



Introduction to the Pre-Implementation Performance Report Transcript

- Slide 1: Thanks for joining CMS and the HHVBP Technical Assistance Team as we provide an overview of the Expanded Home Health Value-Based Purchasing Model (HHVBP) Model Pre-Implementation Performance Report (PIPR).
- Slide 2: The goal for this session is to assist HHAs with understanding the PIPR data and using this data for quality improvement efforts. This session will review: the expanded HHVBP Model implementation timeline; the PIPR itself; how to access the PIPR; the contents of the PIPR, and the use of the PIPR data for quality improvement which can affect their performance in the expanded HHVBP Model. We will highlight available technical assistance resources throughout the presentation.
- Slide 3: This session aims to provide enough detail, definitions, and background such that the HHA staff don't need to be an expert on the expanded HHVBP Model to follow. However, if this is the first introduction to the expanded HHVBP Model, or if any of the topics reviewed are unfamiliar, please refer to the resources that are available on the expanded Model webpage. Particularly, the Model Expansion 101, which provides an overview of expanded Model and is a webinar recording; the FAQs & Model Guide which are comprehensive resources with up-to-date and detailed information; the Quality Measures Used in the Expanded Model recording which focuses on a review of each of the measures; and Navigating Performance Feedback Reports: Interim Performance Report (IPR) and Annual Performance Report (APR) – a webinar recording and Q&A document. All of these resources are available on the Expanded HHVBP Model webpage.
- Slide 4: For reference, these are some acronyms that will be used throughout this presentation.
- Slide 5: Also, for reference, this slide shows some key terms for the expanded HHVBP Model. Achievement Threshold is the median (50th percentile) of Medicare-certified HHAs' performance scores on each quality measure during the designated Model baseline year, calculated separately for the larger and smaller-volume cohorts. Benchmark is 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. CMS uses the benchmark for calculating both the achievement score and the improvement score. Cohort is the group in which an HHA competes. HHAs compete nationally

in one (1) of two (2) volume-based cohorts, as defined by unique beneficiary count for each HHA in the year prior to the performance year. Improvement Threshold is an individual competing HHA's performance on an applicable measure during the HHA baseline year.

There is more information about these terms in the Model Guide and FAQs.

Slide 6: The first topic we will review is the expanded HHVBP Model implementation timeline.

Slide 7: This graphic illustrates the implementation timeline for the expanded HHVBP Model. Calendar year (CY) 2022 is called the pre-implementation year and CY 2023 will be the first performance year. CY 2024 will be the second performance year and CY 2025 will be the third performance year as well as the first payment year. Generally, the payment year is two calendar years after the performance year.

The PIPRs are released prior to the first Interim Performance Report which will be available in July 2023 so that HHAs can review their preliminary data and familiarize themselves with model reports. The PIPRs provide insight to HHAs into how they are performing in relationship to other competing HHAs in their cohort.

Slide 8: Three PIPRs will be published—November 2022, January 2023, and April 2023. The November 2022 PIPR is available now in iQIES. The April 2023 PIPR will be the last PIPR published. The data periods covered are listed in the table appearing on this slide.

Because of the varying availability of data for each measure category, all three PIPRs will include at least some CY 2021 performance data. It's important to note that, performance data from CY 2021 will not be used in the calculations for the first payment adjustment year, CY 2025, under the expanded HHVBP Model. The July 2023 Interim Performance Report will contain complete CY 2022 data for all measure types.

Beginning in July 2023, quarterly IPRs will be published. The first APRs will be published in August 2024. Please see the expanded HHVBP Model website for more information about these performance reports.

Slide 9: Now, we will review the PIPR itself.

Slide 10: So, what purpose does the PIPR serve? The goal of each version of the PIPR is to provide HHAs with a current snapshot of their performance compared to others in their cohort on each of the applicable measures used in the expanded HHVBP Model. The PIPR also provides HHAs with an indication of where they should

focus quality improvement efforts to furnish better care to beneficiaries, improve their Total Performance Score (TPS), and earn a positive payment adjustment within the Model.

Slide 11: HHAs can access the PIPRs through iQIES. Instructions on how to download the reports from iQIES are available on the Expanded HHVBP Model webpage under “Model Reports”. For more information, please review the iQIES Technical Support Office webpage for Home Health Providers.

Slide 12: The PIPR is an Excel workbook that has three tabs: the Overview tab, which describes the content of the report; the Measure Performance tab, which compares an HHA’s performance to peers competing within the same cohort; and the TNC Change Reference tab, which reports an HHA’s performance with comparison to peers on individual OASIS items composing the Total Normalized Composite (TNC) change measures.

We will review each of these tabs in order, using a sample November 2022 PIPR to illustrate. Please note, this data is for illustrative purposes only and does not include actual HHA data. Each HHA can access their specific November 2022 PIPR through iQIES.

Slide 13: The first tab is the Overview tab. This tab includes the following information: a brief background on the expanded HHVBP Model and on the PIPR report itself, and information identifying the HHA profiled in the report under “Your HHA.”

This includes the cohort assignment that is used for the PIPR – note that, because this is a pre-implementation report that does not use full CY 2022 data, this cohort assignment can be different from the assignment used in future expanded HHVBP Model performance reports.

Slide 14: Also shown on the Overview tab are the data collection periods for the various measure categories. In the November 2022 PIPR, the OASIS-based measures use data from July 1, 2021, through June 30, 2022, and the claims-based measures and each HHCAHPS survey-based measure components use dates from April 1, 2021 through March 31, 2022. Note that these dates will change with subsequent reports.

The data collection periods are also shown on the other tabs, which the Overview tab links to.

Slide 15: Now, we will review the Measure Performance tab.

This tab also provides the HHA’s identifying information, including the cohort assignment. Remember that, because the Pre-Implementation Performance Report does not use full CY 2022 data, this cohort assignment may be different

from the assignment seen in future reports. If your HHA's cohort shows "N/A" (or Not Available) in this report, your HHA could not be assigned to a cohort. Therefore, cohort information presented is based on the larger-volume cohort, which most HHAs fall into.

Slide 16: The twelve quality measures used in the expanded HHVBP Model are listed. They include five (5) OASIS-based measures, two (2) claims-based measures, and five (5) HHCAHPS survey-based measures.

Note that the OASIS-based measures include two (2) Total Normalized Composite (TNC) measures—TNC Mobility and TNC Self-Care. These composites are made up of multiple OASIS items. Additional detail on these measures is provided in the third report tab – the TNC Change Reference tab – which will be reviewed shortly.

Slide 17: The end date for the 12-month data period for the report is shown in the second column of the table. It's important to note that data presented in the "Performance Year Data Periods" column vary by measure category due to the different data lags for OASIS-based, claims-based measures, and HHCAHPS survey-based measure components.

Slide 18: The next column, "Your HHA's Performance Year Measure Value", shows the HHA's performance on each of the 12 quality measures for the designated time periods. A dash (-) indicates there is no data available for the measure. Measures with no data available are excluded from the TPS calculation.

Slide 19: The column titled "Your HHA's Percentile Ranking Within Your HHA's Cohort" shows how the HHA's performance compared to peers in the volume-based cohort. This is a percentile ranking that puts HHA performance into a quartile. Footnote [c] provides detail on the four quartiles. Less than 25 indicates your HHA is in the lowest performing quartile in the cohort; 25-49 is the second lowest quartile; 50-74 is the second highest quartile; and greater than or equal to 75 indicates the best performing quartile.

The percentile rankings from this tab can provide a preliminary indication of an HHA's prospects for future payment adjustment. The basis for payment adjustment is overall performance, across all three measure categories, compared to other HHAs competing in your cohort. Performance in the lowest quartile for a single measure or average performance across a measure category that falls in the lowest two quartiles is indicative of performance that is below other HHAs competing in the cohort and there may be an opportunity to identify and address the causes of the performance gap.

Sustained low performance will negatively impact an HHA's TPS and likelihood of earning a positive payment adjustment. Similarly, sustained high performance, in the top two quartiles, will positively impact an HHA's TPS and likelihood of earning a positive payment adjustment.

Slide 20: The measure performance tab also provides cohort statistics for reference. The number of HHAs competing in the cohort is shown in the header row. The cut-offs for percentiles and the mean of the 90th percentile, for each measure, are shown in the columns.

Footnote [d] elaborates on these statistics. The 50th percentile (or median) measure value for HHAs within the cohort is the preliminary Achievement Threshold for each measure. The mean of the 90th percentile measure value for HHAs within the cohort is the preliminary Benchmark.

Slide 21: The last tab in the PIPR is the TNC Change Reference Tab. This tab is included in the PIPR to provide detail on performance on the two (2) composite measures. This table provides the count of eligible quality episodes included, and the individual OASIS components of the two (2) Total Normalized Composite change measures. Footnotes [c] and [d] provide additional detail. It is important to note that the methodology for calculating these two measures considers patients who may not have goals for improvement.

Slide 22: This slide shows the HHA performance on the individual OASIS items. Performance is calculated based on assessment at the end of care compared to the most recent start of care or Resumption of Care. This observed change is expressed as the percentage of quality episodes with no change, positive change, or negative change. HHA results are shown under "Your HHA". Cohort results are shown under "Average for Your HHA's Cohort". "Average for Your HHA's Cohort" represents the average percentages by category (no change, positive change, or negative change) for all HHAs in your HHA's cohort. Additional detail on the scoring is provided in footnotes [e] and [f]. HHAs can use these data to better understand their performance and opportunities for improvement on the two (2) TNC Change measures.

Slide 23: Now, we will explore how to use PIPR data for quality improvement efforts.

Slide 24: To put the PIPR in context – before your agency ever heard of or saw the PIPR – you had personal, professional, and organizational goals related to things like: the quality of care your agency provides; the financial viability for the agency; and recruiting and retaining staff. You have some strategy and plans for how to achieve your goals. You've invested in measurement resources and tools to help you understand how you're doing, and you have a sense for the situation of where you're at.

Now you have the PIPR – a new resource or tool for your consideration – and it has some attractive features! It provides a comprehensive overview of quality performance. It responds to requests of CMS to provide agencies with data prior to the start of the first performance year. Measurement is aligned with the HHVBP Model that has been adopted nationally for Medicare fee-for-service. It also helps you to become familiar with subsequent reports, like IPRs and APRs, that will be released later in the Model. It allows you to see how you're doing compared to peers nationally at this point in time. And, it is provided to you through the iQIES system.

The PIPR can provide useful insights that will help you set or reach your goals and inform your quality improvement efforts. You can incorporate the PIPR, and subsequent expanded HHVBP Model performance reports into your established quality improvement efforts.

Slide 25: To this end, we've developed an easy-to-use self-assessment tool called "Quality Measure Category-Focused Performance Improvement." The tool is available to download from the Expanded HHVBP Model webpage, under the "Quality Improvement" section.

This tool can help you profile your percentile ranking performance using the measure categories you'll see in the PIPR and subsequent performance reports. Beyond reviewing performance on individual measures, profiles of performance on measure categories may provide useful insights into quality improvement strategies, matched to the opportunities for improvement identified in your profile. The tool uses Interim Performance Reports and Annual Performance Reports as examples, but the principles and methods can be applied directly using the PIPR.

The tool walks you through two steps: profiling performance by measure category, and selecting improvement strategies matched to the opportunities for improvement identified. We recommend you check this resource out.

Slide 26: For a summary of content presented and Frequently Asked Questions specific to the PIPRs, please see the "Introduction to the Pre-Implementation Performance Report" written resource available on the Expanded HHVBP Model webpage.

Slide 27: Before we conclude, we will highlight additional resources available to HHAs.

Slide 28: This slide shows the various help desks available. This table is also in the Model Guide and Frequently Asked Questions. For questions specific to the expanded Model, please email HHVBPquestions@lewin.com. There is a help desk designated to support agencies with access and use of iQIES. And, in addition,

there are help desks available for questions about the Home Health Quality Reporting Program and the Home Health CAHPS.

Slide 29: To learn more about the expanded HHVBP Model or access additional resources designed to support your understanding of how performance on quality measures may impact future Medicare payments, please visit the Expanded HHVBP Model Webpage.

Slide 30: This concludes our presentation on the Pre-Implementation Performance Reports. Thank you for your attention.