

# Understanding the Value of Medicare Home Health VBP

## What Can Be Learned from the First Performance Year of the National Expansion of Value Based Purchasing

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# AGENDA

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- 1 HHVBP Basics
- 2 Strategic Approach
- 3 Interim Performance Report (IPR) Review
- 4 CY2024 Proposed Rule Changes

# Home Health Value Based Purchasing (HHVBP) Basics

# Basics

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- Began January 1, 2023
- Expected economic impact for 2023 – 2027 = \$3.376 billion in savings.
- Baseline year is 2022
- Agencies compete nationally in their applicable size cohort, large or small, determined by 2022 census.

# Reporting

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- Pre-Implementation Reports
  - Preliminary reports released November 2022, January 2023, and April 2023.
- Interim Performance Report
  - Available quarterly beginning July 2023
  - The IPRs can be found on iQIES at <https://iqies.cms.gov/>
- Annual Performance Report
  - Will be available annually beginning August 2024

# Measures

Measure Type	Measure Name	Category	Measure	TPS
Claims Based	Acute Care Hospitalization	35%	75.00%	26.25%
	ED Use		25.00%	8.75%
OASIS Based	Dyspnea	35%	16.67%	5.83%
	Discharge to Community		16.67%	5.83%
	Management of Oral Medications		16.67%	5.83%
	TNC Self-Care		25.00%	8.75%
	TNC Mobility		25.00%	8.75%
HHCAHPS	Professional Care	30%	20.00%	6.00%
	Communication		20.00%	6.00%
	Team Discussion		20.00%	6.00%
	Overall Rating		20.00%	6.00%
	Willingness to Recommend		20.00%	6.00%

# Scoring

**Achievement Threshold**  
The Median or 50<sup>th</sup> percentile of HHAs' performance on each quality measure during baseline year. Calculated separately for large and small volume cohorts.

**Improvement Threshold**  
An individual's HHA performance on a quality measure during the designated baseline year.



**Benchmark**  
The Mean of the top decile or 90<sup>th</sup> percentile of all HHAs performance scores on a quality measure during a baseline year. Calculated separately for large and small cohorts.  
Benchmark is used to calculate both the achievement and improvement scores.

<https://innovation.cms.gov/media/document/hhvbp-exp-101webinar-slides>

# Scoring

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## **Total Performance Score (TPS)**

- Numeric score ranging from 1 to 100
- Performance scores calculated using the higher of achievement or improvement scores for each measure.
- Each agency gets a TPS score based on the weighted sum of the performance scores for each quality measure.



# Scoring

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$$\left( \frac{\text{HHA Performance Score} - \text{Achievement Threshold}}{\text{Benchmark} - \text{Achievement Threshold}} \right) \times 10 = \text{Achievement Care Points}$$

$$\left( \frac{\text{HHA Performance Score} - \text{Improvement Threshold}}{\text{Benchmark} - \text{Improvement Threshold}} \right) \times 9 = \text{Improvement Care Points}$$

# Strategic Approach to HHVBP

# Role of Clinical Managers

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- Share, trend and track outcomes and targets
- Develop and support strategies to reduce hospitalizations and ED use.
- Provide opportunities for education and foster interdisciplinary collaboration.
- Review customer service practices and establish a culture of excellent customer service.

# Role of Field Staff

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- Suggest methods to improve outcomes to meet targets
- Identify patients at risk for hospitalization and develop strategies to prevent hospitalization
- Re-evaluate OASIS assessment skills and interdisciplinary collaboration
- Review customer service practices and work to constantly improve service delivery.

# Role of Quality

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- Pull, review, and share reports monthly
- Pull, review, and share CMS HHVBP reports as they become available.
- Oversee Performance Improvement Projects
- Conduct quality audits and develop education based on the audits
- Assist in delivering education

# Begin with Data

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- Pull your IPRs to determine the lowest performing measures compared against national averages and your percentile ranking.
- Review HHVBP specific items over the past 12 months, focus on negative trends over the past 3 – 6 months.

# Begin with Data

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- Identify hospitalization trends
- Determine common OASIS responses
- Review survey responses, especially the comments
- Establish targets for the next 3, 6 and 12 months
- Utilize dashboards with current scores and goals, share this with all staff.

# Act on Data - General

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- Develop written and specific plans to improve outcomes.
  - Consider incorporating into the QAPI program
  - Assign responsibilities and timeframes to follow-up on tasks
- Prioritize the measures on which to focus
  - Which will have the greatest impact
  - Hospitalization accounts for 26.25% of the TPS, Grooming makes up 1.46%.



# Act on Data - General

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- Re-evaluate processes
  - OASIS review
  - Interdisciplinary collaboration
- Review customer service practices
  - What does patient follow-up look like
  - How are phone calls routed

# Act on Data – Hospitalization

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## Acute Care Hospitalization

- Number of HH stays for patients who have an unplanned admission to an acute care hospital in the 60 days following the start of the HH stay.

## Emergency Department Use without Hospitalization

- Number of HH stays for patients who have a Medicare FFS claim for outpatient emergency department use and no claims for acute care hospitalization in the 60 days following the start of the HH stay.

# Act on Data – Hospitalization

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## Exclusions

- Home health stays that begin with a LUPA claim
- Patients receiving service from multiple agencies during the first 60 days.
- Patients not continuously enrolled in Medicare FFS for the 6 months prior to the home health stay or for the 60 days following the start of the HH stay or until death.

# Interim Performance Reports (IPRs)

# Sample IPR (Benchmarks)

## Final Achievement Thresholds and Benchmarks

Measure	Data Period [b] (12-Month End Date)	Achievement Threshold [c]		Benchmark [c]	
		Smaller-volume Cohort	Larger-volume Cohort	Smaller-volume Cohort	Larger-volume Cohort
<b>OASIS-based Measures</b>					
Discharged to Community	12-31-2022	66.012	72.652	88.914	84.249
Improvement in Dyspnea	12-31-2022	74.818	86.305	99.991	98.512
Improvement in Management of Oral Medications	12-31-2022	68.978	80.990	99.409	97.899
Total Normalized Composite (TNC) Change in Mobility	12-31-2022	0.605	0.744	0.987	1.011
Total Normalized Composite (TNC) Change in Self-Care	12-31-2022	1.726	2.123	2.773	2.733
<b>Claims-based Measures</b>					
Acute Care Hospitalizations	12-31-2022	12.011	13.907	4.869	7.773
Emergency Department Use Without Hospitalization	12-31-2022	8.327	11.782	1.245	4.689
<b>HCAHPS Survey-based Measures</b>					
Care of Patients	12-31-2022	-	89.254	-	94.448
Communications Between Providers and Patients	12-31-2022	-	86.626	-	93.036
Specific Care Issues	12-31-2022	-	82.048	-	91.198
Overall Rating of Home Health Care	12-31-2022	-	85.941	-	94.337
Willingness to Recommend the Agency	12-31-2022	-	79.986	-	91.202

# Sample IPR (Achievement)

## Achievement Points

Measure	Your HHA's Performance Year Measure Value [b]	Your Cohort's Achievement Threshold [c]	Your Cohort's Benchmark [d]	Your HHA's Achievement Points [e]	Maximum Possible Achievement Points
<b>OASIS-based Measures</b>					
Discharged to Community	79.244	72.652	84.249	5.684	10.000
Improvement in Dyspnea	94.443	86.305	98.512	6.667	10.000
Improvement in Management of Oral Medications	94.137	80.990	97.899	7.775	10.000
Total Normalized Composite (TNC) Change in Mobility [f]	0.947	0.744	1.011	7.603	10.000
Total Normalized Composite (TNC) Change in Self-Care [g]	2.297	2.123	2.733	2.852	10.000
<b>Claims-based Measures</b>					
Acute Care Hospitalizations	14.291	13.907	7.773	0.000	10.000
Emergency Department Use Without Hospitalization	10.844	11.782	4.689	1.322	10.000
<b>HCAHPS Survey-based Measures</b>					
Care of Patients	90.793	89.254	94.448	2.963	10.000
Communications Between Providers and Patients	88.346	86.626	93.036	2.683	10.000
Specific Care Issues	79.999	82.048	91.198	0.000	10.000
Overall Rating of Home Health Care	85.617	85.941	94.337	0.000	10.000
Willingness to Recommend the Agency	84.454	79.986	91.202	3.984	10.000

# Sample IPR (Improvement)

## Improvement Points

Measure	Your HHA's Performance Year Measure Value [c]	Your HHA's Improvement Threshold [d]	Your Cohort's Benchmark [e]	Your HHA's Improvement Points [f]	Maximum Possible Improvement Points
<b>OASIS-based Measures</b>					
Discharged to Community	79.244	79.783	84.249	0.000	9.000
Improvement in Dyspnea	94.443	94.357	98.512	0.186	9.000
Improvement in Management of Oral Medications	94.137	94.330	97.899	0.000	9.000
Total Normalized Composite (TNC) Change in Mobility [g]	0.947	0.933	1.011	1.615	9.000
Total Normalized Composite (TNC) Change in Self-Care [h]	2.297	2.237	2.733	1.089	9.000
<b>Claims-based Measures</b>					
Acute Care Hospitalizations	14.291	14.291	7.773	0.000	9.000
Emergency Department Use Without Hospitalization	10.844	10.844	4.689	0.000	9.000
<b>HCAHPS Survey-based Measures</b>					
Care of Patients	90.793	90.793	94.448	0.000	9.000
Communications Between Providers and Patients	88.346	88.346	93.036	0.000	9.000
Specific Care Issues	79.999	79.999	91.198	0.000	9.000
Overall Rating of Home Health Care	85.617	85.617	94.337	0.000	9.000
Willingness to Recommend the Agency	84.454	84.454	91.202	0.000	9.000

# Sample IPR (Total Performance Score)

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

July 2023 Interim Performance Report

[Return to TOC](#)

[Go to Model Resources](#)

### Your HHA

CCN

HHA Name

HHA Address

Your HHA's Cohort                      Larger-volume

### This Interim Performance Report

This Interim Performance Report (IPR) provides your HHA's measure performance compared to home health agencies (HHAs) in your HHA's cohort using performance year data covering the following time periods:

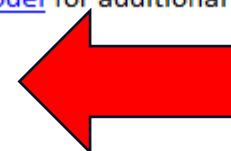
OASIS-based Measures	April 1, 2022 to March 31, 2023
Claims-based Measures	January 1, 2022 to December 31, 2022
HHCAHPS Survey-based Measures	January 1, 2022 to December 31, 2022

For this IPR, your HHA's cohort is determined by your HHA's unique beneficiary count in CY 2022. If your HHA's cohort shows "N/A" (Not Applicable), your HHA could not be assigned to a cohort for this report and cohort information presented in this report is based on the larger-volume cohort, which most HHAs fall into. Updates to your cohort assignment will appear in future reports as applicable. Please refer to the Expanded HHVBP Model Guide at <https://innovation.cms.gov/innovation-models/expanded-home-health-value-based-purchasing-model> for additional information.



Your HHA's Interim Total Performance Score (TPS):

27.823





# Sample IPR (Total Performance Score)

- Although the Total Performance Scores range from 0-100, 50 does not represent the middle.
- Agencies above 50<sup>th</sup> percentile are likely to get a positive adjustment, with those below receiving a negative adjustment.

TPS Statistics	
Number of HHAs in Cohort	6,838
25 <sup>th</sup> Percentile	11.898
50 <sup>th</sup> Percentile	20.924
75 <sup>th</sup> Percentile	32.256
99 <sup>th</sup> Percentile	68.077

# CY2024 Home Health Proposed Rule

# Value Based Purchasing (VBP) Updates

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- Measures removed
  - OASIS-based DC to Community
  - Both Total Normalized Composite measures
  - Acute Care Hospitalization in the first 60 days
  - ED Use without Hospitalization in the first 60 days
- Measures added
  - Claims-based Discharge to Community-Post Acute Care (DTC-PAC)
  - OASIS-based Discharge Function Score (DC Function)
  - Claims-based Home Health Within-Stay Potentially Preventable Hospitalization (PPH) measure.
- Measures will be re-weighted due to the removal and addition of measures

# Value Based Purchasing (VBP) Updates

- Baseline moved to 2023 except for DTC claims-based measures

**TABLE D6: DATA PERIODS USED UNDER THE PROPOSED MEASURE SET FOR PERFORMANCE YEAR CY 2025 AND PAYMENT YEAR CY 2027**

Measure	Data Period	Data Period Used for Model Baseline Year*	Data Period Used for Performance Year	Payment Year
<b>OASIS-based Measures</b>				
Improvement in Dyspnea	1-year	CY 2023	CY 2025	CY 2027
Improvement in Management of Oral Medications	1-year	CY 2023	CY 2025	CY 2027
DC Function	1-year	CY 2023	CY 2025	CY 2027
<b>Claims-based Measures</b>				
Potentially Preventable Hospitalizations	1-year	CY 2023	CY 2025	CY 2027
Discharge to Community-Post Acute Care	2-year	CY 2022/2023	CY 2024/2025	CY 2027
<b>HCAHPS Survey-based Measures</b>				
Care of Patients	1-year	CY 2023	CY 2025	CY 2027
Communications Between Providers and Patients	1-year	CY 2023	CY 2025	CY 2027
Specific Care Issues	1-year	CY 2023	CY 2025	CY 2027
Overall Rating of Home Health Care	1-year	CY 2023	CY 2025	CY 2027
Willingness to Recommend the Agency	1-year	CY 2023	CY 2025	CY 2027

\*Beginning with performance year CY 2025, the baseline year and AT/BMs would be updated to CY 2023 for all remaining measures from the initial measure set.

# Weight Redistribution for HHAs

**TABLE D4. PROPOSED MEASURE WEIGHT REDISTRIBUTIONS FOR HHAS IN THE LARGER-VOLUME AND SMALLER-VOLUME COHORT**

Measure	Proposed Redistributions			
	Current Measure Weights		Proposed Measure Weights	
	Larger-Volume Cohort	Smaller-Volume Cohort	Larger-Volume Cohort	Smaller-Volume Cohort
<b>OASIS-Based Measures</b>				
Discharged to Community	5.833	8.333	-	-
Improvement in Dyspnea	5.833	8.333	6.000	8.571
Improvement in Management of Oral Medications	5.833	8.333	9.000	12.857
Total Normalized Composite (TNC) Change in Mobility	8.750	12.500	-	-
Total Normalized Composite (TNC) Change in Self-Care	8.750	12.500	-	-
DC Function	-	-	20.000	28.571
<b>Sum of OASIS-based Measures</b>	<b>35.000</b>	<b>50.000</b>	<b>35.000</b>	<b>50.000</b>
<b>Claims-based Measures</b>				
Acute-Care Hospitalizations (ACH)	26.250	37.500	-	-
Emergency Department Use Without Hospitalization (ED)	8.750	12.500	-	-
Potentially Preventable Hospitalization	-	-	26.000	37.143
Discharge to Community (DTC-PAC)	-	-	9.000	12.857
<b>Sum of Claims-based Measures</b>	<b>35.000</b>	<b>50.000</b>	<b>35.000</b>	<b>50.000</b>
<b>HHC AHPS Survey-based Measures</b>				
Care of Patients	6.000	0.000	6.000	0.000
Communications Between Providers and Patients	6.000	0.000	6.000	0.000
Specific Care Issues	6.000	0.000	6.000	0.000
Overall Rating of Home Health Care	6.000	0.000	6.000	0.000
Willingness to Recommend the Agency	6.000	0.000	6.000	0.000
<b>Sum of HHC AHPS Survey-based Measures</b>	<b>30.000</b>	<b>0.000</b>	<b>30.000</b>	<b>0.000</b>
<b>Sum of All Measures</b>	<b>100.000</b>	<b>100.000</b>	<b>100.000</b>	<b>100.000</b>

# Potentially Preventable Hospitalization (PPH)

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- This measure reports a home health agency (HHA)-level rate of risk-adjusted potentially preventable hospitalization (PPH) or potentially preventable observation stays (PPOBS) that occur within a home health (HH) stay for all eligible stays at each agency.
- These concentrate on *unplanned* admissions
- PPH Conditions that fall into these categories:
  - Inadequate management of chronic conditions
  - Inadequate management of infections
  - Inadequate management of other unplanned events
  - Inadequate injury prevention
- Will use common chronic ICD-10-CM and HCC Codes to determine qualifications
- Considerations for number of hospitalizations, ER visits, SNF visits within the previous year, excluding those that occurred within 30 days of the SOC/ROC.

# Summary

# Summary

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- Review your IPRs to identify areas for improvement
- Engage all team members in developing and implementing improvement plans.
- Scoring well in HHVBP will take everyone on the team, ensure everyone understands they can impact the agency's score.



## Contact:

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