Value-Based Purchasing for Home Health Agencies (HHVBP) –

The Conversation Continues

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Purpose

Value-Based Purchasing (VBP) is part of the Centers for Medicare & Medicaid Services’ (CMS) long-standing effort to link Medicare’s payment system to a value-based system to improve healthcare quality, including the quality of care provided in all healthcare settings.

9 states are currently participating in a Home Health pilot program. If your state is not one currently participating in this pilot, don’t get comfortable! This will eventually be implemented in all states after the pilot phase is complete as the government continues to march toward accountability in elder care.
Objectives

- Discuss basic terms relative to value-based purchasing
- Identify the starter set measures
- Understand relationship between TPS and payment adjustment
What is Value-Based Purchasing? (VBP)

• Any purchasing practice aimed at improving the value of health care services
• Value = Quality/Cost
• Goal = both value and quality increase while holding the cost/expenditure constant
• Emphasizes activities/processes intended to improve quality of care
• Does not emphasize the strategies the provider uses to reduce their cost
Pilot HHVBP States

The Model includes *all* Medicare-certified HHAs in nine states
HHA Terminology

- Cohort
  - Larger volume
  - Smaller volume
- Competitor
- Baseline year
- Achievement thresholds
- Benchmarks
- Payment adjustment report
- Performance year
Competitor’s payment adjustments will be based on their performance *two years prior to the payment year*.

Baseline year data for April 2016 was based on Benchmarks and Achievement Thresholds for OASIS-Based Measures on full 2015 data. Preliminary information for Claims-Based Measures and HHCAHPS-Based Measures are based on partial 2015 data.

Driving in the Rear View Mirror

<table>
<thead>
<tr>
<th>Performance Years</th>
<th>Calendar Year for Payment Adjustment</th>
<th>Maximum Payment Adjustment (up or down)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>2018</td>
<td>3%</td>
</tr>
<tr>
<td>2017</td>
<td>2019</td>
<td>5%</td>
</tr>
<tr>
<td>2018</td>
<td>2020</td>
<td>6%</td>
</tr>
<tr>
<td>2019</td>
<td>2021</td>
<td>7%</td>
</tr>
<tr>
<td>2020</td>
<td>2022</td>
<td>8%</td>
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</tbody>
</table>
Starter Set Measures

21 existing measures and 3 new measures = 24 measures

- Six (6) process measures from existing OASIS data
- Eight (8) outcome measures from existing OASIS data
- Two (2) outcome measures from claims data
- Five (5) HHCAHPS consumer satisfaction measures
- Three (3) new measures*
  - Influenza
  - Herpes Zoster
  - Advance Care Planning

* Points achieved for reporting data through the HHVBP portal
Outcome Measures (CASPER reports)

1. Improvement in ambulation (M1860)
2. Improvement in bed transferring (M1850)
3. Improvement in bathing (M1830)
4. Improvement in dyspnea (M1400)
5. Discharged to community (M2420)
6. Improvement in pain with activity (M1242)
7. Improved management of oral medications (M2020)
8. Prior functioning ADL/IADL (M1900)

* This measure is not currently reported
Process Measures (CASPER reports)

1. Care management – types of assistance (M2102)
2. Influenza data collection period (M1041)
3. Influenza immunization received for current flu season (M1046)
4. Pneumococcal vaccine ever received (M1051)
5. Reason pneumococcal not received (M1056)
6. Drug education on all medications provided to the patient/caregiver (M2015)
Outcome Measures (Claims)

1. Acute care hospitalization
2. ER utilization without hospitalization
Home Health CAHPS Satisfaction Survey Measures

1. Care of patients
2. Communication between providers and patients
3. Specific care issues
4. Overall rating of home health care
5. Willingness to recommend the agency
Agency-Reported Measures

1. Influenza vaccination coverage for home health personnel
2. Herpes zoster (shingles) vaccination ever received by patient
3. Advance care planning

Understanding the Total Performance Score

<table>
<thead>
<tr>
<th>90% of TPS each with equal weight</th>
<th>10% of TPS each with equal weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 21 Existing Measures worth up to 10 points each</td>
<td>• 3 new measures worth 0 or 10 points</td>
</tr>
<tr>
<td>• Possible total of 210 points* total</td>
<td>• Receive 10 point for submission or 0 for not submitting.</td>
</tr>
<tr>
<td></td>
<td>• Each measure is worth points so an agency can receive 10, 20, or 30 points with submission.</td>
</tr>
</tbody>
</table>

*Applies to the large-volume agencies
# Achievement and Improvement Points

**Achievement Points (AP):**

A HHA will receive AP points along an achievement range, which is a scale between the achievement threshold and a benchmark, for each measure.

All achievement points are rounded up or down to the third decimal point. To ensure greater precision in scoring and ranking HHAs within their cohorts.

- **For each measure** a HHA with performance equal to or higher than the benchmark could receive the maximum of 10 points for achievement.

- **For each measure** an HHA with performance equal to or greater than the achievement threshold (but below the benchmark) could receive 1-9 points for achievement.

- **For each measure** a HHA with performance less than the achievement threshold could receive 0 points for achievement.

**Improvement Points (IP):**

A HHA could earn IP points based on how much its performance has improved from its performance during the baseline period, for each measure.

A unique improvement range for each measure will be established for each HHA that defines the difference between the HHA’s baseline period score and the same state and size level benchmark.

- **Equal to or higher than the benchmark score,** the HHA could receive an improvement score of 10 points.

- **Greater than its baseline period score but below the benchmark (within the improvement range),** the HHA could receive an improvement score of 0-10.

- **Equal to or lower than its baseline period score for a measure,** the HHA could receive 0 points for improvement.
3 New Agency-Reported Measures

- Influenza Vaccination Coverage for Home Health Personnel
- Herpes Zoster (Shingles) Vaccination Ever Received by Patient
- Advance Care Planning

- New measures are worth 10% of TPS
- All-or-nothing scoring. Each is worth 10 points for submission, if not submitted worth 0
- The home health agency can earn 0, 10, 20, or 30 points total.

There is no penalty for not submitting/reporting the new measures, however the HHA that does not report data on all three new measures can earn only up to 90% of the total possible points for the Total Performance Score.
Home Health CAHPS Satisfaction Survey Measures

- Care of patients
- Communication between providers and patients
- Specific care issues
- Overall rating of home health care
- Willingness to recommend the agency
Understanding the Total Performance Score

- Total Performance Score (TPS) = numeric score ranging from 0 to 100 awarded to each competing HHA based on its performance under the HHVBP model.
- HHA’s TPS determined using the higher of an HHA’s achievement or improvement score for each measure.
- Using the higher of the achievement or improvement scores allows the model to recognize HHAs that have made great improvements, even if their measured performance score may still be relatively lower when compared to other HHAs.
And...

- TPS is calculated or rounded up/down to the third decimal as is the case with each scored measure.
- HHA must have a minimum of 20 applicable data points annually to be scored on any given measure.
- HHAs will have 30 days to review their performance and payment adjustment report and submit a request for a recalculation.
Going Forward

- Ensure OASIS coding accuracy
  - Education
  - Audit
- Pay attention to claims accuracy
- Staff education on HHVBP requirements
  - 24 measures
  - TPS
- Evaluate business processes and operations to ensure compliance
  - Cost-effective delivery of services
  - Improving beneficiary experience and outcome
- QAPI
  - Create tracking tools to identify areas of current excellence, areas needing improvement, deficiencies and/or documentation issues
What Should a HHA Do Now?  
(Pilot State Agency Only)

- **Establish your Agency's HHVBP Point of Contact**: HHAs in the nine selected states should provide the HHVBP Help Desk, HHVBPquestions@cms.hhs.gov, with the name and email address of a primary point of contact for each CMS Certification Number (CCN). Please also include the Agency name, Agency address and Agency phone number.

- **Obtain a User Account on the CMS Secure Portal**: This is an important first step towards registration for the HHVBP Model portal where HHAs will receive performance reports and enter data for new measures.
Sources and Additional Resources

- [https://innovation.cms.gov/Files(slides/hhvbp-odf-homehealthagencies.pdf](https://innovation.cms.gov/Files(slides/hhvbp-odf-homehealthagencies.pdf)
Questions & Answers
Home Health Questions

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Click here to watch the full webinar: VBP
Part 2 - The Conversation Continues