



Home Health Value-Based Purchasing (HHVBP)



Annual Total Performance Score and Payment Adjustment Report

August 31, 2017

Prepared for CMS by the HHVBP Technical Assistance, contract number HHSM-500-2014-0033I. If you have suggestions for additional topics, please email the helpdesk at HHVBPquestions@cms.hhs.gov.



Agenda

- Annual Total Performance Score & Payment Adjustment Terminology Review
- How the Total Performance Score (TPS) and Adjusted Payment Percentage (APP) are related and calculated
 - » When and how payment adjustment are applied
- Review of important dates
 - » Recalculation and reconsideration process
- Discussion, Q&A, and Closing Notes

Handouts and Questions

- Handouts – available via the green “Resources” widget for live presentations and on *HHVBP Connect* if viewing a recording
 - » Presentation Slides (PDF)
 - » HHVBP Annual TPS & Payment Adjustment Report Fact Sheet
 - » HHVBP Annual TPS & Payment Adjustment Report Glossary
 - » Adjusted Payment Percentage (APP) Fact Sheet
 - » Step-by-step Guide to Download and Print your Report
- Questions
 - » May be submitted privately via the Q&A feature on your screen or anytime via the HHVBP Help Desk at HHVBPquestions@cms.hhs.gov

Webinar Console Overview

“Q&A” Widget –
can be used to ask
questions to the
presenters related to the
Annual TPS & Payment
Adjustment Report.

The screenshot displays a webinar console window titled "Slides". The main content area shows a slide with the CMS logo (Centers for Medicare & Medicaid Services) and the title "Home Health Value-Based Purchasing". Below the title is a photograph of a diverse group of smiling people. At the bottom of the console is a dark grey control bar with five icons: a blue icon of a presentation screen, a grey icon with "CC", a purple icon with "Q&A", a green icon of a document, and a yellow icon with a question mark. A blue arrow points from the text box on the left to the "Q&A" icon.

Questions to Consider

- 1) Is your agency eligible for the Adjusted Payment Percentage (APP) computation?
- 2) How does your agency's Total Performance Score (TPS) value compare with the average TPS for your cohort in your state?
- 3) How is your agency's APP computed?

HHVBP Model Information

TPS Terminology

TPS Calculation

Payment Adjustment Calculation

Annual TPS & Payment Adjustment Report Terminology

- Eligibility criteria for the Annual Performance Payment
- Key Terminology
- 20/40 HHCAHPS calculation

Annual TPS & Payment Adjustment Reports

Three Versions:

- **Preview** Reports: August 2017
 - » Two reports: 20 HHCAHPS and 40 HHCAHPS
 - » **Recalculation requests** may be submitted within 15 days of when CMS publishes Preview Report
- **Preliminary** Report: October 2017
 - » Two reports: 20 HHCAHPS and 40 HHCAHPS
 - » **Reconsideration requests** must be submitted within 15 days of when CMS publishes the Preliminary Report
- **Final** Report: December 2017

Defining and Identifying Cohorts

- A cohort is based on **state and HHA size** and is the group in which the individual HHA competes
 - » If an HHA had fewer than 60 eligible unique HHCAHPS patients in CY2016, it is identified as a “small” HHA
 - » If a state has 8+ “small” HHAs, two cohorts are formed in these states – one for small HHAs and one for large HHAs
 - » If a state has fewer than 8 HHAs that are identified as “small,” all HHAs in that state are assigned to a single cohort
- **States with small and large cohorts in CY 2016:**

FL, IA, MA, NE

Eligibility Criteria for the CY 2018 Annual Performance Payment

- HHAs must have data from the ***full 12 months*** of Baseline Year CY 2015
 - » If an HHA began operations during CY 2015, it is **not** be eligible for the CY 2018 APP calculation
 - » For OASIS and claims-based measures:
 - Must have at least 20 episodes of care on at least five measures in CY 2015

Eligibility Criteria for the CY 2018 Annual Performance Payment (cont.)

- HHAs must have Achievement and Improvement scores on at least five measures from Performance Year CY 2016
 - » For OASIS and claims-based measures:
 - Must have at least 20 episodes of care in CY 2016
 - At least five measures must be the same for both CY 2015 and CY 2016

For HHCAHPS measures...

20/40 HHCAHPS Calculation

To be included in the calculation of the TPS:

- **Current CY 2016 Rule:** minimum of 20 HHCAHPS completed surveys
- **Proposed CY 2018 Rule:** minimum of 40 completed HHCAHPS surveys
 - » To better align the Model with HHCAHPS policy for the Patient Survey Star Ratings on Home Health Compare
 - » If finalized, would apply to Benchmark, Achievement Thresholds, and Performance Scores for all Model years, beginning with Performance Year One (CY 2016)

HHVBP Model Information

TPS Terminology

TPS Calculation

Payment Adjustment Calculation

Review of the Annual TPS & Payment Adjustment Report

Reviewing the elements of the Annual TPS & Payment Adjustment Report “tab-by-tab”

- 1) Achievement
- 2) Improvement
- 3) Care Points
- 4) New Measures
- 5) Total Performance Score
- 6) Payment Adjustment



1. The Achievement Tab

1	2	3	4	5	6
Achievement Points					
Measures	Data Period 12 Month Ending	HHA Performance Score	Achievement Threshold	Benchmark	Current Achievement Points
Oasis-Based Measures					
Drug Education on All Medications Provided to Patient/Caregiver during all Episodes of Care	2016-12-31	99.509	97.888	100	7.408
Influenza Immunization Received for Current Flu Season	2016-12-31	49.181	62.754	93.133	0
Pneumococcal Polysaccharide Vaccine Ever Received					
Improvement in Bathing					
Improvement in Bed Transferring					
Improvement in Ambulation- Locomotion					
Improvement in Management of Oral Medications					
Improvement in Dyspnea					
Improvement in Pain Interfering with Activity					
Discharged to Community					
Claims-Based Measures					
Emergency Department Use Without Hospitalization	2016-12-31	11.762	10.11	4.491	0
Acute Care Hospitalizations					
HHCAHPS Measures					
Care of Patients					
Communications Between Providers and Patients					
Specific Care Issues					
Overall Rating of Home Health Care					
Willingness to Recommend the Agency					
NOTE : * Represents No Data Available for that time period.					

Achievement Threshold:
Median quality measure score for agencies within a state in the baseline year.

KEY TERMS

Benchmark:
Mean of the best 10% of all agencies within a state in the baseline year.

2. The Improvement Tab

Improvement Points					
Measures	Data Period 12 Month Ending	HHA Performance Score	Baseline Period Score	Benchmark	Current Improvement Points
Oasis-Based Measures					
Drug Education on All Medications Provided to Patient/Caregiver during all Episodes of Care					
Influenza Immunization Received for Current Flu Season					
Pneumococcal Polysaccharide Vaccine Ever Received					
Improvement in Bathing					
Improvement in Bed Transferring					
Improvement in Ambulation- Locomotion					
Improvement in Management of Oral Medications					
Improvement in Dyspnea					
Improvement in Pain Interfering with Activity					
Discharged to Community					
Claims-Based Measures					
Emergency Department Use Without Hospitalization	2016-12-31	11.762	11.444	4.491	0
Acute Care Hospitalizations					
HHCAHPS Measures					
Care of Patients					
Communications Between Providers and Patients					
Specific Care Issues					
Overall Rating of Home Health Care					
Willingness to Recommend the Agency					
NOTE : * Represents No Data Available for that time period.					

KEY TERM

Improvement Points:

HHA performs better than itself on a measure in the performance year as compared to the baseline year.

3. The Care Points Tab

Care Points				
Measures	Sufficient Data for Measure Inclusion (0= No; 1=Yes)	Current Achievement Points	Current Improvement Points	Current Care Points
Oasis-Based Measures				
Drug Education on All Medications Provided to Patient/Caregiver during all Episodes of Care	1	7.408	8.319	8.319
Influenza Immunization Received for Current Flu Season	1	0	3.289	3.289
Pneumococcal Polysaccharide Vaccine Ever Received				
Improvement in Bathing				
Improvement in Bed Transferring				
Improvement in Ambulation- Locomotion				
Improvement in Management of Oral Medications				
Improvement in Dyspnea				
Improvement in Pain Interfering with Activity				
Discharged to Community				
Claims-Based Measures				
Emergency Department Use Without Hospitalization	1	0	0	0
Acute Care Hospitalizations				
HHCAHPS Measures				
Care of Patients				
Communications Between Providers and Patients				
Specific Care Issues				
Overall Rating of Home Health Care				
Willingness to Recommend the Agency				
Number of Applicable Measures Used For Calculation	12			
Raw Total Points (RTP)				54.732
NOTE : * Represents No Data Available for that time period.				

KEY TERM

Care Points:

Care Points are the greater value of either the Achievement or the Improvement Points.

4. The New Measures Tab

1 2 3 4

New Measure	Available Points	Measures Reported (MR)	New Measure Points (MR*10)
Influenza Vaccination Coverage for Home Health Care Personnel	10	1	10
Herpes Zoster Vaccination	10	1	10
Advance Care Plan	10	1	10
Total	30	3	30

NOTE : * Represents No Data Available for that time period.

Achievement | Improvement | Care Points | **New Measures** | TPS | Payment Adjustment

KEY TERM

New Measures:

You receive the full 10 points for submitting complete data for a measure.

4. The New Measures Tab (cont.)

New Measure Points for Annual PY 1 (CY 2016)

Data Submitted and Used for Annual Report:	Influenza Vaccination	Herpes Zoster	Advance Care Plan
Apr-16*	2.5	2.5	2.5
Jul-16*	2.5	2.5	2.5
Oct-16	5.0	2.5	2.5
Jan-17	0**	2.5	2.5
Minimum Annual PY1 Points	5	5	5
Maximum Annual PY1 Points	10	10	10

*No data requested; all HHAs will receive points for these two reporting periods.

**Data not requested for this quarter.

5. The Total Performance Score Tab

Total Performance Score						
Calculation of Applicable Measures						
Classifications	Applicable Measures (AM)	Raw Total Points (RTP)	Total Applicable Measure Points (RTP/AM)*10	Weight	Applicable Measures Final Weighted Score (AMFWS)	Percentile Ranking within Cohort
Points	12	54.732	45.61	90%	41.049	
Cumulative Applicable Measures Score	B10	C10	D10		F10	75
Calculation of New Measures						
Classifications	Available Points (AP)	Raw New Measure Points (RNMP)	Total New Measure Points (RNMP/AP)*100	Weight	New Measures Final Weighted Score (NMFWS)	
Points	30	30	100	10%	10	
Cumulative New Measure Score	B16	C16	D16		F16	
Total Performance Score Summary						
Classifications					Final Weighted Score (FWS)	Percentile Ranking within Cohort
Applicable Measure Final Weighted Score (AMFWS)					41.049	
New Measure Final Weighted Score (NMFWS)					10	
Total Performance Score (TPS)					51.049	75
					F24	G24
NOTE: * Represents No Data Available for that time period.						
<div style="display: flex; justify-content: space-between; border-top: 1px solid black; padding-top: 5px;"> ... Improvement Care Points New Measures TPS Payment Adjustment + </div>						

6. The Payment Adjustment Tab

Three Parts:

- 1) Summary Information
- 2) Statistics For Your Cohort
- 3) Payment Adjustment Calculation

6. The Payment Adjustment Tab (cont.)

1) Summary Information

Your Cohort	All Large Volume HHAs in Your State
TPS Performance Year	CY 2016
Maximum Payment Adjustment Percentage	3%
Payment Adjustment Application Year	CY 2018
Your HHA's Final TPS-Adjusted Payment Percentage	1.012%

6. The Payment Adjustment Tab (cont.)

2) Statistics for Your Cohort

Statistics For Your Cohort		
<i>Number of HHAs in Your Cohort</i>	753	
	TPS	Final TPS-Adjusted Payment Percentage
Mean	39.854	0.004%
25th Percentile	29.577	-0.675%
50th Percentile	37.732	-0.034%
75th Percentile	48.563	0.817%
99th Percentile	79.366	3%

Navigation: < | > | ... | Improvement | Care Points | New Measures | TPS | **Payment Adjustment**

6. The Payment Adjustment Tab (cont.)

3) Payment Adjustment Calculation

Payment Adjustment Calculation								
	Step 1 (C1)	Step 2 (C2)	Step 3 (C3)	Step 4 (C4)	Step 5 (C5)	Step 6 (C6)	Step 7 (C7)	Step 8 (C8)
	Total Performance Score (TPS)	Prior Year Payment	Unadjusted Payment Amount $3\% \times (C2)$	TPS-Adjusted Payment Amount $(C1/100) \times (C3)$	Linear Exchange Function (LEF) Ratio $Total (C3)/Total (C4)$	Final TPS-Adjusted Payment Amount $(C4) \times (C5)$	TPS-Adjusted Payment Percentage $(C6)/(C2)$	Final TPS-Adjusted Payment Percentage $(C7) - 3\%$
Your HHA:	51.049	\$1,567,484	\$47,025	\$24,006	2.62	\$62,894	4.012%	1.012%
Your Cohort (all HHAs):	39.854	\$1,849,154,797	\$55,474,644	\$21,200,580	2.62	\$55,545,096	3%	

Note that all dollar amounts in this table are rounded to the nearest dollar.

HHVBP Model Information

TPS Terminology

TPS Calculation

Payment Adjustment Calculation

Payment Adjustment: Three Scenarios

Three Scenarios:

- 1) Two HHAs in the same state and cohort with different TPS values
- 2) Two HHAs with the same TPS values and CY 2015 payments but from different states representing different groups (i.e. cohorts) of HHAs
- 3) Two HHAs with the same TPS values but substantially different CY 2015 payments who are in the same cohort of HHAs



Scenario #1: Two HHAs; Same State/Cohort; Different TPS Values

Note: We transposed the table values from a horizontal list to a vertical list, and labeled the “Your Cohort” values with an “a” for those values that are used in the computations.

Computation Elements	HHA #1	HHA #2
C1 – Total Performance Score (HHAs’ TPS)	38	50
C1a – Ave. TPS for Cohort	49.375	49.375
C2 – Prior Year Payment (HHA’s CY2015 Payment)	\$200,000	\$190,000
C2a – Cohort Total CY2015 Payment	\$3,507,222	\$3,507,222
C3 – Unadjusted Payment Amount [HHA 2015 payment (C2) * 3%] [\$200,000 * 3% = \$6,000]	\$6,000	\$5,700
C3a – Sum of Unadjusted Payment Amount for Cohort	\$105,217	\$105,217
C4 – TPS-Adjusted Payment Amount [HHA’s TPS/100 (C1/100) * C3 value] [(38/100) * \$6,000 = \$2,280]	\$2,280	\$2,850
C4a – Sum of TPS-Adjusted Payment Amount for Cohort	\$53,515	\$53,515
C5 – Linear Exchange Function (LEF) [C3a / C4a] [\$105,217 / \$53,515 = 1.966]	1.966	1.966
C6 – Final TPS-Adjusted Payment Amount [Adjusted at Risk (C4) * LEF (C5)] [\$2,280 * 1.966 = \$4,483]	\$4,483	\$5,603
C7 – TPS-Adjusted Payment Percentage [C6 / C2] [\$4,483 / \$200,000 = 2.241%]	2.241%	2.949%
C8 – Final TPS-Adjusted Payment Percentage (APP) [C7 – 3%] [2.241% - 3% = - 0.759%]	-0.759%	-0.051%

Scenario #2: Two HHAs; Different State/Cohort; Same TPS Values

Computation Elements	HHA #1 in State 1	HHA #2 in State 2
C1 – Total Performance Score (HHAs' TPS)	50	50
C1a – Ave. TPS for Cohort	49	43.5
C2 – Prior Year Payment (HHA's CY2015 Payment)	\$190,000	\$190,000
C2a – Cohort Total CY2015 Payment	\$3,452,222	\$4,507,222
C3 – Unadjusted Payment Amount [HHA 2015 payment (C2) * 3%] [\$190,000 * 3% = \$5,700]	\$5,700	\$5,700
C3a – Sum of Unadjusted Payment Amount for Cohort	\$105,217	\$135,217
C4 – TPS-Adjusted Payment Amount [HHA's TPS/100 (C1/100) * C3 value] [(50/100) * \$5,700 = \$2,850]	\$2,850	\$2,850
C4a – Sum of TPS-Adjusted Payment Amount for Cohort	\$52,927	\$55,619
C5 – Linear Exchange Function (LEF) [C3a / C4a] [\$105,217 / \$52,927 = 1.988]	1.988	2.431
C6 – Final TPS-Adjusted Payment Amount [Adjusted at Risk (C4) * LEF (C5)] [\$2,850 * 1.9879 = \$5,666]	\$5,666	\$6,929
C7 – TPS-Adjusted Payment Percentage [C6 / C2] [\$5,666 / \$190,000 = 2.982%]	2.982%	3.647%
C8 – Final TPS-Adjusted Payment Percentage (APP) [C7 – 3%] [2.982% - 3% = - 0.018%]	-0.018%	0.647%

Scenario #3: Two HHAs; Same State/Cohort and TPS Values; Different Prior Payments

Computation Elements	HHA #1 in State 1	HHA #2 in State 1
C1 – Total Performance Score (HHAs' TPS)	55	55
C1a – Ave. TPS for Cohort	53.6	53.6
C2 – Prior Year Payment (HHA's CY2015 Payment)	\$100,000	\$1,450,000
C2a – Cohort Total CY2015 Payment	\$4,757,222	\$4,757,222
C3 – Unadjusted Payment Amount [HHA 2015 payment (C2) * 3%] [\$1,450,000 * 3% = \$43,500]	\$3,000	\$43,500
C3a – Sum of Unadjusted Payment Amount for Cohort	\$142,717	\$142,717
C4 – TPS-Adjusted Payment Amount [HHA's TPS/100 (C1/100) * C3 value] [(55/100) * \$43,500 = \$23,925]	\$1,650	\$23,925
C4a – Sum of TPS-Adjusted Payment Amount for Cohort	\$76,510	\$76,510
C5 – Linear Exchange Function (LEF) [C3a / C4a] [\$142,717 / \$76,510 = 1.865]	1.865	1.865
C6 – Final TPS-Adjusted Payment Amount [Adjusted at Risk (C4) * LEF (C5)] [\$23,925 * 1.865 = \$44,628]	\$3,078	\$44,628
C7 – PS-Adjusted Payment Percentage [C6 / C2] [\$44,628 / \$1,450,000 = 3.080%]	3.080%	3.080%
C8 – Final TPS-Adjusted Payment Percentage (APP) [C7 – 3%] [3.080% - 3% = - 0.080%]	0.080%	0.080%

Payment Adjustment: Key Take-Away Messages

Key take-away messages from these computations:

- 1) Your TPS value works as a multiplier. The higher you are relative to others in your cohort, the larger your Final Adjusted Payment Percentage (APP)
- 2) Large HHAs have no advantage in APP scores compared with small HHA; TPS performance counts
- 3) The same HHA performance but in different cohorts will produce different APP values



Payment Adjustment: How Will This be Applied in CY2018?

How will the Adjusted Payment Percentage be applied to your claims in CY 2018?

- HHA submits claim as usual
- Medicare claims processing system reviews the claim, calculates payment including any applicable adjustments (add-ons, etc.) and applies the HHVBP payment adjustment to applicable component(s) of the claim
- MAC pays the claims and returns remittance advice with documentation of claim information including payment adjustments



Annual TPS & Payment Adjustment Report Timeline

1. Preview Reports & Recalculation Requests

August 2017



15 days after **Preview Report** is available



Preview Report:
Annual TPS & Payment Adjustment Report

Recalculation Requests due for **Preview Report:**
Annual TPS & Payment Adjustment Report

2. Preliminary Reports & Reconsideration Requests

After Recalculation Requests are processed (Sept-Oct 2017)



15 days after **Preliminary Report** is available



Preliminary Report:
Annual TPS & Payment Adjustment Report

Reconsideration Requests due for **Preliminary Report:**
Annual TPS & Payment Adjustment Report

3. Final Reports

Before 12/2/2017



Final Report:
Annual TPS & Payment Adjustment Report



Recalculation Request Tab

The screenshot displays the HHVBP (Health Agency Value Based Purchasing Model) interface. At the top, there is a navigation bar with the following tabs: Home, New Measures, Reports, Help, and Admin. A notification bell icon with '0' is located on the right side of the navigation bar. Below the navigation bar, there is a 'Show Dismissed Notifications' checkbox. The main content area is divided into two columns. The left column contains a 'Reports' sidebar with a list of report categories, including 'Annual Total Performance Score and Payment Adjustment Report'. The right column contains a grid of report categories: 'Annual Total Performance Score and Payment Adjustment Report', 'Achievement Points', 'Improvement Points', 'Care Points', 'New Measure Points', 'Total Performance Score', 'Payment Adjustment', and 'Recalculation/ Reconsideration Request'. A red arrow points to the 'Recalculation/ Reconsideration Request' category. Below this grid, there is a sub-navigation bar with three options: 'Recalculation/ Reconsideration Request', 'Recalculation Request', and 'Reconsideration Request'. The 'Recalculation/ Reconsideration Request' option is selected. Below this, the 'Recalculation Request' section is visible, featuring a 'Select Report' dropdown menu with 'August 2017' selected.

PPOCs may submit recalculation requests only through the **Recalculation/ Reconsideration Request** menu item under the “Reports” → “Annual Total Performance Score and Payment Adjustment Report” tab on the HHVBP Secure Portal.

Discussion!



Resources & Reminders

Mark Your Calendars

Upcoming Learning Event Topic	Date	Time
Improvement Strategies for Immunization Measures	September 14, 2017	2:00 PM ET

All learning events will be held at 2 PM, Eastern Time.
Please register via the *HHVBP Connect* Calendar.

We value your input! Watch *HHVBP Connect* in September for the upcoming Needs Assessment survey

Questions

Do you have questions about the HHVBP Model?

Contact the HHVBP Model Help Desk at

HHVBPquestions@cms.hhs.gov.

**If you are experiencing technical issues with
gaining access to the HHVBP Secure Portal,**

please call:

(844) 280-5628.

Stay on the line until your issue is resolved.

HHVBP Connect Chatter

- Join the discussion!
 - » Engage with your peers on *HHVBP Connect* by liking and commenting on their posts
- If you would like to ask a question of your peers:
 - » Log into the *HHVBP Connect* site at <https://app.innovation.cms.gov/HHVBPConnect/CommunityLogin>
 - » On the Chatter page, select “Post” at the top and type in your question and post to the “HHVBP All” group
- To request access to *HHVBP Connect*, visit the *HHVBP Connect* site and select the “New User” registration link
 - » Follow the on-screen instructions
 - » The CMMI Connect Help Desk will contact you to complete the registration process



Thank You!

Prepared for CMS by the HHVBP Technical Assistance, contract number HHSM-500-2014-0033I. If you have suggestions for additional topics, please email the helpdesk at HHVBPquestions@cms.hhs.gov.

