



Home Health Value-Based Purchasing (HHVBP)

Annual Total Performance Score & Payment Adjustment Report Definitions



Terminology	Definition	Terminology	Definition
Achievement Points	Based on HHAs actual performance level within each measure against the Benchmark and Achievement Threshold for that measure. The higher of the Achievement or Improvement Points for each measure is used for the Total Performance Score (TPS).	Experience of Care (HHCAHPS) Measures	Based on patient reporting and evaluation of health care experience; derived from Home Health Consumer Assessment of Healthcare Providers and Systems (HHCAHPS) survey data.
Achievement Threshold	The median of HHAs within a state in the baseline year. HHAs must reach or exceed the Achievement Threshold for any particular measure to receive points for that measure.	Improvement Points	Based on HHAs' change in performance relative to their baseline year. The higher of the Achievement or Improvement Points (Care Points) for each measure is used for the TPS.
Baseline Year	The reference year against which measure performance will be compared. Calendar year 2015 is the baseline year for performance year One, calendar year 2016.	New Measures	Measures not currently reported by Medicare-certified HHAs to CMS, but that may fill gaps in the NQS Domains not completely covered by existing measures in the home health setting. The three new measures: Staff Influenza, Herpes Zoster, and Advance Care Plan.
Benchmark	The performance measurement goal for HHAs. Benchmark is calculated as the mean of the best 10% (90 th percentile) of all HHAs within a state in the baseline year.	Outcome Measures	Based on changes in patient health status between two time points that can be attributed to the health care provided; measurements derived from OASIS data or Medicare fee-for-service claims data.
Care Points	The higher of the Achievement Points and Improvement Points for each measure.	Process Measures	Evaluate the rate of HHAs use of specific evidence-based processes of care. Measures derived from OASIS data.
Cohort	A cohort is based on state and HHA size and is the group in which the individual HHA competes. If an HHA has fewer than 60 eligible unique HHCAHPS patients annually, then the HHA is identified as a "small" HHA. If a state has 8+ "small" HHAs, then two cohorts (i.e., one for small HHAs and one for large HHAs) are formed for these states. However, if a state has fewer than 8 HHAs that are identified as "small," then all HHAs in that state are assigned to a single cohort.	Raw Total Points (RTP)	Total of all Care Points for an individual HHA during the reporting period.
		Total Performance Score (TPS)	Score based on quality of care compared to others in their cohort AND their own past performance. TPS is determined using the higher of an HHA's achievement or improvement score for each measure and calculated by summing the points for each measure and adjusting for number of measures available.

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