Expanded Home Health Value-Based Purchasing (HHVBP) Model

HHVBP Newsletter – April 2023

The HHVBP Newsletter provides home health agencies (HHAs) with the latest information about the expanded HHVBP Model as well as important tools, news, and timely insights from the Centers for Medicare & Medicaid Services (CMS) and the HHVBP Model Technical Assistance (TA) Team. Please consider sharing this newsletter within your organization.

Information in this edition of the newsletter includes the following:

> **Communication Schedule**
> 2nd Tuesday – expanded HHVBP Model emails
> 4th Friday – expanded HHVBP Model Newsletter

HHVBP Model Highlights

Available in iQIES: April 2023 Pre-Implementation Performance Reports (PIPRs)

The April 2023 Pre-Implementation Performance Report (PIPR) is available to download from the Internet Quality Improvement Evaluation System (iQIES). Instructions on how to access the PIPR are available on the Expanded HHVBP Model webpage under "Model Reports."

✓ **Need Help Understanding your PIPR?** To assist HHAs in understanding the purpose, content, and use of the PIPRs, the HHVBP TA Team created an on-demand video and downloadable resource, *"Introduction to the Pre-Implementation Performance Report (PIPR)"*, available on the Expanded HHVBP Model webpage under "Model Reports." The video is also available on the Expanded HHVBP Model YouTube channel.

If you have questions about report content, please contact the HHVBP Model Help Desk by email at HHVBPquestions@lewin.com.

✓ **Need Help Accessing your PIPR?**

Should you need to register as an iQIES user, experience difficulty locating the HHVBP file, or experience difficulty downloading the PIPR, please contact the iQIES Service Center at 1-800-339-9313, Monday through Friday, 8:00 AM-8:00 PM ET, or by email. To create a ticket online or track an existing ticket, please go to CCSQ Support Central.

Please note, the iQIES Service Center is projecting an increase in the volume of calls and emails between now and May 15, 2023. Due to the anticipated increase in volume at the CCSQ Service Center and to minimize a backlog, please use only one (1) method of reporting for the same issue (phone, email, or CCSQ Support Central).

Please include your name, agency name, and the CCN when contacting the help desks.

Measure Exclusions for Patients Transferred or Discharged to Hospice (1/1/2023)

As cited in the Expanded HHVBP Model Frequently Asked Questions (FAQs), Q3020.1, quality episodes for patients discharged (RFA 9) to a non-institutional hospice (M2420 = 3) where M0906 (Discharge/Transfer/Death Date) is 1/1/2023 or later are excluded from all OASIS-based applicable measures:

- Improvement in Dyspnea

- Improvement in Management of Oral Medications

- Total Normalized Composite (TNC) Change in Mobility

- Total Normalized Composite (TNC) Change in Self-Care

- Discharged to Community

  - Note that for the Discharged to Community measure, quality episodes in which patients were transferred to an institutional hospice (M2410 = 4) and with a M0906 Discharge/Transfer/Death Date of 1/1/2023 or later *are also excluded from the measure.*

The *Home Health Quality Reporting Program Measure Calculations and Reporting User's Manual Version 2.0,* available on the Home Health Quality Measures webpage, contains additional information about the Home Health Quality Reporting Program (HH QRP) measure calculations.

Strategies for Success

Strategic Practices for Maintenance Coverage

This month's *Strategies for Success* highlights strategic practices related to patients who may be viewed as maintenance patients eligible for home care that require skilled care to maintain function or prevent or slow decline in function. **Exhibit 1** shows the briefing card, which follows an SBAR (situation, background, assessment, and recommendation) format, leading to a recommendation on how an HHA can address opportunities for improvement.

For more information and additional strategic practices, please see the *"Strategies for Success Self-Assessment Tool"* recording, slides, and downloadable resource available on the Expanded HHVBP Model webpage under "Quality Improvement."

Exhibit 1. Briefing Card: Maintenance Coverage

Maintenance Coverage:	HHA established clinical protocols or pathways for eligible patients needing skilled care to maintain function or prevent or slow decline in function.
Situation	Home health providers and clinical staff may believe that the Home Health Benefit of the Medicare program covers nursing and therapy services only when a beneficiary is expected to improve. This is not always true. HHAs therefore may not have established clinical protocols or care pathways that guide goals in the plan of care, decision making, documentation, care coordination, and appropriate discharge.
Background	The Home Health Benefit of the Medicare program is not based on the presence or absence of a beneficiary's potential for improvement, but rather (when all other coverage criteria are met) on their need for skilled care.
Assessment	Establishing clinical protocols or care pathways for home health patients with maintenance goals can potentially positively impact beneficiary access to care, patient outcomes, patient experience, and HHA operations.
Recommendation	HHAs incorporate clinical protocols or care pathways for eligible patients needing skilled care to maintain function or prevent or slow decline or deterioration and institutionalize their use. This would include: • Development or adoption of clinical protocols or pathways. • Orientation and education on clinical protocols or pathways and expectations for their use. • Incorporation of clinical protocols or pathways into procedures, tools, and patient education and training resources. • Development of care coordination procedures to effectively communicate assessment findings and care plans for patients with maintenance goals to referring physicians.

Literature Link

How CMS and its Stakeholders Are Addressing Inequities in Healthcare

On February 28th and March 8th, Battelle Memorial Institute, on behalf of CMS, hosted two (2) sessions of the live webinar, *From Data to Action: How CMS and its Stakeholders Are Addressing Inequities in Healthcare*. Nancy Chiles Shaffer from the CMS Office of Minority Health (OMH) outlined the following five (5) priorities to achieve health equity and eliminate disparities from the CMS Framework for Health Equity 2022-2032, the first of which was the focus of the webinar:

1. Expand Collection, Reporting, and Analysis of Standardized Data

2. Assess Causes of Disparities Within CMS Programs, and Address Inequities in Policies and Operations to Close Gaps
3. Build Capacity of Health Care Organizations and the Workforce to Reduce Health and Health Care Disparities
4. Advance Language Access, Health Literacy, and the Provision of Culturally Tailored Services
5. Increase All Forms of Accessibility to Health Care Services and Coverage

Presenters discussed the results from an evaluation of health equity measurement approaches. The three (3) following approaches were found to be most favorable, depending upon policy or program goals: the NQF Disparities-Sensitive Measure Assessment for approaches focused on measure identification, the Minnesota Healthcare Disparities Report for approaches focused on measure-by-measure comparisons, and CMS OMH's Health Equity Summary Score for summary indices. For programs such as Medicare's value-based purchasing (VBP) and quality reporting (QR) programs, approaches focused on measure-by-measure comparisons may be the most appropriate.

The slides from this webinar are available here and on the CMS Measures Management System (MMS) webpage.

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 Model 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 the expanded Model, please subscribe to the Expanded HHVBP Model 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).

- Please contact the **Home Health CAHPS Help Desk** at hhcahps@rti.org for questions related to the HHCAHPS Survey or Patient Survey Star Ratings.

Not sure which help desk to use? Check out the Guide to Home Health Help Desks!