



EDUCATIONAL RESOURCES

Plan Ahead: 5 Key Strategies to Prepare Now for Home Health Value Based Purchasing

Presented by:

Irina Gorovaya, BSN, MBA HHA

Amity Healthcare Group, LLC

 HOME HEALTH



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Learning Objectives

- Learn about primary components of HHVBP model
- Review potential challenges and benefits associated with HHVBP
- Identify key strategies to successfully prepare for the HHVBP model during the pre-implementation year

Home Health Value-Based Purchasing (HHVBP) Model

- A little bit of history....
- Under the authority of Section 1115A of the Social Security Act, the CMS Innovation Center implemented the original HHVBP Model on January 1, 2016.
- The original HHVBP model was introduced in nine randomly selected states and comprised all Medicare-certified Home Health Agencies providing services in: **Arizona, Florida, Iowa, Maryland, Massachusetts, Nebraska, North Carolina, Tennessee, and Washington.**
- **Goal:** to improve the quality and efficiency of delivery of home health care services to Medicare beneficiaries and test whether payment incentives can significantly change health care providers' behavior to improve quality of care based on quality performance during a given model performance year. (6)

Home Health Value-Based Purchasing (HHVBP) Model

- The overall purpose of the HHVBP model was to improve the quality and delivery of home health care services to Medicare beneficiaries with specific goals to (6):
 1. Provide incentives for better quality care with greater efficiency;
 2. Study new potential quality and efficiency measures for appropriateness in the home health setting; and,
 3. Enhance the public reporting process
- The HHVBP Model provides financial incentives to home health agencies for quality improvement based on their performance relative to other agencies.

Outcome: the original model has resulted in an average 4.6 percent improvement in home health agencies' quality scores as well as average annual savings of \$141 million to Medicare. (6)

Home Health Value-Based Purchasing (HHVBP) Model

Participation in HHVBP is mandatory for **all Medicare-certified HHAs with a CCN** in the 50 States, District of Columbia, and the U.S. territories.

Includes home health agencies that are Medicare-certified and receive payment from CMS for home health care services. (5)

The participating home health agencies will compete on a set of quality measures related to the care that the agencies provide. (5)

Home Health Value-Based Purchasing (HHVBP) Model

CY 2022- CMS expanded the HHVBP model nationwide

Key Dates:

2022 is a pre-implementation year (collect data, sample performance reports, etc.). Throughout 2022, CMS will provide technical assistance to HHAs to ensure they understand how performance will be assessed (8)

CY 2019- baseline year (the data from this baseline year would provide a basis from which each respective HHA's performance would be measured for purposes of calculating achievement and improvement points under the expanded model) (8)

CY 2023- first performance year (performance year means the calendar year during which data are collected for the purpose of calculating a competing HHA's performance on applicable quality measures.) (8)

CY 2025- 1st payment adjustment year (payment year means the calendar year in which the applicable percent, a maximum upward or downward adjustment (+/- 5% adjustment), applies).(8)

HHVBP Components- Cohorts

Cohorts: smaller and larger- volume cohorts to facilitate like comparisons by allowing for the majority of HHAs to receive benchmarks and compete for payment against other HHAs of similar size and based on the same set of measures. Cohorts would be compared nationwide vs. by state. (5)

Smaller-volume cohort: the group of competing HHAs that had fewer than sixty (60) unique survey- eligible beneficiaries in the calendar year prior to the performance year. (5)

Larger-volume cohort: the group of competing HHAs that had sixty (60) or more unique survey-eligible beneficiaries in the calendar year prior to the performance year. (5)

Cohort assignments will appear on the HHVBP reports in iQIES, once available

HHVBP Components- Quality Measures

Category	Count	Quality Measure (5)
OASIS-based	5	Improvement in Dyspnea
		Discharged to Community
		Improvement in Management of Oral Medications
		Total Normalized Composite Change in Mobility
		Total Normalized Composite Change in Self-Care
Claims-based	2	Acute Care Hospitalization
		Emergency Department Use without Hospitalization
HHCAHPS Survey-based	5	Professional Care
		Communication
		Team Discussion
		Overall Rating
		Willingness to Recommend

HHVBP Components- Quality Measures

Total Normalized Composite Change in Mobility (10)	Total Normalized Composite Change in Self-Care (10)
M 1800 Grooming	M 1840 Toilet Transferring
M 1810 Upper Body Dressing	M 1850 Bed Transferring
M 1820 Lower Body Dressing	M 1860 Ambulation/Locomotion
M 1830 Bathing	
M 1845 Toileting Hygiene	
M 1870 Eating	

HHVBP Components- Quality Measures

- There is a designated weight for each measure category, accounting for 100% of the Total Performance Score (TPS).
- If an HHA is missing all measures from a single measure category, CMS will redistribute the weights for the remaining two measure categories such that the proportional contribution remains consistent with the original weights. (5)

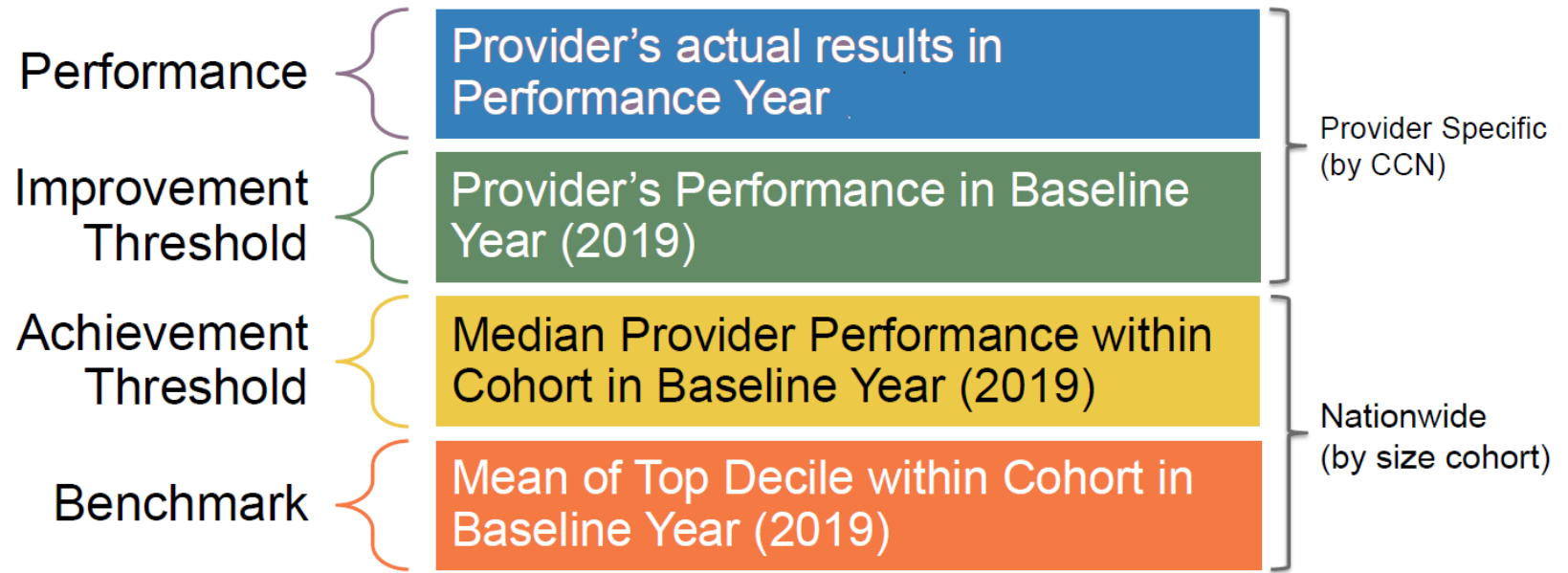
	Example A	Example B
Measure Category	Weight	Weight
OASIS- based	35%	50%
Claims- based	35%	50%
HHCAHPS-based	30%	0%



HHVBP Components- Total Performance Score

Total Performance Score is the numeric score ranging from 0 to 100 awarded to each competing HHA based on its performance under the HHVBP Model. (7)

Scoring – Performance and Targets



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HHVBP Components- Quality Measures

Achievement Threshold- certified HHAs' performance on each quality measure during the designated baseline year, calculated separately for the larger and smaller-volume cohorts. (5)

Improvement Threshold -an individual HHAs' performance on an applicable measure during the HHA's designated baseline year. (5)

HHVBP Components- Payment Adjustment

The HHVBP Model includes the following payers for each measure category (5):

OASIS-based Measures: Medicare FFS, Medicare Advantage, Medicaid FFS, and Medicaid managed care

Claims-based Measures: Medicare FFS

HHCAHPS Measure: Medicare FFS, Medicare Advantage, Medicaid FFS, and Medicaid managed care.

For each HHA, the TPS is translated into a corresponding payment adjustment percentage within each volume-based cohort.

Payment adjustment (+/- 5%) will only apply to Medicare Fee for Service

HHVBP Components- Reporting

CMS will publish two types of reports that will provide HHAs information on their performance and payment adjustments:

Interim Performance Feedback (IPR) (5)

- Contains information on the HHA's quality measure performance based on the twelve (12) most recent months of data available.
- Issued quarterly, and confidentially, through iQIES, beginning July 2023:
- Two versions: preliminary and final

Annual TPS and Payment Adjustment Report (Annual Report)(5)

- Contains the HHA's payment adjustment percentage for the upcoming CY.
- Issued annually, and confidentially, through iQIES, beginning August 2024
- Three versions: preview, preliminary, and final.

“To be perfectly honest with you, I don’t really see where [HHVBP] has enhanced our care or improved the life of my patients.” HHA participant in 2017 (1)

“I think we’ve become a better agency...it’s forced us to focus on the things that are important.” Same HHA participant in 2020 (4)

HHVBP Challenges

Initial feeling of worry (1)

Concern about regulatory changes and payment changes (1,2)

Limited staff (1,2)

Limited resources (*hiring nurses with experience, amount of time required for training, training resources*) (1,2,3,4)

Payment adjustments= tighter budget (2,3)

Agency's size (*QAPI or OASIS department vs. one staff member dedicated to clinical documentation review*) (1,2,3,)

Other regulations and requirements or changing regulations that need to be addressed (1,2)

Agency characteristics (*size, profit vs. non-profit vs. hospital based*) (2,3)

Patient characteristics (*high risk, social determinants of health*) (2,3)

Working with alternative payments (BPCI, CJR, etc.) (*restrictions on the number of visits, lower reimbursement rates that lead to fewer resources*) (2,3,4)

How to Prepare for HHVBP?

- Staff training and education
- Data collection and analyses
- Quality Assurance and Performance Improvement (QAPI) process
- Staff recruitment and retention
- Technology

Staff Training & Education



Educate on HHVBP (develop understanding of HHVBP on organizational, team and individual levels)



Provide in-depth OASIS training (focus on accurate patient assessment and OASIS completion and completeness; focus on SOC/ROC and DC OASIS)



Educate on HHCAHPS (develop understanding of the HHCAHPS role in home health and quality measures; develop understanding of what each question means)

**Training and education may be provided by the agency and external providers.
Take advantage of training offered by CMS.**

Staff Training & Education

- Ensuring that clinicians have the skill set to take care of increasingly complex patients being cared for at home
 - The higher the competencies in healthcare professionals, the smaller the risk of harm to the patients and deficiency in patient safety
 - Competency assessment allows to identify baseline level of competency, areas of strength and growth, and as result, promotes efficient and effective patient assignments
 - Competency training promotes standardization and consistency of care according to the industry standards of practice and decreases variance, risk of harm and adverse events

Data Collection and Analysis

Collection



- Utilize internal quality reports/audit data, OASIS reports, HHCAHPS reports, care compare reports, etc.
- Use your EMR reporting and tools (*analyzers, scrubbers, etc.*)
- Use national vendors for benchmarking and data analytics (*this may expedite the process of reviewing the outcomes of the indicators related to HHVBP*) (2,3,4)
- Consider designing clinicians' score charts
- Drill down the reports/data and support timely, data-driven decision-making

Data Collection and Analysis

Analysis:

- Look at your organizations' performance for the year 2019 (baseline year) with a specific focus on HHVBP quality measures
- Compare your 2021-2022 scores for the same quality measures to the baseline year of 2019 to get an indication on your improvement scores
- Compare your 2021- 2022 scores to the national scores for 2019 (benchmark) to get an indication on your achievement scores
- Locate May 2022 HHVBP achievement thresholds and benchmarks file in iQIES
- Identify which measures may need the most attention and develop a performance improvement plan to address them



Quality Assurance Performance Improvement (QAPI)

- Evaluate current QI process and QAPI program
- Prioritize Quality Improvement activities
- Align Agency's data (OASIS reports, HHCAHPS, etc.) with performance improvement projects
- Consider standard core indicators for each branch/location
- Align agency clinical strategies and improvement efforts with HHVBP Model goals
- Review specific claims-based measures and implement changes for improvement (ex: hospitalization rate-strategies for improvement: frontload visits; early caregiver education, use of protocols, tuck in calls) (1,2,3)
- Include HHCAHPS measures and develop strategies to improve response rate/patient engagement (ex: train staff to use language similar to language used in surveys during patient education/visit) (1,2,3)

HHVBP Model Measure Data Sources and CMS Uses

Measure Category	Measure Title/Name	Data Sources	CMS Quality Improvement Initiatives			
			HHVBP	Quality of Patient Care Star Rating	Patient Survey Star Rating	Care Compare
OASIS-based	Improvement in Dyspnea	M1400	✓	✓		✓
	Discharged to Community	M2420	✓			
	Improvement in Management of Oral Medications	M2020	✓	✓		✓
	Total Normalized Composite Change in Self-Care	M1800, M1810 M1820, M1830 M1845, M1870	✓			
	Total Normalized Composite Change in Mobility	M1840 M1850 M1860	✓			
Claims-based	Acute Care Hospitalization	Hospital Claim Home Health Claim	✓	✓		✓
	Emergency Department Use without Hospitalization	ED Use Claim Hospital Claim Home Health Claim	✓			✓
HHCAHPS Survey-based	Care of Patients/Professional Care	Q9, Q16, Q19, Q24	✓		✓	✓
	Communication	Q2, Q15, Q17, Q18, Q22, Q23	✓		✓	✓
	Specific Care Issues/Team Discussion	Q3, Q4, Q5, Q10, Q12, Q13, Q14	✓		✓	✓
	Overall Rating	Q20	✓		✓	✓
	Willing to Recommend	Q25	✓			✓

Resource: Expanded HHVBP Model website: <https://innovation.cms.gov/innovation-models/expanded-home-health-value-based-purchasing-model>

“We literally talk with the patient [about] how often you go [to the hospital], why you go, and the symptoms you have when you normally have to go. We write those symptoms down, so they are identifiable to that patient. We get into a lot more detail in how we are going to manage the patient, not only with the staff, but with the patient themselves and the caregiver... We are talking about patient care with a specific focus on outcomes achievement.” (4)

“... QAPI has transitioned from a ‘check-box’ item in our organization. [From] ‘I have to get it done, because that’s what I’m supposed to do’ to, ‘Let’s put all of these pieces together and actually understand that QAPI is not just a meeting that you have every quarter’... that’s kind of the mindset that has transitioned especially over the last year (4).”

Staff Recruitment and Retention

- Possible change in staff roles
- Hiring experienced staff/OASIS- certified nurses
- Hiring or outsourcing to OASIS-certified quality review specialists to conduct clinical record reviews (4)
- Increase compensation for nurses with OASIS certification (4)
- Increase the number of nurse case managers and initiate case management at the referral stage
- Provide opportunities for ongoing professional development, training and education

Technology

- Learn how your current EMR/EHR supports HHVBP
- Consider shifting to more widely adopted EMR/EHR and data analytics systems (this may make it easier to recruit and onboard new staff who were already familiar with commonly used software system, it also may offer enhanced data analytics) (3,4)
- Upgrade technology to aid communication and decision-making between clinicians and staff while in the field or in patients' home (mobile technology, tablets, TigerText).
- Aim to increase efficiency of electronic charting at the point of care



HHVBP Benefits

- Focus on quality
- Meaningful improvements (ex. *Medicare FFS beneficiaries who received home health care in the nine HHVBP states had a relative decrease in unplanned hospitalization rate (-1.8%) and in skilled nursing facility (SNF) stays (-4.9%).* (9))
- No significant evidence that HHVBP has impacted the rate of home health utilization
- Marketing and community outreach- demonstrate your value

HHVBP Resources

- **Expanded HHVBP Model website:** <https://innovation.cms.gov/innovation-models/expanded-home-health-value-based-purchasing-model>
- **HHVBP Frequently Asked Questions:**
<https://innovation.cms.gov/media/document/hhvbp-exp-faqs>
- **Expanded Home Health Value-Based Purchasing (HHVBP) Model HHVBP Newsletter – April 2022:** <https://innovation.cms.gov/media/document/hhvbp-newsletter-apr2022>
- **Instructions for Accessing the Achievement Thresholds and Benchmarks in iQIES:**
<https://innovation.cms.gov/media/document/hhvbp-exp-bench-ach-access-instr>
- To receive **email updates** about HHVBP expansion, please subscribe to the expanded **HHVBP Model Expansion List Serv**
(https://public.govdelivery.com/accounts/USCMS/subscriber/new?topic_id=USCMS_12825%22%3EClick%20to%20subscribe%3C/a%3E). Enter your email address in the contact form, then select “Home Health Value-Based Purchasing (HHVBP) Expanded Model” from the Innovations list. To ensure you receive expanded HHVBP Model communications via email, please add "cmslists@subscriptions.cms.hhs.gov" to your email safe sender list.



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Thank you

Irina Gorovaya, President

Amity Healthcare Group, LLC

Phone: 303-690-2749

ig@amityhealthcaregroup.com

[Email: amityhealthcaregroup.com](http://amityhealthcaregroup.com)

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