Home Health Value-Based Purchasing (HHVBP) Model



Home Health Value-Based Purchasing Frequently Asked Questions (FAQs)

November 2019

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW: *This information has not been publicly disclosed and may be privileged and confidential. It is for internal government and home health agencies subject to the Home Health Value-Based Purchasing Model use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information.*

Contents

Part One: How to Use the HHVBP FAQs

The **HHVBP Help Desk** can be reached by email at HHVBPquestions@cms.hhs.gov (mailto: HHVBPquestions@cms.hhs.gov). Assistance provided by the technical assistance contractor, The Lewin Group.

When sending an email to the Help Desk, make sure you include your:

- Name & email address
- PPOC name & email address
- CCN(s)
- Organization name and address
- Your role in the HHVBP Secure Portal, if not the PPOC

Resolutions to your inquiries are not always immediate and responses may take multiple business days.

If you are experiencing **technical issues** with the **HHVBP Secure Portal**, please call: (844) 280-5628. *Please stay on the line until your issue is resolved.* The Collaboration Sites Business Operations Support Center (CBOSC) is available to answer your questions Monday through Friday, 8:30 AM to 6 PM ET, except federal holidays.

I. Using the FAQs

The Frequently Asked Questions (FAQs) in this document are derived from inquiries received via the HHVBP Help Desk, HHVBP learning events, and ***HHVBP Connect***. The FAQs are updated periodically. The information contained in a number of FAQs has been incorporated in the updated HHVBP Model Report and Payment Guide and, therefore, a number of FAQs have been archived. This current document is composed of both FAQs and recent questions concerning the HHVBP Model. When updates to the FAQ document are made, there will be an announcement on ***HHVBP Connect*** and the latest version will then be posted on ***HHVBP Connect*** under the "Libraries" tab. You may also view the most recent FAQs by clicking on the "Knowledge" Tab, located across the top banner on ***HHVBP Connect*****.**

New and Updated Questions/Answers

New and/or newly revised questions will be listed in the "New and Updated Questions" section. Those new and updated questions will be incorporated into the document in the next publication of the FAQs.

FAQ Numbering System

The FAQs are grouped by topic and are given a range of numbers (100's, 200's, etc.). When a question is revised from the original FAQ in the *December 2016 FAQ* document, the number will include a decimal point. For example, Q101.1 would be a revision of Q101. With each revision, the decimal would increase by 0.1. If Q101.1 is revised again, it would be Q101.2. FAQs that are no longer applicable are archived, along with the FAQ number.

II. HHVBP Model Glossary of Terms, Acronyms, and Definitions

Terminology	Definition
Achievement Points	Achievement Points on the Interim Performance Report (IPR) and the Annual TPS & Payment Adjustment Report are awarded based on an agency's actual performance on each measure compared to the Achievement Threshold and Benchmark for that measure. Specifically, an agency receives Achievement Points for a measure if its value during the Performance Year is equal to or better than the Achievement Threshold, and the Achievement Points increase as the measure value gets closer to the Benchmark. An HHA may receive up to 10 Achievement Points for each measure, with the exception of the composite measures, Total Normalized Change (TNC) Change in Self-Care and TNC Change in Mobility, in which an HHA may receive up to 15 Achievement Points.
Achievement Threshold (AT)	The Achievement Threshold (AT) on the Interim Performance Report (IPR) and Annual TPS and Payment Adjustment Report establishes an attainable standard for HHAs in measuring performance. For each measure, the AT is calculated as the median quality measure score for HHAs with sufficient data within a state in CY 2015, with the exception of the TNC Change in Self-Care and TNC Change in Mobility measures in which CY 2017 data are calculated. HHAs must reach the AT for that specific measure to receive Achievement Points for that measure.
Adjusted Payment Percentage (APP)	The percentage determined annually and applied to an HHA's Medicare fee-for-service (FFS) payments for the corresponding payment year. If the payment percentage is positive, the agency's payment amount will increase. If the payment percentage is negative, the agency's payment amount will decrease.
Advance Care Plan Document	The Advance Care Plan Document is a legal directive specifying the patient's future healthcare decisions for a time when they are not able to make their own healthcare decisions. The advance care plan document is typically referred to as an advance directive. Examples of advance care plan documents/advance directives include a living will, durable power of attorney for health care, Physician Orders for Life-Sustaining Treatment (POLST), Medical Orders for Life-Sustaining Treatment (MOLST), Do-Not- Resuscitate (DNR) Orders, or other legally valid documents recognized under State law.
Annual Report	The Total Performance Score (TPS) and Payment Adjustment Report made available to agencies annually beginning in August of each year, starting in 2017. It contains the HHA's TPS based on complete performance year data (CY 2016 for Performance Year 1, CY 2017 for Performance Year 2, CY 2018 for Performance Year 3, CY 2019 for Performance Year 4, and CY 2020 for Performance Year 5). It also contains the adjusted payment percentage (APP) that will be applied in the corresponding payment adjustment year.

Terminology	Definition
Baseline Score	For Medicare-certified HHAs participating in Medicare before January 1, 2015, the Baseline Score on the Interim Performance Report (IPR) and Annual TPS and Payment Adjustment Report is the agency's score on a measure during the baseline year which is typically calendar year 2015. • If the HHA does not have enough episodes to calculate a measure in 2015, data for the next available calendar year are used. • For agencies new in 2015, the first possible baseline year is calendar year 2016. • For the two OASIS-based measures added in the CY 2019 Final Rule, Total Normalized Composite (TNC) Change in Self-Care and TNC Change in Mobility, the first possible baseline year is CY 2017. For HHAs that do not have enough episodes to calculate these measures for 2017, data from the next available calendar year are used. Note that the OASIS-based outcome measures and claims-based measures in the HHVBP Model are risk-adjusted to account for differences in the types of patients cared for by different HHAs.

Baseline Year	The reference year against which measure performance will be compared. The baseline year is determined for each measure.
	• For most HHAs, Calendar Year (CY) 2015 is the baseline year for all performance years. The baseline year remains the same once established for a given measure.
	• For HHAs that are new to the Model (i.e., initially certified in 2015 through 2018), the baseline year is their first full calendar year of data that meets the minimum requirements to generate scores on five or more measures.
	  ○ To receive a score on an OASIS-based or claims-based measure, the HHA must have a minimum of 20 home health quality episodes of care for the measure.
	  ○ To receive a score on HHCAHPS measures, the HHA must have 60 or more unique eligible patients in the baseline year and a minimum of 40 completed HHCAHPS surveys
	• For the two OASIS-based measures added in the CY 2019 Final Rule, Total Normalized Composite (TNC) Change in Self-Care and TNC Change in Mobility, the first possible baseline year is CY 2017. For HHAs that do not have enough episodes to calculate these measures for 2017, data from the next available calendar year are used.

Benchmark (BM)	The performance measurement goal for HHAs. A measure's Benchmark (BM) is calculated as the mean of the best 10% (90th percentile) of all HHAs with sufficient data within a state in CY 2015, with the exception of the Total Normalized Composite (TNC) Change in Self-Care and TNC Change in Mobility measures in which CY 2017 data are used.
Care Points	For each measure, "Care Points" on the IPR and Annual TPS and Payment Adjustment Report are the higher of Achievement Points or Improvement Points for the measure.
CCN	A six-digit (all numeric) CMS Certification Number.

Terminology	Definition
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 each of 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, (i.e. a single cohort that includes all HHAs in that state).
Composite Measure	A measure based on combining different underlying data items.
CPOC	Corporate Point of Contact. This **HHVBP Secure Portal** role can view all information of the HHAs under the corporation.
CY	Calendar Year
Data Collection Period	The data collection period includes the dates in which HHAs collect data on the New Measures in the Model. Data collection periods are either quarterly or annually based upon the specific measure.
Data Entry Role	This **HHVBP Secure Portal** role can enter New Measure data on behalf of the HHA but cannot submit data.
Data Submission Period	The New Measures in the HHVBP Model are submitted by HHAs via the **HHVBP Secure Portal** quarterly or annually based upon the specific measure. The data submission period extends for fifteen days after the end of each data collection period.
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.
HHA Performance Score	The HHA Performance Score on the Interim Performance Report (IPR) and Annual TPS and Payment Adjustment Report is the individual value for each measure for an agency's OASIS-based measures, HHCAHPS measures, and claims-based measures for the specific time period. Note that the OASIS-based and claims-based outcome measures are risk-adjusted to account for differences in your agency as compared to other agencies.
HH PPS	Home Health Prospective Payment System
HHA	Home Health Agency
HHVBP	Home Health Value-Based Purchasing
HHVBP Connect	The collaborative learning site where ongoing communication occurs among HHAs, and training resources and event registration links are found.
HHVBP Secure Portal	HHAs must register for this site to submit New Measures data to CMS and to access the IPRs and Annual Reports.

Terminology	Definition
Improvement Points	Improvement Points on the Interim Performance Report (IPR) and the Annual TPS and Payment Adjustment Report are calculated for each agency's measures by comparing the agency's measure value in the performance year to its value in the baseline year and to the Benchmark value. The agency receives Improvement Points for a measure if the measure has improved since the baseline year, per the formula used to calculate Improvement Points (see the CY 2016 HH PPS Final Rule). The greater the improvement, the more improvement points are earned, up to a maximum of ten points for Performance Year 1 (CY 2016), Performance Year 2 (CY 2017), and Performance Year 3 (CY 2018). Beginning in Performance Year 4 (CY 2019), HHAs can earn up to a maximum of nine Improvement Points, with the exception of the Total Normalized Composite (TNC) Change in Self-Care and TNC Change in Mobility measures, in which an HHA can earn up to 13.5 Improvement Points. The formula used to calculate Improvement Points for Performance Year 4 can be found in the CY 2019 HH PPS Final Rule. The maximum number of Improvement Points is earned if performance improves to the Benchmark or better. Agencies receive zero points for a measure if their performance on the measure is equal to or worse than their Baseline performance for that measure.
IPR	Interim Performance Report. Quarterly reports with Preliminary and Final versions based on the most recently available rolling 12-month data periods.
Medical Record	The home health agency's clinical record or electronic medical record.
New Measures	Measures not currently reported by Medicare-certified HHAs to CMS, but that may fill gaps in the National Quality Strategy (NQS) Domains not completely covered by existing measures in the home health setting. The three new quality measures, which HHAs now collect and submit, are Influenza Vaccination Coverage for Home Health Care Personnel, Herpes Zoster Vaccination, and Advance Care Plan.
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.
Payer	Health care insurance coverage such as Medicare, Medicaid, managed care, etc.

<table>
<tr><th>Terminology</th><th>Definition</th></tr>
<tr><td>Percentile Ranking</td><td>The percentile rankings reported on the Interim Performance Report (IPR) and Annual TPS and Payment Adjustment Report, enable HHAs to know how their performance compares to other HHAs within the same state and size cohort (if applicable). There are two types of percentile rank variables using the categories listed in the two tables below: 1) For the Total Performance Score and the Applicable Measures Final Weighted Score (AMFWS); 2) For the individual performance measures used in the Model. Note that for states with fewer than 8 small HHAs, the percentile ranking is based on how performance compares to other HHAs in the state, as there are not separate cohorts for small and large agencies.
Percentile Ranking Reported for the Total Performance Score (TPS) and the Applicable Measures Final Weighted Score (AMFWS)
<table>
<tr><th>For Your State and Size Cohort, If Your HHA's TPS Is:</th><th>Your HHA's Percentile Ranking will be:</th></tr>
<tr><td>Equal to or greater than the 90th percentile score</td><td>90</td></tr>
<tr><td>Equal to or greater than the 75th percentile score AND less than the 90th percentile score</td><td>75</td></tr>
<tr><td>Equal to or greater than the 50th percentile score AND less than the 75th percentile score</td><td>50</td></tr>
<tr><td>Equal to or greater than the 25th percentile score AND less than the 50th percentile score</td><td>25</td></tr>
<tr><td>Equal to or greater than the 10th percentile score AND less than the 25th percentile score</td><td>10</td></tr>
<tr><td>Less than the 10th percentile score</td><td>0</td></tr>
</table>
Percentile Ranking Reported for the Individual Performance Measures
<table>
<tr><th>Interpretation</th><th>Percentile Ranking for Care Points</th></tr>
<tr><td>Indicates that your HHA is performing in the highest quartile for all HHAs in your cohort</td><td>75-99</td></tr>
<tr><td>Indicates that your HHA is performing in the second highest quartile for all HHAs in your cohort</td><td>50-74</td></tr>
<tr><td>Indicates that your HHA is performing in the second lowest quartile for all HHAs in your cohort</td><td>25-49</td></tr>
<tr><td>Indicates that your HHA is performing in the lowest quartile for all HHAs in your cohort</td><td>1-24</td></tr>
</table></td></tr>
<tr><td>Performance Year (PY)</td><td>A calendar year subsequent to the baseline year in which an HHA's performance is reported.</td></tr>
<tr><td>POC</td><td>Point of Contact</td></tr>
<tr><td>PPOC</td><td>Primary Point of Contact. This HHVBP Secure Portal role understands the daily operations of the HHA; submits data and reviews performance reports; has authority to delegate/assign tasks; grants HHVBP Secure Portal access to the Data Entry, Reviewer and Secondary POC roles; has authority to submit recalculation and reconsideration requests.</td></tr>
</table>

Terminology	Definition
Process Measures	Evaluate the rate of HHAs' use of specific evidence-based processes of care. Measures are derived from OASIS data.
Quality Episode	In the calculation of OASIS-based measures, a quality episode begins with either a Start of Care (SOC) or Resumption of Care (ROC) and ends with a Transfer, Death, or Discharge for a patient regardless of the length of time between the start and ending events. OASIS quality episodes are not the same as payment or Prospective Payment System (PPS) episodes.
Raw Total Points (RTP)	Total of all Care Points for an individual HHA during the reporting period.
Recalculation Request	An agency may submit a recalculation request related to their Preliminary Interim Performance Report (IPR) and Annual TPS & Payment Adjustment Report Preview Report. This request may be submitted if the HHA has proof that their agency's data are inaccurate. Recalculation requests may only be submitted via the **HHVBP Secure Portal**, and must be submitted within 15 days of when CMS publishes the report to the **HHVBP Secure Portal**.
Reconsideration Request	An agency may submit a reconsideration request if they have proof that their data on the Annual TPS & Payment Adjustment Report Preliminary Report are inaccurate. The reconsideration request must be submitted within 15 days of when CMS publishes the Preliminary Report to the HHVBP Secure Portal. An agency may only request a reconsideration following a decision on that HHA's request for recalculation. Note that the Annual TPS & Payment Adjustment Report will have three versions. HHAs will first receive a *Preview Report*, then a *Preliminary Report*, and then a *Final Report* each year.
Reviewer	This **HHVBP Secure Portal** role acts as a quality check mechanism for the Data Entry role.
SPOC	Secondary Point of Contact. This **HHVBP Secure Portal** role acts as a proxy for the PPOC, reviewing and submitting HHA's New Measure data, and accessing and submitting recalculation requests for Interim Performance Reports (IPRs). The SPOC is unable to view the Annual TPS and Payment Adjustment Report.
Surrogate Decision Maker	A surrogate decision maker (also known as "Legal representative," "Agent," "Attorney in fact," "Proxy," "Substitute decision-maker") is a person designated and authorized by an advance directive or State law to make a treatment decision for another person in the event the other person becomes unable to make necessary health care decisions.
Total Normalized Composite (TNC) Change in Mobility Measure	Measures the magnitude of change based on normalized total possible change across three OASIS-based Activities of Daily Living (ADL) items (M1840 Toilet Transferring, M1850 Bed Transferring, and M1870 Ambulation/Locomotion). This measure is calculated using episodes of care that begin with a SOC/ROC and end with a Discharge. Episodes of care that begin with a SOC/ROC and end with a Transfer are not included in the calculations since the Transfer does not include the M-items used in the measures. For more information, please refer to the *"HHVBP Technical Specifications Resource for Composite Outcome Measures."*

Terminology	Definition
Total Normalized Composite (TNC) Change in Self-Care Measure	Measures the magnitude of change based on normalized total possible change across six OASIS-based Activities of Daily Living (ADL) items (M1800 Grooming, M1810 Upper Body Dressing, M1820 Lower Body Dressing, M1830 Bathing, M1845 Toileting Hygiene, and M1870 Eating). This measure is calculated using episodes of care that begin with a SOC/ROC and end with a Discharge. Episodes of care that begin with a SOC/ROC and end with a Transfer are not included in the calculations since the Transfer does not include the M-items used in the measures. For more information, please refer to the *"HHVBP Technical Specifications Resource for Composite Outcome Measures."*
Total Performance Score (TPS)	Score based on quality of care compared to others in their state AND their own past performance. TPS is determined using the higher of an HHA's Achievement or Improvement Points for each measure and calculated by summing the points for each measure and adjusting for number of measures available.

Part Two: FREQUENTLY ASKED QUESTIONS

New Definitions/Questions

Q119. What was finalized in the CY 2020 HH PPS Final Rule regarding the HHVBP Model?

CMS finalized the following provision for the HHVBP Model:

Public Reporting of Total Performance Scores and Percentile Rankings under the HHVBP Model: The Total Performance Score (TPS) and TPS Percentile Ranking from the final CY 2020 Performance Year 5 Annual Report for each HHA in the nine HHVBP Model states that qualified for a payment adjustment for CY 2020 will be publicly reported. The data are expected to be made available on the HHVBP Model page of the CMS Innovation Center website after December 1, 2021, the date by which the CY 2020 Annual Report appeals process and issuance of the final Annual Report to each HHA is expected to be completed.

The CY 2020 Home Health Prospective Payment System Final Rule [CMS-1711-FC], published November 8, 2019, can be downloaded from the Federal Register.

Q907. What was finalized in the CY 2020 HH PPS Final Rule regarding the removal of the Improvement in Pain Interfering with Activity Measure from the Home Health Quality Reporting Program (HHQRP)?

As discussed in section V.C of the final rule with comment period, after careful consideration of the concerns raised by commenters, the responses provided to those concerns and the discussion of alignment across the QRPs, CMS is finalizing the removal of the Improvement in Pain Interfering with Activity Measure (NQF #0177) from the HH QRP beginning with the CY 2022 HH QRP under measure removal Factor 7: Collection or public reporting of a measure leads to negative unintended consequences other than patient harm. HHAs will no longer be required to submit OASIS Item M1242, Frequency of Pain Interfering with Patient's Activity or Movement for the purposes of this measure beginning January 1, 2021. Data for this measure will be publicly reported on HH Compare until April 2020. As we discussed in the CY 2020 HH PPS proposed rule (84 FR 34643), as HHAs would continue to be required to submit their data for this measure through CY 2020, we do not anticipate any impact on the collection of this data and the inclusion of the measure in the HHVBP Model's applicable measure set for the final performance year (CY 2020) of the Model.

The CY 2020 Home Health Prospective Payment System Final Rule [CMS-1711-FC], published November 8, 2019, can be downloaded from the Federal Register.

Updated Definitions/Questions

There are no Updated Definitions and/or Questions for November 2019.

I. General Model Questions

Q103.4 How will the HHVBP Model impact newly certified agencies and/or agencies that provide very little services to Medicare patients (e.g., 10 cases/year)?

All Medicare-certified HHAs with a CCN in one of the selected nine states are required to participate in the HHVBP Model, including newly-certified and small agencies. Agencies will have access to the **HHVBP Secure Portal** (to submit New Measure Data and access Model-specific reports), ***HHVBP Connect*** (the learning and diffusion website), and other resources but will not be subject to the payment adjustment until such time that they generate scores on five or more measures that are used to calculate the Total Performance Score for the HHVBP Model for both a baseline period and a performance year (at least 5 measures must be the same in both years). For HHAs that are new to the Model or that have a small number of patients with Medicare, the baseline year is their first full calendar year of data that meets the minimum requirements to generate scores on five or more measures. To receive a score on an OASIS-based or claims-based measure, the HHA must have a minimum of 20 home health quality episodes of care for the measure. To receive a score on HHCAHPS measures, an HHA must have a minimum of 40 completed HHCAHPS surveys.

Q105. What payers are used in the Model?

The *adjusted payment percentage* in the HHVBP Model applies to only Medicare Home Health PPS claims.
The *measures* in the HHVBP Model include all payers (healthcare insurances) that are currently included in the *measure calculations*:

- OASIS-based Measures – include Medicare fee-for-service, Medicare Advantage, Medicaid fee-for-service, and Medicaid managed care
- Claims-based Measures – include only Medicare fee-for-service
- HHCAHPS Measures - include Medicare fee-for-service, Medicare Advantage, Medicaid fee-for-service, and Medicaid managed care.

The following payers (healthcare insurances) are included in the *measure calculations* for the New Measures and include patients who currently have any of these payers regardless if these payers are used to pay for home health services:

- Herpes Zoster (Shingles) Vaccination is calculated for Medicare beneficiaries, including Medicare fee-for-service and Medicare Advantage (Medicare managed care) beneficiaries, and the Medicare/Medicaid dually eligible;
- Advance Care Plan is calculated for all payers (Medicare – including Medicare Advantage/Medicare managed care, Medicaid – including Medicaid managed care, commercial insurance, Veterans Administration, self-pay, charity, etc.); including a separate count of all Medicare beneficiaries, including Medicare/Medicaid dually-eligible beneficiaries;
- Staff Influenza Vaccination Coverage for Home Health Care Personnel is collected for staff and therefore the payer for the patient is not a consideration.

Q114.1. What resources can our HHA use as we review our HHA's Model Reports and consider the four refinements to the HHVBP Model finalized in the CY 2019 HH PPS Final Rule?

CMS finalized the following four refinements, effective beginning Performance Year 4 (CY 2019) and subsequent performance years of the Model:

a. **Removal of the two OASIS-based process measures:** The Influenza Immunization Received for Current Flu Season and the Pneumococcal Polysaccharide Vaccine Ever Received.

b. **Replace three OASIS-based measures (Improvement in Bathing, Improvement in Bed Transferring, and Improvement in Ambulation/Locomotion) with the two composite measures:** Total Normalized Composite (TNC) Change in Self-Care and TNC Change in Mobility. See **Table A: Applicable Measure Set Beginning Performance Year (PY) 4,** located in the Addendum at the end of this document.

c. **Reweight the OASIS-based, claims-based, and HHCAHPS measures:** For HHAs that have data for all measure categories, the OASIS-based measures and the claims-based measures each count for 35 percent of the TPS and the HHCAHPS measures will count for 30 percent. Note that these weights exclude the 10 percent of the TPS that is for the New Measures collected as part of the Model. See **Table B: Performance Year 1-3 vs. Performance Year 4-5 Measure Weights.**

d. **Reduce the Maximum Amount of Improvement Points** an HHA can earn from 10 points to 9 points for 11 of the 13 measures in the applicable measure set for PY4 (CY 2019). For the remaining two measures, TNC Change in Self-Care and TNC Change in Mobility, a maximum of 13.5 improvement points may be earned. See **Table C: Maximum Achievement & Improvement Points Comparison of PY3 (CY2018) to PY4 (CY2019)**.

The CY 2019 HH PPS Final Rule [CMS-1689-FC], published November 13, 2018, can be downloaded from the Federal Register at **CY 2019 Home Health Prospective Payment System Final Rule.**

Additional resources are available under the "Libraries" tab on ***HHVBP Connect:***

- HHVBP Model Report and Payment Guide
- Learning Event recordings and slides:
    - *"CY2019 HH PPS Final Rule Updates – Key Changes for HHAs Competing in the HHVBP Model" (January 24, 2019)*
    - *"Review of New and Updated HHVBP Resources" (July 25, 2019)*

Q117. If our home health agency finds errors in OASIS data, should we submit corrected OASIS data?

If an error is identified at any time, it should be corrected following the agency's correction policy. If you are able to submit corrected data, then these data are included in the reports noted in **Q731.3.** Data for the complete performance year are pulled in August prior to the release of the HHVBP Annual Total Performance Score (TPS) and Payment Adjustment Report**.**

Q118. If my home health agency (HHA) is eligible for a Total Performance Score (TPS) and does not submit New Measure data during one of the New Measures data submission periods, what is the impact on my HHA's reimbursement?

New Measures data submission for all four quarters of a calendar year determines ten percent of the TPS. The TPS contributes to an HHA's Adjusted Payment Percentage (APP) in the Annual TPS & Payment Adjustment Report (Annual Report). The higher an HHA's TPS, relative to HHAs in the HHA's cohort, the higher the HHA's APP will be.

If an HHA does *not* submit data for all four quarters, the HHA only receives partial points for that calendar year's TPS. **Exhibit 23** illustrates the potential points for each measure by submission quarter, as found in the *HHVBP Model Report and Payment Guide* located on ***HHVBP Connect***.

Exhibit 23: Potential New Measure Points Beginning Annual Performance Year 2 (CY 2017) and Subsequent Performance Years

Data Submitted and Used for Annual Report:	Influenza Vaccination	Herpes Zoster	Advance Care Plan
January	0*	2.5	2.5
April	10	2.5	2.5
July	0*	2.5	2.5
October	0*	2.5	2.5
Minimum Annual Performance Year Points	0	0	0
Maximum Annual Performance Year Points	10	10	10

*Data not requested for this quarter.

For example, if an agency does not submit New Measure data during the April data submission period, the Annual TPS and Payment Adjustment Report would reflect only partial points for the **Herpes Zoster Vaccination** and **Advance Care Plan New Measures** since the agency would receive "0" (zero) points for each of the New Measures included in the April submission period. Assuming the agency submits New Measure data for all other submission periods during the performance year, the agency would receive 7.5 out of 10 possible points for both the **Herpes Zoster Vaccination** and **Advance Care Plan New Measures**. The Annual TPS and Payment Adjustment Report would also reflect "0" (zero) points for the **Influenza Vaccination Coverage for Home Healthcare Personnel New Measure** because the April data submission period is the only quarter that data may be submitted for this measure.

The exact impact of not submitting New Measure data for one or more submission periods on the agency's ultimate APP depends upon the agency's performance on the other measures relative to other agencies in the cohort during the performance calendar year, including whether or not other agencies in the cohort submitted New Measure data. The Annual Report is based on a calendar year of data and is made available in August after the calendar year ends. The Annual Report available in August 2020 will reflect a home health agency's New Measures data submissions in CY2019 and will inform the APP applied to the Medicare fee-for-service claims in CY2021.

II. HHVBP Secure Portal (includes EIDM)

Q202.1 What are the steps for setting up access to the HHVBP Secure Portal?

Please note access to the **HHVBP Secure Portal** is not immediate. Please allow time for your request to be approved after each step.

Step 1 - CMS Enterprise Portal

- If you have not done so already, you will need to create an EIDM User ID on the CMS Enterprise Portal.
- If you had an EIDM User ID prior to HHVBP, you can proceed to the next step with your pre-existing EIDM User ID.

Step 2 - Innovation Center

- Request the *IC Privileged User* role (which includes identity verification). Do not select HHVBP Application Administrator, Business Owner Delegate, or Business Owner roles, as these roles will be rejected since they are for CMS staff only.

Step 3 - HHVBP Secure Portal

- Request the HHVBP Application and select your assigned role in the HHVBP Application (see below for a description of HHVBP Secure Portal roles). Do not select HHVBP Application Administrator, Business Owner Delegate, or Business Owner roles, as these roles will be rejected since they are for CMS staff only.
    - **HHA Primary POC:** understands the daily operations of the HHA, has authority to delegate/assign tasks, submits data and reviews performance reports, grants HHVBP Secure Portal access to the Data Entry, Reviewer, and Secondary POC roles
    - **HHA Corporate POC:** can view all information of the HHAs under the corporation
    - **HHA Secondary POC:** acts as a proxy for the PPOC, reviewing and submitting HHA's New Measure Data; and accessing and submitting recalculation requests for Interim Performance Reports.
    - **HHA Reviewer**: acts as a quality check mechanism for the HHA Data Entry role
    - **HHA Data Entry:** can enter New Measure Data on behalf of the HHA but cannot submit it

Step 4 – HHVBP Secure Portal - PPOCs Approve Access for Staff Roles

- If you are assigned to the HHA PPOC role, you are responsible for approving the following HHVBP Secure Portal users from your agency: Secondary PPOC, Reviewer, and Data Entry. After staff assigned to these roles request access to the HHVBP Secure Portal using the steps above, you must approve their requests.

III. Point of Contact

Q307. I requested the Secondary POC/Reviewer/Data Entry role in the HHVBP Secure Portal a while ago and it is still pending. What should I do?

The Secondary POC, Reviewer, and Data Entry roles are approved by the agency's PPOC, not CMS. If your request for one of these roles is still pending, please verify who the approved PPOC is for the CCN and remind them to approve your request. As a reminder, the PPOC can perform the functions of the Secondary POC, Reviewer, and Data Entry roles; therefore, if you are the PPOC, you do not need to request these roles for yourself.

IV. Data Submission

Q501.4 How does my HHA submit data on the New Measures?

Home health agencies submit New Measures Data via the HHVBP Secure Portal. New Measures data can only be submitted during the data submission period. To enter data in to the HHVBP Secure Portal, login to the CMS Enterprise Portal and launch the HHVBP Application. Once you have launched the HHVBP application, you will see a notification on your screen reminding you of the data submission period dates. On this page, you will select the CCN or organization for which you want to enter data. Once a CCN has been selected, you are ready to navigate to the "HHVBP New Measures"

tab on the horizontal navigation pane at the top of the screen. When you click on "HHVBP New Measures" you will see an overview page. Note that each of the three New Measures has its own sub-bullet on the left navigation pane, just under the overview page. For the Staff Influenza Vaccination New Measure pages, you will enter data for *all three pages* of the denominator populations (employees, licensed independent practitioners, and trainees & volunteers).

Points are awarded for submitting data, not based on the actual values submitted. If there are no data to report for one of the New Measures, then zeroes should be entered into the **HHVBP Secure Portal** for those fields. You will be prompted to provide an explanation if you enter all zeroes. HHAs may receive an error when trying to submit if they copy and paste text into the comments box on the **HHVBP Secure Portal**. Instead, please try typing your comments directly into the comments box. We also recommend avoiding the use of special characters in the comments box.

If the HHA has an approved Data Entry role, the Data Entry role can click 'Save" and send the data for review to the Reviewer, SPOC, or PPOC roles by clicking the "Send for Review" button. These roles will then receive an email and HHVBP Secure Portal notification the data is ready for review. If the HHA has an approved Reviewer role, this role can review the data and click "Send for Review" for review and submission by the PPOC or SPOC. An email or HHVBP Secure Portal notification that the data was sent for PPOC or SPOC review only means that data was entered, but not submitted. The PPOC or SPOC **must** click "Submit" at the bottom of each page in order to submit New Measures data to CMS.

If there are errors or notifications on the page, the data cannot be submitted to CMS until the errors are corrected. For example, if you click "Submit" and there are blank fields on the page, an error message will appear. Blank fields are not the same as zeroes. There cannot be blank fields on the page. Your agency will not receive points for submitting "blanks," but you will receive points if you submit "zeroes." Once all fields have a value and there are no blanks, you must click "Submit" again after errors are corrected. Make sure you receive the confirmation message that your data have been successfully submitted. It may be helpful to take a screenshot of your confirmation message for your records.

The measures of Herpes Zoster (Shingles) Vaccination and Advance Care Plan are submitted quarterly in January, April, July, and October. The measure of Influenza Vaccination Coverage for Home Health Care Personnel is submitted annually in April. All data submission for the New Measures is due by the 15th of the month (January, April, July, October) after the end of each data reporting period. If the 15th calendar day falls on a weekend or holiday, the HHVBP Secure Portal will remain open until the end of the next business day. More details regarding data submission may be found in the resources below.

Please see the "HHVBP Model Report and Payment Guide" found under the "Libraries" tab on ***HHVBP Connect***. The HHVBP webinar: "**Submitting New Measures Data to the HHVBP Secure Portal"** (November 8, 2018), contains information and a step-by-step walkthrough regarding data submission for the HHVBP New Measures. A recording of this event, along with associated learning materials, can be found under the "Libraries" tab on ***HHVBP Connect***. Under the "Libraries" tab are the New Measures Templates (an excel document with the data collection elements for each of the New Measures that replicated the data entry requirements for the **HHVBP Secure Portal**).

Q504. Can New Measures data be changed after the data have been submitted?

New Measures Data may only be changed after the data are entered and saved in the **HHVBP Secure Portal**, before data are submitted. However, once data are submitted to CMS, data **cannot be edited**.

Q505.2 How do I know if I submitted the New Measures data successfully?

The PPOC or SPOC will receive a "Successfully Submitted" on-screen notification after clicking the "Submit" button on each page. This notification indicates that the data on that page have been successfully entered and sent to CMS. The PPOC, CPOC, and SPOC should receive an email confirmation after the New Measures data have been successfully submitted. Additionally, the PPOC or SPOC will see a notification on the Home page when each page of data is successfully submitted to CMS. The PPOC or SPOC can navigate to the "New Measures Summary" in the vertical navigation menu and a screen will appear that shows each page of data and the current progress. The PPOC or SPOC can also select the "generate" button which will create a downloadable format of any submitted data.

Q507.2 May we have an extension to submit our New Measures data in to the HHVBP Secure Portal?

Extensions will not be granted for submitting New Measures data. HHAs have 15 calendar days following the end of the data collection period to submit New Measures data via the HHVBP Secure Portal in January, April, July, and October. If the 15th calendar day falls on a weekend or holiday, the HHVBP Secure Portal will remain open until the end of the next business day. CMS will send email reminders to PPOCs before and during the data submission periods with the exact dates and times. The end time included in the deadline is 3AM ET.

HHAs are encouraged to submit the HHVBP New Measures data earlier in the data submission period in case there are any questions or concerns. We recommend changes to the PPOC role be completed prior to the next data submission period to ensure the new PPOC obtains **HHVBP Secure Portal** access for successful submission of data. Available resources include:

- **HHVBP Help Desks:** Technical and Program-related Help Desk contact information, descriptions and hours are available in "Part One" of this document; please take screenshots of any errors or issues when possible.
- **FAQ document:** Available under the "Libraries" tab on ***HHVBP Connect.***
- **Learning Event:** "Submitting New Measures Data to the HHVBP Secure Portal," November 8, 2018. The slides, transcript, and recording are available under the "Libraries" tab on ***HHVBP Connect.***

Q511. Am I able to see New Measures data submitted in the past by my agency?

The CCN's HHVBP Secure Portal HHA roles PPOC, SPOC, CPOC, Reviewer, and Data Entry can download New Measures data submitted in past New Measures data submission periods using the steps below:

Steps for Downloading Past New Measures Data:

1. Log in to the HHVBP Secure Portal
2. Navigate to "New Measures" tab
3. Navigate to "New Measures Summary" page
4. Select the reporting period from "Performance Year and Quarter" dropdown menu
5. Download file from "Download New Measures Questions and Answers" table
    a. If the file is not generated, click on the "Generate" button.
    b. Once the file is generated, allow up to five minutes, then Download file from "Download New Measures Questions and Answers" table

The steps above are also located in the **HHVBP Secure Portal** Help tab:

1. Navigate to the "Frequently Asked Questions" section
2. Navigate to the "New Measures" section
3. Select "How can I download my HHA's New Measures data?"

Home health agencies are encouraged to keep their own agency records of New Measures data submitted via the **HHVBP Secure Portal**, after each quarterly submission.

V. Payments

Q605.1 Beginning in 2018, will HHVBP payment adjustments be applied to all aggregate Medicare home health revenue, or only Medicare revenue from the first home health episode in a string of contiguous episodes?

As stated in the CMS Home Health CY 2016 Final Rule, the Model will adjust the HH PPS ***final*** claim payment amount to an HHA for each claim in a calendar year by the applicable percentage. Medicare PPS payment adjustments are not made to aggregate revenue, but will occur for each final Medicare PPS claim an agency submits for claims with a payment episode "through date" in the HHVBP payment year. For example, if your final claim amount is $3,500.00 and your Adjusted Payment Percentage is 0.077%, your payment adjustment would be: 3500 multiplied by 0.00077 which equals an additional $2.70 included in the payment.

Q607.1 Will the adjusted payment percentage be included as a line item on my remittance advice?

No, the adjusted payment percentage is shown on the Annual TPS & Payment Adjustment Report. The adjustment amount is not separately identified on the remittance advice. The **Home Health PC Pricer** includes a field "VBP FAC." HHAs in HHVBP Model states may use this field to enter their agency's VBP adjustment factor and estimate their Medicare PPS payments.

VI. Reports

Q708. The "HHA Performance Score" doesn't match any of the data I have seen on other reports. Does this mean that the IPR data are wrong?

No. The data on the Interim Performance Reports (IPR) are calculated using a subset of the risk adjusted values found on Home Health Compare (HHC), as well as other sources such as HHCAHPS and the New Measures. Differences in individual quality measure scores between what is presented on Home Health Compare and found in the IPR are most likely due to differences in the time periods for the data included in the analyses presented on HHC and the IPRs.

Q709. I use a vendor's reports for my quality data and the report values on their reports are very different from those on the IPR. Why? Should I use the vendor reports?

CMS cannot provide guidance on data, analysis, or reports from software or data benchmarking vendors. The Interim Performance Reports are based on OASIS assessment data submitted by HHAs to CMS, Medicare claims data, HHCAHPS data collected by HHA vendors and submitted to CMS, and New Measure data submitted by the HHA via the **HHVBP Secure Portal**. There could be several reasons why vendor generated reports differ from CMS reports including but not

limited to timeframe when the data is pulled by the vendor, the completeness of the data used by the vendor, and/or the formulas and rounding rules used by the vendor when calculating values.

Q721.2 When will the Annual TPS & Payment Adjustment Reports be available and what can my HHA do if we detect an inaccuracy?

The Annual TPS & Payment Adjustment Reports are available to agencies annually, in August of each year. The HHVBP Model's third Annual TPS & Payment Adjustment Report was available in August 2019 and provided information on Performance Year 2018 and the 2020 APP. There are three versions of this report: a *Preview Report, a Preliminary Report, and a Final Report*. The *Preview Report* is the first version of the report and was available in the **HHVBP Secure Portal** in August 2019. PPOCs and CPOCs are notified when reports are available; only these roles will have access to the Annual TPS & Payment Adjustment Reports. Agencies may request ***recalculation requests*** for the *Preview Reports* if they have proof that their data on the Preview Report are inaccurate. Recalculation requests may only be submitted by the PPOC via the HHVBP Secure Portal and must be submitted within 15 days of when CMS publishes the *Preview Report* to the HHVBP Secure Portal. After CMS has processed all recalculation requests, CMS publishes the *Preliminary Reports* in September or October. If no recalculation requests are received for the *Preview Reports*, *Preliminary Reports will not be published*. If an agency has proof that their data on the *Preliminary Report* are inaccurate, the agency may submit a ***reconsideration request***. The reconsideration request must be submitted within 15 days of when CMS publishes the *Preliminary Report* to the **HHVBP Secure Portal**. Agencies receive their *Final* Annual TPS & Payment Adjustment Report no later than 30 days before the payment adjustment takes effect. All HHVBP reports are available only via the **HHVBP Secure Portal**. Also, recalculation requests and reconsideration requests may only be submitted by the PPOC via the **HHVBP Secure Portal**. Please note that an agency may request a *reconsideration* following a decision on that HHA's request for *recalculation*. In other words, only agencies that submit a recalculation request may submit a reconsideration request.

Q722.1 Our HHA submitted New Measures data in April, why do I have "zeros" for the New Measures data on the April IPR?

There is a lag between the time that the data are submitted and when the points are reflected in the IPRs. For example, the New Measures data submitted in April 2019 are reflected in the July 2019 IPR. New Measure data for the Herpes Zoster Vaccine and Advance Care Plan measures submitted in a quarter are reflected in the IPR for the subsequent quarter (e.g., data submitted in January will be reflected in the April IPRs). Data for the Influenza Vaccination Coverage for Home Health Care Personnel measure are reported annually in April. The July 2019 through April 2020 IPRs reflect data submitted for this measure in April 2019.

Q725. Why are SPOCs unable to access the Annual TPS & Payment Adjustment Reports?

CMS has restricted access to the Annual Total Performance Score and Payment Adjustment Report (Annual Report) to only the Primary Point of Contact (PPOC) and the Corporate Point of Contact (CPOC) due to the sensitive financial data it contains (not available in Interim Performance Reports). It is up to the PPOC (or the CPOC, if applicable) to share this report with others in their organization/agency. Secondary Points of Contacts (SPOCs) should work with their PPOC (or CPOC, if applicable) to obtain a copy of the Annual Report. Only PPOCs can submit recalculation requests for the Annual Report on the **HHVBP Secure Portal** within 15 days of the report being published. If you wish to change your role from SPOC to PPOC or CPOC, please have your PPOC email the help desk at

HHVBPquestions@cms.hhs.gov authorizing the change and naming the specific CCN(s) for which the change is applicable.

Q731.3 What are the data collection dates for the different types of measures for each of the Interim Performance Reports (IPRs) and the Annual TPS and Payment Adjustment Report (Annual Report)?

The tables below, **2019 HHVBP Reports** and **2020 HHVBP Reports**, show examples of the timelines for when data collection occurs to inform IPRs and Annual Reports in the HHVBP Model. Please see the HHVBP Model Report and Payment Guide. The most recent guide is available under the "Libraries" tab on ***HHVBP Connect*** for more information (see Section 8, "HHVBP Reports").

2019 HHVBP Reports

Report (Date First Reported)	OASIS-Based Measures	Claims-Based and HHCAHPS-Based Measures	New Measures: Advance Care Plan and Herpes Zoster	New Measure: Staff Influenza Vaccination
January 2019 IPR (Jan 2019)	12 months ending **9/30/2018**	12 months ending **6/30/2018**	Quarter ending **9/30/2018** (Data Submitted: October 2018)	**10/1/2017-3/31/2018** (Data Submitted: April 2018)
April 2019 IPR* (April 2019)	12 months ending **12/31/2018**	12 months ending **9/30/2018**	Quarter ending **12/31/2018** (Data Submitted: January 2019)	**10/1/2017-3/31/2018** (Data Submitted: April 2018)
July 2019 IPR** (July 2019)	12 months ending **3/31/2019**	12 months ending **12/31/2018**	Quarter ending **3/31/2019** (Data Submitted: April 2019)	**10/1/2018-3/31/2019** (Data Submitted: April 2019)
Annual TPS and Payment Adjustment Report (Aug 2019)	12 months ending **12/31/2018**	12 months ending **12/31/2018**	12 months ending **12/31/2018**	**10/1/2017-3/31/2018** (Data Submitted: April 2018)
October 2019 IPR (Oct 2019)	12 months ending **6/30/2019**	12 months ending **3/31/2019**	Quarter ending **6/30/2019** (Data Submitted July 2019)	**10/1/2018-3/31/2019** (Data Submitted: April 2019)

* As of April 2019, the IPRs include Achievement Thresholds, Benchmarks, and baseline scores for the two OASIS-based composite measures: Total Normalized Composite Change in Self-Care and Total Normalized Composite Change in Mobility. Baseline scores for these measures will be available for HHAs that are eligible (in operation for all of CY 2017 and have a minimum of 20 episodes of care).**The first report in 2019 to include the four refinements to the Model was the July 2019 IPR.

2020 HHVBP Reports

Report (Date First Reported)	OASIS-Based Measures	Claims-Based and HHCAHPS-Based Measures	New Measures: Advance Care Plan and Herpes Zoster	New Measure: Staff Influenza Vaccination
January 2020 IPR (Jan 2020)	12 months ending **9/30/2019**	12 months ending **6/30/2019**	Quarter ending **9/30/2019** (Data Submitted: October 2019)	**10/1/2018-3/31/2019** (Data Submitted: April 2019)
April 2020 IPR (April 2020)	12 months ending **12/31/2019**	12 months ending **9/30/2019**	Quarter ending **12/31/2019** (Data Submitted: January 2020)	**10/1/2018-3/31/2019** (Data Submitted: April 2019)
July 2020 IPR (July 2020)	12 months ending **3/31/2020**	12 months ending **12/31/2019**	Quarter ending **3/31/2020** (Data Submitted: April 2020)	**10/1/2019-3/31/2020** (Data Submitted: April 2020)
Annual TPS and Payment Adjustment Report (Aug 2020)	12 months ending **12/31/2019**	12 months ending **12/31/2019**	12 months ending **12/31/2019**	**10/1/2018-3/31/2019** (Data Submitted: April 2019)
October 2020 IPR (Oct 2020)	12 months ending **6/30/2020**	12 months ending **3/31/2020**	Quarter ending **6/30/2020** (Data Submitted July 2020)	**10/1/2019-3/31/2020** (Data Submitted: April 2020)

Q734. Our agency has maintained scores in the 90th percentile for Performance Year 2 performance, yet anticipate a lower adjusted payment percentage out of a higher maximum of 6% for payment year 2020. Why would my agency receive a lower payment percentage this year?

Your adjusted payment percentage each performance year depends on multiple factors, including how your HHA performed compared to other HHAs in your cohort. The same Total Performance Score (TPS) in the two performance years can result in different payment adjustment percentages depending on how other HHAs perform, as well as the relative claim payment amounts in the prior year. Furthermore, by definition, percentile ranks encompass a range of performance; thus, the same percentile ranking across years for the same HHA or across HHAs within a year can be associated with a range of payment percentages.

Q735. What is the key factor to a favorable score for Annual TPS, is it TPS (C1) or Prior Year payment (C2) on the Payment Adjustment tab of the Annual TPS & Payment Adjustment Report?

The key factor is a higher Total Performance Score (TPS) value. The TPS (C1) summarizes your performance relative to other HHAs in your HHA's cohort. The higher your TPS relative to HHAs in your cohort, the higher your payment adjustment will be. Prior year payments (C2) are used to establish overall budget neutrality when calculating payment adjustments for HHAs in your cohort, but do not determine whether your HHA will receive a favorable payment adjustment.

Q737. Are the final Interim Performance Reports (IPRs) combined to determine the final Annual Total Performance Score (TPS) and Payment Adjustment Report?

Data from the IPRs are not combined to determine the final annual total performance score or adjusted payment percentage. Data for the complete performance year are pulled in August prior to the release of the HHVBP Annual Total Performance Score (TPS) and Payment Adjustment Report.

The values in the IPRs are typically the same, or very close, to the values that are reported in the Annual Reports. Data for IPRs are pulled prior to the release of each report. Therefore, there may be some differences between the IPRs and the Annual TPS and Payment Adjustment Report, but they will be small.

The IPRs help an agency determine how they are progressing on the measures in the HHVBP Model. CMS provides performance rankings by TPS on the IPRs, and these rankings are intended to give the individual HHAs a sense as to how well they are performing compared to their peers.

The data collection dates for the different types of measures in the HHVBP Reports are stated in the table located in Q731.3.

Q740. Has the calculation of New Measures changed as a result of the refinements effective Performance Year 4 (CY 2019)?

The calculation of New Measures has not changed as a result of the refinements effective Performance Year 4 (CY 2019). The three New Measures continue to account for 10 percent of the Total Performance Score (TPS). The weights which result from the reweighting of the OASIS-based, claims-based, and HHCAHPS measures account for 90 percent of the TPS, and the remaining 10 percent of the TPS is for the New Measures data submission as part of the Model. Agencies receive points for New Measures data submitted quarterly for Herpes Zoster Vaccine and Advance Care Plan and annually for Staff Influenza Vaccination.

Q742. Prior to the July 2019 Interim Performance Report (IPR), will HHA data regarding the Total Normalized Composite (TNC) Change in Self-Care and the Total Normalized Composite (TNC) Change in Mobility be available on the HHVBP Secure Portal, to assist in our quality and training efforts?

Yes, the baseline data for the individual CCN pertaining to the two OASIS-based composite measures, Total Normalized Composite (TNC) Change in Self-Care and the Total Normalized Composite (TNC) Change in Mobility, was published in the April 2019 IPRs. The first possible baseline year for the two OASIS-based composite measures is calendar year 2017. For HHAs that started participation in Medicare prior to January 1, 2017, and that have sufficient data for the composite measures in calendar year 2017, the baseline year is calendar year 2017.

For these OASIS-based composite measures, a CCN's April 2019 IPR also included the state's Achievement Threshold and Benchmark. The July 2019 IPR included the individual HHA's performance data for these measures for the data collection dates April 1, 2018 through March 31, 2019, if the HHA has a minimum of 20 home health quality episodes of care for the measure (see Q103.4 and Q731.3). For related information regarding the October 2019 IPR and subsequent IPRs, please see FAQ Q906.

Q743. I understand the first possible performance year is 2019 for the two OASIS-based composite measures, Total Normalized Composite (TNC) Change in Self-Care and the TNC Change in Mobility. When will these measures first be included in an Annual Report and what is the first payment year?

The first Annual Report to include the two composite measures will be the August 2020 Total Performance Score (TPS) and Payment Adjustment Report (Annual Report) for Performance Year 4 (CY 2019) and will be based on data from January 1, 2019 – December 31, 2019. The August 2020 Annual Report will contain the HHA's TPS based on complete performance year data for Performance Year 4 (CY 2019) and the adjusted payment percentage (APP) that will be applied to each final Medicare PPS claim with a payment episode "through date" in CY 2021.

Q744. Why was the "TNC Change Reference" tab added to the July 2019 Interim Performance Reports (IPRs) and subsequent IPRs?

Since multiple OASIS items are used in each of the two OASIS-based composite measures, TNC Change in Self-Care and TNC Change in Mobility, the "TNC Change Reference" tab includes information to help an HHA gauge its performance on the individual OASIS items included in the two composite measures. The TNC Change in Mobility is based on three OASIS items (M1840, M1850, and M1860) and the TNC Change in Self-Care is based on six OASIS items (M1800, M1810, M1820, M1830, M1845, and M1870). Information in this tab shows how each of these OASIS items contributed to the TNC Change measures. The percentages reported in this tab are based on the observed changes for eligible quality episodes between start or resumption of care and discharge, and can be compared to the average observed change for the state. Given the two composite measures take into consideration any change in the underlying OASIS items, the observed percentages of quality episodes that resulted in positive change, no change, or negative change help an HHA identify how each individual OASIS item contributed to the corresponding composite measure.

Q745. Do the measures used in the HHVBP Model, the Home Health Quality Reporting Program (HHQRP), and the Quality of Patient Care (QoPC) Star Rating overlap or correlate, since some of the OASIS items are used in more than one report?

While there are similarities in the measures used in the HHVBP Model, the HHQRP, and the QoPC Star Rating, each uses a specific measure set. The HHVBP Model includes 13 potential applicable measures effective Performance Year 4 (CY2019). Of these 13, two of these measures, Total Normalized Composite (TNC) Change in Self-Care and the Total Normalized Composite (TNC) Change in Mobility, are unique to the HHVBP Model and therefore do not appear in the HHQRP nor QoPC Star Rating.

Also unique to the HHVBP Model is the data submission for three New Measures: Influenza Vaccination Coverage for Home Health Care Personnel, Herpes Zoster Vaccination, and Advance Care Plan. This data submission occurs on the **HHVBP Secure Portal** and 10 percent of the Total Performance Score is for the New Measure data submission (see Q1000.1).

Additionally, while measures in the HHQRP, QoPC Star Rating, and HHVBP Model use the same measure specifications, different data collection time periods may be used in the measures. Differences in individual quality measure scores between the HHQRP and the HHVBP Model Reports are most likely due to differences in the time periods for the data included in the analyses. As a result, measure results are not expected to be the same and the ability to compare is limited. For additional information, see the HHVBP Model Report and Payment Guide on ***HHVBP Connect.***

Q749. The July 2019 Interim Performance Report (IPR) and all subsequent IPRs include the Total Normalized Composite (TNC) Change in Self-Care and TNC Change in Mobility measures, and no longer include the measures Improvement in Ambulation/Locomotion, Improvement in Bed Transferring, and Improvement in Bathing. As our HHA begins to monitor the two TNC Change measures, what should we consider?

The Home Health Value-Based Purchasing (HHVBP) composite measures, TNC Change in Self-Care and TNC Change in Mobility, capture the **magnitude of change** (positive, negative, or no change) in **multiple** OASIS items. The "TNC Change Reference" worksheet includes information to help you gauge your HHA's performance on the individual OASIS items included in the two composite measures (see **Q744**). Each IPR includes specific **data collection dates**; for example the October 2019 IPR includes the individual HHA's performance data for July 1, 2018 through June 30, 2019 for these two OASIS-based measures. The **first possible baseline year** for the two OASIS-based composite measures is calendar year 2017; as stated in the CY 2019 HH PPS Final Rule, CMS believes that using more currently available calendar year data to assess HHA performance on these two composite measures will result in a more accurate performance score.

As composite measures, the TNC Change in Self-Care and TNC Change in Mobility measures reflect multiple OASIS items. CMS calculates the TNC Change in Self-Care and TNC Change in Mobility measures at the episode level and then aggregates to the home health agency level using a five-step process for each TNC measure. HHAs can view their HHA's performance on each of the items on the TNC reference tab on the IPR.

Additional information regarding calculations is provided in the HHVBP Model Resources *"HHVBP Composite Measures Calculation Steps"* and *"HHVBP Technical Specifications Resource for Composite Outcome Measures"*, located on ***HHVBP Connect.***

Q750. My HHA does not have enough HHCAHPS surveys to meet the reporting requirement and we see that in Performance Years 4 (CY 2019) and 5 (CY 2020) the HHCAHPS measures have a total finalized weight of 30%. If we do not have sufficient data for these measures, how are the finalized weights calculated for my HHA?

When an HHA does not have sufficient data to generate an HHCAHPS score, the weights of the remaining measure categories are based on the relative weight of each category (30% HHCAHPS, 35% claims-based, 35% OASIS-based in Performance Years 4 and 5) when all measure categories are used. For example, if an HHA has sufficient data for claims-based and OASIS-based measures, but not HHCAHPS measures, then the claims-based and OASIS-based measures each count for 50%.

For more information on measure weights, please refer to **Table B: Performance Year 1-3 Measure Weights vs. Performance Year 4-5 Finalized Weights, Effective Jan 1, 2019**.

Q751. How can my HHA download past HHVBP Model Reports?

Beginning July 2019, older reports are only available for download from the **HHVBP Secure Portal** in Microsoft Excel spreadsheet format. To review past Interim Performance Reports (IPRs) and Annual Total Performance Score (TPS) and Payment Adjustment Reports, download the report from the Achievement Points tab using the steps below:

1. Navigate to the bottom of the Achievement Points tab
2. Select the past report from the drop down list
3. Download and save the older report to your computer

Primary Points of Contact (PPOCs), Secondary Points of Contact (SPOCs) and Corporate Points of Contact (CPOCs) can view and download the IPRs. Only PPOCs and CPOCs can view and download the Annual TPS & Payment Adjustment Reports (Annual Report). **Exhibit 14** in the HHVBP Model Report and Payment Guide shows how to download older reports via the **HHVBP Secure Portal**.

VII. Quality Measures

Q906. We understand a minor error was detected in the computation of the prediction models for the two new OASIS-based composite measures, Total Normalized Composite (TNC) Change in Mobility and TNC Change in Self-Care, prior to the release of the October 2019 Interim Performance Reports (IPRs). What corrections were made to these prediction models, are the corrections being applied to the October 2019 IPRs, and what resource is available to understand these corrections?

Through ongoing review of the HHVBP methodologies, a minor error was detected in the computation of the prediction models for the two new composite measures, Total Normalized Composite (TNC) Change in Mobility and TNC Change in Self-Care. CMS has updated the prediction models to correct the error. The updated models will be applied to the October 2019 IPR and all future IPRs and Annual Reports. This update is necessary to ensure the accuracy of the measure calculations.

A written resource, *"HHVBP Technical Specifications Resource for Composite Outcome Measures",* is available on the *HHVBP Connect* site. This resource provides information regarding the impact on:

- Prediction Models
- Baseline and Performance Values
- Achievement Thresholds and Benchmarks
- Improvement and Achievement Points
- Total Performance Score (TPS) and Percentile Ranking

VIII. New Measures

Q1000.1 How are points for the New Measures awarded?

New Measures points are earned for submission of New Measures data. For the Annual TPS and Payment Adjustment Report, if an agency submits for every relevant data submission period, 10 points will be received for that measure. Relevant New Measure data submission periods for Advance Care Plan and Herpes Zoster New Measures are January, April, July, and October. The relevant New Measure data submission period for the Staff Influenza Vaccination data is April. Agencies will see points on the quarterly IPRs that reflect submission for the previous data submission period.

Q1003.2 What are the data collection periods for the New Measures?

The data collection period is a full calendar quarter for the Advance Care Plan and Herpes Zoster Vaccination New Measures. For example, the first data collection period of 2019 for the Advance Care Plan and Herpes Zoster Vaccination measures began on January 1 and ended on March 31. The data collection periods will continue on a quarterly basis for both measures.

HHAs collect data for the measure Influenza Vaccination Coverage for Home Health Care Personnel annually for the period October 1st (or when the vaccine became available) through March 31st each year. For example, the data collection period for the Influenza Vaccination Coverage for Home Health Care Personnel measure started on October 1, 2018 (or when the vaccine became available) and ended March 31, 2019. Data will continue to be collected annually for the Influenza Vaccination Coverage for Home Health Care Personnel measure.

Data submission for all three New Measures begins the first day of the month following the end of collection period as illustrated in the table below. More information on data submission is provided in section "IV. Data Submission."

New Measures	Data Collection Periods	Data Submission Begins
Advance Care Plan and Herpes Zoster Vaccination	January 1st – March 31st April 1st -June 30th July 1st - September 30th October 1st – December 31st	April 1st July 1st October 1st January 1st
Influenza Vaccination Coverage for Home Health Care Personnel	October 1st (or when the vaccine became available) through March 31st each year	April 1st

TABLE A(a): APPLICABLE MEASURE SET BEGINNING PERFORMANCE YEAR 4

NQS Domains	Measure Title	Measure Type	Identifier	Data Source	Numerator	Denominator
Clinical Quality of Care	Improvement in Dyspnea	Outcome	NA	OASIS (M1400)	Number of home health episodes of care where the discharge assessment indicates less dyspnea at discharge than at start (or resumption) of care.	Number of home health episodes of care ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.
Communication & Care Coordination	Discharged to Community	Outcome	NA	OASIS (M2420)	Number of home health episodes where the assessment completed at the discharge indicates the patient remained in the community after discharge.	Number of home health episodes of care ending with discharge or transfer to inpatient facility during the reporting period, other than those covered by generic or measure-specific exclusions.
Efficiency & Cost Reduction	Acute Care Hospitalization: Unplanned Hospitalization during first 60 days of Home Health	Outcome	NQF0171	CCW (Claims)	Number of home health stays for patients who have a Medicare claim for an unplanned admission to an acute care hospital in the 60 days following the start of the home health stay.	Number of home health stays that begin during the 12-month observation period. A home health stay is a sequence of home health payment episodes separated from other home health payment episodes by at least 60 days.
Efficiency & Cost Reduction	Emergency Department Use without Hospitalization	Outcome	NQF0173	CCW (Claims)	Number of home health stays for patients who have a Medicare claim for outpatient emergency department use and no claims for acute care hospitalization in the 60 days following the start of the home health stay.	Number of home health stays that begin during the 12-month observation period. A home health stay is a sequence of home health payment episodes separated from other home health payment episodes by at least 60 days.
Patient Safety	Improvement in Pain Interfering with Activity	Outcome	NQF0177	OASIS (M1242)	Number of home health episodes of care where the value recorded on the discharge assessment indicates less frequent pain at discharge than at the start (or resumption) of care.	Number of home health episodes of care ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.

NQS Domains	Measure Title	Measure Type	Identifier	Data Source	Numerator	Denominator
Patient Safety	Improvement in Management of Oral Medications	Outcome	NQF0176	OASIS (M2020)	Number of home health episodes of care where the value recorded on the discharge assessment indicates less impairment in taking oral medications correctly at discharge than at start (or resumption) of care.	Number of home health episodes of care ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.
Patient & Caregiver-Centered Experience	Care of Patients	Outcome		CAHPS	NA	NA
Patient & Caregiver-Centered Experience	Communications between Providers and Patients	Outcome		CAHPS	NA	NA
Patient & Caregiver-Centered Experience	Specific Care Issues	Outcome		CAHPS	NA	NA
Patient & Caregiver-Centered Experience	Overall rating of home health care	Outcome		CAHPS	NA	NA
Patient & Caregiver-Centered Experience	Willingness to recommend the agency	Outcome		CAHPS	NA	NA

NQS Domains	Measure Title	Measure Type	Identifier	Data Source	Numerator	Denominator
Population/ Community Health	Influenza Vaccination Coverage for Home Health Care Personnel	Process	NQF0431 (Used in other care settings, not Home Health)	Reported by HHAs through Web Portal	Healthcare personnel in the denominator population who during the time from October 1 (or when the vaccine became available) through March 31 of the following year: a) received an influenza vaccination administered at the healthcare facility,, or reported in writing or provided documentation that influenza vaccination was received elsewhere: or b) were determined to have a medical contraindication/ condition of severe allergic reaction to eggs or to other components of the vaccine or history of Guillain-Barre Syndrome within 6 weeks after a previous influenza vaccination; or c) declined influenza vaccination; or d) persons with unknown vaccination status or who do not otherwise meet any of the definitions of the previously mentioned numerator categories.	Number of healthcare personnel who are working in the healthcare facility for at least 1 working day between October 1 and March 31 of the following year, regardless of clinical responsibility or patient contact.
Population/ Community Health	Herpes zoster (Shingles) vaccination: Has the patient ever received the shingles vaccination?	Process	NA	Reported by HHAs through Web Portal	Total number of Medicare beneficiaries aged 60 years and over who report having ever received zoster vaccine (shingles vaccine).	Total number of Medicare beneficiaries aged 60 years and over receiving services from the HHA.
Communication & Care Coordination	Advance Care Plan	Process	NQF0326	Reported by HHAs through Web Portal	Patients who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advanced care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.	All patients aged 65 years and older.

TABLE A(b): APPLICABLE MEASURE SET BEGINNING PERFORMANCE YEAR 4

NQS Domains	Measure Title	Measure Type	Identifier	Data Source	Measure Computation**	Risk Adjustment**
Patient and Family Engagement	Total Normalized Composite Change in Self-Care	Composite Outcome	NA	OASIS (M1800) (M1810) (M1820) (M1830) (M1845) (M1870)	The total normalized change in self-care functioning across six OASIS items (grooming, bathing, upper & lower body dressing, toilet hygiene, and eating)	A prediction model is computed at the episode level. The predicted value for the HHA and the national value of the predicted values are calculated and are used to calculate the risk-adjusted rate for the HHA, which is calculated using this formula: HHA Risk Adjusted = HHA Observed + National Predicted – HHA Predicted.
Patient and Family Engagement	Total Normalized Composite Change in Mobility	Composite Outcome	NA	OASIS (M1840) (M1850) (M1860)	The total normalized change in mobility functioning across three OASIS items (toilet transferring, bed transferring, and ambulation/locomotion)	A prediction model is computed at the episode level. The predicted value for the HHA and the national value of the predicted values are calculated and are used to calculate the risk-adjusted rate for the HHA, which is calculated using this formula: HHA Risk Adjusted = HHA Observed + National Predicted – HHA Predicted.

*NOTES: For more detailed information on the measures using OASIS refer to the OASIS-D Guidance Manual effective January 1, 2019 available at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Downloads/OASIS-D-Guidance-Manual-final.pdf

For NQF endorsed measures see The NQF Quality Positioning System available at http://www.qualityforum.org/QPS. For non-NQF measures using OASIS see links for data tables related to OASIS measures at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/index.html.

For information on HHCAHPS measures see https://homehealthcahps.org

** Because the Total Normalized Composite (TNC) Change in Self-Care and TNC Change in Mobility measures are composite measures rather than simply outcome measures, the terms "Numerator" and "Denominator" do not apply. For information on TNC Change in Self-Care and TNC Change in Mobility measures, see the two HHVBP Model resources, *"HHVBP Composite Measures Calculation Steps"* and *"HHVBP Technical Specifications Resource for Composite Outcome Measures"*, located on ***HHVBP Connect***.

Table B: HHVBP Performance Years 1-3 Measure Weights vs. Performance Years 4-5 Measure Weights, effective January 1, 2019 [1, 2, 3]

	PERFORMANCE YEAR 1 – 3 Measure Weights				PERFORMANCE YEARS 4-5 Measure Weights			
	All Measures (n=1,026)	No HHCAHPS (n=465)	No claims (n=20)	No claims or HHCAHPS (n=99)	All Measures (n=1,026)	No HHCAHPS (n=460)	No claims (n=20)	No claims or HHCAHPS (n=73)
OASIS-Based Measures								
Flu vaccine ever received	6.25%	9.09%	7.14%	11.11%	0.00%	0.00%	0.00%	0.00%
Pneumococcal vaccine	6.25%	9.09%	7.14%	11.11%	0.00%	0.00%	0.00%	0.00%
Improvement in bathing	6.25%	9.09%	7.14%	11.11%	0.00%	0.00%	0.00%	0.00%
Improvement in bed transfer	6.25%	9.09%	7.14%	11.11%	0.00%	0.00%	0.00%	0.00%
Improvement in ambulation	6.25%	9.09%	7.14%	11.11%	0.00%	0.00%	0.00%	0.00%
Improve oral meds	6.25%	9.09%	7.14%	11.11%	5.00%	7.14%	7.69%	14.28%
Improve Dyspnea	6.25%	9.09%	7.14%	11.11%	5.00%	7.14%	7.69%	14.28%
Improve Pain	6.25%	9.09%	7.14%	11.11%	5.00%	7.14%	7.69%	14.28%
Discharged to community	6.25%	9.09%	7.14%	11.11%	5.00%	7.14%	7.69%	14.28%
TNC Change in Self-Care	0.00%	0.00%	0.00%	0.00%	7.50%	10.71%	11.53%	21.42%
TNC Change in Mobility	0.00%	0.00%	0.00%	0.00%	7.50%	10.71%	11.53%	21.42%
Total weight for OASIS measures	**56.25%**	81.82%	64.26%	100.00%	**35.00%**	49.98%	53.82%	99.96%
Claims-Based Measures								
Hospitalizations	6.25%	9.09%	0.00%	0.00%	26.25%	37.50%	0.00%	0.00%
Outpatient ED	6.25%	9.09%	0.00%	0.00%	8.75%	12.50%	0.00%	0.00%
Total weight for claims measures	**12.50%**	18.18%	0.00%	0.00%	**35.00%**	50.00%	0.00%	0.00%
HHCAHPS Measures								
Care of patients	6.25%	0.00%	7.14%	0.00%	6.00%	0.00%	9.23%	0.00%
Communication between provider and patient	6.25%	0.00%	7.14%	0.00%	6.00%	0.00%	9.23%	0.00%
Discussion of specific care Issues	6.25%	0.00%	7.14%	0.00%	6.00%	0.00%	9.23%	0.00%
Overall rating of care	6.25%	0.00%	7.14%	0.00%	6.00%	0.00%	9.23%	0.00%
Willingness to recommend HHA to family or friends	6.25%	0.00%	7.14%	0.00%	6.00%	0.00%	9.23%	0.00%
Total weight for HHCAHPS measures	**31.25%**	0.00%	35.70%	0.00%	**30.00%**	0.00%	46.15%	0.00%

1 Under the finalized weights, the weights of the measure categories, when one category is removed, are based on the relative weight of each category when all measures are used. For example, if the two measure categories, Claims and OASIS, are expressed then each category represents 50% because each of these categories has the same weight (35%) when all 3 categories are represented (the OASIS percentage is shown as 49.98% in Table 49 due to rounding). However, if only

OASIS and HHCAHPS are expressed, OASIS represents 53.82% while HHCAHPS represents 46.15%, which represents the same relative proportion as 35% and 30%, the OASIS and HHCAHPS weights, respectively, when all three categories are present.

2 The flu vaccine ever received and pneumococcal polysaccharide vaccine measures were finalized to be removed from the applicable measure set beginning in CY 2019/PY4.

3 The Improvement in Bathing, Improvement in Bed Transfer and Improvement in Ambulation measures were finalized to be removed from the applicable measure set and replaced with the two composite measures beginning in CY 2019/PY4. The two composite measures TNC Change in Self-Care and TNC Change in Mobility will be weighted 1.5 times more than the other OASIS-based measures so that the total weight for the functional-based OASIS measures is unchanged.

TABLE C: MAXIMUM ACHIEVEMENT & IMPROVEMENT POINTS COMPARISON PY3 (CY2018) to PY4 (CY2019)

Measure Category	Measures	Maximum Possible Achievement Points PY3 (CY 2018)	Maximum Possible Achievement Points PY4 (CY 2019)	Maximum Possible Improvement Points PY3 (CY 2018)	Maximum Possible Improvement Points PY4 (CY 2019)
OASIS-Based	Influenza Immunization Received for Current Flu Season	10	--	10	--
	Pneumococcal Polysaccharide Vaccine Ever Received	10	--	10	--
	Improvement in Bathing	10	--	10	--
	Improvement in Bed Transferring	10	--	10	--
	Improvement in Ambulation/Locomotion	10	--	10	--
	Total Normalized Composite Change in Self-Care [a]	--	15	--	13.5
	Total Normalized Composite Change in Mobility [b]	--	15	--	13.5
	Improvement in Management of Oral Medications	10	10	10	9
	Improvement in Dyspnea	10	10	10	9
	Improvement in Pain Interfering with Activity	10	10	10	9
	Discharged to Community	10	10	10	9
Claims-Based	Emergency Department Use Without Hospitalization	10	10	10	9
	Acute Care Hospitalizations	10	10	10	9
HHCAHPS	Care of Patients	10	10	10	9
	Communications Between Providers and Patients	10	10	10	9
	Specific Care Issues	10	10	10	9
	Overall Rating of Home Health Care	10	10	10	9
	Willingness to Recommend the Agency	10	10	10	9

[a] TNC Change in Self-Care computes the magnitude of change based on the following six OASIS-based quality outcomes: Grooming (M1800), Upper Body Dressing (M1810), Lower Body Dressing (M1820), Bathing (M1830), Toilet Hygiene (M1845), and Eating (M1870).

[b] TNC Change in Mobility computes the magnitude of change based on the following three OASIS-based quality outcomes: Toilet Transferring (M1840), Bed Transferring (M1850), and Ambulation/Locomotion (M1860).

As prepared by the HHVBP Technical Assistance contract number HHSM-500-2014-00033I. If you have suggestions for additional topics, please email the Help Desk: HHVBPquestions@cms.hhs.gov