



Navigating Performance Feedback Reports: Interim Performance Report (IPR) and Annual Performance Report (APR)

- Slide 2: Good afternoon, everyone, and welcome to this learning event designed to support home health agencies with implementation of the expanded Home Health Value-Based Purchasing Model, Navigating Performance Feedback Reports: The Interim Performance Report and the Annual Performance Report.
- The session today will outline the content and features of the two feedback reports unique to the expanded HHVBP Model: The Interim Performance Report, or IPR, and the Annual Performance Report, or APR.
- Slide 3: Now, I'd like to introduce our speakers today. I'm Carrie Kolleck from the HHVBP Model Technical Assistance Team, and I will be your moderator today. My colleagues on the HHVBP TA Team include Marian Essey and Elaine Gardner, both from OASIS Answers, Inc.
- Slide 4: Our objectives for this event include identifying the two types of performance feedback reports available through the expanded HHVBP Model, to understand the timing and access of the two reports, and to understand the format and structure of each report. Additional resources to support HHAs with interpreting the content of these reports will be available in the future.
- Please note that the purpose of this event is not to discuss the calendar year 2023 Home Health Prospective Payment System proposed rule. The comment period for the proposed rule did end on August 16th. If you have any questions regarding the proposed rule, you can send those to the Help Desk at HHVBPquestion@lewin.com.
- Slide 5: For today's agenda, we'll begin with a review of the elements used to assess home health agency performance, then we'll discuss the purpose, location, and timing of the Interim Performance Report and the Annual Performance Report, then we'll walk through the layout and navigation for each of the reports, and then we'll end with a question-and-answer session.
- And now it is my pleasure to turn it over to Elaine Gardner. Elaine, please go ahead.
- Slide 6: Thank you, Carrie, and welcome everyone.
- There are a few key elements of the expanded HHVBP Model. The processes involved with each of the elements inform the level of payment adjustment made to competing home health agencies. The expanded HHVBP Model begins

with submission of data for quality measures to assess agency performance. There are three categories of quality measures in the expanded Model: OASIS-based measures, claims-based measures, and the Home Health CAHPS survey-based measures.

Performance in the measures is used to calculate a Total Performance Score, or TPS. The TPS methodology includes calculations for achievement and improvement in each measure, followed by the determination of care points. Care points are the higher of achievement points or improvement points for each measure. And the use of minimum thresholds and weighting for each of the measures takes place as the TPS is calculated.

And finally, the Total Performance Score is used to determine the payment adjustment, using a seven-step process.

Slide 7: Data and results are then made available to home health agencies through performance feedback reports. And there are two types of reports: The Interim Performance Report, or IPR, and the Annual Performance Report, or APR.

Slide 8: Resources to support home health agencies with understanding the various elements of the expanded HHVBP Model are now available on the Expanded HHVBP Model webpage.

And these include Quality Measures Used in the Expanded HHVBP Model, which provides a succinct presentation of the twelve measures included in the Model applicable measure set.

How Measure Performance Becomes Care Points: This presents how quality measure scores are used to determine achievement points, improvement points, and care points.

How Care Points Become the TPS: This focuses on the steps from care points to total performance score, and the calculations of the TPS.

How the TPS Becomes the Final Payment Adjustment: This presents the TPS and the seven-step process in the determination of a home health agency's annual payment adjustment.

A recording and the slides from the event today will be available on the webpage in the coming weeks.

Slide 9: So now we will provide a brief overview of the purpose, timing, and the access instructions for the Interim Performance Report and the Annual Performance Report.

Slide 10: The purpose of the quarterly Interim Performance Report is to provide information on quality measure performance through the home health agency based on the rolling 12-month data periods that are updated each quarter. These quarterly IPRs offer home health agencies the opportunity to assess and track performance relative to peers in their assigned cohorts in addition to internal quality improvement initiatives.

The Annual Performance Report provides information on quality measure performance during the 12 months of the calendar year for the designated expanded HHVBP Model performance year. The APR presents an agency's annual payment adjustment for the following calendar year, and how the Total Performance Score was used to determine the home health agency's adjusted payment percentage.

For the expanded Model, the first performance year is calendar year 2023, and the first payment year is calendar year 2025.

Reports will be available on the Internet Quality Improvement Evaluation System, also known as iQIES.

Slide 11: In July, the one-time sample Interim Performance Report and sample Annual Performance Report were made available in iQIES, and data contained in these reports are for learning purposes only. The data do not reflect actual home health agency performance. The purpose of the sample reports is to become familiar with the format and the information that home health agencies will receive in IPRs during the first performance year, calendar year 2023, and the APR that will be available in August 2024.

CMS expects to publish the first IPR on iQIES in July 2023. The IPR includes performance data specific to a home health agency. The IPR will be available on a quarterly basis, with subsequent IPRs available to the home health agency in October 2023, January 2024, April 2024, and so on. Each of the quarterly IPRs through July 2024 will include additional information on the agency's performance during the calendar year 2023 performance year.

CMS anticipates a home health agency's first APR for the expanded HHVBP Model will be available on iQIES to home health agencies in August 2024. The first APR includes performance information for the full 2023 performance year, January 1st through December 31st.

For more information on the timing of the reports and the data contained in each report, please refer to the Expanded HHVBP Model Guide section: Performance Feedback Reports.

Slide 12: So as noted earlier, home health agencies will access expanded HHVBP Model reports on iQIES.

As of August 22nd, 720 HHAs have accessed the sample IPR on iQIES, and 603 HHAs have accessed the sample APR. The HHVBP TA Team encourages competing HHAs to access the sample reports if they have not already done so and use the instructions on this slide.

Slide 13: To access the reports, home health agencies will need to log in and then use the dropdown menu to locate "My Reports." A list of available reports will appear, and the user can then select the specific file name.

Step-by-step instructions for accessing reports are available on the Expanded HHVBP Model webpage.

Slide 14: This table provides a brief overview of the tabs included in the IPR and the APR. The Report Tab column refers to the tabs within each of the reports. The ordering of the tabs provides a systematic approach to organizing the data and information in each report. Being familiar with the layout and the flow of data within these reports provides home health agencies the opportunity to monitor performance within quality measures. You will see that the IPR and APR contain similar information, but the APR will contain one additional tab for the agency's payment adjustment percentage. The next segment of this presentation will provide information on the layout and content of each tab in the IPR. Marian and I will be sharing the next several sections of the presentation as we review the layout and the navigation of the two types of performance feedback reports. And now I'd like to turn over the presentation to Marian.

Slide 15: Thank you, Elaine. First, we'll review the layout of the IPR.

Slide 16: This slide shows a screenshot of the sample IPR Overview Tab.

Slide 17: The Overview Tab provides the identifying information for the home health agency and the cohort assignment at the time of the report. Also included on this tab is the home health agency's interim Total Performance Score, or TPS.

Slide 18: Toward the middle of the Overview Tab, the time periods for performance year data are noted. The data in the noted time periods are used to calculate the interim Total Performance Score.

Slide 19: The Overview Tab also includes a description of each of the other five tabs in the report: The Achievement, Improvement, Care Points, Measure Scorecard, and TNC Change Reference Tabs.

Slide 20: The Achievement Tab follows the Overview Tab. This tab shows how the measure performance of a home health agency compares to the performance of other agencies in the cohort during the Model baseline year.

Footnotes at the bottom of the page provide a description or context for the data in each column. Home health agencies should read the footnotes on each tab carefully as they review the IPR and the APR.

Slide 21: The Measure column lists the 12 measures and the respective measure categories included in the expanded HHVBP Model quality measure set. The bracketed letters for each column refer to the respective footnotes.

Slide 22: The Performance Year Data Period column indicates the end date of the 12-month performance year data period for each measure. The data periods vary by measure category due to different data lags for the OASIS-based, claims-based, and Home Health Care Consumer Assessment of Healthcare Providers and Systems, or HHCAHPS, survey-based measures.

Slide 23: The Your HHA's Performance Year Measure Value column identifies the value for each measure for the home health agency's performance year. Each value might also be referred to as the home health agency performance score for each measure.

The home health agency performance score is the risk-adjusted value for each applicable measure based on the agency's performance in a given period.

Slide 24: The data provided in the Your Cohort's Achievement Threshold column is the median measure value for the assigned cohort using the Model baseline year. The median value indicates the middle value when sorting a range of values from smallest to largest.

An agency's performance year measure value must exceed the designated achievement threshold for a measure to receive any achievement points for that measure.

Slide 25: The next column, Your Cohort's Benchmark, contains the top decile for each measure. The value for each measure is the average of the top 10% of performance scores for the assigned cohort.

Slide 26: The Your HHA's Achievement Points column contains the number of achievement points for each measure. The achievement points for each measure are determined by applying the formula: HHA performance score minus achievement threshold, and then dividing that result by the benchmark minus the achievement threshold, and then multiplying the result by 10.

If the performance year measure value is less than or equal to the achievement threshold, the achievement points are set to zero.

- Slide 27: Once the achievement points are calculated, the values for each measure can then be compared to values found in the Maximum Possible Achievement Points column. 10 is the maximum number of achievement points possible for each measure.
- Slide 28: The next tab is the Improvement Tab. Information on this page indicates how the home health agency performance in a measure compares to its own performance during the HHA baseline year.
- The columns, rows, and footnotes are similar to the Achievement Tab, but there are a few important differences.
- Slide 29: As in the Achievement Tab, the Measure column lists the 12 quality measures.
- Slide 30: The Performance Year Data Period column displays the end date for the 12-month performance period.
- Slide 31: The Baseline Year Data Period is the next column, showing the 12-month end date for each measure. This year displayed can be the same for all measures or can vary by measure depending upon the availability of data for the home health agency.
- Slide 32: The Your HHA's Measure Value for the Performance Year column reports the value for each measure for the home health agency's performance year. These values are the same as those reported in the same column on the Achievement Tab.
- Slide 33: Your HHA's Improvement Threshold column shows the agency's score for the measure during the HHA baseline year.
- Slide 34: The Your Cohort's Benchmark column contains the benchmark score for each measure. These values indicate the mean of the top 10% of measure values for agencies in the assigned cohort during the Model baseline year and are the same numbers as those listed in the same column on the Achievement Tab.
- Slide 35: The Your HHA's Improvement Points column lists the agency's improvement points for each measure. The formula for calculating the improvement points is shown on this slide: Subtracting the HHA improvement threshold from the HHA performance score, then dividing the result by the difference between the benchmark and the HHA improvement threshold, then multiplying the result by nine.

If the performance year measure value is less than or equal to the improvement threshold, the improvement points are set to zero.

- Slide 36: The last column provides the Maximum Possible Improvement Points for each measure. The maximum number of improvement points for each measure is nine.
- Slide 37: The Care Points Tab shows the points for each measure in the Your HHA's Care Points column, which are the higher of the home health agency's achievement or improvement points.
- Slide 38: As in the previous tabs, the first column lists the 12 measures. The next column, Sufficient Data for Measure Inclusion, indicates whether there is sufficient data for the inclusion of each measure. A "Yes" value indicates that the HHA meets the minimum threshold of data for that measure category, whereas a "No" indicates no sufficient data is available for that measure category.
- As a reminder, the minimum threshold of data an agency must have to receive a performance score for OASIS-based, claims-based measures, and HHCAHPS survey-based measures are as follows: For OASIS-based measures, 20 home health quality episodes; for claims-based measures, 20 home health stays; and for Home Health CAHPS survey-based measures, 40 completed surveys.
- Slide 39: The next two columns display the agency's achievement points and improvement points for each measure. The values displayed on these two columns are identical to the ones displayed on the Achievement and Improvement Tabs respectively.
- Slide 40: The Your HHA's Care Points column contains the agency's care points, the higher of the achievement or improvement points for each measure.
- Slide 41: Your HHA's Percentile Ranking Within Your HHA's Cohort column displays where the agency ranks within the assigned cohort.
- Percentile rankings reflect the agency's performance relative to the performance of other agencies in their cohort and are calculated by comparing the agency's care points to those of other home health agencies in the cohort.
- Slide 42: The Measure Scorecard Tab provides the interim Total Performance Score, or TPS, and how that score compares to other home health agencies in the cohort. The TPS is the numeric score awarded to each qualifying HHA based on the weighted sum of the performance scores for each applicable measure. Additional learning events about the TPS are available on the Expanded HHVBP Model webpage.

Slide 43: Following the Measure column, the Your HHA's Care Points column again lists the agency's care points for each measure. Care points listed here are the same values on the Care Points Tab.

Slide 44: The next column notes the Maximum Possible Points for each measure, which is 10 for each measure.

Slide 45: The Measure Weight column provides the designated weight for each of the 12 measures. The values in this column are used in a calculation of the agency's weighted measure points.

Slide 46: The calculation of Your HHA's Weighted Measure Points includes dividing the agency's care points for the measure by the maximum possible points, and then multiplying by the measure weight.

Slide 47: The total for each measure category—OASIS-based, claims-based, and HHCAHPS survey-based—are computed by summing the weighted measure points for each of the three measure categories. The interim TPS is the sum of the weighted measure points. This value will be between zero and 100.

In addition to the agency's interim TPS, this case also includes Total Performance Score statistics for the assigned cohort and provides a percentile ranking within the cohort. These values are shown in the slide here with excerpts from the Measure Scorecard Tab.

Slide 48: The last tab in the IPR is the TNC Change Reference Tab. It's important to note that the methodology for calculating these two measures takes into account patients who may not have goals for improvement. These TNC measures capture the level of change in function in either direction, both positive (meaning more independent) and negative (meaning more dependent), for multiple OASIS items.

The TNC Change Reference Tab presents the individual OASIS components of the two Total Normalized Composite Change measures: The TNC Change in Mobility measure and the TNC Change in Self-Care measure. The TNC Change Reference data helps agencies gauge their performance on the individual OASIS items included in these two composite measures.

Slide 49: And this reference table assists home health agencies with understanding performance on the individual OASIS items. These calculations are the result of assessment at the End of Care, as compared to Start of Care.

This tab also provides the percentage of episodes and the level of observed change, if any, over the quality episode for the included OASIS items, as well as the average for the assigned cohort.

So, now that the layout of the IPR has been reviewed, I'll turn this presentation back over to Elaine to present the navigation of the IPR.

- Slide 50: Okay, thank you, Marian. Next, we will review how data flows through the IPR and how to navigate the IPR.
- Slide 51: Here is an example of how the data in the IPR flows from one tab to another. On the Achievement Tab, the home health agency's achievement points for each of the measures is displayed in the column titled, Your HHA's Achievement Points. Then on the Care Points Tab, these same values are displayed. Quality measure Acute Care Hospitalization during the First 60 Days of Home Health Use, or ACH, has been highlighted here to show the flow of the values from the Achievement Points Tab to the Care Points Tab.
- Slide 52: Similarly, on the Improvement Tab, the home health agency's improvement points for each of the measures are displayed in the column titled, Your HHA's Improvement Points. These same values are included on the Care Points Tab.
- Again, the quality measure Acute Care Hospitalization during the First 60 Days of Home Health Use, or ACH, has been highlighted here to show the flow of the values from the Improvement Points Tab to the Care Points Tab.
- Slide 53: Measure data from both the Achievement Tab and the Improvement Tab flow to the Care Points Tab. This allows a side-by-side comparison of performance, as indicated by achievement and improvement in each of the measures. And then the higher of the achievement points or improvement points populates the cells in the column titled, Your HHA's Care Points.
- Claims-based measure Acute Care Hospitalization and the cells displaying the home health agency's achievement points and improvement points for this measure are highlighted to show how these flow to the Care Points Tab. Note that the higher of the achievement or improvement points for the ACH measure are then placed in the agency's Care Points cell.
- Slide 54: The care points for each measure then flows to the Measure Scorecard Tab. On this tab the measure weight is applied to calculate the weighted measure points.
- Slide 55: These weighted measure points are then summed to calculate the home health agency's interim Total Performance Score and to determine the percentile ranking within the agency's cohort, as shown on this slide using screenshots from the Measure Scorecard Tab.
- Slide 56: The interim Total Performance Score is the sum of the weighted measure points for all the measures and shown on the Measure Scorecard Tab and on the Overview Tab.

The Measure Scorecard Tab provides additional information for how an agency's Total Performance Score compares to the other agencies in the cohort. Statistics are shared including the number of HHAs in the home health agency's cohort and the values associated with home health agencies at the 25th percentile, 50th percentile, 75th percentile, and the 90th percentile within the cohort.

Home health agencies will only see data specific to their agency. Data specific to other agencies in the cohort are not available.

Slide 57: The TNC Change Reference Tab displays a summary of performance in the three OASIS items included in the TNC Change in Mobility measure and in the six OASIS items included in the TNC Change in Self-Care measure. The data on this tab are observed data and therefore not risk-adjusted.

So, using the information on this tab, the agency can examine each of the nine OASIS items used in one of the two measures, the change in OASIS item responses between Start of Care or Resumption of Care and the End of Care. They can compare the percent of the eligible quality episodes. Furthermore, the agency can their own performance to that of the average for the assigned cohort.

Each of the six tabs in the IPR provides unique content in the calculation of the home health agency's interim Total Performance Score. At the same time, much of the data flows from one tab to the next as a home health agency's performance is presented.

So now that the layout and navigation of the IPR has been presented, the next sections focus on the APR. And Marian will present the layout of the APR. Marian?

Slide 58: Thank you, Elaine.

The second type of performance feedback report in the expanded HHVBP Model is the Annual Performance Report, or APR. A review of the layout of the Annual Performance Report will be followed by how to navigate this report.

Slide 59: The format of the Annual Performance Report is designed similarly to the Interim Performance Report.

Slide 60: The Overview Tab provides information specific to the home health agencies such as the agency's cohort and the TPS-adjusted payment percentage applied to the home health claim payments in the calendar year/payment year, which follows the Annual Performance Report. This information is located near the top of the page.

Slide 61: As with the IPR Overview Tab, the APR Overview Tab includes a table of contents.

Like the IPR, the contents of the APR are organized by tabs located at the bottom of the page. The first six tabs have the same names as those in the IPR: Overview, Achievement, Improvement, Care Points, Measure Scorecard, and TNC Change Reference. The APR, however, includes a seventh tab: Annual Payment Adjustment.

This tab shows the home health agency's annual payment percentage as adjusted using the agency's Total Performance Score and calculations throughout the report. In the expanded HHVBP Model, this annual payment percentage is applied in the calendar year following the dissemination of the APR.

Slide 62: The Achievement Tab layout and structure are the same in the APR as in the IPR. The Achievement Tab for the APR has the same seven columns as in the IPR.

Slide 63: The APR differs from the IPR in that the Performance Year Data Period columns are the same for all 12 measures because the APR presents data for all measures for the calendar year, January 1st through December 31st of the performance year.

Slide 64: Again, like the IPR, the Improvement Tab in the APR contains the same columns. An important difference is that the data in the Performance Year Data Period column for the APR is the same for all 12 measures—the calendar year, January 1st through December 31st, of the performance year.

Slide 65: The layout of the next three tabs in the APR is this same as in the IPR.

The Care Points Tab provides data so a home health agency is able to review and compare the achievement points and improvement points for each of the measures with sufficient data. As noted earlier, the Care Points Tab for each measure are the higher of the achievement or improvement points.

Slide 66: Just like the IPR, the next tab is the Measure Scorecard Tab. The content of this tab includes the designated weight for each measure and then the home health agency's weighted measure points shown in the Your HHA's Weighted Measure Points column. The agency's weighted measure points are summed to produce the home health agency's Total Performance Score, or TPS.

Slide 67: The TNC Change Reference Tab includes the summary of the agency's performance on the two TNC Change Measures: TNC Change in Mobility and TNC Change in Self-Care. It informs agencies of the percentage of episodes in which there was no change, positive change, or negative change for each OASIS item.

- Slide 68: The APR also includes the Annual Payment Adjustment Tab, and this tab is unique to the APR. The notes provided on this tab include each of the seven steps for the calculation of the final TPS-adjusted payment percentage.
- Slide 69: The main features of this page begin with the home health agency's final adjusted payment percentage. In this section, towards the top of the page, the performance year, the maximum payment adjustment percentage, and the year of the payment adjustment application are noted.
- In the expanded HHVBP Model, the first performance year is calendar year 2023, and the corresponding payment year is calendar year 2025.
- Slide 70: The second main feature of this tab is the "Annual Payment Adjustment Calculation" table, which presents the home health agency's TPS and the seven steps used to calculate the annual payment adjustment.
- The final number in the process is calculation of the final TPS-adjusted payment percentage. This is the percentage by which an agency's final claim payment made under the Home Health Prospective Payment System changes for the Medicare fee-for-service claims for the corresponding payment year.
- Slide 71: The third feature of this tab is a table at the bottom that contains the final TPS-adjusted payment percentage statistics for the assigned cohort.
- So now that the layout of the APR has been reviewed, Elaine will now present how to navigate this report.
- Slide 72: Okay, thank you, Marian. So now we will review how data flows throughout the seven tabs.
- Slide 73: Like the IPR, data in the APR flows from one tab to another.
- On the Achievement Tab, the home health agency's achievement points for each of the measures is displayed in the column titled, Your HHA's Achievement Points. These same values are carried over to the Care Points Tab in the column bearing the same heading: Your HHA's Achievement Points.
- Slide 74: Again, similar to the IPR, the home health agency's improvement points for each of the measures are displayed in the APR column titled, Your HHA's Improvement Points.
- The same value for each measure is carried over to the Care Points Tab and placed in the column with the same heading: Your HHA's Improvement Points.
- Slide 75: As measure data from both the Achievement Tab and the Improvement tab flow to the Care Points Tab, a side-by-side comparison of performance in each of the

measures occurs, and the higher of the achievement points or improvement points is placed in the cells in the column titled, Your HHA's Care Points.

Slide 76: Next, a home health agency's care points for each measure flows to the Measure Scorecard Tab.

And for each measure the agency's care points are divided by the Maximum Possible Points and then multiplied by the Measure Weight.

Slide 77: This slide shows specific excerpts from the Measure Scorecard Tab. On the left side, in Your HHA's Weighted Measure Points column, is the sum of the values for each measure category and the resulting TPS. In this case, 23.411.

On the right, the screenshot of the Measure Scorecard Tab shows the percentile ranking of the agency's TPS within the agency's cohort. The TPS Statistics for Your HHA's Cohort are also provided.

Slide 78: The home health agency's TPS flows from the Measure Scorecard Tab to the Annual Payment Adjustment Tab.

Specifically, the home health agency's TPS populates Column 1 in the table titled, Annual Payment Adjustment Calculation. And just below the agency's TPS is the average TPS for all home health agencies in the assigned cohort.

Next is the payment adjustment calculation table, which illustrates the seven-step process to calculate the final TPS-adjusted payment percentage (shown in the column C8).

Slide 79: Footnotes on the Annual Payment Adjustment Tab provide additional information regarding the seven-step process.

Slide 80: In Step 1, total Medicare fee-for-service home health claim payments from the prior year are shown. In the column Prior Year Payment, the amount paid is from claims data under the Home Health Prospective Payment System, or HH PPS, in the year prior to the performance year, and is included for the specific HHA. The total amount of prior year Medicare fee-for-service home health claim payments for HHAs in the HHA's cohort is shown below the value for the specific HHA. The steps then progress through a series of calculations and the use of the Linear Exchange Function for the final TPS-adjusted payment amount for both the specific HHA and the HHA's cohort. Lastly, in Step 7, the final TPS-adjusted payment percentage is calculated.

Slide 81: This final TPS-adjusted payment percentage represents the overall payment percentage that will be applied to the home health agency's Medicare fee-for-service home health claim payments for the applicable payment year. A positive percentage would result in increases to the claim payments, and a negative

percentage would result in reductions to the agency's Medicare fee-for-service claim payments for the payment year.

Slide 82: The "Final TPS-Adjusted Payment Percentage Statistics for Your HHA's Cohort" table at the bottom of this tab presents the number of HHAs in the cohort, and the mean of the adjusted payment percentage for the cohort as well as the adjusted payment percentages at the 25th, 50th, 75th, and 99th percentiles for the cohort.

So, now that the layout and navigation of these two types of performance feedback reports have been provided, Carrie will ask a number of questions received prior to today's presentation, as well as questions that we received during the event, and responses to these questions. Carrie, we'd like to turn the presentation over to you, and Marian and I will answer as many as we can today.

Slide 83: Wonderful. Thank you so much, Elaine, and Marian, such fantastic information for our attendees and listeners today. So, let's go ahead and turn our attention to the Q&A session.

Thank you to those of you who have already submitted your questions. If you do have a question, you can click on that Q&A icon at the bottom of your screen and go ahead and submit those, and we'll try to get through as many as possible today.

So, let's see, our first question here, I'm going to direct this one to Elaine. Can anyone access the IPR and APR, or any other HHVBP report?

Okay, good question, thank you. So only iQIES users authorized to view an HHA's report can access the expanded HHVBP Model reports. For support with registration for iQIES, please contact the QIES or iQIES Service Center by phone, 1-800-339-9313, or email at iQIES@cms.hhs.gov. There is an iQIES Onboarding Guide posted to the QIES Technical Support Office, or QTSO, and the iQIES Onboarding Guide provides instructions regarding how to request a user role in iQIES.

Great. Thank you, Elaine, and we are sending out links to those URLs in chat as well, so you can pick those up from there. No need to try to jot those down. So, let's see, our other questions. Let's see. Where do I locate my home health agency's reports in iQIES? Elaine, I'll toss that one to you.

Okay, thanks. So there are step-by-step instructions for accessing the expanded HHVBP Model reports, and these are available on the Expanded HHVBP Model webpage in a downloadable resource. It is called Expanded HHVBP Model Reports hyphen Access Instructions. The sample IPR and APR are available now on iQIES. Once logged into iQIES, use the dropdown menu to locate "My

Reports,” and then locate the specific file name for a home health agency’s performance feedback report.

Thank you, Elaine. Let's go to our next question. Someone else is asking which reports are available on iQIES right now. And Marian, I’ll toss that one to you.

Sure, sure. Well, right now, only the sample reports. These are those reports that were created for learning purposes only, and they are not specific to your agency. These sample reports are the only reports available on iQIES. And remember that a home health agency's first IPR will be available in July of 2023, and then the first APR will be available in August of 2024.

Great, thanks. Elaine, I’ll pose this question to you as well. Now, what is the schedule for reports as they become available on iQIES?

Well, CMS expects the first quarterly IPR of the expanded HHVBP Model, it will be available in July of 2023, and then subsequent reports will be available quarterly, and CMS expects to publish the Annual Performance Reports in iQIES in August of each year, starting in August of 2024.

Right, thank you. We're receiving some excellent questions, so please keep them coming, everybody. Our next question I’m going to direct to Elaine: How will I know when my HHA’s report is available?

Okay, so great question. CMS is going to notify each competing home health agency via email when a report is available, and the IPR and APR will be available to each competing home health agency through iQIES. iQIES users that are authorized to view a home health agency’s OASIS quality report will be notified via email of the distribution of the HHVBP Model reports. For security reasons, CMS is not emailing these reports to home health agencies nor the CMS-notified users of report availability when they log into iQIES.

Excellent, thank you. And then I'll pose this one to you as well, Elaine. If I am unable to locate my HHA’s reports in iQIES, then where should I seek help for that?

Okay, thank you. So, for assistance with accessing reports in iQIES, you can email iQIES@cms.hhs.gov, or you can phone, 1-800-339-9313. And additional information is also located on the iQIES help webpage.

Great, going through the questions here. Here's another one. If I have questions about the data and information in my IPR or APR, where can I get assistance with my questions? Marian, could you take that one?

Sure, sure, and unlike Elaine's answer about where to locate them, this answer is different. So for questions related to sufficient data and content of the

performance feedback reports in the expanded HHVBP Model, please email the HHVBPquestions@lewin.com email box.

Thanks, Marian. And then this next one I'll also give to you is: How will I know my HHA's cohort assignment?

Super, super popular question. The cohort assignment will be located in the heading on each tab of both the Interim Performance Report and the Annual Performance Report. Your home health agency's cohort will be one of the two nationwide cohorts, the larger-volume or smaller-volume cohort. So, great question.

Right. Here's another one related to cohorts: So our home health agency is small. If we do not have sufficient data to meet the criteria for a measure, how will that appear in the performance feedback reports? And Elaine, can you take that one, please?

Yes, definitely. So, a dash will appear in place of a value in those reports when data are not available. A dash indicates that no data is available. And so those measures, with no data available, are then excluded from the TPS calculation.

Great, thank you. And then another one for you, Elaine, is: When will my HHA's baseline data be available?

Okay, good. So CMS is going to provide baseline data to each competing agency as soon as administratively possible. The calendar year 2023 HH PPS proposed rule contains information available to the public at this time, and it can be found through the Expanded Model webpage or the CMS.gov website. So once finalized, CMS will share additional information through resources available on the Expanded HHVBP Model webpage.

Excellent. Let's see, more questions coming in, please continue to submit those. We have time for a few more. So, this next question is on the TNC Change Reference Tab. Does the list of OASIS items refer only to that OASIS item, or does it also refer to measures? Marian, could you take that one?

Sure, sure. So on that TNC Change Reference Tab, the list on the far left includes the nine OASIS items that are used to calculate the two TNC Change measures. So, just remember there are, specifically, there's three OASIS items: the Toilet Transferring, Transferring, and Ambulation/Locomotion. Those items are used to calculate the TNC Change in Mobility measure. And then we have the six OASIS items: Grooming, Upper Body Dressing, Lower Body Dressing, Bathing, Toileting Hygiene, and Feeding or Eating. These are used to calculate the TNC Change in Self-Care measure. And then the data shown in the table present the changes in the OASIS item responses between the Start of Care or Resumption of Care, and

then the End of Care. And this is represented as a percent of the eligible quality episodes. The home health agency can also compare their agency with the average for their cohort by reviewing the table. So it's important to know that the methodology for calculating these two measures takes into account patients who also may not have goals for improvement. So, good question. Thanks, Carrie.

Right. Thanks, Marian. And I see we've had a couple of questions related to the Star Rating. So, this next one, Marian, I'll toss to you: What is the relationship between HHVBP performance and Star Ratings?

Oh, great. Okay. So the expanded HHVBP Model and the Home Health Quality of Patient Care and the Patient Survey Star Ratings, they are different CMS initiatives that in some cases have some data that they share and some quality measures. So these CMS initiatives provide separate reports specific to that initiative. The quality improvement efforts can help positively impact an agency's reported quality measures across multiple initiatives. And thanks, Carrie.

Sure, and I think we have time for one last question. I'll give this one to Elaine. Will these reports be publicly available?

All right, thanks, Carrie. So the HHA-specific IPR and APR are confidential to a home health agency. Only the iQIES users authorized to view an agency's reports can access the expanded HHVBP Model reports. Public reporting of performance data for the expanded HHVBP Model will begin with the calendar year 2023 performance year, calendar year 2025 payment year. Data will be available to the public on a CMS website on or after December 1st, 2024, the date by which CMS will issue the calendar year 2023 final annual report to each competing home health agency. 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. Thank you, good question.

Great. Thank you so much for helping out with those questions, Elaine and Marian, and thank you to all who submitted your thoughtful questions.

I'm going to turn us over to the next slide to wrap up our time together today.

Slide 84: So, all home health agencies participating in the expanded HHVBP Model really should visit the Expanded HHVBP Model webpage. There is a variety of learning products that are now available to assist agencies with preparing for the first performance year that begins in 2023, as well as implementation of the expanded Model. The resources available include those focused on helping agencies understand the assessment of performance and calculation of the TPS. And these resources include Quality Measures Used in the Expanded HHVBP Model, How Measure Performance Becomes Care Points, How Care Points

Becomes the Total Performance Score, and How the Total Performance Score Becomes the Final Payment Adjustment. And you can find links to those resources in the chat.

As always, the HHVBP TA Help Desk is available to answer questions about the expanded Model, and you can direct your questions to HHVBPquestions@lewin.com and we would be happy to assist you.

We also encourage you to subscribe to the HHVBP Model Expanded listserv and monitor your emails from CMS, so that you can stay up to date on important Model milestones as well as new resources and notification of the reports. Be sure to add the listserv to your list of safe senders, so that our communications don't get caught up in your spam filter, but if they do, you'll want to check your spam folders so that you don't miss any key updates.

Slide 85: All right. Well, thank you so much for your attendance and participation today. We really appreciate you submitting your questions as well as your attention. Your feedback is really important to us, so please complete the post-event survey that will appear in your browser once the webinar ends. Thank you and have a wonderful day!