

Expanded Home Health Value-Based Purchasing Model

HHVBP Newsletter – February 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 CMS and the HHVBP Model Technical Assistance (TA) Team. Please consider sharing this newsletter within your organization.

Information in this edition of the newsletter continues to introduce the expanded HHVBP Model and includes the following information:

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HHVBP Calendar

Thursday, February 10, 2PM ET: HHVBP Model Expansion 101. [Registration](#) now open!



HHVBP Model Highlights

Overview of the Expanded HHVBP Model: Commonly Asked Questions

Welcome to the expanded HHVBP Model! To support HHAs with furthering their understanding of the expanded HHVBP Model, this segment provides answers to some commonly asked questions submitted through the HHVBP Help Desk (HHVBPquestions@lewin.com).

When did the expanded HHVBP Model begin?

The expanded HHVBP Model began on January 1, 2022.

Calendar year (CY) 2022 is a pre-implementation year to allow home health agencies time to learn about the expanded HHVBP Model without risk to payments. During this time, CMS will provide education and support to competing home health agencies. HHAs can use this time to assess their performance on the set of quality measures used in the expanded HHVBP Model in CY 2022.

The first performance year for the expanded HHVBP Model is CY 2023, beginning January 1, 2023, which will determine payment adjustment amounts during the first payment year, CY 2025.

Is participation in the expanded HHVBP Model mandatory or voluntary?

CMS requires all Medicare-certified HHAs that provide services in the 50 States, District of Columbia, and U.S. territories to compete in the expanded HHVBP Model. A “competing HHA” has a current Medicare certification (identified by a CMS Certification Number, or CCN) and receives payment from CMS for home health care services.

How will CMS assess HHA performance?

Under the expanded HHVBP Model, CMS will assess the performance of competing HHAs using a set of quality measures (**Table 1**). HHAs will receive a payment adjustment percentage based on their performance relative to peers’ performance in the same cohort (i.e., smaller- or larger-volume cohorts). CMS will apply a reduction or increase of up to 5% to HHAs’ Medicare fee-for-service payments.

Table 1. Expanded HHVBP quality measures and source

Data Source	Measures/Short Form Name
OASIS-based	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Acute Care Hospitalization/ACH • Emergency Department Use without Hospitalization/ED Use
HHCAHPS survey-based	<p>Five (5) components:</p> <ul style="list-style-type: none"> • 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

How do HHAs submit the measure data required under the expanded HHVBP Model?

The expanded HHVBP Model measure set currently uses data already reported by HHAs through the Home Health Quality Reporting Program (HH QRP) requirements or Medicare claims. To reduce reporting burden, HHAs do not need to submit any additional data at this time for the expanded HHVBP Model.

When will the first performance feedback reports that inform payment adjustments be available under the expanded HHVBP Model?

CMS publishes two types of reports that provide HHAs information on their performance and payment adjustments. The first report is the Interim Performance Report (IPR), issued quarterly. The information in the IPR reflects calculation of the TPS based on quarterly data collection periods. CMS issues two versions of the IPR—a preliminary version and a final version. The second report is the Annual Total Performance Score & Payment Adjustment Reports (Annual Report). CMS issues three versions of the

Annual Report—preview, preliminary, and final. CMS publishes all expanded HHVBP Model reports to [iQIES](#).

CMS anticipates providing sample reports during the CY 2022 pre-implementation year, as soon as administratively feasible. These reports are for learning purposes only, to help HHAs understand how CMS will assess HHA performance. The sample reports will be based on the same scoring methodologies and other policies as presented in the [CY 2022 Home Health Prospective Payment System Final Rule](#).

The first performance year is CY 2023. CMS expects to make the first IPR available in July 2023, which will include 12 months of data ending March 31, 2023, for quality measure performance scores on OASIS-based measures and baseline data for the claims-based measures and HHCAHPS survey-based measure. For subsequent quarters, IPRs will be available through iQIES in October, January, and April.

This first Annual Report will provide information on the CY 2023 performance year and the CY 2025 payment year. CMS anticipates that the first preview version of the Annual Report will be available in August 2024. Each competing HHA will receive a confidential Annual Report via [iQIES](#). The timeline for reports and the data included in each is available in **Table 2**.

Table 2. Timeline for CY 2023 Performance Year and CY 2025 Payment Year by Report Type and Data Type

Report (Approximate Date Issued)	OASIS-Based Measures	Claims-Based and HHCAHPS-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 (Aug 2024)	12 months ending 12/31/2023	12 months ending 12/31/2023

Is there a help desk available for the expanded HHVBP Model?

Yes! Please direct program implementation questions to HHVBPquestions@lewin.com and include your full name, home health agency’s name, and CCN. If you need support with accessing iQIES, please email iQIES@cms.hhs.gov or call 1.800.339.9313.

How do we stay informed about the expanded HHVBP Model?

To access information and implementation resources, visit the [Expanded HHVBP Model webpage](#).

To receive updates on the expanded HHVBP Model via email, please subscribe to the [Expanded HHVBP Model listserv](#) by entering your email address on the contact form, then selecting “Home Health Value-Based Purchasing (HHVBP) Expanded Model” from the *Innovations* list. To ensure receipt of HHVBP Model Expansion email communications, please add “cmslists@subscriptions.cms.hhs.gov” to your email safe sender list.



On the Horizon

Coming Soon! HHVBP Model Expansion 101 Live Event!

On Thursday, February 10th, 2PM ET, the HHVBP TA Team will host a live learning event: *HHVBP Model Expansion 101*. This event will focus on an overview of the expanded HHVBP Model. Content will include topics such as participation criteria, cohort assignment, payment adjustment methodology, quality measures, and performance feedback reports. The event will conclude with a Q&A session.

Resources Coming in 2022

- Frequently Asked Questions
- Expanded HHVBP Model 101 Webinar
- Model Guide

[Register](#) today and forward the registration link to members of your staff! Through the registration process you can enter questions about the expanded HHVBP Model, which will be addressed during the live event and/or taken into consideration when drafting future HHVBP resources and materials.

If you are unable to attend the live event on February 10th, you may still register to receive an alert once the recording is available.



Resource Spotlight

Resources on Total Normalized Composite (TNC) Change Measures Now Available

Two measures included in the expanded HHVBP Model but not part of the Home Health Quality Reporting Program (HH QRP) are the Total Normalized Composite (TNC) Change in Self-Care and TNC Change in Mobility measures. These composite measures calculate the magnitude of change, either positive or negative, based on a normalized amount of possible change for nine OASIS-based quality outcomes. For more information on the two HHVBP TNC measures, please refer to the following resources available on the [Expanded HHVBP Model webpage](#).

- [HHVBP Model Composite Measure Calculation Steps](#)
- [HHVBP Model Technical Specifications Composite Outcome Measures](#)



ICYMI: In Case You Missed It

Implementation of OASIS-E & Extension Approval for Continued Use of OASIS-D Instrument

Based on the [CY 2022 Home Health Prospective Payment System Final Rule](#), the OASIS-E data collection will begin with OASIS assessments that have a M0090 date on or after January 1, 2023.

Until then, the Office of Management and Budget (OMB) approved the extension for the continued use of the OASIS-D instrument. The new expiration date is November 30, 2024. Providers collecting OASIS on paper may use any current inventory prior to using the instruments with the updated expiration date. Versions of the OASIS-D Data Set with the updated OMB expiration notice are available on the CMS HH QRP OASIS Data Set webpage, found in the Downloads section: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/OASIS-Data-Sets>

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 our **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>.