LeadingAge HHVBP Workgroup
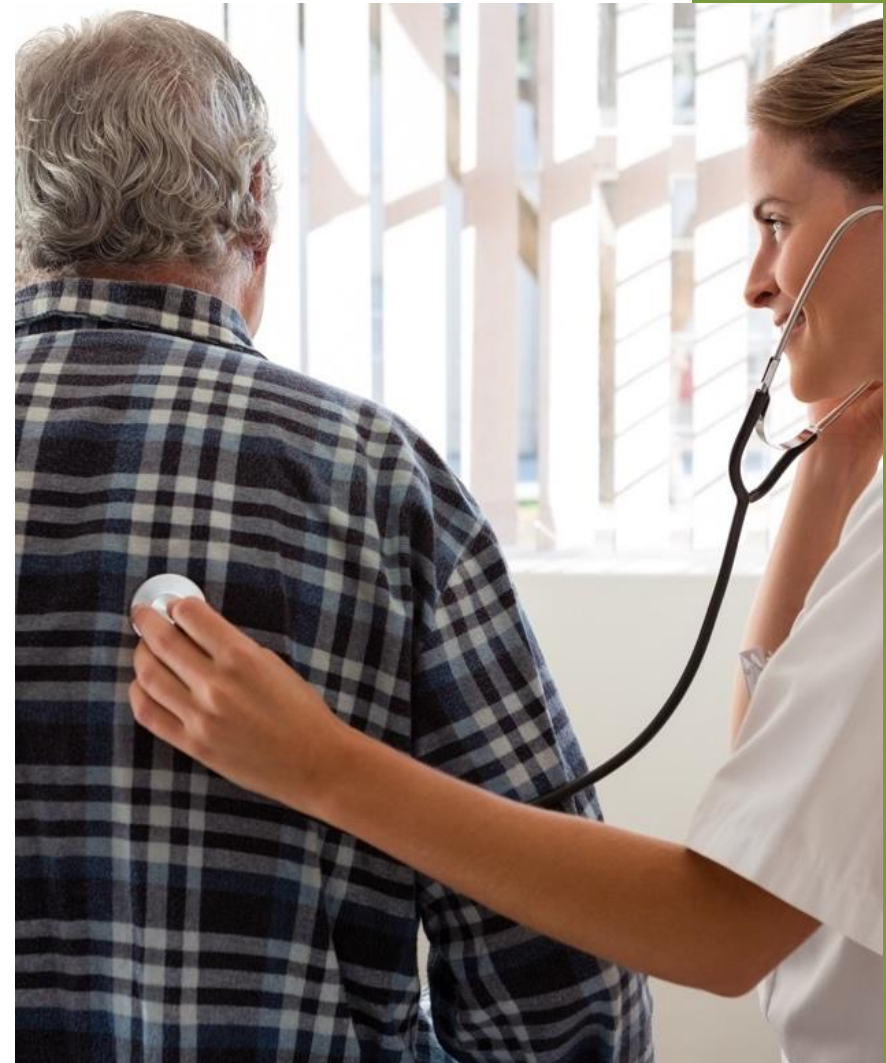
Introductory Workgroup Meeting CY2025

February 25, 2025

Katy Barnett

Francesca Muterspaw

KB Katy Barnett <kbarnett@leadingage.org>
To ● Katy Barnett

Thu 2/20

ⓘ If there are problems with how this message is displayed, click here to view it in a web browser.

LeadingAge®

February 20, 2025

Hi Katy,

I invite you to join a new initiative from LeadingAge's Home Health Member Network that offers education, resources and up-to-date information to help providers succeed and excel in the current payment environment.

Participate in the workgroup's bi-monthly meetings to benefit from insights delivered by payment and quality experts, data analysis from LeadingAge national staff, and knowledge sharing during peer-to-peer discussions and open dialogue.

Our first call is **Tuesday, February 25, 2025, at 3 pm ET**.

Register for Tuesday's Call

Please email me if you have any questions. Thank you.

Sincerely,

KATY BARNETT
Director, Home Care and Hospice
Operations and Policy

Agenda

- Expanded Home Health Value-Based Purchasing Model 101

- CY2023 performance analysis

- Workgroup goals, what to expect, timeline

- Priority measures for workgroup

- IPR/APR data collection survey and expectations

- Questions and answers

HHVBP 101

Original Model implemented 2016-2021. Only tested in 9 states, comparing agencies within states, and the upside/downside increased yearly to finally 7%.

- 4.6% improvement in home health agency performance

- Annual savings of $141 million to Medicare

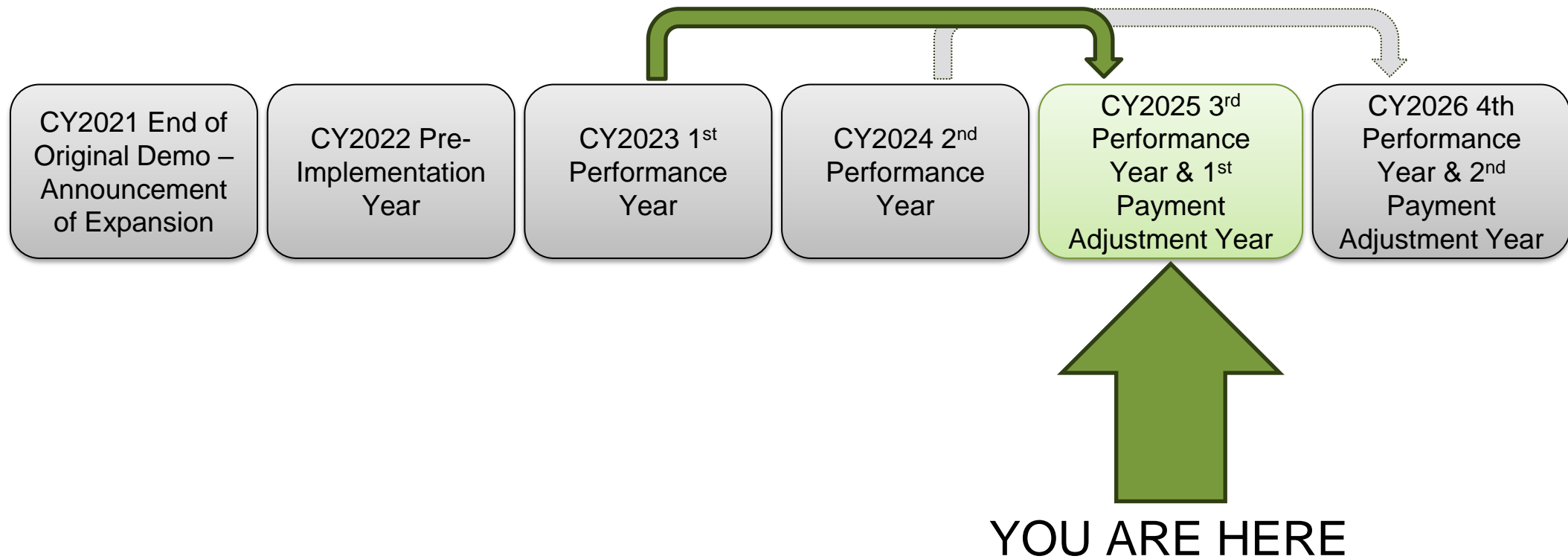- Expanded nationwide by ACA authority in 2021
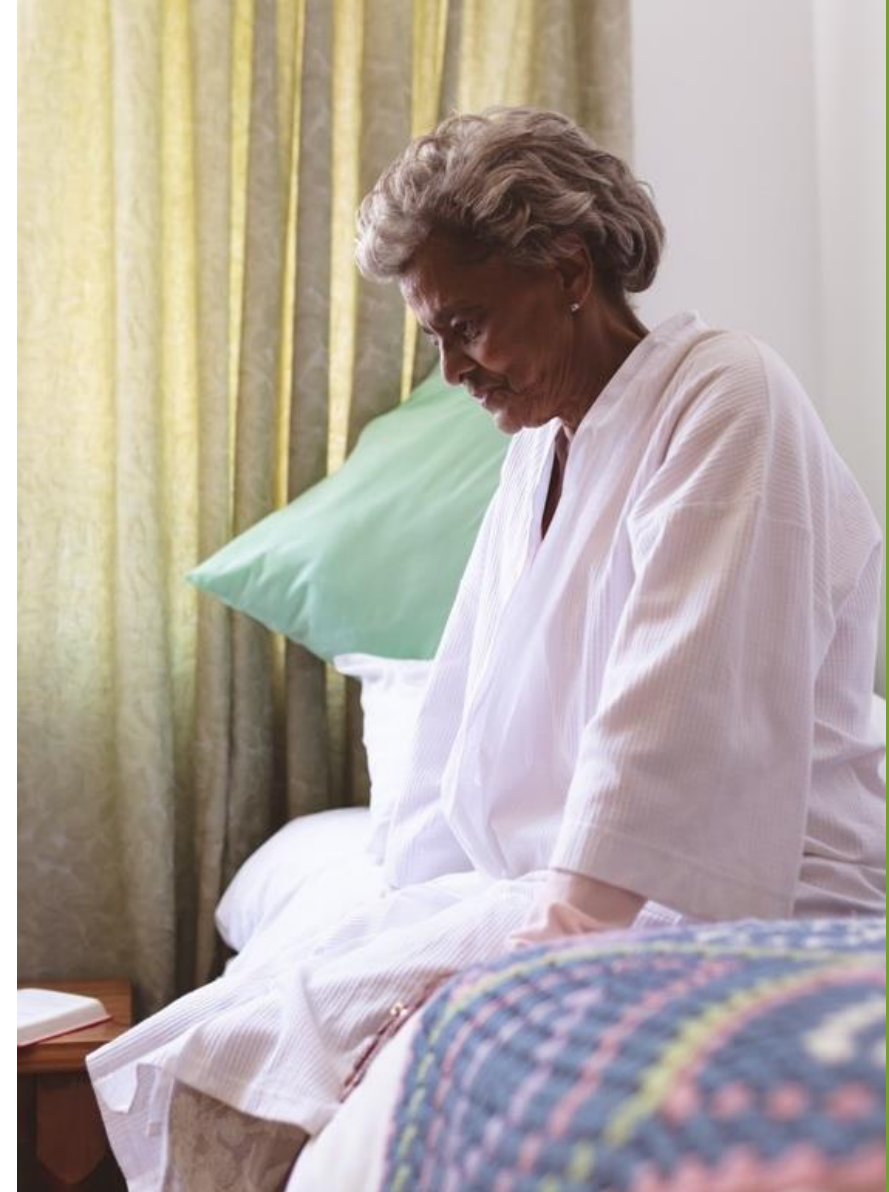
HHVBP 101

Seeks to improve quality of care for Medicare beneficiares through nationwide payment incentives (-5/+5).

Payment adjustments determined based on HHAs quality performance measures relative to peers in their national size cohort.

Payment adjustment applies only to Medicare Home Health fee-for-service (FFS) claims.

HHVBP 101

CY2021 End of Original Demo – Announcement of Expansion

CY2022 Pre-Implementation Year

CY2023 1st Performance Year

CY2024 2nd Performance Year

CY2025 3rd Performance Year & 1st Payment Adjustment Year

CY2026 4th Performance Year & 2nd Payment Adjustment Year

YOU ARE HERE

HHVBP 101

Mandatory for all 50 states, DC, and US territories

Larger-Volume Cohort
- 60 or more unique HHCAHPS Survey-eligible beneficiaries in the calendar year prior to the performance year.

Smaller-Volume Cohort
- Fewer than 60 unique HHCAHPS-Survey eligible beneficiaries in the calendar year prior to the performance year.

Not Participating
- Inactive
- Medicare-certified on or after January 1 of prior performance year.
- Medicare-certified prior to January 1 of prior performance year, but lack sufficient data (fewer than five QMs) to calculate a TPS & APP.

Figure 1. Summary of Applicable QMs for CY 2023, 2024, and 2025 Performance Years

Measure Type	Quality Measure	CY 2023 & 2024	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 Hospitalizations (ACH)	X	
	Emergency Department Use Without Hospitalization (ED)	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 (Professional Care)	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
*This measure spans two CYs: 2024/2025			

Quality Measures for Improvement

Minimum Data Required

Measure Category	Threshold
OASIS-based	20 home health quality episodes
Claims-based	20 home health stays
HHCAHPS Survey-based	40 completed surveys

	Proposed Redistributions			
	Current Measure Weights		Proposed Measure Weights	
Measure	Larger-Volume Cohort	Smaller-Volume Cohort	Larger-Volume Cohort	Smaller-Volume Cohort
OASIS-Based Measures				
Discharged to Community	5.833	8.333	-	-
Improvement in Dyspnea	5.833	8.333	6.000	8.571
Improvement in Management of Oral Medications	5.833	8.333	9.000	12.857
Total Normalized Composite (TNC) Change in Mobility	8.750	12.500	-	-
Total Normalized Composite (TNC) Change in Self-Care	8.750	12.500	-	-
DC Function	-	-	20.000	28.571
Sum of OASIS-based Measures	**35.000**	**50.000**	**35.000**	**50.000**
Claims-based Measures				
Acute-Care Hospitalizations (ACH)	26.250	37.500	-	-
Emergency Department Use Without Hospitalization (ED)	8.750	12.500	-	-
Potentially Preventable Hospitalization	-	-	26.000	37.143
Discharge to Community (DTC-PAC)	-	-	9.000	12.857
Sum of Claims-based Measures	**35.000**	**50.000**	**35.000**	**50.000**
HHCAHPS Survey-based Measures				
Care of Patients	6.000	0.000	6.000	0.000
Communications Between Providers and Patients	6.000	0.000	6.000	0.000
Specific Care Issues	6.000	0.000	6.000	0.000
Overall Rating of Home Health Care	6.000	0.000	6.000	0.000
Willingness to Recommend the Agency	6.000	0.000	6.000	0.000
Sum of HHCAHPS Survey-based Measures	**30.000**	**0.000**	**30.000**	0.000
Sum of All Measures	**100.000**	**100.000**	**100.000**	**100.000**

Note: The weights of the measure categories, when one category is missing, 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 measure categories (OASIS-based and claims-based) represent 50 percent.

Achievement Threshold

The median (50th percentile) of Medicare-certified HHAs' performance on each quality measure during the designated baseline year, calculated separately for the larger and smaller-volume cohorts.

Improvement Threshold

An individual HHAs' performance on an applicable measure during the HHA's designated baseline year.

Achievement
Threshold

Benchmark

50th
percentile

Mean of
90th

Achievement Range

Improvement
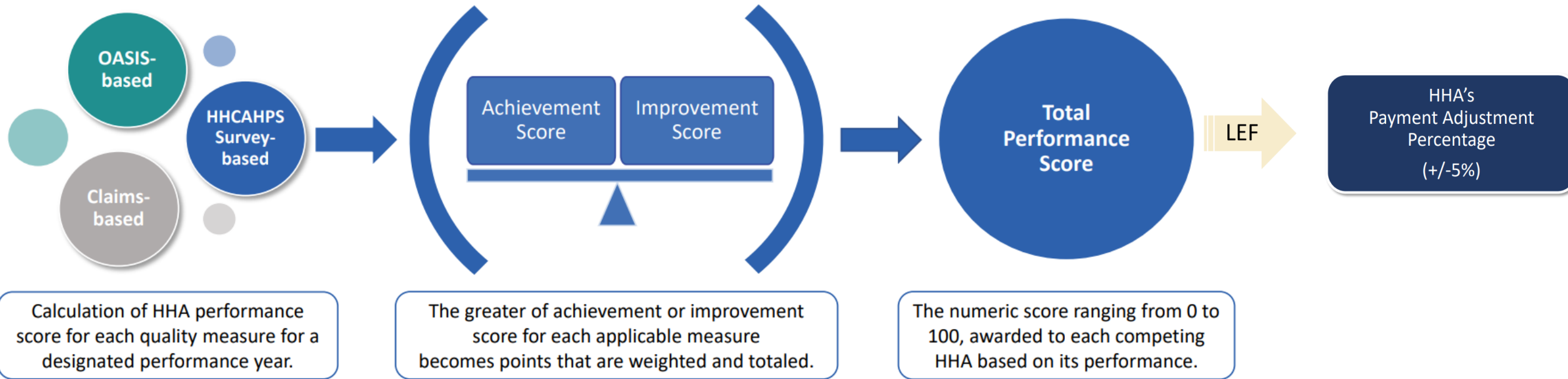Threshold

Benchmark

HHA
Baseline

Mean of
90th

Improvement Range

Benchmark

The mean of the top decile (90th percentile) of all HHAs' performance scores on the specified quality measure during the baseline year, calculated separately for the larger and smaller-volume cohorts.

Used to calculate both the achievement score and the improvement score.

OASIS-based · **HHCAHPS Survey-based** · **Claims-based** → (**Achievement Score** | **Improvement Score**) → **Total Performance Score** → LEF → **HHA's Payment Adjustment Percentage (+/-5%)**

Calculation of HHA performance score for each quality measure for a designated performance year.

The greater of achievement or improvement score for each applicable measure becomes points that are weighted and totaled.

The numeric score ranging from 0 to 100, awarded to each competing HHA based on its performance.

CY2023 Performance Trends Analysis

Who Participated in CY2023?

Larger-Volume Cohort
- 60 or more unique HHCAHPS Survey-eligible beneficiaries in the calendar year prior to the performance year.

Smaller-Volume Cohort
- Fewer than 60 unique HHCAHPS-Survey eligible beneficiaries in the calendar year prior to the performance year.

Not Participating
- Inactive
- Medicare-certified on or after January 1, 2022.
- Medicare-certified prior to January 1, 2022, and lack sufficient data (fewer than five QMs) to calculate a TPS and APP.

Home Health Agency Participation

- 40%
- 54%
- 5.7%

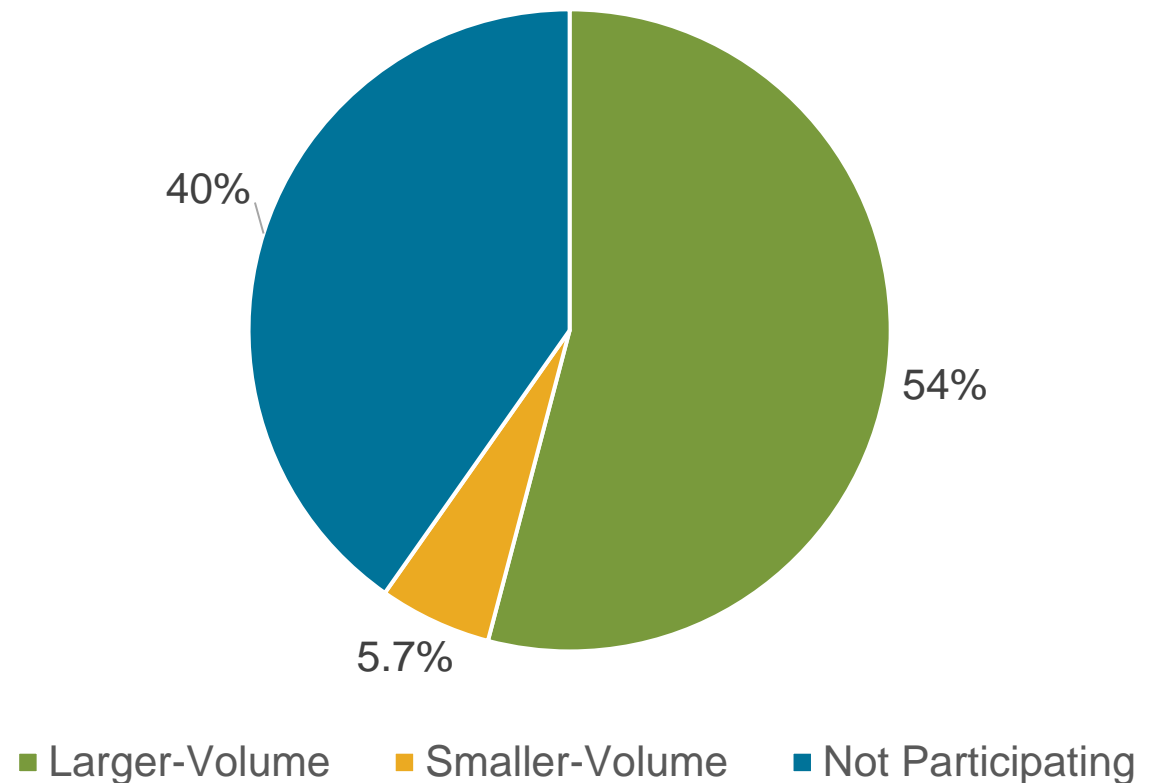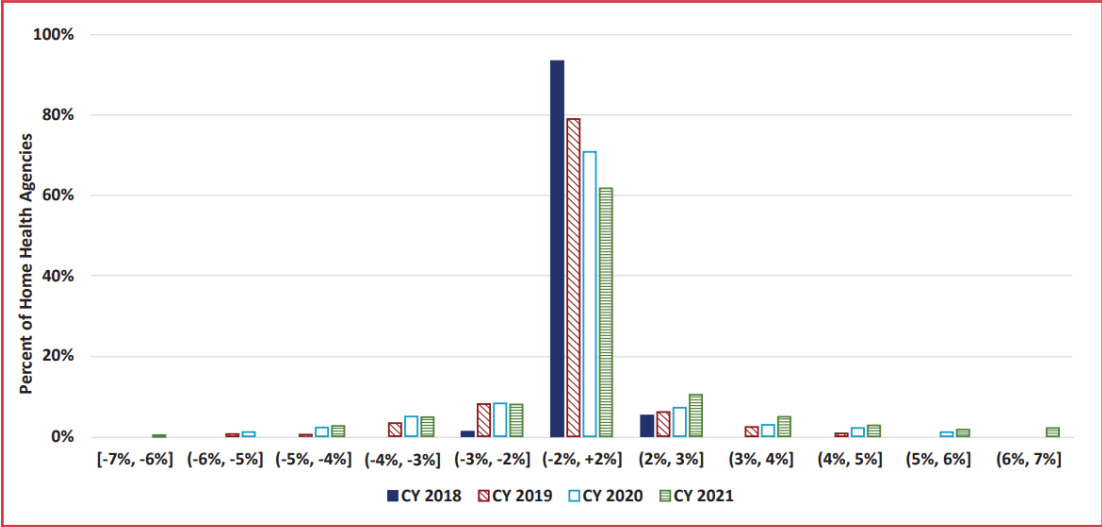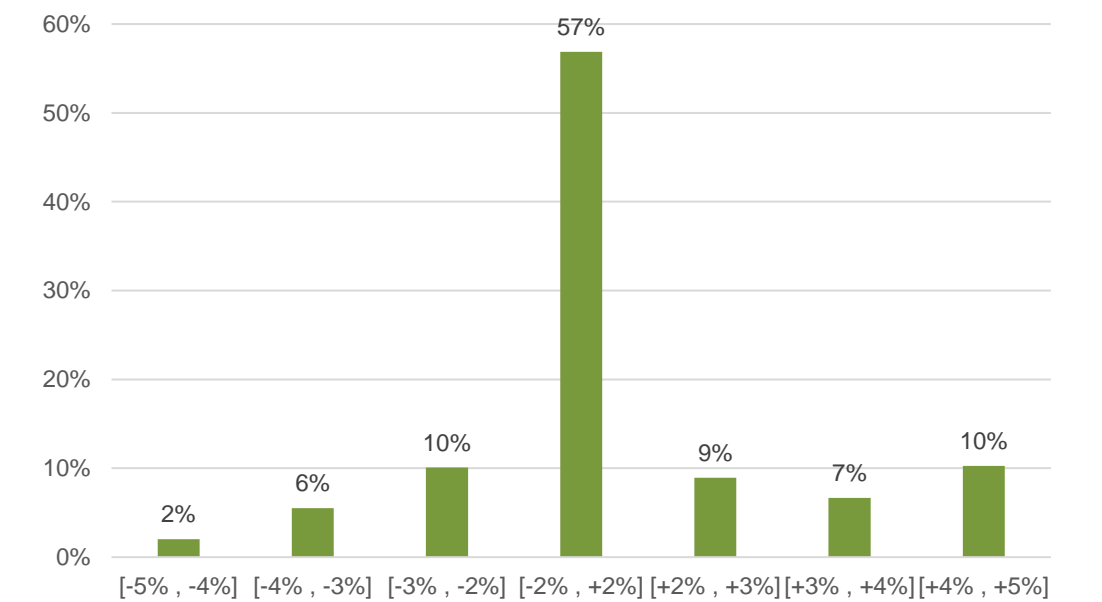■ Larger-Volume ■ Smaller-Volume ■ Not Participating

Exhibit 6. A Majority of Agencies in HHVBP States Received Between a -2 to +2 Percent Payment Adjustment for Each of the Four Payment Years of the Model (2018-2021)

Agency Annual Payment Percentage 2025

Exhibit 6. A Majority of Agencies in HHVBP States Received Between a -2 to +2 Percent Payment Adjustment for Each of the Four Payment Years of the Model (2018-2021)

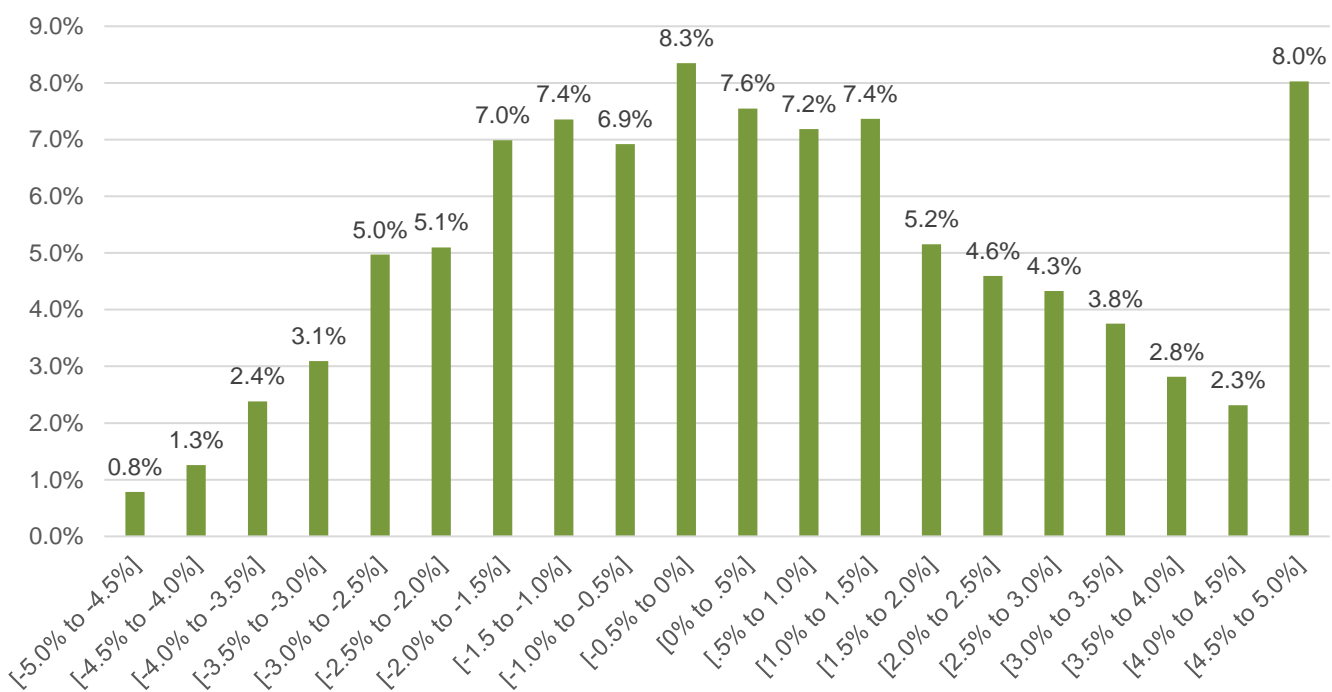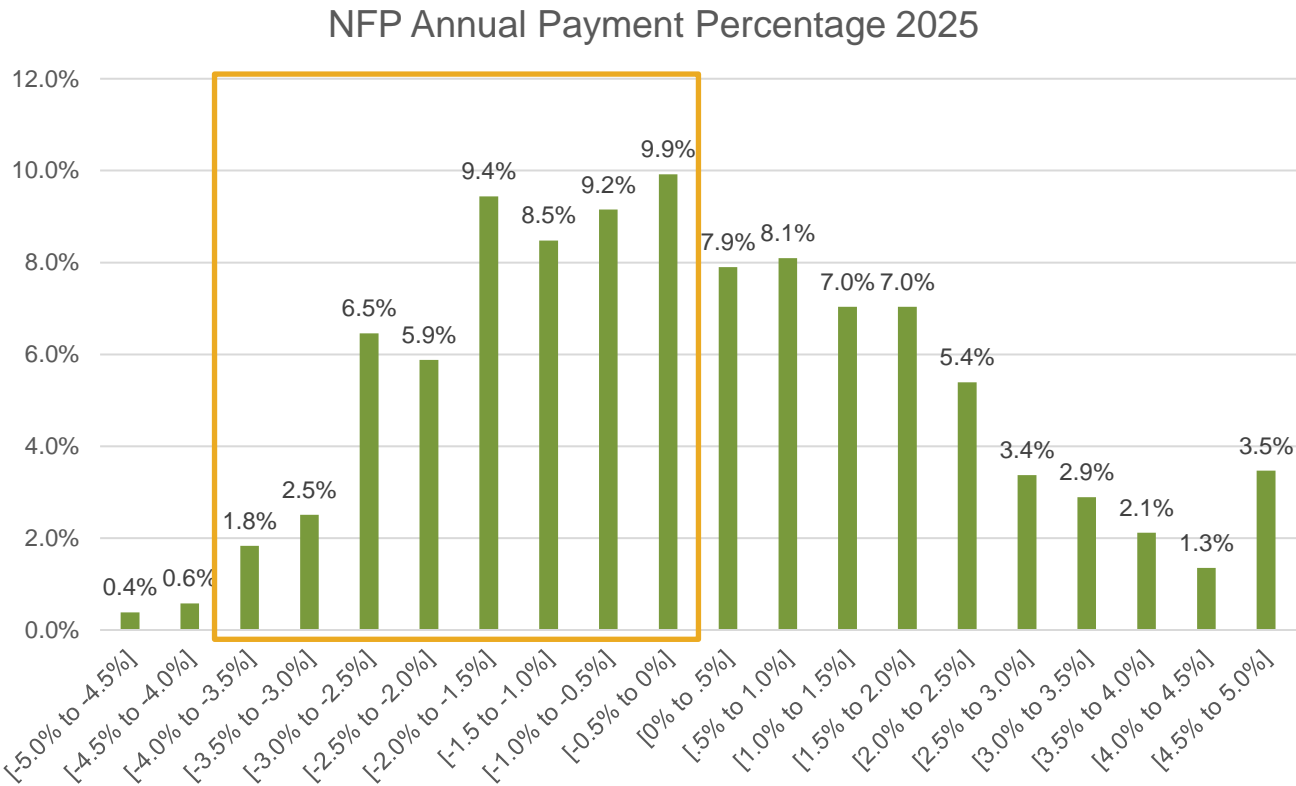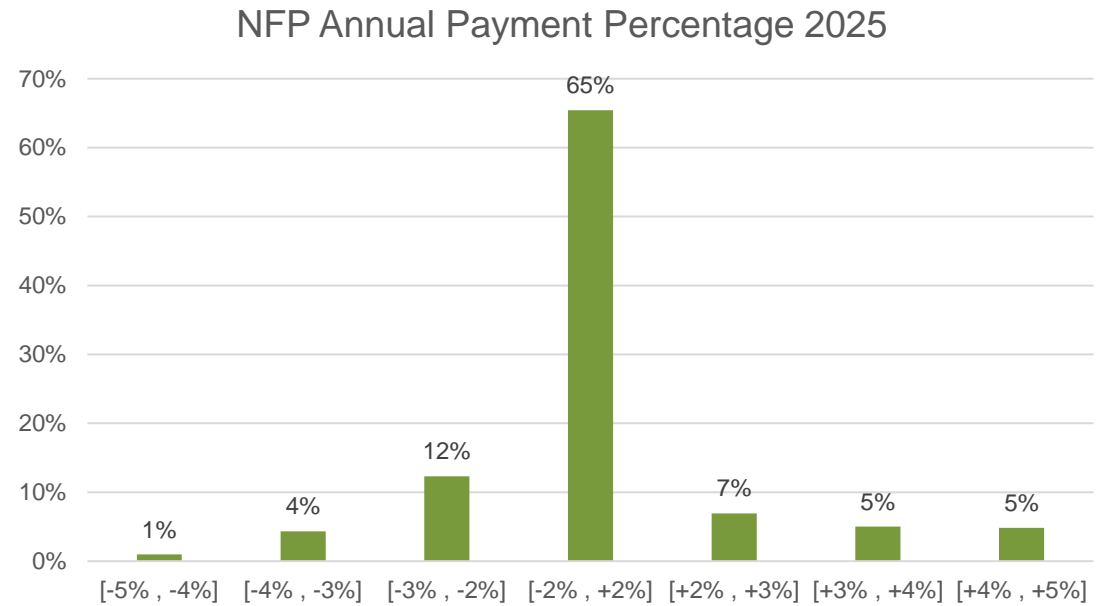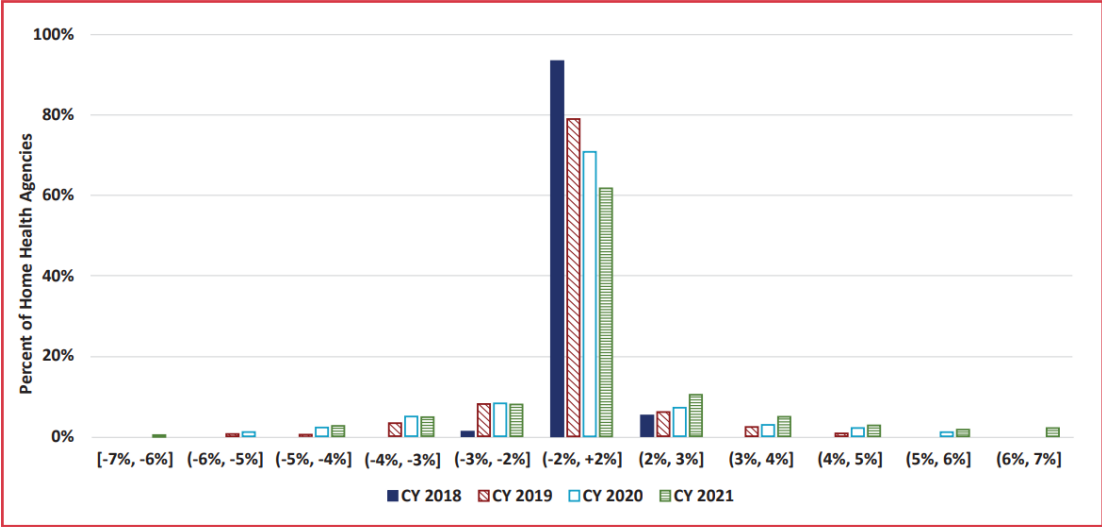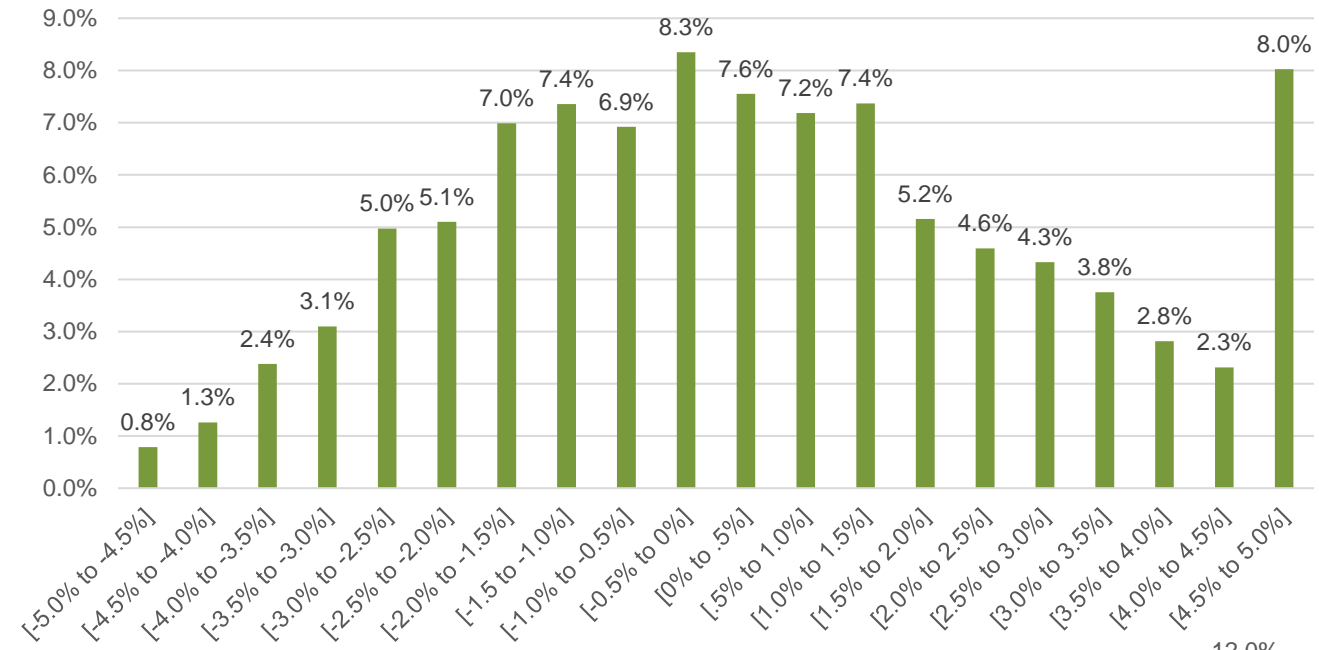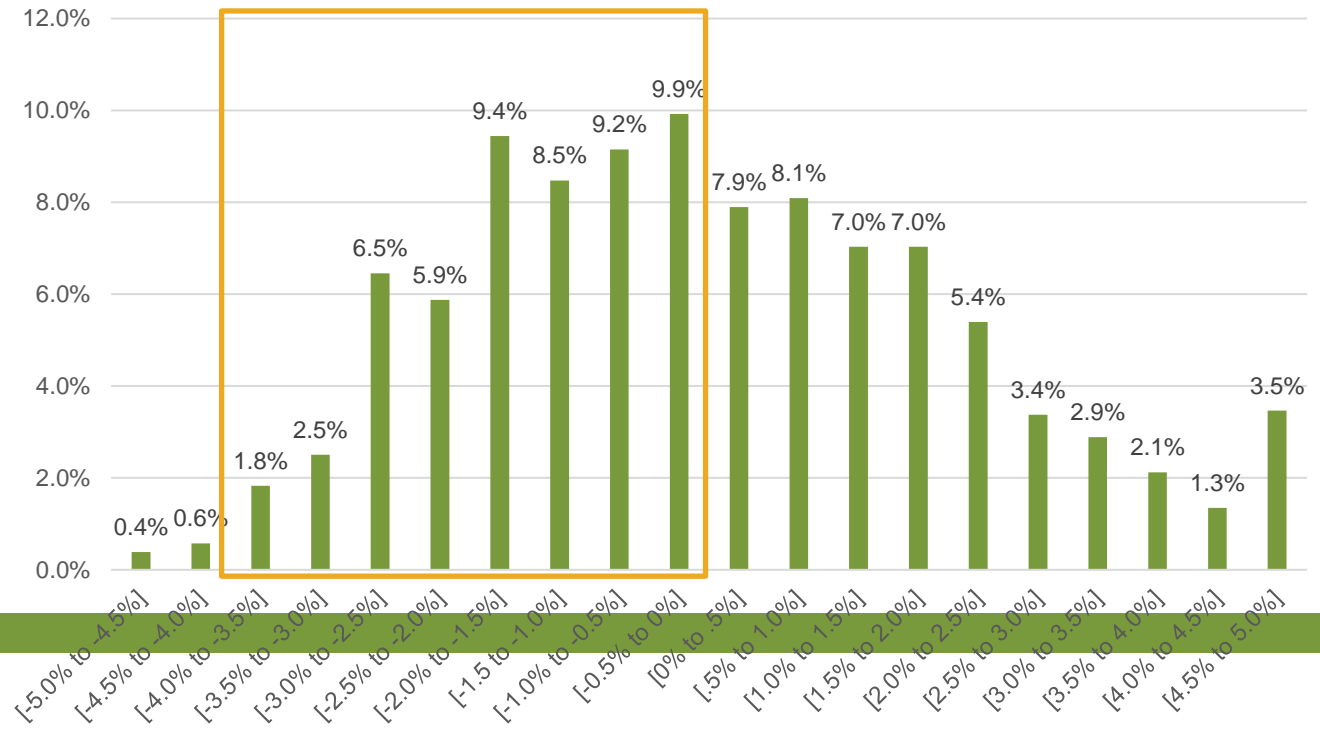# Agency Annual Payment Percentage 2025

Bin	Percentage
[-5.0% to -4.5%]	0.8%
[-4.5% to -4.0%]	1.3%
[-4.0% to -3.5%]	2.4%
[-3.5% to -3.0%]	3.1%
[-3.0% to -2.5%]	5.0%
[-2.5% to -2.0%]	5.1%
[-2.0% to -1.5%]	7.0%
[-1.5 to -1.0%]	7.4%
[-1.0% to -0.5%]	6.9%
[-0.5% to 0%]	8.3%
[0% to .5%]	7.6%
[.5% to 1.0%]	7.2%
[1.0% to 1.5%]	7.4%
[1.5% to 2.0%]	5.2%
[2.0% to 2.5%]	4.6%
[2.5% to 3.0%]	4.3%
[3.0% to 3.5%]	3.8%
[3.5% to 4.0%]	2.8%
[4.0% to 4.5%]	2.3%
[4.5% to 5.0%]	8.0%

NFP Annual Payment Percentage 2025

Bin	Percentage
[-5.0% to -4.5%]	0.4%
[-4.5% to -4.0%]	0.6%
[-4.0% to -3.5%]	1.8%
[-3.5% to -3.0%]	2.5%
[-3.0% to -2.5%]	6.5%
[-2.5% to -2.0%]	5.9%
[-2.0% to -1.5%]	9.4%
[-1.5 to -1.0%]	8.5%
[-1.0% to -0.5%]	9.2%
[-0.5% to 0%]	9.9%
[0% to .5%]	7.9%
[.5% to 1.0%]	8.1%
[1.0% to 1.5%]	7.0%
[1.5% to 2.0%]	7.0%
[2.0% to 2.5%]	5.4%
[2.5% to 3.0%]	3.4%
[3.0% to 3.5%]	2.9%
[3.5% to 4.0%]	2.1%
[4.0% to 4.5%]	1.3%
[4.5% to 5.0%]	3.5%

Workgroup Goals, What to Expect, Timeline

Identify the key metrics that influence quality measures.

Understand the various factors influencing yearly payment adjustments, including providers' improvement in quality measures and peers' performance.

Explore opportunities to enhance quality improvement processes through evidence-based practices.

Identify actionable improvement strategies from peers' performance successes.

Gain insight, through data sharing and analysis, into the relationship between populations served by LeadingAge's nonprofit and mission-driven members and HHVBP model outcomes.

Advocate for changes in HHVBP supporting our members

What to Expect

- Virtual meetings the final Tuesday of every other month at 3pm ET.

- All staff welcome: suggested for quality/clinical managers, program managers, billing/finance.

- Participants will submit quarterly data from Interim Performance Reports (IPR) and Annual Performance Reports (APR).

- Meetings will be highly interactive and include presentations (recorded) as well as small and full group conversations (not recorded).

- Participants will be encouraged to be on camera and be present for the full duration of all meetings.

- Suggested readings, videos, and other resources will be shared on webpage between meetings.

	LeadingAge Home Health Value Based Purchasing Workgroup Timeline	IPR	APR
January		X	
February	Introductory Workgroup Meeting CY2025 (HHVBP 101, CY2023 Performance Analysis, Identified Areas for Improvement, IPR/APR Survey Data Collection)		
March			
April	Claims-Based Measure: Home Health within-stay Potentially Preventable Hospitalization (PPH) – Discussion in group	X	
May			
June	Submitting Effective Recalculation Requests – Discussion in group		
July		X	
August	OASIS-Based Measure: Discharge Function Score – Discussion in group		X
September			X
October	CAHPS-Based Measures: Special Care Issues – Discussion in group	X	X
November			
December	HHVBP CY2026 IPR Final Workgroup Results – Discussion in group		X

Priority Workgroup Measures CY2025

Applicable Measure Set: Beginning with the CY 2025 Performance Year

Category	Count	Quality Measure
OASIS-based	3	Improvement in Dyspnea
		Improvement in Management of Oral Medications
		Discharge Function Score (DC Function)
Claims-based	2	Home Health Within-Stay Potentially Preventable Hospitalization (PPH)
		Discharge to Community – Post Acute Care (DTC-PAC)
HHCAHPS Survey-based	5	Care of Patients
		Communication Between Providers and Patients
		Specific Care Issues
		Overall Rating of Home Health Care
		Willingness to Recommend the Agency

Claims-Based Measure: Home Health within-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

Copy of ICD-10-Codes-for-HH-PPH-Measure-Definition (XLSX)

WHY

- Hardest measure to improve on
- Will need the longest time to see impact
- Weighted at 26-37% of performance on claims

HOW

- Root cause analysis
- Communications
- Data corrections – MA patient should be excluded

OASIS-Based Measure: Discharge Function Score

WHY

- Brand new OASIS measure

- Weighted the highest (20-28%) of all OASIS-Based measures

HOW

- Coding and OASIS review process for "Best Practices"

- Record "Audit"

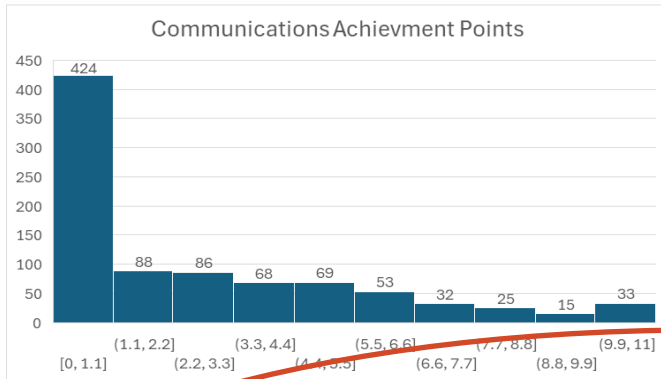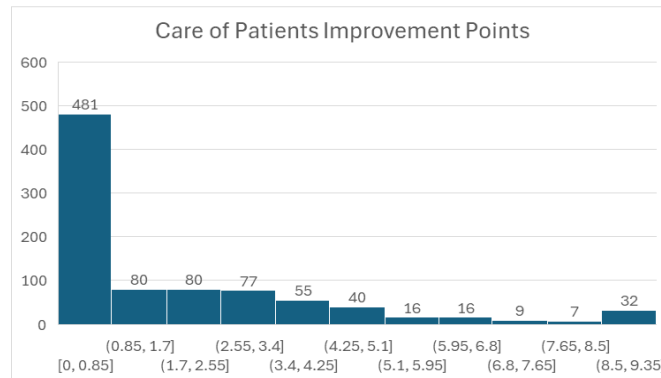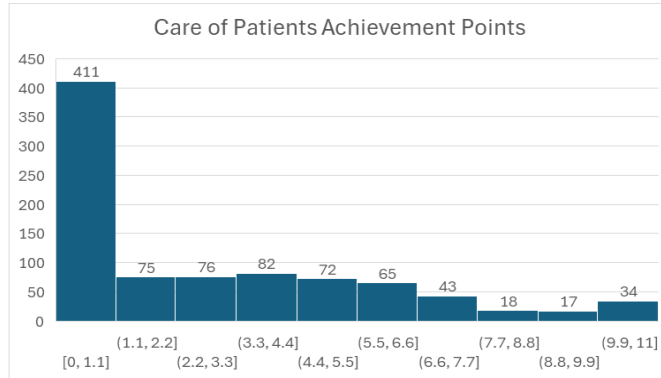| GG ITEMS & ACTIVITIES USED IN THE MEASURE		
GG0130 Self-Care	GG0170. Mobility	GG0170F. Toilet transfer
GG0130A. Eating	GG0170A. Roll left and right	GG0170I. Walk 10 feet
GG0130B. Oral hygiene	GG0170C. Lying to sitting on side of bed	GG0170J. Walk 50 feet with two turns
GG0130C. Toileting hygiene	GG0170D. Sit to stand	GG0170R. Wheel 50 feet with two turns (used in place of walking activities for patients who don't walk at both SOC/ROC and discharge).
	GG0170E. Bed-to-chair transfer	

Discharge Function Score (DC Function) Quality Measure Overview:
https://www.cms.gov/files/document/hhqrp-hhvbp-discharge-functionscoremeasure11-19-2024.pdf

OASIS-Based Measure: Discharge Function Score

Reminder: As of July 1, 2025 all home health agencies will be required to collect OASIS E1 on ALL patients regardless of payer source with few exceptions.

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

CAHPS-Based Measures: Special Care Issues

Care of Patients Achievement Points

Care of Patients Improvement Points

Communications Achievment Points

Communications Improvement Points

Special Care Issues Achievement Points

Special Care Issues Improvement Points

WHY

- Composite measures have similar outcomes in CY23 data

- If proposed changes to HHCAPS questions move forward, Special Care will be a single question, not a multi-question composite
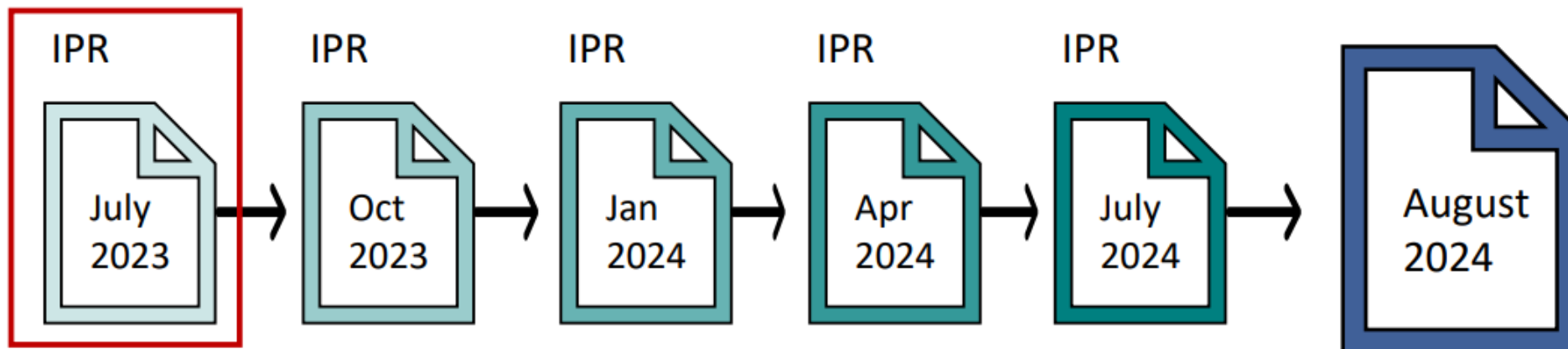
HOW

- Improved communications always a goal

- Patient-centered care

- Customer service training

- Improving return rates

IPR/APR Data Collection Survey & Expectations

	LeadingAge Home Health Value Based Purchasing Workgroup Timeline	IPR	APR
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September			X
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November			
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" **If you want to go fast, go alone. If you want to go far, go together.**

Thank You!

LeadingAge HHVBP Workgroup Webpage:

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