

Home Health VBP Expanded Model

Launch January 2023

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Home Health Foundation

The Leaders in Home Health and Hospice Care

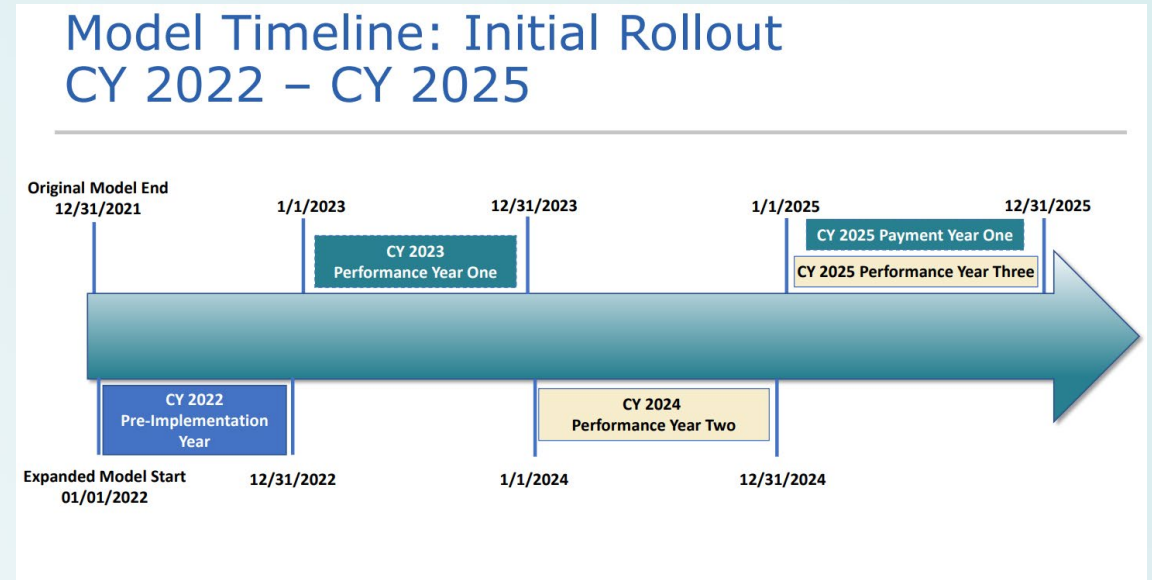
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Regulatory Authority to Expand

- ▶ On November 2, 2021, CMS published the CY 2022 HH PPS final rule establishing the end of the original model and the start of the expanded Model.
- ▶ The final rule also established HHA eligibility criteria, payment adjustment rates, definition of cohorts, applicable quality measures, and payment methodology.
- ▶ The final rule appears in the [November 2, 2021 Federal Register](#).

New Model Roll Out

- ▶ The expanded HHVBP Model begins on January 1, 2022 and includes Medicare-certified HHAs in all fifty (50) states, District of Columbia, and the U.S. territories.
- ▶ Calendar Year (CY) 2022 is the pre-implementation year.
- ▶ The first full performance year for the expanded HHVBP Model is CY 2023, beginning January 1, 2023.
- ▶ Calendar Year 2025 will be the first payment year, with payment adjustment amounts determined on CY 2023 performance.



How It Works

- ▶ **Data from**
 - Outcome and Assessment Information Set (OASIS),
 - Completed Home Health Consumer Assessment of Healthcare Providers and Systems (HCAHPS) surveys and,
 - Claims-based measures are used to calculate HHAs' performance.
- ▶ **In a payment year, an applicable percent ranging from -5% to 5% is applied toward Medicare fee-for-service payments.**

Performance Year & Payment Year

- Performance Year: The calendar year during which OASIS-based, claims-based, and HHCAHPS survey-based measure data are used for the purpose of calculating an HHA's Total Performance Score (TPS).*
- Payment Year: The calendar year in which the adjusted payment percentage for a designated performance year applies.

Performance Year (CY)	Payment Year (CY)
2023	2025
2024	2026
2025	2027
2026	2028
2027	2029
2028	2030



* The TPS is the numeric score awarded to each qualifying HHA based on the weighted sum of the performance scores for each applicable measure.

Data Sources and Measures

▶ OASIS-based

- Improvement in Dyspnea/Dyspnea
- Discharged to Community
- Improvement in Management of Oral Medications/Oral Medications
- Total Normalized Composite Change in Self-Care/TNC Self-Care
- Total Normalized Composite Change in Mobility/TNC Mobility

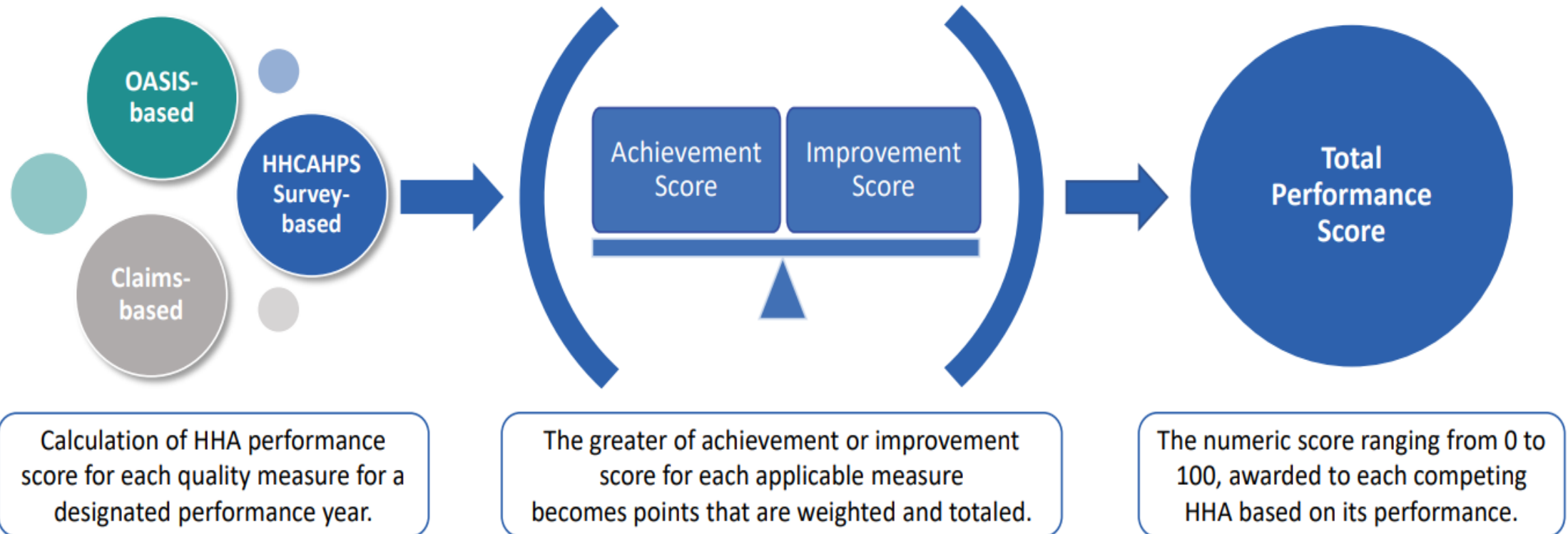
▶ Claims-based

- Acute Care Hospitalization During the First 60 Days of Home Health Use/ACH
- Emergency Department Use without Hospitalization During the First 60 Days of Home Health/ED Use

▶ HHCAHPS Survey-based

- Care of Patients/Professional Care
- Communications between Providers and Patients/Communication
- Specific Care Issues/Team Discussion
- Overall rating of home health care/Overall Rating
- Willingness to recommend the agency/Willing to Recommend

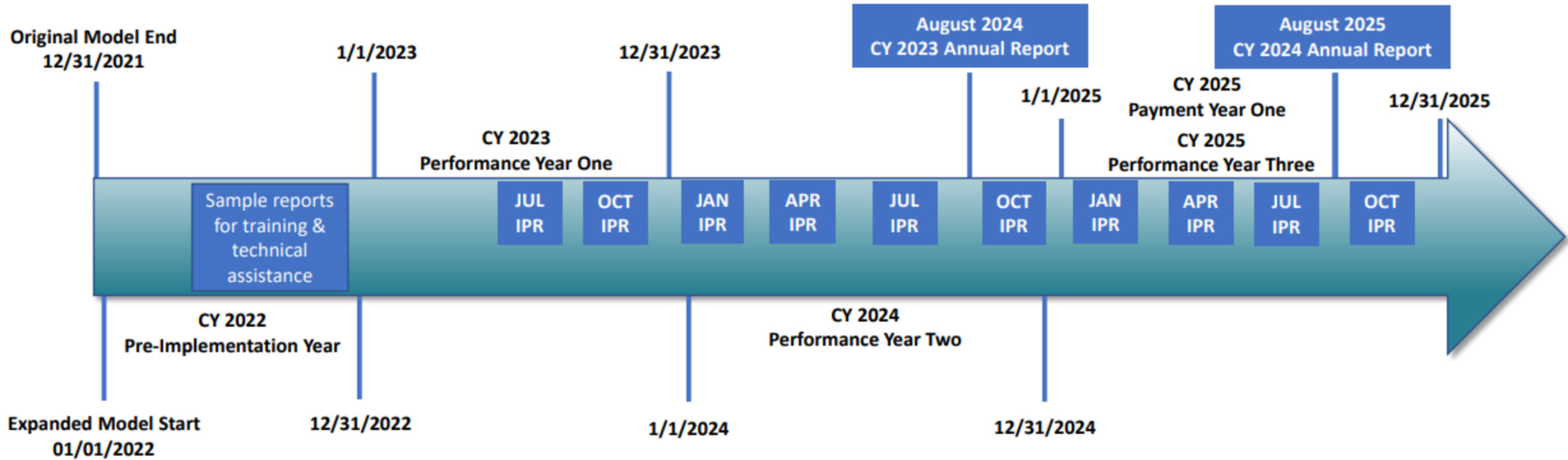
Total Performance Scoring Methodology: Overview



Performance Feedback Reports: Timeline, CY 2023 Performance Year & CY 2025 Payment Year

Report Title (Month Issued)	OASIS-based Measures	Claims-based and HHCAHPS Survey-based Measures
July 2023 IPR (July 2023)	12 months ending 3/31/2023	Baseline data only
October 2023 IPR (October 2023)	12 months ending 6/30/2023	12 months ending 3/31/2023
January 2024 IPR (January 2024)	12 months ending 9/30/2023	12 months ending 6/30/2023
April 2024 IPR (April 2024)	12 months ending 12/31/2023	12 months ending 9/30/2023
July 2024 IPR (July 2024)	12 months ending 3/31/2024	12 months ending 12/31/2023
Annual TPS and Payment Adjustment Report (Preview version, Aug 2024)	12 months ending 12/31/2023	12 months ending 12/31/2023

Expanded Model Timeline: Reports CY 2023 – CY 2025



Public Reporting

- Public reporting of performance data for the expanded HHVBP Model will begin with the CY 2023 performance year/CY 2025 payment year.
- Data will be available to the public on the [Expanded HHVBP Model webpage](#), on or after December 1, 2024, the date by which CMS will issue the CY 2023 Final Annual Report for each competing HHA.
- 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.

Cohort-Level Data

For each cohort:

- Applicable measure benchmarks and achievement thresholds

HHA-Level Data

For each HHA that qualifies for payment adjustment based on performance year

- Applicable measure results and improvement thresholds
- TPS
- TPS percentile ranking
- Payment adjustment percentage for a given year

Model Information & Resources: Help Desks

HHVBP Model Help Desk		iQIES Help Desk	
<p>Questions related to implementation, measures, resources, HHVBP report content, or other questions related to the HHVBP Model.</p> <p>Email: HHVBPquestions@lewin.com</p>		<p>Technical questions related to Internet Quality Improvement Evaluation System (iQIES) platform registration, navigation, or assistance with accessing reports.</p> <p>Email: iQIES@cms.hhs.gov Web page: iQIES Help</p> <p>Phone: 1 (800) 339-9313</p>	
<p>When sending an email to either help desk, please include the following information:</p> <ul style="list-style-type: none">• Your first and last name• Email address• CCN(s) or Facility ID• Facility/agency name and address• If CCN or Facility ID is unknown, please include facility/agency name and zip code			
Home Health Quality Reporting Program Help Desks			
Home Health Quality Help Desk		Home Health CAHPS	
<p>Questions related to: 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).</p> <p>Email: homehealthqualityquestions@cms.hhs.gov</p>		<p>Questions related to the Home Health CAHPS Survey or the Patient Survey Star Ratings.</p> <p>Email: hhcahps@rti.org Phone: 1 (866) 354-0985</p>	