

# Expanded Home Health Value-Based Purchasing (HHVBP) Model

## HHVBP Newsletter – September 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:

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### HHVBP Model Highlights

#### ***Countdown to Calendar Year (CY) 2023 – Expanded HHVBP Model’s First Performance Year***

Time is moving quickly —the pre-implementation year ends December 31, 2022, and the first performance year begins January 1, 2023. In preparation for the first performance year, HHAs should review the resources highlighted in **Table 1** and now available on the [Expanded HHVBP Model webpage](#).

**Table 1. Expanded HHVBP Model – Learning Events and Resources**

Topic	Learning Product	Format
<b>Model Overview</b>	HHVBP Model Expansion 101 - Thursday, February 10 2:00 pm ET	<i>On-demand Recording</i>
<b>FAQs &amp; Model Guide</b>	Expanded HHVBP Model Frequently Asked Questions (PDF)	<i>Written Resource</i>
	Expanded HHVBP Model Guide - May 2022 (PDF)	<i>Written Resource</i>
	Making the Most of HHVBP Resources Instructional Recording	<i>On-demand Recording</i>
<b>Model Reports</b>	Expanded HHVBP Model Reports – Access Instructions (PDF)	<i>Written Resource</i>
	<b>NEW!</b> Navigating Performance Feedback Reports: Interim Performance Report (IPR) and Annual Performance Report (APR)	<i>On-demand Recording</i>

Topic	Learning Product	Format
Quality Measures	CY 2023 Benchmarks and Achievement Thresholds – Access Instructions (PDF)	Written Resource
	An Overview: Risk Adjustment Process and Use in the Expanded HHVBP Model (PDF)	Written Resource
	HHVBP Model: Quality Measures Used in the Expanded Model	On-demand Recording
	How to use Existing Quality Assurance and Performance Improvement (QAPI) Processes to Support Improvement in Expanded Home Health Value-Based Purchasing (HHVBP) Model (PDF)	Written Resource
Quality Improvement	Leadership and Communication — Essential Elements for Quality Improvement	Podcast
	The Patient with Declining Memory: The “Keys” to Safe Mobility	Podcast
	Infection Prevention and Control: Home Health Patient Care and Communication	Podcast
	Managing Chronic Illness through Home Health Care	Podcast
Total Performance Score & Payment Adjustment	HHVBP Model Composite Measure Calculation Steps (PDF)	Written Resource
	HHVBP Model Technical Specifications Composite Outcome Measures (PDF)	Written Resource
	<b>NEW!</b> How Measure Performance Becomes Care Points Instructional Video	On-demand Recording
	<b>NEW!</b> How Care Points Become the Total Performance Score (TPS)	On-demand Recording & Written Resource
	<b>NEW!</b> How the Total Performance Score (TPS) Becomes the Final Payment Adjustment	On-demand Recording & Written Resource

### **Highlights from the Original HHVBP Model Evaluation Reports**

The Center for Medicare & Medicaid Innovation (Innovation Center) implemented the original HHVBP Model from 2016 through 2021. Annual evaluation reports from the original Model offer insights that may be useful for HHAs approaching the first performance year of the expanded HHVBP Model.

For example, some HHAs participating in the original Model reported scheduling more skilled nursing visits early in an episode of care (commonly termed “frontloading” visits by home health practitioners) as a quality improvement strategy. The original HHVBP Model’s Fifth Annual Report, released in April 2022, examined frontloading practices and impact on patient outcomes. Findings reported include:

- Frontloading in both post-institutional and community-referred episodes was associated with a significant decrease in the probability of an unplanned hospitalization after the second week of the episode.
- Participating HHAs moderately increased their use of frontloading for both nursing and therapy visits.

Subgroup analyses provide additional insights into effects of frontloading for different patient groups. For more information, see the [Evaluation of the Home Health Value-Based Purchasing \(HHVBP\) Model – Fifth Annual Report \(p. 78\)](#).

### **What changes did agencies make to their operations in response to the HHVBP Model?**

The original HHVBP Model’s Fourth Annual Report, released in May 2021, includes information collected through interviews with HHA representatives. Interview participants provided updates on three (3) key areas of agency operations where they made changes:

- Staff recruitment, training, and retention
- Quality assurance and performance improvement efforts
- Data collection and analyses

For more details about how the original HHVBP Model impacted these key areas, see the [Evaluation of the Home Health Value-Based Purchasing \(HHVBP\) Model – Fourth Annual Report \(p. 151\)](#).

## Expanded HHVBP Model Featured Question

From: *“Navigating Performance Feedback Reports: IPR and APR” webinar, August 25, 2022*

**Q:** What is the relationship between HHVBP Model performance and Star Ratings? How can the Star Ratings help HHAs understand current opportunities for improvement?

**A:** HHAs already have a variety of reports from the Home Health Quality Reporting Program (HH QRP) available in the Internet Quality Improvement and Evaluation System (iQIES). These reports contain details on agency performance on a variety of quality measures, including those included in the expanded HHVBP Model (with the exception of Total Normalized Composite (TNC) Measures). These reports can inform current quality assurance and performance improvement (QAPI) programs as required under the Conditions of Participation (CoPs) 484.65.

The methodologies for the Total Performance Score (TPS) for the expanded Model and the Star Ratings for the HH QRP are similar in that they combine results from multiple risk-adjusted quality measures to produce a summary score or rating of HHA performance. Below are some differences between the TPS and Star Ratings:

- The **TPS combines results from OASIS-, claims-, and HHCAHPS Survey-based measures**. TPS weighs points earned specific to the measure and measure category. Star Ratings are computed separately for the Quality of Patient Care and Patient Survey domains.
- An HHA’s TPS is compared to other agencies within the respective cohort—smaller-volume or larger-volume nationwide. For the Star Ratings, an HHA’s ratings are compared at the national level only.
- TPS offers opportunity for HHAs to earn points for both improvement and achievement. Star Ratings recognize quality measure HHA performance in a specified time period, without reference to past performance.
- The time periods for the HH QRP data used for TPS and Star Ratings may not align.

For more information, please refer to the *How to use Existing Quality Assurance and Performance Improvement (QAPI) Processes to Support Improvement in the Expanded HHVBP Model* resource on the [Expanded HHVBP Model webpage](#).

For additional information on the expanded Model TPS and payment adjustment methodology, see the resources now available on the [Expanded HHVBP Model webpage](#) under “Total Performance Score & Payment Adjustment.” CMS has committed to providing provider reports for the expanded HHVBP Model as soon as administratively feasible.

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The audio recording, slides, and transcript from the webinar are now available on the [Expanded HHVBP Model webpage](#) under “Model Reports”. The HHVBP TA Team encourages HHAs to view these on-demand resources and share with other HHA staff seeking to engage in the expanded HHVBP Model.

Instructions on how to access the sample reports are also available on the webpage in the *Expanded HHVBP Model Reports – Access Instructions* document, under the “Model Reports” section.



## On the Horizon

### **Registration Now Available: Live Encore – Navigating Performance Feedback Reports: Interim Performance Report (IPR) and Annual Performance Report (APR) – Tuesday, October 11, 2 pm ET**

On October 11th from 2:00 pm ET – 3:00 pm ET, the HHVBP TA Team will present a live encore presentation of the August 25th webinar: “*Navigating Performance Feedback Reports: Interim Performance Report (IPR) and Annual Performance Report (APR)*.” The encore presentation will contain the same content from the first webinar. This event will also include a live Q&A session.

During this event, the TA Team, using the sample reports now available on iQIES, will introduce the two (2) types of expanded HHVBP Model performance feedback reports: IPRs and APRs. Content will include a review of the purpose, availability, timing, and location of the reports, followed by a walkthrough of each report type and the content on each tab in the reports. The event will also include a segment showing how data populates from one table to another.

Understanding important details for each report type and navigating the reports are essential skills for an HHA to accurately and efficiently track, trend, and identify report information to interpret their Total Performance Score and potential payment adjustments, and inform Quality Assurance and Performance Improvement (QAPI) initiatives.

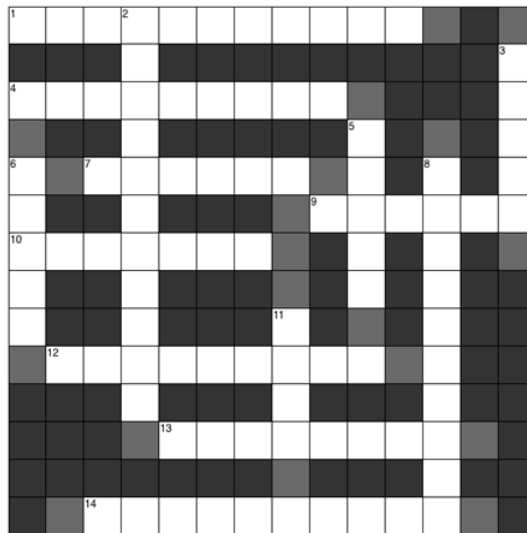
Register today at: [https://us06web.zoom.us/webinar/register/WN\\_e5u1sYo1SdyFs1UqiN6nUw](https://us06web.zoom.us/webinar/register/WN_e5u1sYo1SdyFs1UqiN6nUw)



## Resource Spotlight

### **Test Your Knowledge: Expanded HHVBP Model Crossword**

In the August Newsletter, the HHVBP TA Team provided a crossword for HHA staff to assess their knowledge of information and terms unique to the expanded Model. [Answers](#) available below.



## ACROSS

1. \_\_\_\_\_ Threshold: The median (50<sup>th</sup> percentile) of Medicare-certified HHAs' performance scores on each quality measure during the designated Model baseline year.
4. \_\_\_\_\_ HHA: An HHA that has a current Medicare certification and is receiving payment for home health care services from CMS.
7. The group in which an HHA competes. HHAs compete nationally in one of two volume-based \_\_\_\_\_, as defined by the number of unique HHCAHPS survey-eligible beneficiaries for each HHA in the year prior to the performance year.
9. \_\_\_\_\_ Performance Report: Includes payment adjustment percentage for the following payment year and how CMS determined this adjustment relative to the HHA's performance scores.
10. \_\_\_\_\_ Performance Report: Quarterly report on quality measure performance based on the 12 most recent months of data available.
12. The mean of the top decile (90<sup>th</sup> percentile) of all HHAs' performance scores on the specified quality measure during the baseline year, calculated separately for the larger- and smaller-volume cohorts.
13. HHA \_\_\_\_\_ Year: The year which CMS will compare an HHA's performance score by measure in a performance year and calculate each HHA's unique improvement threshold.
14. Payment \_\_\_\_\_ Percentage: The percentage by which an HHA's final claim payment amount under the HH PPS changes and is applied to an HHA's Medicare fee-for-service (FFS) payments for the corresponding payment year.

## DOWN

2. \_\_\_\_\_ Threshold: An individual competing HHA's performance on an applicable measure during the HHA baseline year.
3. \_\_\_\_\_ Baseline Year: The year against which CMS calculates the achievement threshold and benchmarks for each cohort.
5. Achievement \_\_\_\_\_: A scale between the achievement threshold and the designated benchmark, along which an HHA will receive achievement points for a given measure.
6. The access site for all HHVBP performance feedback reports for the expanded HHVBP Model.
8. An HHA must have \_\_\_\_\_ data to establish a baseline year for a particular quality measure.
11. \_\_\_\_\_ Points: The higher of achievement points or improvement points for each measure on the IPR and APR.

## 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](mailto: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](mailto: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](mailto: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).

## Crossword Puzzle Answers

1	A	C	H	2	I	E	V	E	M	E	N	T										
				M											3	M						
4	C	O	M	P	E	T	I	N	G							O						
				R						5	R					D						
6	I		7	C	O	H	O	R	T		A			8	S	E						
	Q			V						9	A	N	N	U	A	L						
10	I	N	T	E	R	I	M						G		F							
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			12	B	E	N	C	H	M	A	R	K				C						
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