CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

HHVBP
EXPANDED HOME HEALTH VALUE-BASED PURCHASING MODEL

Expanded Home Health Value-Based Purchasing (HHVBP) Model

QUARTERLY NEWSLETTER - DECEMBER 2024

This newsletter contains information for home health agencies (HHAs) related to the expanded Home Health Value-Based Purchasing (HHVBP) Model, including Model highlights, training updates, new insights, reminders, resources, and contact information.

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Upcoming Interim Performance Report (IPR) - The January 2025 IPRs

The Preliminary January 2025 IPRs will be published on or after January 23, 2025. The quarterly IPRs provide home health agencies (HHAs) with the cohort assignment, performance year measure data for the 12 most recent months, and the interim Total Performance Score (TPS).

Using the IPR, an HHA can assess and track their performance relative to peers in their respective cohort throughout the expanded Model performance year. The January 2025 IPRs also report on preliminary performance data for the quality measure set applicable starting with the CY 2025 Performance Year, including preliminary Achievement Thresholds (AT) and Benchmarks (BMs) by cohort.

An HHA will receive a January 2025 IPR if the HHA:

- Was Medicare certified prior to January 1, 2023, and
- Meets the minimum threshold of data for at least one (1) quality measure in the quarterly reporting period for the performance year shown in Exhibit 1.

Exhibit 1. Time periods for each measure category for January 2025 IPF quality measure performance scores

Measure Category	Time Period	Minimum Threshold
OASIS-based	October 1, 2023 – September 30, 2024	20 home health quality episodes
Claims-based	July 1, 2023 – June 30, 2024	20 home health stays
HHCAHPS Survey-based	July 1, 2023 – June 30, 2024	40 completed surveys

Note: IPRs are only available to HHAs through iQIES. IPRs are not available to the public.

Submitting A Recalculation Request For The January 2025 IPRs

There are two (2) versions of the quarterly IPRs: a Preliminary IPR and a Final IPR. The Preliminary IPR provides an HHA with an opportunity to submit a recalculation request for applicable measures and interim performance scores if the agency believes there is evidence of a discrepancy in the calculation. Please note, the recalculation request does not apply to errors in data submission since submission requirements for the expanded Model align with current Code of Federal Regulations (CFRs).

To dispute the calculation of the performance scores in the Preliminary IPR, an HHA must submit a recalculation request within 15 calendar days after publication of the Preliminary IPR. For the January 2025 IPR, HHAs must submit **a recalculation request by the date specified on the announcement of the availability of the IPRs in iQIES**. The Final IPR will reflect any changes resulting from any approved recalculation request.

HHAs may submit requests for recalculation by emailing hhvbp_recalculation_requests@abtglobal.com. Recalculation requests must contain the following information, as cited in the CY 2022 HH PPS final rule (p. 62331) and CFR §484.375:

- The provider's name, address associated with the services delivered, and CCN.
- The basis for requesting recalculation to include the specific data that the HHA believes is inaccurate or the calculation the HHA believes is incorrect.
- Contact information for a person at the HHA with whom CMS or its agent can communicate about this request, including name, email address, telephone number, and mailing address (must include physical address, not just a post office box).
- A copy of any supporting documentation, not containing PHI, the HHA wishes to submit in electronic form.

These instructions are also available on the Expanded HHVBP Model webpage, under "Model Reports."

New Applicable Measure Set Starting with CY 2025

As stated in the CY 2024 HH PPS final rule, the applicable measure set for the expanded HHVBP Model will change starting with Performance Year 3 of the expanded HHVBP Model, which is CY 2025.

Exhibit 2. Applicable measures for the CY 2023, 2024, and 2025 performance years

Measure Type	Quality Measure	CY 2023 & 2024	CY 2025
OASIS-based	Discharged to Community	X	
	Improvement in Dyspnea	X	X
	Improvement in Management of Oral Medications	X	X
	Total Normalized Composite (TNC) Change in Mobility	X	
	Total Normalized Composite (TNC) Change in Self-Care	X	
	Discharge Function Score (DC Function)		X
Claims-based	Acute Care Hospitalizations (ACH)	X	
	Emergency Department Use Without Hospitalization (ED)	X	
	Home Health Within-Stay Potentially Preventable Hospitalization (PPH)		X
	Discharge to Community-Post Acute Care (DTC-PAC)*		X
HHCAHPS® Survey- based	Care of Patients (Professional Care)	X	X
	Communication Between Providers and Patients	X	X
	Specific Care Issues	X	X
	Overall Rating of Home Health Care	X	X
	Willingness to Recommend the Agency	X	X
***This measure spans two CYs: 2024/2025**			

For more information, please navigate to the web-based training entitled "Changes to the Applicable Measure Set Beginning in CY 2025" posted on the expanded HHVBP Model webpage under "Quality Measures". This course summarizes the changes to the expanded HHVBP Model applicable measure set starting with CY 2025. In addition to a discussion about which measures were removed or added, this course also reviews measure specifications and measure weighting. Follow this link to get started: https://rainmakerssolutions.com/postacutecaretraining/ExpandedHHVBPModel/index.html#/.

Please also review the "Expanded Home Health Value-Based Purchasing (HHVBP) Model Calendar Year (CY) 2025 Measures & Reports At a Glance" handout at https://www.cms.gov/files/document/hhvbp-exp-prep-cy25-written-resource.pdf.

Public Reporting Update

Publicly reporting performance data under the expanded HHVBP Model will enhance the current home health public reporting processes, as it will better inform the public when choosing an HHA, while also incentivizing HHAs to improve performance. Publicly reporting performance data under the expanded Model is also consistent with the CMS practice of publicly reporting performance data under other value-based initiatives such as the Skilled Nursing Facility Value-Based Purchasing (SNF VBP) (42 CFR 413.338) and Hospital Value-Based Purchasing (HVBP) Programs (42 CFR 412.163).

NEW! HHVBP Public Reporting Tip Sheet (PDF)
Public Reporting Tip Sheet: Home Health Value-Based Purchasing

CMS plans to publicly report CY 2023 performance year/CY 2025 payment year performance data for the expanded HHVBP Model **beginning in January 2025 or as soon as technically feasible on the Provider Data Catalog (PDC)**. The PDC is a CMS website that is a companion to the Care Compare website. While the Care Compare website has consumer-focused content, the PDC is designed for innovators and stakeholders who are interested in detailed CMS data. Those looking for detailed data related to the expanded HHVBP Model are encouraged to review the interactive and downloadable datasets on the PDC.

Information that will be publicly reported includes:

- Applicable measure benchmarks and achievement thresholds for the smaller-volume and larger-volume cohorts.
- For each HHA that qualified for a payment adjustment based on the data for the applicable performance year –
  - Applicable measure results and improvement thresholds
  - The HHA's Total Performance Score (TPS)
  - The HHA's TPS percentile ranking
  - The HHA's payment adjustment for a given year

Locating HHVBP Reports in iQIES

APRs are available via iQIES in the "HHA Provider Preview Reports" folder, by the CMS Certification number (CCN) assigned to the HHA. If your organization has more than one (1) CCN, then a report will be available for each CCN. Only iQIES users authorized to view an HHA's reports can access expanded HHVBP Model reports.

Instructions for Accessing HHVBP Model Reports in iQIES

Please follow the following steps to access your HHA's APR:

1. Log into iQIES at https://iqies.cms.gov/.
2. Select the My Reports option from the Reports menu.
3. From the My Reports page, select the HHA Provider Preview Reports.
4. Select the HHVBP file to view the desired report. To quickly locate the most recently published report, select the down arrow adjacent to the Created Date label at the top of the table. This will order the reports in the folder from newest to oldest.
5. Select the file name link and the contents of the file will display.

Instructions on how to access the APRs are also available on the Expanded HHVBP Model webpage, under "Model Reports." For assistance with downloading your HHA's APR, please contact the iQIES Service Center at 1-800-339-9313, Monday through Friday, 8:00 AM-8:00 PM ET, or by email (iqies@cms.hhs.gov). To create a ticket online or track an existing ticket, please go to CCSQ Support Central.

HHVBP Training and Updated Resources

Now Available: Expanded HHVBP Model: Changes to the Applicable Measure Set Beginning in CY 2025 - Overview

This course provides information about the changes to the expanded HHVBP Model applicable measure set starting in CY 2025. These changes are based on the CY 2024 HH PPS final rule. The expanded HHVBP applicable measure set categories, reflecting removed and added quality measures, are discussed. A review of measure specifications and measure weighting is also provided. Resources available to assist HHAs in understanding the material will be reviewed. Participants will engage in interactive exercises to assist in knowledge application of the information provided.

Updated Resources Available

Updates to the following resources are available on the expanded HHVBP Model webpage:

- Expanded HHVBP Model Resource Index - updated to reflect current resources available on the webpage
- Expanded HHVBP Model Frequently Asked Questions (FAQs) – December 2024
- Expanded HHVBP Model Guide – December 2024 update

CMS's resources and training about the Home Health Quality Reporting are located on the Home Health Quality Reporting Training webpage, located here: Home Health Quality Reporting Training | CMS

Help Desk Highlights

The following are highlights of inquiries received through the expanded HHVBP Model Help Desk.

Question 1: What do dashes mean on the Interim Performance Reports (IPRs) and the Annual Performance Report (APR)?

A dash ("-") indicates that there is no or insufficient data available to receive a measure score. An HHA must have sufficient data for both the HHA baseline year **AND** the performance year for an applicable measure's achievement points, improvement points, and care points to be calculated in the expanded HHVBP Model. Therefore, if your HHA does not have sufficient data to establish an HHA baseline score (despite having sufficient data to calculate a performance year measure score) for an applicable measure, no care points can be earned for the measure.

The following is the minimum threshold of data an HHA must have for each applicable measure to receive a measure score:

- For OASIS-based measures, 20 home health quality episodes per reporting period.
- For claims-based measures, 20 home health stays per reporting period.
- For the HHCAHPS Survey-based measures, 40 completed surveys per reporting period.

Question 2: Now that the number of applicable measures decreased from 12 measures in CY 2024 performance year to 10 measures in CY 2025 performance year, what are the minimum number of measures needed to calculate a Total Performance Score (TPS) in the CY 2025 performance year?

For the CY 2025 performance year, an agency must have sufficient data to calculate at least 5 (five) applicable measures in the expanded Model measure set. Specifically, a minimum of 5 measures must have sufficient data in both the HHA baseline year and in the performance year to calculate the agency's TPS.

Question 3: How will my agency receive payment adjustments from the expanded HHVBP Model? Will we get a check at the end of the year? Or will the adjustment be applied for each claim?

Through the expanded Model, CMS will adjust the HH Medicare fee-for-service (FFS) final claim payment amount to an HHA with a "through date" in the HHVBP payment year by an amount up to or down to the maximum applicable percent. Medicare FFS payment adjustments are not made to aggregate revenue but occur for each final Medicare FFS claim an agency submits for claims with a payment episode "through date" in the HHVBP payment year.

Question 4: Will the collected all-payer OASIS data be used in the expanded HHVBP Model measure calculations?

At this time, CMS has not announced if, when or how non-Medicare/non-Medicaid OASIS data will be used for the expanded HHVBP Model. Any changes will be announced on the expanded HHVBP Model webpage and/or through future rule making.

CY 2025 HH PPS Final Rule Updates for the Expanded HHVBP Model

Request for Information (RFI) on Future Performance Measure Concepts for the Expanded HHVBP Model

As described in the proposed rule, and highlighted in the expanded HHVBP Model June 2024 Newsletter. CMS is interested in considering new performance measures for inclusion in the expanded HHVBP Model and requested public comments on several performance measures and potential future model concepts identified based on input from the HHVBP Technical Expert Panel (TEP), which met in Fall 2023. The CY 2025 HH PPS final rule summarized the comments CMS received in response to this request for information.

There were no updates to the expanded HHVBP Model finalized in the HH PPS CY 2025 final rule

Commenters were generally supportive of the **caregiver burden assessment measure concept** but expressed concerns about how to accurately identify caregivers, how the data would be used, and whether the data would be used to determine home care eligibility. Commenters generally supported the **potential measures to complement the DC function measure**, particularly focusing on self-care/ADL measures. Commenters suggested that CMS consider using only one set of assessment items to measure function, as using a single set of function items would allow HHAs to focus on coding accuracy and avoid the confusion associated with multiple assessment categories. The **Medicare Spending per Beneficiary measure** received mixed comments. Supporters of this measure believe that it provides information on the efficiency of home health providers and would help identify the costs associated with the delivery of high-quality nursing services.

Comments that were critical of the measure stated that the measure's focus on spending rather than quality could create incentives to omit needed care services. The **falls with major injury measure** received mixed comments. Some commenters noted that it is claims-based but noted that the measure includes only Medicare fee-for-service (FFS) patients. Others stated that falls are outside of home health agency's control given that home health services are provided on an intermittent basis. CMS appreciates the comments received on this request for information. CMS did not respond to individual specific comments submitted in response to the request for information in this final rule, however the comments will be reviewed with stakeholders and the HHVBP TEP that provide input when considering changes to the HHVBP applicable measure set. Any changes to the applicable measure set will be made through future rulemaking.

Health Equity Update

CMS's commitment to advancing health equity, and their work to integrate health equity into the expanded HHVBP Model was described in the CY 2025 HH PPS final rule. CMS provided an introduction to health equity in the expanded HHVBP Model June 2024 Newsletter. CMS received comments in response to their update on health equity in the proposed rule, which were summarized in the CY 2025 HH PPS final rule and highlighted here. While most commenters were supportive of CMS's efforts to incorporate health equity into the expanded HHVBP Model some of the supportive comments also expressed concerns about implementation issues including provider burden of reporting requirements for equity measures. Some commenters expressly supported the adoption into the expanded HHVBP Model of the Health Equity Adjustment (HEA) used in the Skilled Nursing Facility (SNF) VBP Program. Other commenters expressed concern that the expanded HHVBP Model may exacerbate HHAs' disincentives to treat some patients. One commenter suggested that CMS consider ways to incentivize agencies who care for underserved communities and/or chronically complex patients. CMS appreciates the comments received and will take these into account as they continue to work to develop policies, quality measures, and measurement strategies on health equity. CMS plans to review these comments with the HHVBP TEP to provide input to inform development of health equity quality measures.

Advancing Agency Achievement

CMS's resources and training about the Home Health Quality Reporting Program, including OASIS training, are available here: Home Health Quality Reporting Training | CMS

The quality measure Discharge Function Score will be included in the expanded HHVBP Model applicable measure set beginning with the CY 2025 performance year. This measure is calculated using OASIS function items: GG0130 Self-Care and GG0170 Mobility. The following web-based series can support and advance agency achievement in this new measure.

Section GG Functional Abilities web-based series (Released August 26, 2024)

To access the courses, click on the links below:

- **Course 1:** Section GG Data Accuracy and Quality Measures.
- **Course 2:** Prior Functioning and Prior Device Use Items.
- **Course 3:** Accurate Coding for GG0130 and GG0170 Items.
- **Course 4:** Understanding Admission and Discharge Performance for GG0130: Self-Care Items.
- **Course 5:** Understanding Admission and Discharge Performance for GG0170: Mobility Items.

If you have questions about accessing resources or feedback regarding trainings, please email cmspostacutecaretraining@rainmakerssolutions.com.

Content-related questions should be submitted to the HH QRP Help Desk.

Contact Us

HHVBP Model Help Desk
HHVBPquestions@cms.hhs.gov
Contact for information, updates, and questions about the expanded HHVBP Model.

Home Health Quality Reporting Program (HH QRP) Help Desk
homehealthqualityquestions@cms.hhs.gov
Contact for questions about the following: Home Health Quality, including Care Compare (excluding HHCAHPS), OASIS coding and documentation, quality reporting requirements and 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).

QIES/iQIES Service Center
iqies@cms.hhs.gov, (800) 339-9313
Contact for support with registration for the Internet Quality Improvement Evaluation System (iQIES). Alternatively, refer to the iQIES Onboarding Guide on QTSO at https://qtso.cms.gov/software/iqies/reference-manuals for registration support.

CCSQ Support Central
https://cmsqualitysupport.servicenowservices.com/ccsq_support_central
Use this link to create a ticket or to track an existing ticket.

Home Health CAHPS Help Desk
HHCAHPS@rti.org
Contact for questions related to the HHCAHPS Survey or Patient Survey Star Ratings.

HHVBP Model Expansion Listserv
Subscribe to the HHVBP Model Expansion Listserv to receive email updates related to the expanded HHVBP Model.

Not sure which help desk to use?

Check out the **Guide to Home Health Help Desks!**