & Cohorts

Participation in the Model

- Participation is mandatory for all Medicare-certified HHAs with a CCN in the 50 States, District of Columbia, and the U.S. territories.

- Includes home health agencies that are Medicare-certified and receive payment from CMS for home health care services.

- These HHAs compete on a set of quality measures related to the care that HHAs provide.

Model Cohorts

NATIONWIDE VOLUME-BASED COHORTS

Smaller-volume cohort

The group of competing HHAs that had <u>fewer than sixty (60)</u> unique survey-eligible beneficiaries in the calendar year prior to the performance year.

Larger-volume cohort

The group of competing HHAs that had <u>sixty (60) or more</u> unique survey-eligible beneficiaries in the calendar year prior to the performance year.

Cohort assignments will appear on the HHVBP reports in iQIES, once available.

Additional information about the HHVBP cohorts will be available during the CY 2022 Pre-implementation Year.

Performance & Payment Years
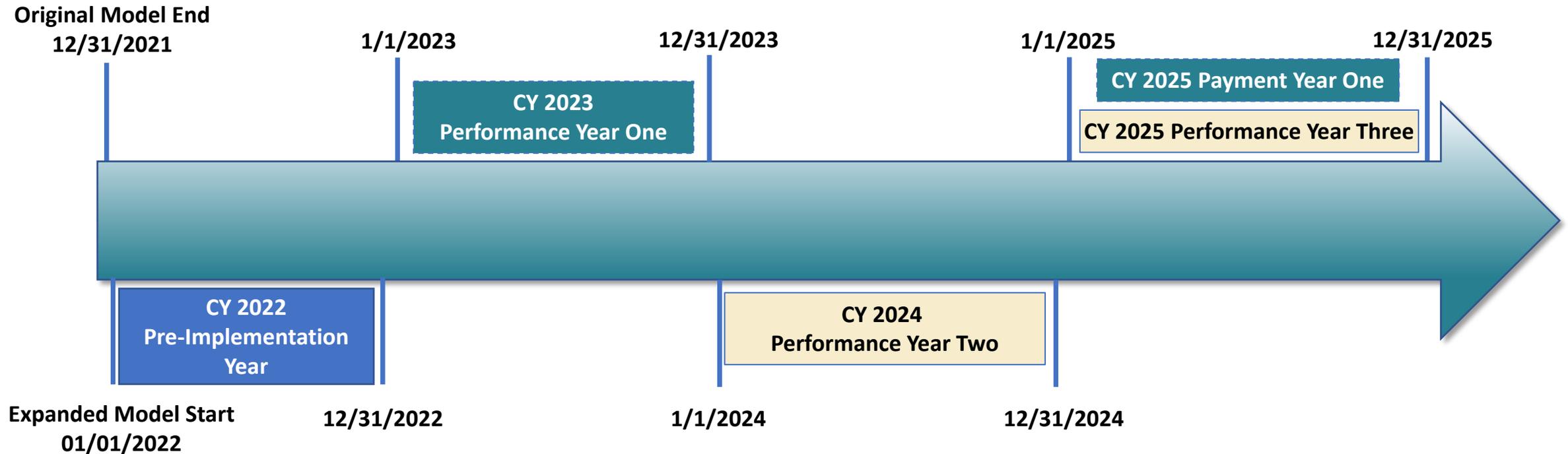
Performance Year & Payment Year

- Performance Year: The calendar year during which OASIS-based, claims-based, and HHCAHPS survey-based measure data are used for the purpose of calculating an HHA's Total Performance Score (TPS).*

- Payment Year: The calendar year in which the adjusted payment percentage for a designated performance year applies.

Performance Year (CY)	Payment Year (CY)
2023	2025
2024	2026
2025	2027
2026	2028
2027	2029
2028	2030
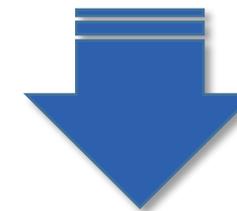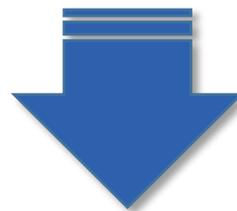
* The TPS is the numeric score awarded to each qualifying HHA based on the weighted sum of the performance scores for each applicable measure.

13

Model Timeline: Initial Rollout CY 2022 – CY 2025

Original Model End
12/31/2021

1/1/2023

12/31/2023

1/1/2025

12/31/2025

CY 2025 Payment Year One

CY 2025 Performance Year Three

CY 2023 Performance Year One

CY 2022 Pre-Implementation Year

CY 2024 Performance Year Two

Expanded Model Start
01/01/2022

12/31/2022

1/1/2024

12/31/2024

Quality Measures

Applicable Measures

Category	Count	Quality Measure
OASIS-based	5	Improvement in Dyspnea
		Discharged to Community
		Improvement in Management of Oral Medications
		Total Normalized Composite Change in Mobility
		Total Normalized Composite Change in Self-Care
Claims-based	2	Acute Care Hospitalization
		Emergency Department Use without Hospitalization
HHCAHPS Survey-based	5	Professional Care
		Communication
		Team Discussion
		Overall Rating
		Willingness to Recommend

Additional information about the HHVBP quality measures will be available during the CY 2022 Pre-implementation Year.

Submission of Quality Measure Data

OASIS-based

HHCAHPS Survey-based

Claims-based

- HHAs must electronically report all **OASIS data** collected in accordance with **§ 484.55**, in order to meet the Medicare Conditions of Participation (CoPs), and as a condition for payment at **§ 484.205(c)**. HHAs submit the OASIS assessments in **iQIES**.

- HHAs are required to submit **HHCAHPS** survey measure data for HH QRP. HHAs are required to contract with an approved, independent HHCAHPS survey vendor to administer the HHCAHPS on its behalf (**§ 484.245(b)(1)(iii)(B**)).

- The **Acute Care Hospitalization (ACH)** and **Emergency Department (ED) Use** measures are derived from claims data submitted to CMS for payment purposes and do not require HHAs to submit additional data.

Payers

- The HHVBP Model includes the following payers for each measure category:

  - **OASIS-based Measures:** Medicare FFS, Medicare Advantage, Medicaid FFS, and Medicaid managed care

  - **Claims-based Measures:** Medicare FFS

  - **HHCAHPS Measure:** Medicare FFS, Medicare Advantage, Medicaid FFS, and Medicaid managed care.

Baseline Year

Baseline Years:
Model Baseline & HHA Baseline

Model Baseline Year*

- Cohort-level
- Used to determine benchmarks and achievement thresholds by measure

HHA Baseline Year

- HHA-level
- Used to determine HHA improvement thresholds by measure

* CMS may propose an update to the Model baseline year for subsequent years of the expanded HHVBP Model through future rulemaking.

Model Baseline Year: Achievement Threshold & Benchmarks

Achievement Threshold

The median (50th percentile) of Medicare-certified HHAs' performance on <u>each quality measure</u> during the designated 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 <u>on the specified quality measure</u> during the baseline year, calculated separately for the larger and smaller-volume cohorts.

Used to calculate both the achievement score and the improvement score.

- The Model baseline year is the year against which CMS calculates the achievement threshold and benchmarks for each cohort.

- For the CY 2023 performance year/CY 2025 payment year, <u>CY 2019</u> is the baseline year for calculating the achievement thresholds and benchmarks.

HHA Baseline Year: Improvement Threshold

Improvement Threshold

An individual competing HHA's performance on an applicable measure during the HHA's baseline year.

- The HHA baseline year is the year against which CMS will compare an HHA's performance score by measure in a performance year and calculate each HHA's unique improvement threshold.*

  o For HHAs Medicare-certified prior to January 1, 2019, the baseline year is CY 2019.

  o For HHAs that are certified by Medicare on or after January 1, 2019, the HHA baseline year under the expanded Model will be the HHA's first full CY of services beginning after the date of Medicare certification.**

- All HHAs certified for participation in Medicare before January 1, 2022, will have their CY 2023 performance assessed and will be eligible for a CY 2025 payment adjustment.

* An HHA must have sufficient data to establish their HHA baseline year for a particular measure.
** For HHAs certified on January 1, 2019 – December 31, 2019, the HHA baseline year is CY 2021.

Baseline, Performance, & Payment Years

Medicare-certification Date	Model Baseline Year* (for Achievement Threshold)	HHA Baseline Year** (for Improvement Threshold)	Performance Year (CY)	Payment Year (CY)
1	2	3	4	5
Prior to January 1, 2019	2019	2019	2023	2025
On January 1, 2019 – December 31, 2019	2019	2021	2023	2025
On January 1, 2020 – December 31, 2020	2019	2021	2023	2025
On January 1, 2021 – December 31, 2021	2019	2022	2023	2025

* CY 2019 is the Model baseline year used to determine the benchmark and achievement threshold.

** For HHAs certified on or after January 1, 2019, the HHA baseline year will be the first full CY of services beginning after the date of Medicare-certification except for HHAs certified on January 1, 2019 – December 31, 2019, where the baseline year is CY 2021.

CMS will provide baseline year data as soon as administratively feasible.

Total Performance Scoring Methodology

Total Performance Score (TPS)

- The numeric score awarded to each qualifying HHA based on the weighted sum of the performance scores for each applicable measure.

- Determined by weighting and summing the higher of the HHA's achievement or improvement score for each applicable measure.

- A qualifying HHA will receive a numeric score ranging from zero (0) to one hundred (100).

Additional information about the HHVBP total performance scoring methodology will be made available during the CY 2022 Pre-implementation Year.

Purpose of the TPS

- To produce a TPS for each qualifying HHA based on its performance scores on each applicable measure included in the expanded HHVBP Model.

- CMS then uses the HHA's TPS to determine an annual distribution of value-based payment adjustments among HHAs in each cohort.
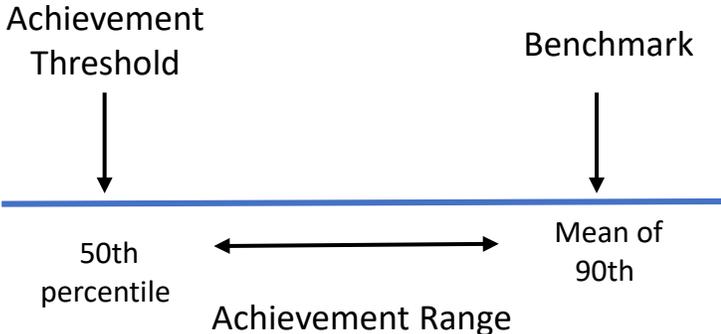
Total Performance Scoring Methodology: Overview

Calculation of HHA performance score for each quality measure for a designated performance year.

The greater of achievement or improvement score for each applicable measure becomes points that are weighted and totaled.

The numeric score ranging from 0 to 100, awarded to each competing HHA based on its performance.

Achievement and Improvement Thresholds

Achievement Threshold

The median (50th percentile) of Medicare-certified HHAs' performance on each quality measure during the designated baseline year, calculated separately for the larger and smaller-volume cohorts.
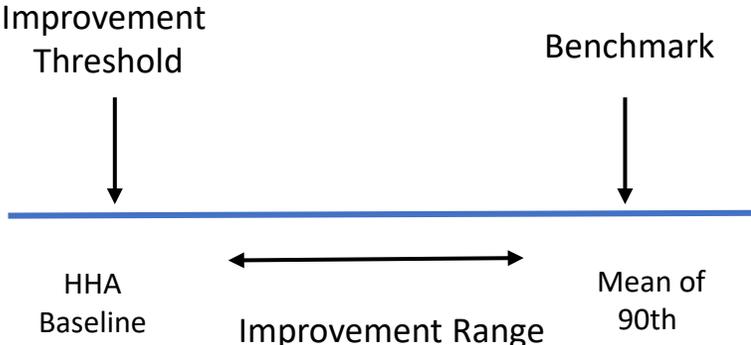
Achievement
Threshold

Benchmark

50th
percentile

Mean of
90th

Achievement Range

Improvement Threshold

An individual HHAs' performance on an applicable measure during the HHA's designated baseline year.

Improvement
Threshold

Benchmark

HHA
Baseline

Mean of
90th

Improvement Range

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.

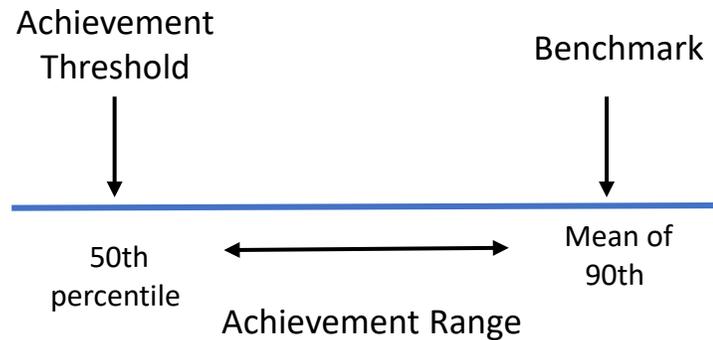Used to calculate both the achievement score and the improvement score.

Achievement and Improvement Thresholds (continued)

Achievement Threshold

The median (50th percentile) of Medicare-certified HHAs' performance on each quality measure during the designated baseline year, calculated separately for the larger and smaller-volume cohorts.
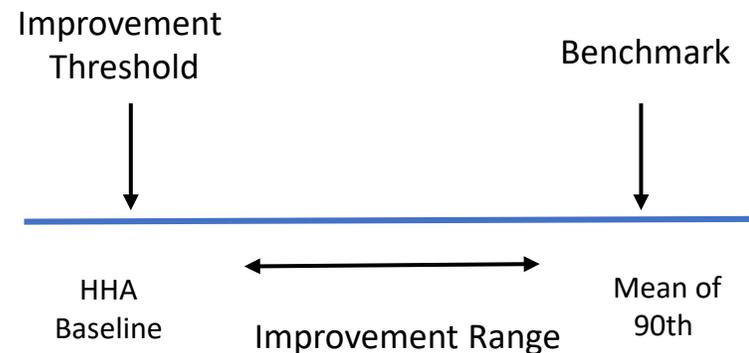
Achievement Threshold — Benchmark

50th percentile — Mean of 90th

Achievement Range

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.
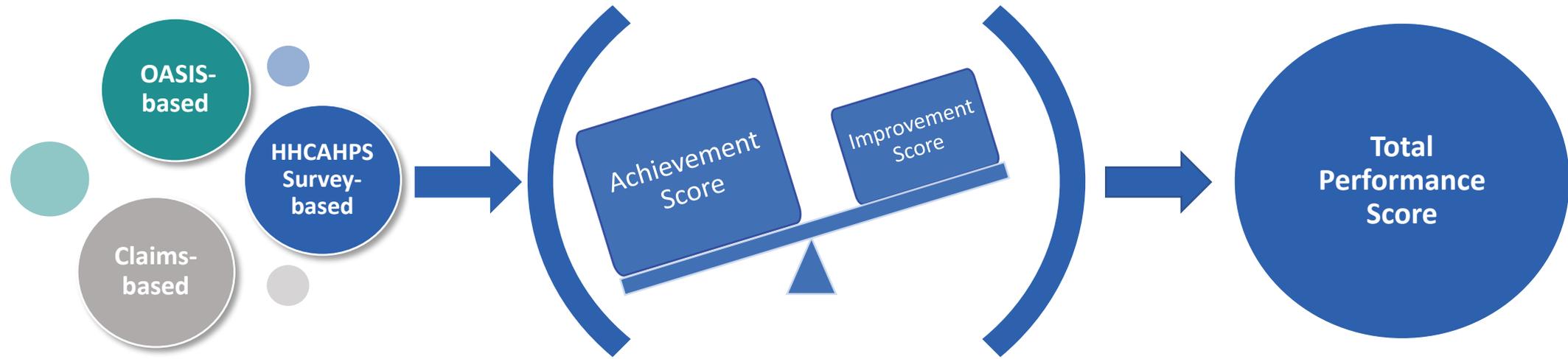
Used to calculate both the achievement score and the improvement score.

Improvement Threshold

An individual HHAs' performance on an applicable measure during the HHA's designated baseline year.

Improvement Threshold — Benchmark

HHA Baseline — Mean of 90th

Improvement Range

Example: Achievement > Improvement

OASIS-based

HHCAHPS Survey-based

Claims-based

Achievement Score
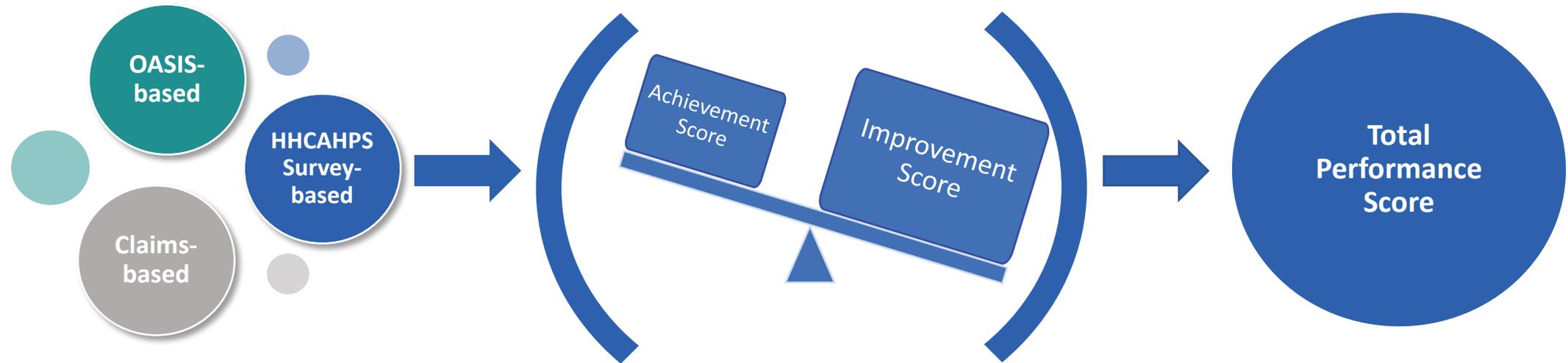
Improvement Score

Total Performance Score

Calculation of HHA performance score for each quality measure for a designated performance year.

The achievement score for the measure is greater than the improvement score for that measure, the achievement score for that measure translates into points that are weighted and are included in the total number of points from all measures

The numeric score ranging from 0 to 100, awarded to each competing HHA based on its performance.

Example: Improvement > Achievement

OASIS-based

HHCAHPS Survey-based

Claims-based

Achievement Score

Improvement Score

Total Performance Score

Calculation of HHA performance score for each quality measure for a designated performance year.

The improvement score for the measure is greater than the achievement score for that measure, the improvement score for that measure is included in the total number of points from all measures.

The numeric score ranging from 0 to 100, awarded to each competing HHA based on its performance.

Consideration: Minimum Data Required for Quality Measures

- The calculation of a TPS requires sufficient measure data.

1. The minimum threshold of data an HHA must have per reporting period is the following for each measure category:

Measure Category	Threshold
OASIS-based	20 home health quality episodes
Claims-based	20 home health stays
HHCAHPS Survey-based	40 completed surveys

2. In addition, an HHA must have sufficient data to allow calculation of at least five (5) of the twelve (12) measures to calculate a TPS.

Consideration: Weighting of Quality Measures

- There is a designated weight for each measure category, accounting for 100% of the TPS (A).

- If an HHA is missing all measures from a single measure category, CMS will redistribute the weights for the remaining two measure categories such that the proportional contribution remains consistent with the original weights.

  For example, if an HHA is missing the HHCAHPS survey-based measure, the OASIS-based and claims-based measure categories are weighted at 50 percent each as part of the total TPS (B).

A

| Measure Category	Weight
OASIS-based	35%
Claims-based	35%
HHCAHPS Survey-based	30%

B

Measure Category	Weight
OASIS-based	50%
Claims-based	50%
HHCAHPS Survey-based	0%

Payment Adjustment Methodology

Payment Adjustment Methodology – Overview

- For each HHA, the TPS is translated into a corresponding payment adjustment percentage within each volume-based cohort using a Linear Exchange Function (LEF).

- The LEF is designed so the majority of the payment adjustment percentages fall closer to the median and a smaller percentage of HHAs will have the highest or lowest level of payment adjustments.

- HHAs that have a TPS that is average in relationship to other HHAs in their cohort would not receive any payment adjustment.

HHA's Total Performance Score (0-100)	LEF →	HHA's Payment Adjustment Percentage (+/-5%)
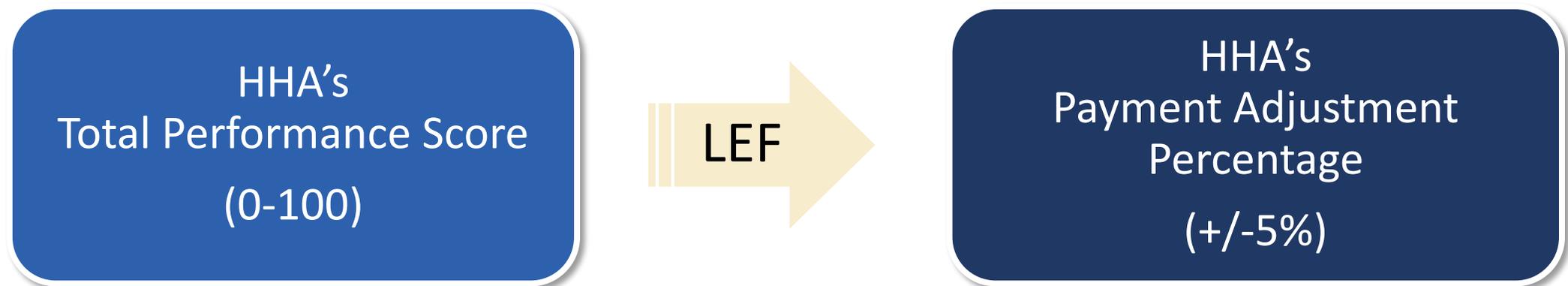
Additional information about the HHVBP payment adjustment methodology will be made available during the CY 2022 Pre-implementation Year.

Performance Feedback Reports

Performance Feedback Reports

PERFORMANCE FEEDBACK REPORTS

CMS publishes two types of reports that provide HHAs information on their performance and payment adjustments

Interim Performance Feedback (IPR)

Annual TPS and Payment Adjustment Report (Annual Report)

Additional information about the HHVBP feedback reports will be available during the CY 2022 Pre-implementation Year.

Interim Performance Report (IPR)

- Contains information on the HHA's quality measure performance based on the twelve (12) most recent months of data available.

- Issued quarterly, and confidentially, through iQIES, beginning July 2023:
  - Two versions: preliminary and final
  - For subsequent quarters, IPRs will be available in October, January, and April

- Provides feedback to HHAs about performance relative to quality measure achievement thresholds, benchmarks, and improvement thresholds.

- Provides HHAs the opportunity to assess and track their performance relative to peers in their respective cohort.

- Quarterly update on the HHA's TPS

- TNC Change Reference to assist HHAs in understanding their performance on the individual OASIS items included in the two composite measures

- Scorecard information that will support HHAs with understanding how each individual measure contributes to their TPS

- Percentile rankings reflecting the agency's performance relative to the performance of other HHAs in their cohort

Annual Total Performance Score & Payment Adjustment Report (Annual Report)

- Contains the HHA's payment adjustment percentage for the upcoming CY.

- Includes an explanation of when the adjustment will be applied and how CMS determined the adjustment relative to the HHA's performance scores.

- Issued annually, and confidentially, through iQIES:
  - Three versions: preview, preliminary, and final.

- First Preview Annual Report - August 2024
  - Based on the CY 2023 performance year (January 1, 2023, to December 31, 2023).
  - For subsequent years, CMS will issue previews of the Annual Report each August, and each August thereafter.

- TPS based on performance year Achievement Thresholds, Benchmarks, Improvement Thresholds, and Percentile Rankings

- TNC Change Reference

- A Scorecard explaining how each individual measure contributes to their TPS

- Payment Adjustment information – the HHA's payment adjustment percentage, cohort assignment, step by step calculations, and the CY to which the payment adjustment will be applied

Please note, IPRs are based on the twelve (12) most recent months of performance data, while the Annual Reports are based on data during a given performance year, so there may be differences in the HHA's TPS presented in each report given the different time periods the reports are based on.

Performance Feedback Reports: Timeline, CY 2023 Performance Year & CY 2025 Payment Year

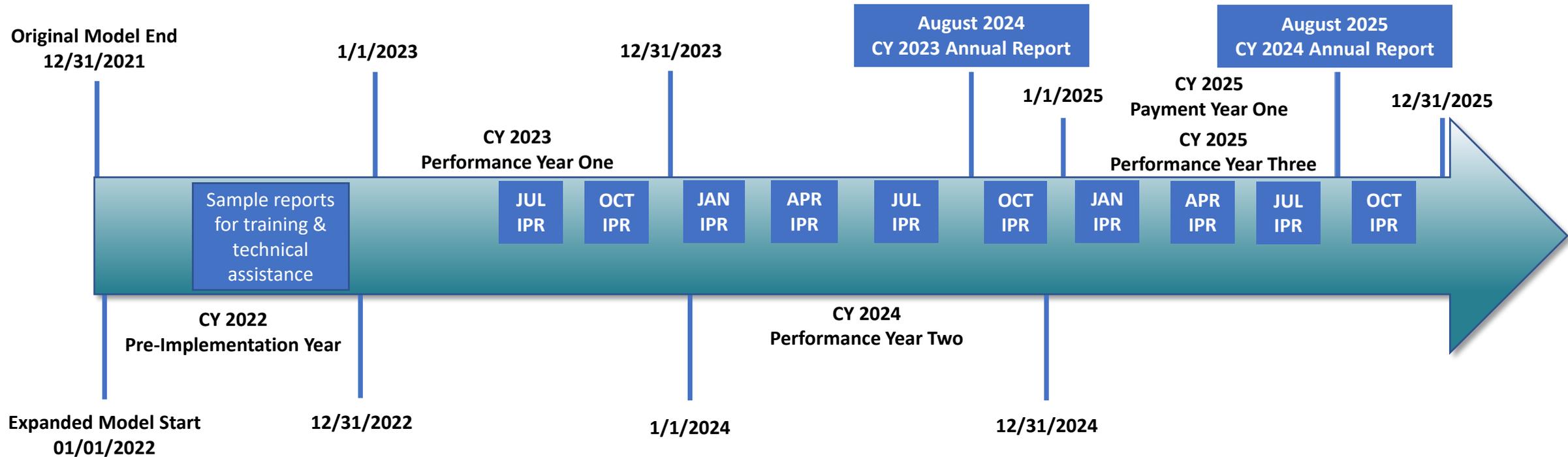| Report Title (Month Issued)	OASIS-based Measures	Claims-based and HHCAHPS Survey-based Measures
July 2023 IPR (July 2023)	12 months ending 3/31/2023	Baseline data only
October 2023 IPR (October 2023)	12 months ending 6/30/2023	12 months ending 3/31/2023
January 2024 IPR (January 2024)	12 months ending 9/30/2023	12 months ending 6/30/2023
April 2024 IPR (April 2024)	12 months ending 12/31/2023	12 months ending 9/30/2023
July 2024 IPR (July 2024)	12 months ending 3/31/2024	12 months ending 12/31/2023
Annual TPS and Payment Adjustment Report (Preview version, Aug 2024)	12 months ending 12/31/2023	12 months ending 12/31/2023

Sample Reports

To support HHAs with preparing for the first performance year, CMS will provide sample reports.

- Will include sample data only – not actual HHA data.

- Designed to assist HHAs with understanding the data required for the expanded Model and how:

  - to interpret reports.

  - CMS calculates the TPS.

  - CMS assesses HHAs within their respective cohorts.

Expanded Model Timeline: Reports CY 2023 – CY 2025

Original Model End 12/31/2021

1/1/2023

12/31/2023

August 2024 CY 2023 Annual Report

August 2025 CY 2024 Annual Report

1/1/2025

CY 2025 Payment Year One

12/31/2025

CY 2023 Performance Year One

CY 2025 Performance Year Three

| Sample reports for training & technical assistance | JUL IPR | OCT IPR | JAN IPR | APR IPR | JUL IPR | OCT IPR | JAN IPR | APR IPR | JUL IPR | OCT IPR |

CY 2022 Pre-Implementation Year

CY 2024 Performance Year Two

Expanded Model Start 01/01/2022

12/31/2022

1/1/2024

12/31/2024

Appeals Process: IPRs

- An IPR *recalculation request* is available to HHAs if they believe there is an error in the **Preliminary IPR**.

- An HHA must submit an IPR *recalculation request* within 15 calendar days after CMS issues the **Preliminary IPR** on iQIES.

Preliminary IPR

15 calendar days

Recalculation Request

Result of Recalculation – Final IPR
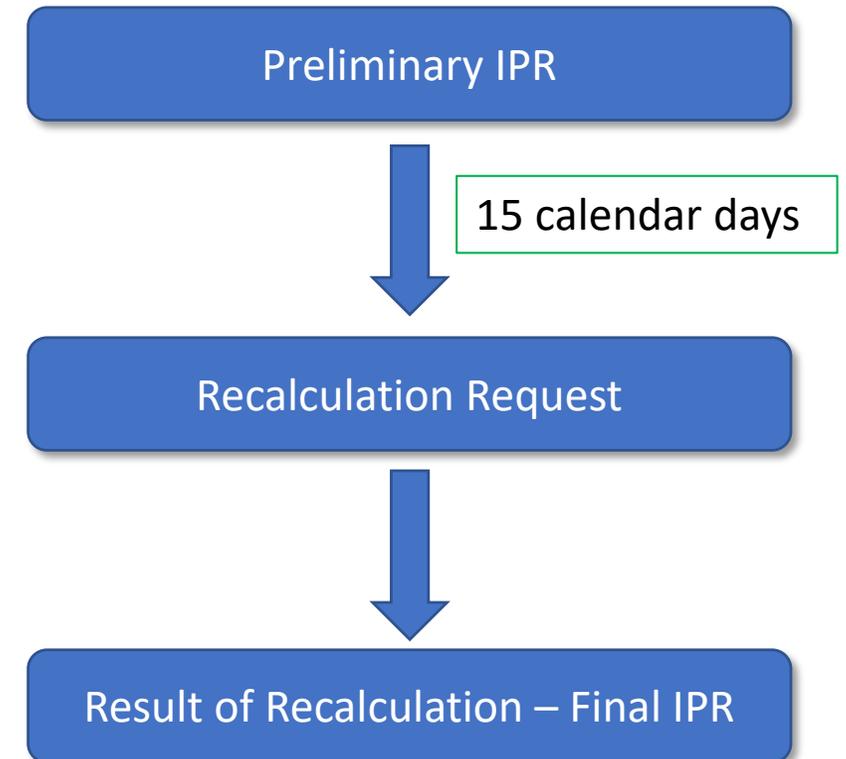
Additional information about the appeals process will be made available during the CY 2022 Pre-implementation Year.

Appeals Process: Annual Reports

- During review of the **Preview Annual Report,** an HHA may submit an Annual Report *recalculation request* within 15 calendar days after CMS issues the Preview Annual Report if they believe there is an error.

- If an HHA disagrees with the results of the CMS recalculation reflected in the **Preliminary Annual Report**, the HHA may submit an Annual Report *reconsideration request* within 15 calendar days after CMS issues the Preliminary Annual Report.

- Only HHAs that submit a recalculation request may submit a reconsideration request

Preview Annual Report

↓ 15 calendar days

Recalculation Request

↓

Result of Recalculation – Preliminary Annual Report

↓ 15 calendar days

Reconsideration Request

↓

Result of Reconsideration – Final Annual Report
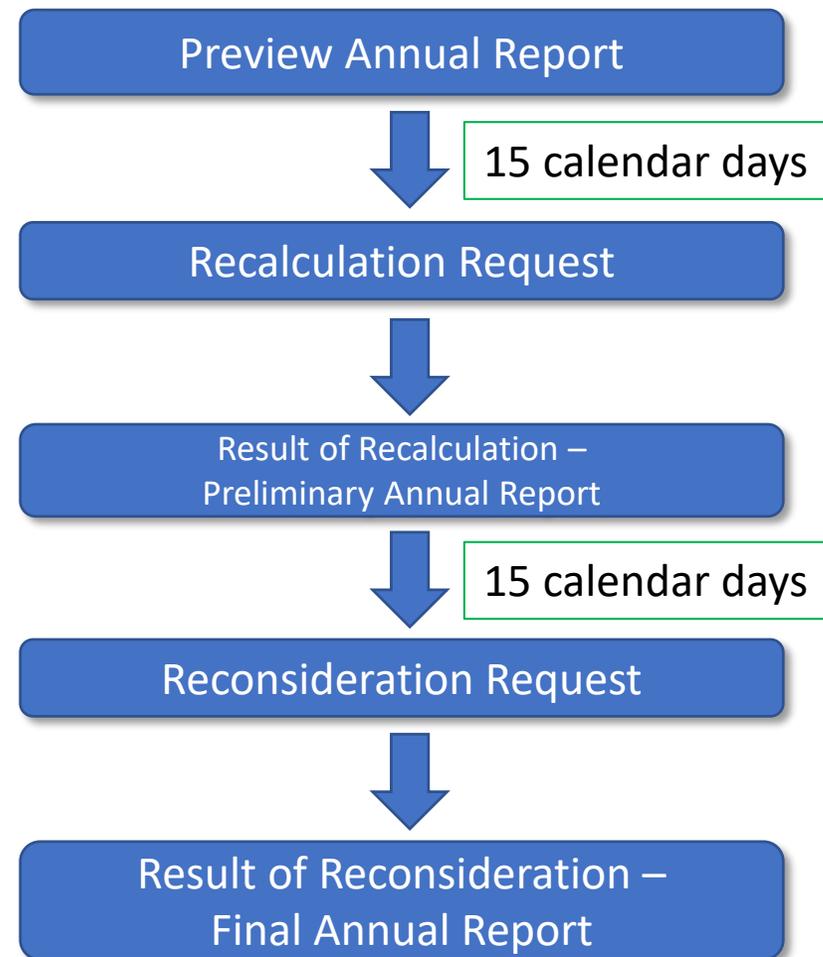
Performance Feedback Reports – Access

- Reports will be available on the Internet Quality Improvement Evaluation System (iQIES) https://iqies.cms.gov/.

- 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 iqies@cms.hhs.gov.

- Information also available in the *iQIES Onboarding Guide* posted to the QIES Technical Support Office (QTSO): https://qtso.cms.gov/software/iqies/reference-manuals.

Public Reporting

Public Reporting

- Public reporting of performance data for the expanded HHVBP Model will begin with the CY 2023 performance year/CY 2025 payment year.

- Data will be available to the public on the **Expanded HHVBP Model webpage**, on or after December 1, 2024, the date by which CMS will issue the CY 2023 Final Annual Report for each competing HHA.

- CMS will follow the same approximate timeline for publicly reporting the payment adjustment for the upcoming calendar year, as well as the related performance data.

Cohort-Level Data	HHA-Level Data
For each cohort: • Applicable measure benchmarks and achievement thresholds	For each HHA that qualifies for payment adjustment based on performance year • Applicable measure results and improvement thresholds • TPS • TPS percentile ranking • Payment adjustment percentage for a given year

Questions & Answers

Q&A: Registration for the Model

Q: Where do I register for the Model?

A: Registration for the Model is not required.

CMS requires all Medicare-certified HHAs that provide services in the 50 States, District of Columbia, and U.S. territories to compete in the expanded HHVBP Model. A "competing HHA" has a current Medicare certification (identified by a CMS Certification Number or CCN) and receives payment from CMS for home health care services.

Q&A: Quality Measure Data Submission

Q: Will the expanded HHVBP Model require additional data collection and reporting?

A: No. The expanded HHVBP Model measure set currently uses data already reported by HHAs through the Home Health Quality Reporting Program (HH QRP) requirements or Medicare claims. To reduce reporting burden, HHAs do not need to submit any additional data, at this time, for the expanded HHVBP Model.

Q&A: "Sufficient" Data

Q: What if my HHA does not meet the minimum of five applicable measures in performance year 2023 to receive a TPS and payment adjustment in CY 2025?

A1: An HHA must have sufficient data for at least five (5) of the twelve (12) measures for its HHA baseline year.

A2: An HHA will not receive a TPS if it does not have sufficient data to allow calculation of at least five (5) of the twelve (12) measures. The HHA will not be subject to payment adjustments for CY 2025.
- *The HHA will still receive quarterly IPRs containing data for the applicable measures for which there is sufficient data available.*
- *The HHA will continue to participate in the expanded HHVBP Model and is eligible for future payment adjustments.*

Q&A: CY2025 Payment Adjustment

Q: Are all HHAs eligible for a payment adjustment in CY 2025?

A: An HHA certified prior to January 1, 2022, is eligible for a payment adjustment in CY 2025 if:

1. 1. An HHA has sufficient data to allow calculation of scores for at least five (5) of the twelve (12) measures in the baseline year and the performance year.

2. 2. In addition, an HHA meets the minimum threshold of data for each measure category.

Q&A

General Q&A

Model Information & Resources

Model Information & Resources: Help Desks

HHVBP Model Help Desk	iQIES Help Desk
Questions related to implementation, measures, resources, HHVBP report content, or other questions related to the 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** Web page: **iQIES Help** Phone: 1 (800) 339-9313

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
- 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

Model Information & Resources: Communications

- [Expanded HHVBP Model web page](#)
  - Contains general information, implementation resources, event information and newsletters

- [Expanded HHVBP Model list serv](#)
  - Subscribe by entering your email address on the contact form, then select "Home Health Value-Based Purchasing (HHVBP) Expanded Model" from the Innovations list.
  - Add "cmslists@subscriptions.cms.hhs.gov" to your email safe sender list.

Model Information & Resources: Now Available!

- The following resources are now available on the [Expanded HHVBP Model webpage](#):
  - [CY 2022 Home Health Prospective Payment System (HH PPS) Final Rule](#)
  - HHVBP Model Expansion 101slide deck
  - Expanded HHVBP Model Frequently Asked Questions (FAQs)
  - TNC Measures - focused resources
    - [HHVBP Model Composite Measure Calculation Steps (PDF)](#)
    - [HHVBP Model Technical Specifications Composite Outcome Measures (PDF)](#)

Model Information & Resources: Coming Soon!

- HHVBP Model Expansion 101—recording and transcript

- Quality measures

- Total Normalized Composite (TNC) measures

- Risk adjustment

- Quality improvement

- Total Performance Score methodology

- Payment adjustment methodology

- Performance feedback reports

Thank you!