Home Health Value Based Purchasing 2025!

Melinda A. Gaboury, CEO
Healthcare Provider Solutions, Inc
info@healthcareprovidersolutions.com

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Melinda A. Gaboury, COS-C Chief Executive Officer

Melinda A. Gaboury, with more than 30 years in home care, has over 20 years of executive speaking and educating experience, including extensive day to day interaction with home care and hospice professionals. She routinely conducts Home Care and Hospice Reimbursement Workshops and speaks at state association meetings throughout the country. Melinda has profound experience in Medicare PDGM training, billing, collections, case-mix calculations, chart reviews and due diligence. UPIC, RA, ADR & TPE appeals with all Medicare MACs have become the forefront of Melinda's current impact on the industry. She is currently serving as Chair of the NAHC/HHFMA Advisory Board and Work Group and is serving on the board of the Home Care Association of Florida and the Tennessee Association for Home Care. Melinda is also the author of the Home Health OASIS Guide to OASIS-E and Home Health Billing Answers, 2024.

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NQS Domains	Measure Full Title/Short Form Name	Data Source	Measure	Measure Full Title/Short Form Name	Data Source
Clinical Quality of Care	Improvement in Dyspnea/Dyspnea	OASIS (M1400)			
Communication & Care Coordination	Discharged to Community	OASIS (M2420)			
Patient Safety	Improvement in Management of Oral Medications/Oral Medication	OASIS (M2020)	Patient & Caregiver-Centered Experience	Home Health Consumer Assessment Healthcare Providers and Systems (HHCAHPS) Survey	CAHPS
Patient and Family Engagement	Total Normalized Composite Change in Mobility*/TNC Mobility	OASIS (M1840) (M1850) (M1860)	Efficiency & Cost Reduction	Acute Care Hospitalization During the First 60 Days of Home Health Use/ACH	Claims
Patient and Family Engagement	Total Normalized Composite Change in Self-Care**/TNC Self-Care	OASIS (M1800) (M1810) (M1820) (M1830) (M1845) (M1870)	Efficiency & Cost Reduction	Emergency Department Use without Hospitalization During the First 60 Days of Home Health/ED Use	Claims

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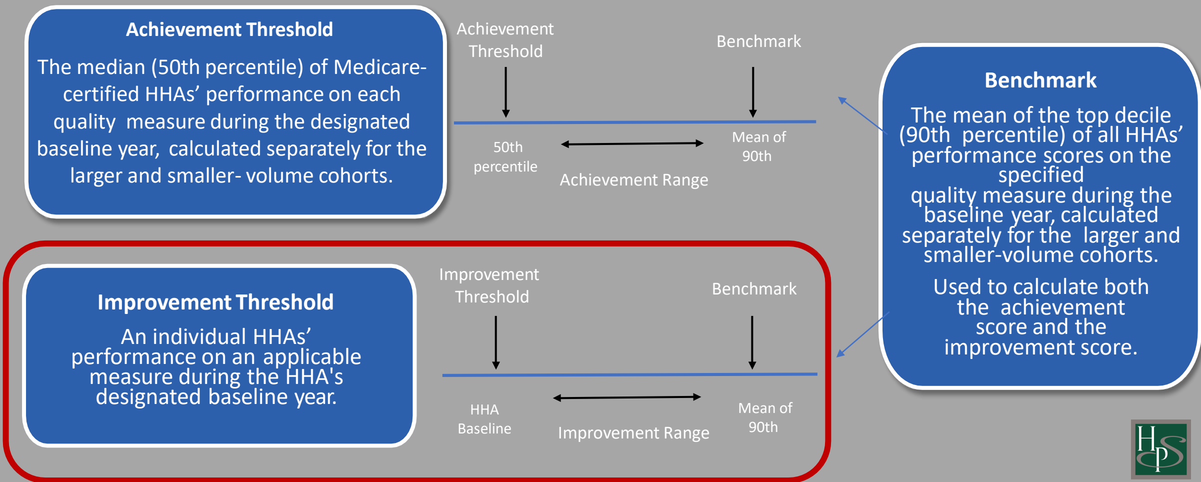
Achievement and Improvement Thresholds



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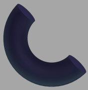
Achievement Score Calculation

We propose to calculate the achievement score using the following formula:

Achievement Score =

$$10 \times \frac{(HHA\ Performance\ Score - Achievement\ Threshold)}{Benchmark - Achievement\ Threshold}$$



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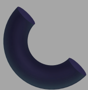
Calculation of the Improvement Score

The following proposed improvement score formula quantifies the HHA' s performance on each applicable measure in the performance year relative to its own performance in the baseline year by calculating the improvement score:

Improvement Score =

$$9 \times \frac{(HHA\ Performance\ Score - HHA\ Improvement\ Threshold)}{Benchmark - HHA\ Improvement\ Threshold}$$



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(2022)

Final Achievement Thresholds and Benchmarks

Measure	Data Period [b] (12-Month End Date)	Achievement Threshold [c]		Benchmark [c]	
		Smaller-volume Cohort	Larger-volume Cohort	Smaller-volume Cohort	Larger-volume Cohort
OASIS-based Measures					
Discharged to Community	12-31-2022	66.012	72.652	88.914	84.249
Improvement in Dyspnea	12-31-2022	74.818	86.305	99.991	98.512
Improvement in Management of Oral Medications	12-31-2022	68.978	80.990	99.409	97.899
Total Normalized Composite (TNC) Change in Mobility	12-31-2022	0.605	0.744	0.987	1.011
Total Normalized Composite (TNC) Change in Self-Care	12-31-2022	1.726	2.123	2.773	2.733
Claims-based Measures					
Acute Care Hospitalizations	12-31-2022	12.011	13.907	4.869	7.773
Emergency Department Use Without Hospitalization	12-31-2022	8.327	11.782	1.245	4.689
HHCAHPS Survey-based Measures					
Care of Patients	12-31-2022	-	89.254	-	94.448
Communications Between Providers and Patients	12-31-2022	-	86.626	-	93.036
Specific Care Issues	12-31-2022	-	82.048	-	91.198
Overall Rating of Home Health Care	12-31-2022	-	85.941	-	94.337
Willingness to Recommend the Agency	12-31-2022	-	79.986	-	91.202

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Preliminary Achievement Thresholds and Benchmarks

Measure	Data Period [b]	Achievement Threshold [c]		Benchmark [c]	
		Smaller-volume Cohort	Larger-volume Cohort	Smaller-volume Cohort	Larger-volume Cohort
OASIS-based Measures					
Discharge Function (DC Function)	12-31-2023	51.355	62.350	91.426	83.179
Improvement in Dyspnea	12-31-2023	83.260	89.672	100.000	99.422
Improvement in Management of Oral Medications	12-31-2023	73.666	85.175	99.997	98.746
Claims-based Measures					
Discharge to Community – Post Acute Care (DTC-PAC)	12-31-2023	71.390	80.510	88.390	90.123
Potentially Preventable Hospitalizations (PPH)	12-31-2023	9.750	9.760	7.254	6.081
HHCAHPS Survey-based Measures					
Care of Patients	12-31-2023	-	89.507	-	94.585
Communications Between Providers and Patients	12-31-2023	-	86.821	-	93.192
Specific Care Issues	12-31-2023	-	82.373	-	91.297
Overall Rating of Home Health Care	12-31-2023	-	86.328	-	94.687
Willingness to Recommend the Agency	12-31-2023	-	80.226	-	91.391

Benchmarks & Achievement Thresholds (2023)

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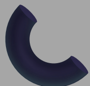
TABLE 29: PROPOSED QUALITY MEASURE WEIGHTING AND RE-WEIGHTING SCHEDULE

	Measure Reporting Scenarios			
Measure	**All Measures**	**No HHCAHPS**	**No Claims**	**No Claims or HHCAHPS**
OASIS				
TNC Self-Care	8.75%	12.50%	13.46%	25.00%
TNC Mobility	8.75%	12.50%	13.46%	25.00%
Oral Medications	5.83%	8.33%	8.98%	16.67%
Dyspnea	5.83%	8.33%	8.98%	16.67%
Discharged to Community	5.83%	8.33%	8.98%	16.67%
Total for OASIS-based measures	*35.00%*	*50.00%*	*53.85%*	*100.00%*
Claims				
ACH	26.25%	37.50%	0.00%	0.00%
ED Use	8.75%	12.50%	0.00%	0.00%
Total for claims-based measures	*35.00%*	*50.00%*	*0.00%*	*0.00%*
HHCAHPS Survey Measure Components				
HHCAHPS Professional Care	6.00%	0.00%	9.23%	0.00%
HHCAHPS Communication	6.00%	0.00%	9.23%	0.00%
HHCAHPS Team Discussion	6.00%	0.00%	9.23%	0.00%
HHCAHPS Overall Rating	6.00%	0.00%	9.23%	0.00%
HHCAHPS Willingness to Recommend	6.00%	0.00%	9.23%	0.00%
Total for the HHCAHPS Survey-based measure	*30.00%*	*0.00%*	*46.15%*	*0.00%*

Total Performance Score (TPS)

① Quality Measure	② Points for Applicable Measures	③ Proposed Weight (percentage)	④ Weighted Points
OASIS			
TNC Self-care	7.661	8.75	6.703
TNC Mobility	5.299	8.75	4.637
Oral Medications	3.302	5.83	1.925
Dyspnea	4.633	5.83	2.701
Discharged to Community	0.618	5.83	0.360
Claims			
ACH	1.180	26.25	3.098
ED Use	0.000	8.75	0.000
HHCAHPS Survey Components			
HHCAHPS Professional Care	10.000	6.00	6.000
HHCAHPS Communication	10.000	6.00	6.000
HHCAHPS Team Discussion	10.000	6.00	6.000
HHCAHPS Overall Rating	5.921	6.00	3.553
HHCAHPS Willingness to Recommend	8.406	6.00	5.044
Total Performance Score		**100.00**	**46.021**



Linear Exchange Function (LEF)

TABLE 32: 5-PERCENT REDUCTION SAMPLE

HHA	TPS	Step 1 Prior Year Aggregate HHA Payment Amount*	Step 2 5-Percent Payment Reduction Amount (C2*5 percent)	Step 3 TPS Adjusted Reduction Amount (C1/100)*C3	Step 4 Linear Exchange Function (LEF) (Sum of C3/ Sum of C4)	Step 5 Final TPS Adjusted Payment Amount (C4*C5)	Step 6 Quality Adjusted Payment Rate (C6/C2)	Step 7 Final Percent Payment Adjustmen t +/- (C7-5%)
	(C1)	(C2)	(C3)	(C4)	(C5)	(C6)	(C7)	(C8)
HHA1	38	$100,000	$5,000	$1,900	1.931	$3,669	3.669%	-1.331%
HHA2	55	$145,000	$7,250	$3,988	1.931	$7,701	5.311%	0.311%
HHA3	22	$800,000	$40,000	$8,800	1.931	$16,995	2.124%	-2.876%
HHA4	85	$653,222	$32,661	$27,762	1.931	$53,614	8.208%	3.208%
HHA5	50	$190,000	$9,500	$4,750	1.931	$9,173	4.828%	-0.172%
HHA6	63	$340,000	$17,000	$10,710	1.931	$20,683	6.083%	1.083%
HHA7	74	$660,000	$33,000	$24,420	1.931	$47,160	7.146%	2.146%
HHA8	25	$564,000	$28,200	$7,050	1.931	$13,615	2.414%	-2.586%
Sum			$172,611	$89,379		$172,611		

*Example cases.

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Performance Feedback Reports: Timeline

Report Title (Month Issued)	OASIS-based Measures	Claims-based and HHCAHPS Survey-based Measures
July 2023 IPR (July 2023)	12 months ending 3/31/2023	Baseline data only
October 2023 IPR (October 2023)	12 months ending 6/30/2023	12 months ending 3/31/2023
January 2024 IPR (January 2024)	12 months ending 9/30/2023	12 months ending 6/30/2023
April 2024 IPR (April 2024)	12 months ending 12/31/2023	12 months ending 9/30/2023
July 2024 IPR (July 2024)	12 months ending 3/31/2024	12 months ending 12/31/2023
Annual TPS and Payment Adjustment Report (Preview version, Aug 2024)	12 months ending 12/31/2023	12 months ending 12/31/2023

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Accessing Reports in iQIES

- Expanded HHVBP Model IPRs are available on the Internet Quality Improvement and Evaluation System (iQIES) portal: https://iqies.cms.gov/iqies.

Expanded HHVBP Model Reports – Access Instructions (PDF)
on the
Expanded HHVBP Model webpage

- CMS will send emails announcing the availability of the reports in iQIES to registered users through the Expanded HHVBP Model listserv and the iQIES listserv.

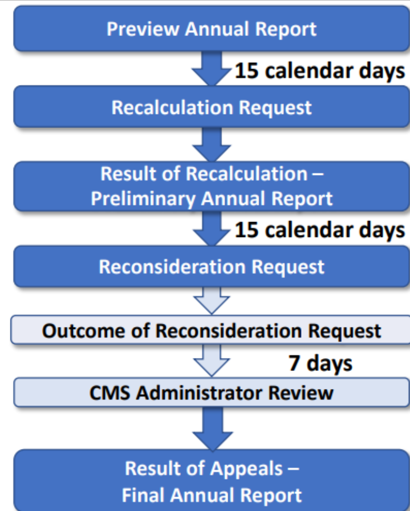
Accessing Reports in iQIES

- IPRs are available in the “HHA Provider Preview Reports” folder, by the CMS Certification Number (CCN) assigned to the HHA.
- If a provider has more than one (1) CCN, a report will be available for each CCN.
- Only iQIES users authorized to view an HHA’s reports can access the expanded HHVBP Model reports.
- For more information, please review the QIES Technical Support Office webpage for HHA Providers.

For support with iQIES registration and/or accessing reports, please contact the QIES/iQIES Service Center by phone at (800) 339-9313 or email iqies@cms.hhs.gov.

Annual Performance Reports

- **Preview APR:**
  - An HHA may submit an Annual Report ***recalculation request*** within 15 calendar days after CMS issues the Preview Annual Report if they believe there is an error.
- **Preliminary APR:**
  - If an HHA disagrees with the results of the CMS recalculation, the HHA may submit a ***reconsideration request**** within 15 calendar days after CMS issues the Preliminary APR.
- ***From CY 2024 Final Rule, effective beginning CY 2024:***
  - An HHA may request a ***CMS Administrator review*** of a reconsideration decision within seven (7) days from CMS' notification to the HHA contact of the outcome of the ***reconsideration request***.



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Finalized Changes - 2025!

The HH Final Rule, released on Nov 1, 2023, finalized several changes to HHVBP, starting in CY2025:

- **Removal of 5 measures**, addition of **3 new measures** (starting in CY 2025)
- **Updated weights** for all measures, except HHCAHPS (starting in CY 2025)
- **Updated Baseline Year (2023)** for all measures (starting in CY 2025)
- Codify the measure removal factors (effective in CY 2024)

Public Reporting Update

CMS is including an update to remind HHAs and other stakeholders that **public reporting** of HHVBP performance data and payment adjustments will begin in December 2024.

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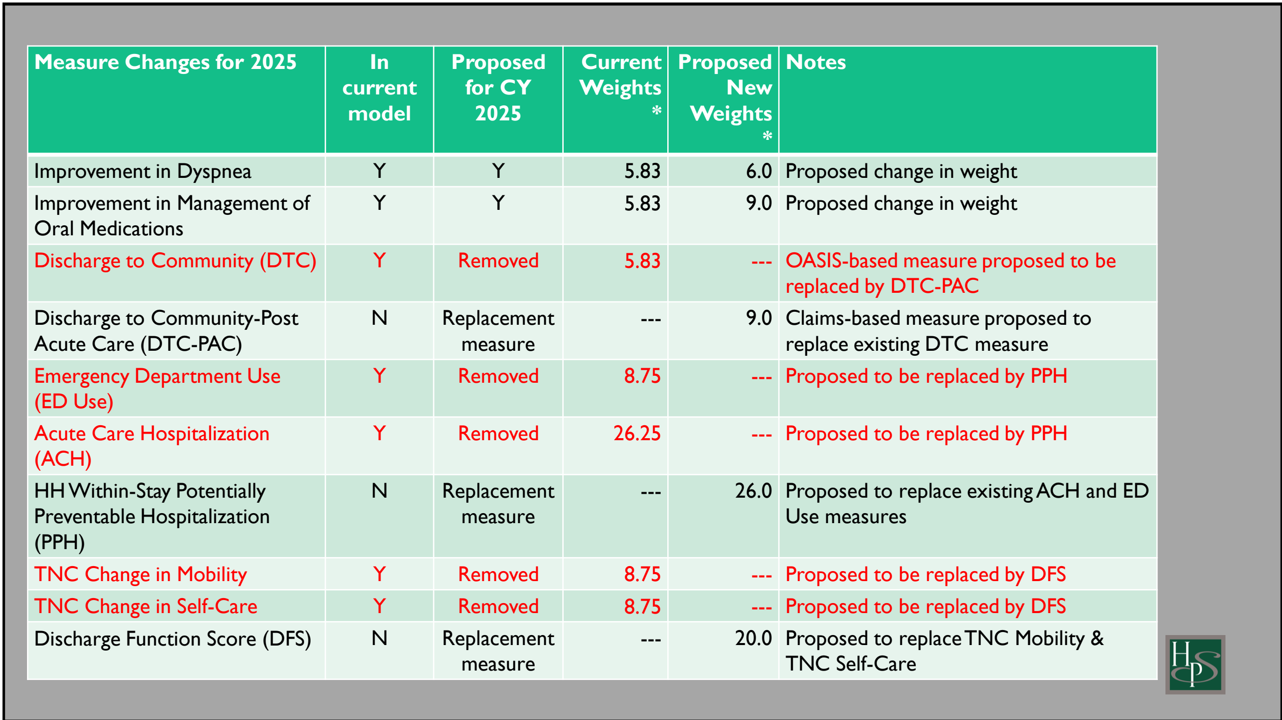

Measure Changes for 2025	In current model	Proposed for CY 2025	Current Weights *	Proposed New Weights *	Notes
Improvement in Dyspnea	Y	Y	5.83	6.0	Proposed change in weight
Improvement in Management of Oral Medications	Y	Y	5.83	9.0	Proposed change in weight
Discharge to Community (DTC)	Y	Removed	5.83	---	OASIS-based measure proposed to be replaced by DTC-PAC
Discharge to Community-Post Acute Care (DTC-PAC)	N	Replacement measure	---	9.0	Claims-based measure proposed to replace existing DTC measure
Emergency Department Use (ED Use)	Y	Removed	8.75	---	Proposed to be replaced by PPH
Acute Care Hospitalization (ACH)	Y	Removed	26.25	---	Proposed to be replaced by PPH
HH Within-Stay Potentially Preventable Hospitalization (PPH)	N	Replacement measure	---	26.0	Proposed to replace existing ACH and ED Use measures
TNC Change in Mobility	Y	Removed	8.75	---	Proposed to be replaced by DFS
TNC Change in Self-Care	Y	Removed	8.75	---	Proposed to be replaced by DFS
Discharge Function Score (DFS)	N	Replacement measure	---	20.0	Proposed to replace TNC Mobility & TNC Self-Care

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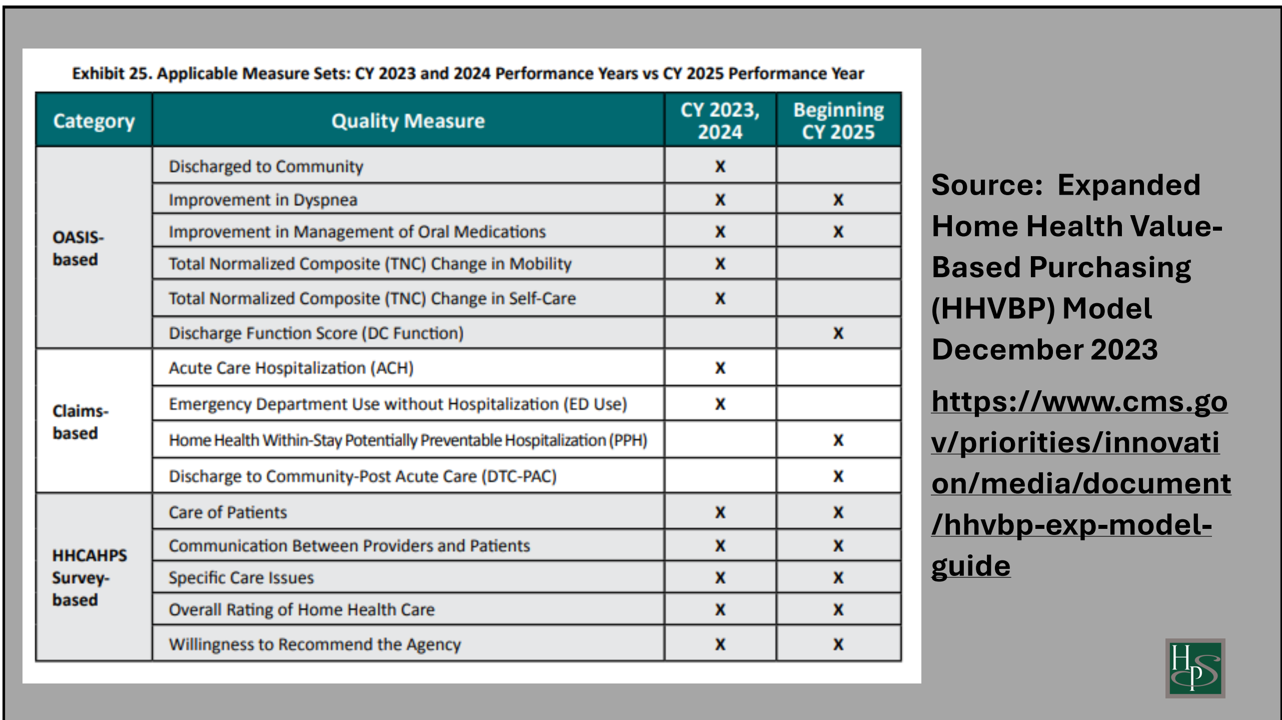

Exhibit 25. Applicable Measure Sets: CY 2023 and 2024 Performance Years vs CY 2025 Performance Year

Category	Quality Measure	CY 2023, 2024	Beginning CY 2025
OASIS-based	Discharged to Community	x	
	Improvement in Dyspnea	x	x
	Improvement in Management of Oral Medications	x	x
	Total Normalized Composite (TNC) Change in Mobility	x	
	Total Normalized Composite (TNC) Change in Self-Care	x	
	Discharge Function Score (DC Function)		x
Claims-based	Acute Care Hospitalization (ACH)	x	
	Emergency Department Use without Hospitalization (ED Use)	x	
	Home Health Within-Stay Potentially Preventable Hospitalization (PPH)		x
	Discharge to Community-Post Acute Care (DTC-PAC)		x
HHCAHPS Survey-based	Care of Patients	x	x
	Communication Between Providers and Patients	x	x
	Specific Care Issues	x	x
	Overall Rating of Home Health Care	x	x
	Willingness to Recommend the Agency	x	x

Source: Expanded Home Health Value-Based Purchasing (HHVBP) Model December 2023

https://www.cms.gov/priorities/innovation/media/document/hhvbp-exp-model-guide

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Exhibit 27. Measure Weights - CY 2023 and CY 2024 vs CY 2025 Performance Years

Measure Category	Quality Measures	*Finalized Redistributions*			
		Current Measure Weights* (CY 2023, CY 2024)		Measure Weights Beginning CY 2025	
		Larger-Volume Cohort	Smaller-Volume Cohort	Larger-Volume Cohort	Smaller-Volume Cohort
OASIS-based Measures	Discharged to Community	5.83%	8.33%	-	-
	Improvement in Dyspnea	5.83%	8.33%	6.00%	8.57%
	Improvement in Management of Oral Medications	5.83%	8.33%	9.00%	12.86%
	TNC Change in Mobility	8.75%	12.5%	-	-
	TNC Change in Self-Care	8.75%	12.5%	-	-
	Discharge Function Score	-	-	20.00%	28.57%
	Sum of OASIS-based Measures	**35.00%**	**50.00%**	**35.00%**	**50.00%**
Claims-based Measures	Acute Care Hospitalization	26.25%	37.50%	-	-
	Emergency Department Use	8.75%	12.50%	-	-
	Potentially Preventable Hospitalization	-	-	26.00%	37.14%
	Discharge to Community-Post Acute Care	-	-	9.00%	12.86%
	Sum of Claims-based Measures	**35.00%**	**50.00%**	**35.00%**	**50.00%**
HHCAHPS Survey-based Measures	Care of Patients	6.00%	0.00%	6.00%	0.00%
	Communication Between Providers and Patients	6.00%	0.00%	6.00%	0.00%
	Specific Care Issues	6.00%	0.00%	6.00%	0.00%
	Overall Rating of Home Health Care	6.00%	0.00%	6.00%	0.00%
	Willingness to Recommend the Agency	6.00%	0.00%	6.00%	0.00%
	Sum of HHCAHPS Survey-based Measures	**30.00%**	**0.00%**	**30.00%**	**0.00%**
	Sum of All Measures	**100.00 %**	**100.00 %**	**100.00 %**	**100.00 %**

*The weights of the measure categories, when one (1) category is removed, are based on the relative weight of each category when all measures are used. For example, if an HHA is missing the HHCAHPS category, the remaining two (2) measure categories (OASIS-based and claims-based) each have a weight of 50%.

Source: Expanded Home Health Value-Based Purchasing (HHVBP) Model December 2023

https://www.cms.gov/priorities/innovation/media/document/hhvbp-exp-model-guide

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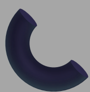
DTC-PAC

- This Medicare claims-based outcome measure assesses successful discharge to community from an HHA, with successful discharge to community including no unplanned hospitalizations and no death in the 31 days following discharge. Specifically, this measure reports an HHA's risk-standardized rate of Medicare fee-for-service (FFS) patients who are discharged to the community following an HHA stay, and do not have an unplanned admission to an acute care hospital or long-term care hospital (LTCH) in the 31 days following discharge to community, and who remain alive during the 31 days following discharge to community.



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DTC-PAC

Measure Category	Claims-based
Data Source	**Claims** – Medicare fee-for-service (FFS)
Measure Description	This measure assesses successful discharge to the community from an HHA, with successful discharge to the community including no unplanned hospitalizations and no death in the 31 days following discharge.
Measure Calculation	**Numerator:** The risk-adjusted estimate of the number of patients who are discharged to the community, do not have an unplanned admission to an acute care hospital (ACH) or long-term care hospital (LTCH) in the 31-day post-discharge observation window, and who remain alive during the post-discharge observation window. **Denominator:** The risk-adjusted expected number of discharges to community. This estimate includes risk adjustment for patient characteristics with the HHA effect removed. The "expected" number of discharges to community is the predicted number of risk-adjusted discharges to community if the same patients were treated at the average HHA appropriate to the measure for home health stays that begin during the **two (2) year observation window**. **Risk-Standardized Rate:** Numerator over denominator times the national observed DTC-PAC rate. **Measure-specific Exclusions:** Home health stays discharged: to psychiatric hospital, against medical advice, to disaster alternative care sites or federal hospitals, court/law enforcement, or hospice; enrolled in hospice in the post-discharge observation window; not continuously enrolled in Medicare Parts A and B or enrolled in Part C; a short-term acute care stay or psychiatric stay for non-surgical treatment of cancer in the 30 days prior to PAC admission; discharge to another home health agency; or baseline nursing facility residents who return to nursing home as place of residence.
Measure Type	Utilization outcome

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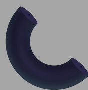
DTC-PAC

Measure exclusion criteria are as follows:

- Age under 18 years;
- Discharges to a psychiatric hospital;
- Discharges against medical advice;
- Discharges to disaster alternative care site or a federal hospital;
- Discharges to court/law enforcement;
- Discharges to hospice or patient stays with a hospice benefit in the 31-day post-discharge window;
- Stays for patients without continuous Parts A and B FFS Medicare enrollment during the 12 months prior to the HHA admission date and the 31 days after the HHA discharge;
- HHA stays preceded by a short-term acute care or psychiatric stay for non-surgical treatment of cancer;
- Stays ending in transfer to a HHA; and
- Stays with problematic claims data (e.g. anomalous records for stays that overlap wholly or in part, or are otherwise erroneous or contradictory).
- Medicare Part A benefits exhausted



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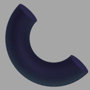
HH With-in Stay Potentially Preventable Hospitalization (PPH)

- This measure reports a home health agency (HHA)-level rate of risk-adjusted potentially preventable hospitalization (PPH) or potentially preventable observation stays (PPOBS) that occur within a home health (HH) stay for all eligible stays at each agency. A HH stay is a sequence of HH payment episodes separated from other HH payment episodes by at least two days.



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HH With-in Stay Potentially Preventable Hospitalization (PPH)

Measure Category	**Claims-based**
Data Source	**Claims** – Medicare fee-for-service (FFS)
Measure Description	HHA-level rate of risk-adjusted potentially preventable hospitalization (PPH) or potentially preventable observation stays (PPOBS) that occur within a home health stay for all eligible stays at each agency.
Measure Calculation	**Numerator:** The risk-adjusted prediction of the number of patients with at least one (1) potentially preventable hospitalization (i.e., in an acute care hospital or long-term care hospital) or observation stay during the home health stay. **Denominator:** The risk-adjusted expected number of hospitalizations or observation stays. The "expected" number of observation stays or admissions is the projected number of risk-adjusted hospitalizations if the same patients were treated at the average HHA appropriate to the measure. **Risk-Standardized Rate:** Numerator over denominator times the national observed PPH rate. **Measure-specific Exclusions:** Home health stays 1) that begin with a Low Utilization Payment Adjustment (LUPA) claim, 2) in which the patient receives service from multiple agencies during the home health stay, or 3) for patients not continuously enrolled in Medicare Part A FFS for the 12 months prior to the home health admission date through the end of the home health stay.
Measure Type	Utilization outcome

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HH With-in Stay Potentially Preventable Hospitalization

The following stays are excluded from the measure:

1) Stays where the patients are less than 18 years old.

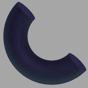
2) Stays where the patients were not continuously enrolled in Part A FFS Medicare for the 12 months prior to the HH admission date through the end of the home health stay.

3) Stays that begin with a Low Utilization Payment Adjustment (LUPA) claim.

4) Stays where the patient receives service from multiple agencies during the home health stay.

5) Stays where the information required for risk adjustment is missing.

- If one of the four conditions occur, the stays will be excluded:
  - Missing beneficiary's birthday information;
  - Beneficiary has gender other than male or female;
  - Missing or invalid Health Insurance Prospective Payment System (HIPPS) code; Abt Associates
  - Beneficiary has Medicare Status Code other than the following: 10: Aged without ESRD, 11: Aged with ESRD, 20: Disabled without ESRD, 21: Disabled with ESRD, 31: ESRD only



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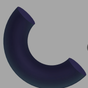
HH With-in Stay Potentially Preventable Hospitalization

- Planned Inpatient Admissions or Observation Stays This measure is focused on inpatient admissions or observation stays that are potentially preventable (PP) and unplanned. Thus, planned admissions are not counted in the numerator— PPs are only counted in the numerator if the inpatient admission or observation stay is considered unplanned.
- If an inpatient or outpatient claim contains a code for a procedure that is frequently a planned procedure, then that inpatient admission or observation stay is designated to be a planned inpatient admission or observation stay. Similarly, if an inpatient or outpatient claim contains a code for a diagnosis that is frequently a planned diagnosis, then that inpatient admission or observation stay is designated to be a planned inpatient admission or observation stay. However, the planned inpatient admission or observation stay is reclassified as unplanned if the claim also contains a code indicating one or more acute diagnoses from a specified list.



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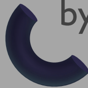
Discharge Function Score

- **Numerator:** Number of home health episodes with an observed discharge function score that is equal to or higher than the calculated **expected discharge function score**.
- **Denominator:** 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.

What's new?
Uses "GG" OASIS Questions instead of M1800s



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Discharge Function Score

Measure Category	**OASIS-based**
Data Source	**Section GG** – Self-Care [GG0130 three (3) items], Mobility [GG0170 eight (8) items]
Measure Description	Proportion of HHA's episodes where a patient's observed discharge score meets or exceeds their expected discharge score.
Measure Calculation	**Numerator:** Number of quality episodes in an HHA with an observed discharge function score that is equal to or higher than the calculated expected discharge function score. **Observed score: Sum of the individual items at discharge.** **Expected score: Determined by applying a regression equation determined from risk adjustment to each home health episode.** **Denominator:** Total number of home health quality episodes with an OASIS record in the measure target period [four (4) quarters] that do not meet the exclusion criteria. **Measure-specific Exclusions:** Episodes that end with unexpected inpatient facility transfer, death, or discharge to hospice; patient less than 18 years old; coma or vegetative state; episodes less than three (3) days.
Measure Type	End Result Outcome – Health

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Discharge Function Score

Item	Item Description
GG0130A	Eating
GG0130B	Oral Hygiene
GG0130C	Toileting Hygiene
GG0170A	Roll Left and Right
GG0170C	Lying to Sitting on Side
GG0170D	Sit to Stand
GG0170E	Chair/Bed-to-Chair Transfer
GG0170F	Toilet Transfer
GG0170I	Walk 10 Feet
GG0170J	Walk 50 Feet with 2 Turns
GG0170R	Wheel 50 Feet with 2 Turns

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Discharge Function Score

An expectation for discharge function score is built for each HHA episode by accounting for patient characteristics that impact their functional status. The final Discharge Function Score for a given HHA is the proportion of that HHA's episodes where a patient's observed discharge score meets or exceeds their expected discharge score. HHAs with low scores are not producing the functional gains that they could be for a larger share of their patients. The measure provides actionable feedback to HHAs that has the potential to hold providers accountable and encourage them to improve the quality of care they deliver. This measure also promotes patient wellness, encourages the provision of adequate therapy to help prevent adverse outcomes (e.g., rehospitalization), and increases the transparency of quality of care in the HH setting. The Discharge Function Score measure adds value to the HH QRP function measure portfolio by using specifications that allow for better comparisons across post-acute care (PAC) settings, considering both self-care and mobility activities in the function score, and refining the approach to addressing missing item scores.

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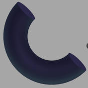
Discharge Function Score

The HH episode is excluded if any of the following are true:

- Patients with an incomplete stay. Patients with incomplete stays include patients who are unexpectedly discharged to an acute care setting (Short-stay Acute Hospital, Critical Access Hospital, Inpatient Psychiatric Facility, or Long-term Care Hospital); patients who die; and patients with an HH episode that is less than 3 days.
- Patient is in a coma, persistent vegetative state, has complete tetraplegia, locked-in state, severe anoxic brain damage, cerebral edema, or compression of the brain.
- Patient is younger than 18 years: Age in years is calculated based on the truncated difference between admission date and birth date, i.e., the difference is not rounded to nearest whole number.



- Patient is discharged to hospice (home or institutional facility)

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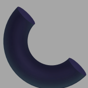
VBP Is a Marathon, Not a Sprint!

- **Anticipate changes to the model – the demonstration proved they will make them**
- **Sustaining change, and continuous learning and improvement, as an organizational culture, will be critical -**
  - Assure operating systems are adequate and properly aligned to support the organization's vision, strategies and goals.
  - Aligning employee (and contract staff) behaviors, practices, performance, and reward recognition are important for assuring long-term, sustainable change and improvement.
    - **Cannot allow some to impede progress**
    - **What matters should be measured---what gets measured tends to improve over time! Critical for assuring ongoing sustainable change and continuous improvement as keys for VBP.**
    - **Clearly define "what matters" with key metrics to measure how we are going to "keep score"…avoid information overload.**



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Proposed Rule 2025

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

- CMS is including in the proposed rule an RFI that would build on input from the Expanded Home Health Value-Based Purchasing (HHVBP) Model's Implementation and Monitoring technical expert panel (TEP), which met in November 2023. Discussions included potential future measure concepts that could fill measurement gaps in the expanded HHVBP Model. These include function measures complementing the existing cross-setting Discharge (DC) Function measure. These measures would include care activities like bathing and dressing, which are important for home health patients and caregivers but are not included in the DC Function measures. Based on TEP feedback, CMS may also consider adding the existing Medicare Spending per Beneficiary measure in future rulemaking. Other potential areas for measure development activities discussed with the TEP include family caregiver status and claims-based falls with major injuries.

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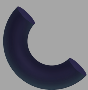
Proposed Rule 2025

Health Equity Update

- CMS is including an update on health equity to let stakeholders know that we are committed to developing approaches to meaningfully incorporate the advancement of health equity into the expanded HHVBP Model. As we move this important work forward, we will continue to take input from home health stakeholders and monitor the application of proposed health equity policies across CMS initiatives, such as proposed payment adjustments in the Hospital and SNF Value-Based Purchasing Programs.



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Updated Resources for HHVBP

Resource Guide

https://www.cms.gov/priorities/innovation/media/document/hhvbp-exp-model-resource-index

New Email Address for Questions

HHVBPquestions@cms.hhs.gov

New FAQs Updated for 2025 Changes

https://www.cms.gov/priorities/innovation/media/document/hhvbp-exp-faqs

Technical Expert Panel Report for 2025 Changes

https://www.cms.gov/files/document/hhvbp-exp-tech-exp-panel-rpt.pdf

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Have any questions?

Scan the QR Code to schedule a call!

Thank You for Participating!

Melinda A. Gaboury, COS-C
Chief Executive Officer

Healthcare Provider Solutions, Inc.
402 BNA Drive, Suite 212
Nashville, TN 37217

615.399.7499
info@healthcareprovidersolutions.com

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