Expanded Home Health Value-Based Purchasing (HHVBP) Model

HHVBP Newsletter – July 2022

The HHVBP Newsletter provides home health agencies (HHAs) with the latest information about the expanded HHVBP Model as well as important tools, news, and timely insights from 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:

HHVBP Model Highlights

Calendar Year (CY) 2023 Home Health Prospective Payment System (HH PPS) Proposed Rule with Public Comment Period Now Available

The [CY 2023 HH PPS proposed rule](#) is now available for viewing and download on the [Federal Register](#). CMS proposes the following updates for the expanded HHVBP Model:

- Replace the term "baseline year" with the terms "HHA baseline year" and "Model baseline year."

- Designate the HHA baseline year for HHAs certified by Medicare prior to January 1, 2022 to CY 2022. For HHAs certified after January 1, 2022, the HHA baseline year will be the first full calendar year of services beginning after the date of Medicare certification.

- Change the CY associated with the Model baseline year from 2019 to 2022.

- Request information on future approaches to health equity in the expanded HHVBP Model.

The public comment period closes Tuesday, August 16, 2022 at 11:59 PM ET. Instructions on how to submit comments are available [here](#) on the Federal Register.

☀ On the Horizon

Expanded HHVBP Model Sample Reports – Interim Performance Report (IPR) and Annual Performance Report (APR)

For learning purposes only, CMS will publish two (2) sample reports– one (1) for the Interim Performance Report (IPR) and one (1) for the Annual Performance Report (APR). These two (2) reports, unique to the expanded HHVBP Model, will be available to help HHAs become familiar with the performance feedback provided through the expanded Model. **These sample reports do not include actual HHA performance data.**

The sample reports will be made available to each competing HHA on the Internet Quality Improvement and Evaluation System ([iQIES](#)) portal. CMS will notify HHAs via email when the two reports are available. The sample reports will be based on the same scoring methodologies and other policies presented in the **CY 2022 HH PPS final rule**. Information in the sample reports includes:

- An overview of the IPR and APR,
- Achievement, Improvement, Care Points, Measure Scorecard, and TNC Change Reference tabs
- Annual Payment Adjustment tab in the APR,
- Formulas and Notes to explain the calculations of the Total Performance Score (TPS) in both reports, and the Final TPS-adjusted payment percentage in the APR, and
- Sample percentile rankings reflecting the agency's performance relative to the performance of other CCNs in their cohort.

In August, the HHVBP TA Team will host a live event, ***Navigating Interim Performance Reports (IPRs) and the Annual Performance Report (APR)***. This event will assist HHAs with understanding the format and content of the reports specific to the expanded Model. Registration will be available soon.

⬕ Resource Spotlight

Expanded HHVBP Model YouTube Playlist Launched!

The HHVBP TA Team is pleased to announce the creation of an [Expanded HHVBP Model YouTube playlist](#)! This playlist includes podcasts, instructional videos, and on-demand recordings to help HHAs understand the expanded Model, as well as strategies for improving care delivery in home health. Subscribe to the [CMS HHS YouTube channel](#) to receive updates on when new videos are posted. Links to videos included in the playlist are also available on the [Expanded HHVBP Model webpage.](#)

New Expanded HHVBP Model Podcasts Now Available

Three (3) podcasts designed to support home health quality improvement efforts and care delivery are now available on the [Expanded HHVBP Model YouTube playlist](#). Links to these podcasts are also accessible on the [Expanded HHVBP Model webpage](#).

1) ***The Patient with Declining Memory: The "Keys" to Safe Mobility (16 minutes):*** This podcast highlights the implementation of home-based individualized care by an interdisciplinary team for patients with declining memory. HHVBP TA Team member Linda Krulish, PT, MHS, COS-C, shares her clinical experiences as a physical therapist in home health, and how she and her team improved patient mobility and safety using an interdisciplinary team approach to care for patients with declining memory.

2) ***Infection Prevention and Control: Home Health Patient Care and Communication (15 minutes):*** In this podcast, nationally recognized home health expert Mary McGoldrick, MS, RN, CRNI, discusses practices for infection prevention and control, as well as patient and caregiver communication and education strategies for overcoming obstacles to care. Strategies presented may assist HHAs with quality improvement efforts, including improvement in the expanded HHVBP Model quality measures.

3) ***Managing Chronic Illness through Home Health Care (20 minutes):*** This podcast highlights practices and person-centered strategies for providing care to patients with chronic illnesses that may assist HHAs with improvement in the expanded HHVBP Model quality measures. Guest speaker Lisa Gorski, MS, RN, HHCNS-BC, CRNI, FAAN provides insights regarding patient assessment and engagement, medication management, self-management, and interdisciplinary collaboration.

Literature Link

CMS Framework for Health Equity

The CMS Office of Minority Health has released the 2022-2032 Framework for Health Equity, a strategic plan that prioritizes the advancement of health equity across all of CMS' initiatives and communities served. This framework will be used by CMS to design, implement, and operationalize policies and programs aimed at eliminating disparities for those who experience disproportionately high burdens of disease, worse quality of care and outcomes, and barriers to accessing care.

> "As the nation's largest health insurer, the Centers for Medicare & Medicaid Services has a critical role to play in driving the next decade of health equity for people who are underserved. Our unwavering commitment to advancing health equity will help foster a health care system that benefits all for generations to come."
>
> **–Dr. LaShawn McIver, Director, CMS Office of Minority Health**

The Framework for Health Equity outlines five priority areas:

1. **Expand the Collection, Reporting, and Analysis of Standardized Data**: By improving the collection of comprehensive, interoperable, and standardized individual-level data on social determinants of health (SDOH), including race, ethnicity, language, gender identity, sex, sexual orientation, and disability status, CMS strives to leverage quality improvement to ensure more equitable care and coverage.

2. **Assess Causes of Disparities Within CMS Programs, and Address Inequities in Policies and Operations to Close Gaps**: CMS will evaluate its programs and policies for unintended consequences, take action to measure impact on health equity, and close gaps in health and health care access through sustainable solutions and investments.

3. **Build Capacity of Health Care Organizations and the Workforce to Reduce Health and Health Care Disparities**: In order that health care providers and plans, especially those serving minority

and underserved communities, have adequate support to provide the highest quality care, CMS will build capacity through program and policymaking and resource allocation.

4. **Advance Language Access, Health Literacy, and the Provision of Culturally Tailored Services**: Through cross-operational opportunities, direct outreach to enrollees and consumers, and the provision of guidance to health plans, providers, and partners, CMS will ensure equitable access to improve health care quality and patient safety and experience.

5. **Increase All Forms of Accessibility to Health Care Services and Coverage**: CMS is committed to tailoring programs and policies using direct feedback from individuals with disabilities, including physical, sensory and communication, intellectual disabilities, and other forms of disability, on their experiences navigating CMS-supported benefits, services, and coverage to ensure equitable access and quality.

These priorities are informed by seven (7) interim years of stakeholder input, evidence review, and knowledge and understanding gained through CMS' programs and policies. CMS will build in the priorities of this framework into new and existing efforts over the next 10 years.

Contact Us

Please **do not reply to this email**. This is an unmonitored inbox. If you require assistance, use the following options:

- For program questions about the expanded HHVBP Model, contact the **HHVBP Help Desk** at HHVBPquestions@lewin.com.

- For support with registration for the Internet Quality Improvement and Evaluation System (iQIES), please contact the **QIES/iQIES Service Center** by phone at **(800) 339-9313** or by email at iqies@cms.hhs.gov. You may also refer to the iQIES *Onboarding Guide* posted to QTSO for registration support: https://qtso.cms.gov/software/iqies/reference-manuals.

- To receive email updates about expansion, please subscribe to the 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).