



A GUIDE TO HOME HEALTH VALUE-BASED PURCHASING

BACKGROUND

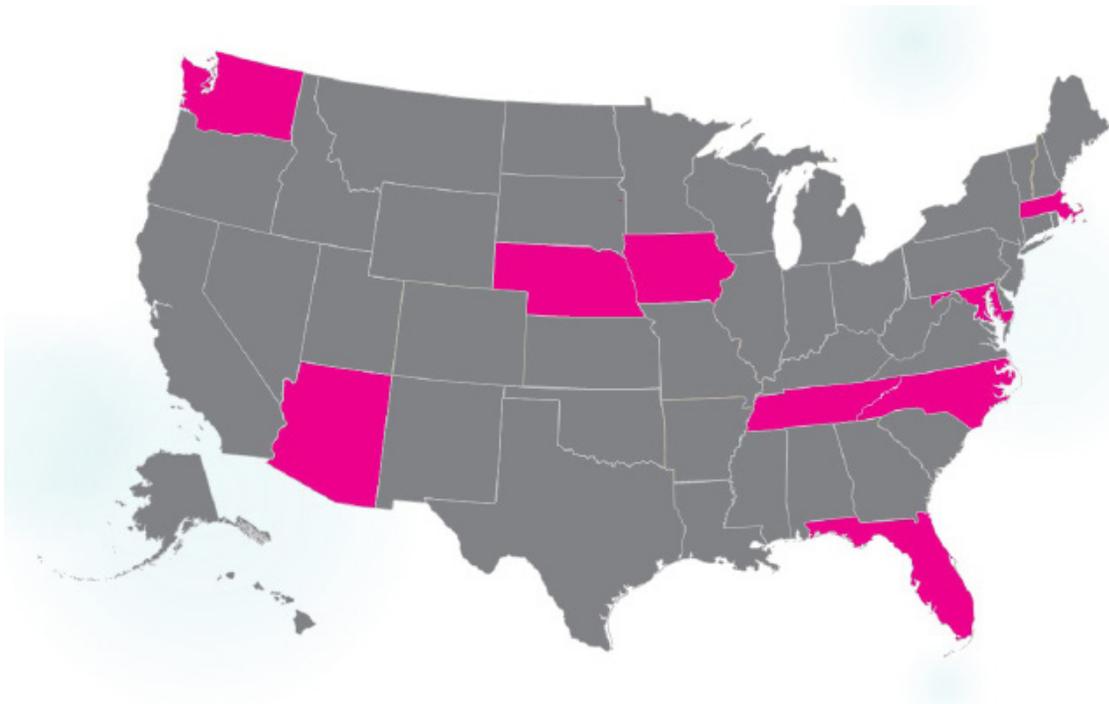
In recent years, the Medicare home health program has grown quickly, both in cost and the number of patients served. In 2009, 3.3 million Medicare beneficiaries received Medicare home health services, resulting in \$18.9 billion in Medicare payments. While the Medicare home health program continues to expand, there is mounting concern that the existing payment system does not offer the necessary incentives to provide high-quality, patient-focused care. In January 2015, the U.S. Department of Health and Human Services announced an aggressive shift from volume-based Medicare payments to value-based Medicare payments. Their goals for this included tying 85% of Medicare fee-for-service (FFS) payments to performance and to transition at least 30% of all FFS payments to alternative payments by the end of 2016. The Centers for Medicare & Medicaid Services (CMS) views the implementation of a home health value-based purchasing program as a positive change in how Medicare pays for home health services, moving from rewarding volume of services provided to compensating for better value, outcomes, and patient-focused care.

OVERVIEW

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Beginning January 1, 2016, CMS implemented the Home Health Value-Based Purchasing (HHVBP) model. This model incentivizes Medicare-certified home health agencies (HHAs) to provide higher quality and more efficient care. Additionally, the HHVBP model tests whether larger incentives for providing better quality of care can produce better outcomes from home health services.

The HHVBP model was implemented in nine states that represent each geographic area of the United States, and includes Arizona, Florida, Iowa, Maryland, Massachusetts, Nebraska, North Carolina, Tennessee, and Washington. Participation is mandatory for all Medicare-certified HHAs providing services in these states, and the demonstration runs through 2022.



QUALITY MEASURES

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Each participating HHA's total performance score is calculated from a set of 20 quality measures. Seventeen of these are already reported via the Outcome Assessment Information Set (OASIS), Home Health Consumer Assessment of Healthcare Providers and Systems (HHAHPS), and claims data for all Medicare patients serviced by the HHA. In addition, there are three new measures where points are achieved for manually submitting the data to CMS.

THREE PROCESS MEASURES:

1. Influenza immunization received for current flu season (M1046)
2. Pneumococcal vaccine ever received (M1051)
3. Drug education on all medications provided to the patient/caregiver (M2015)

NINE OUTCOME MEASURES:

4. Improvement in ambulation (M1860)
5. Improvement in bed transferring (M1850)
6. Improvement in bathing (M1830)
7. Improvement in dyspnea (M1400)
8. Discharged to community (M2420)
9. Improvement in pain with activity (M1242)
10. Improved management of oral medications (M2020)
11. Acute care hospitalization (Claims)
12. ER utilization without hospitalization (Claims)

FIVE HHAHPS SATISFACTION MEASURES:

13. Care of patients composite
14. Communication between providers and patients composite
15. Specific care issues composite
16. Overall rating of home health care
17. Willingness to recommend the agency

THREE NEW AGENCY-REPORTED MEASURES:

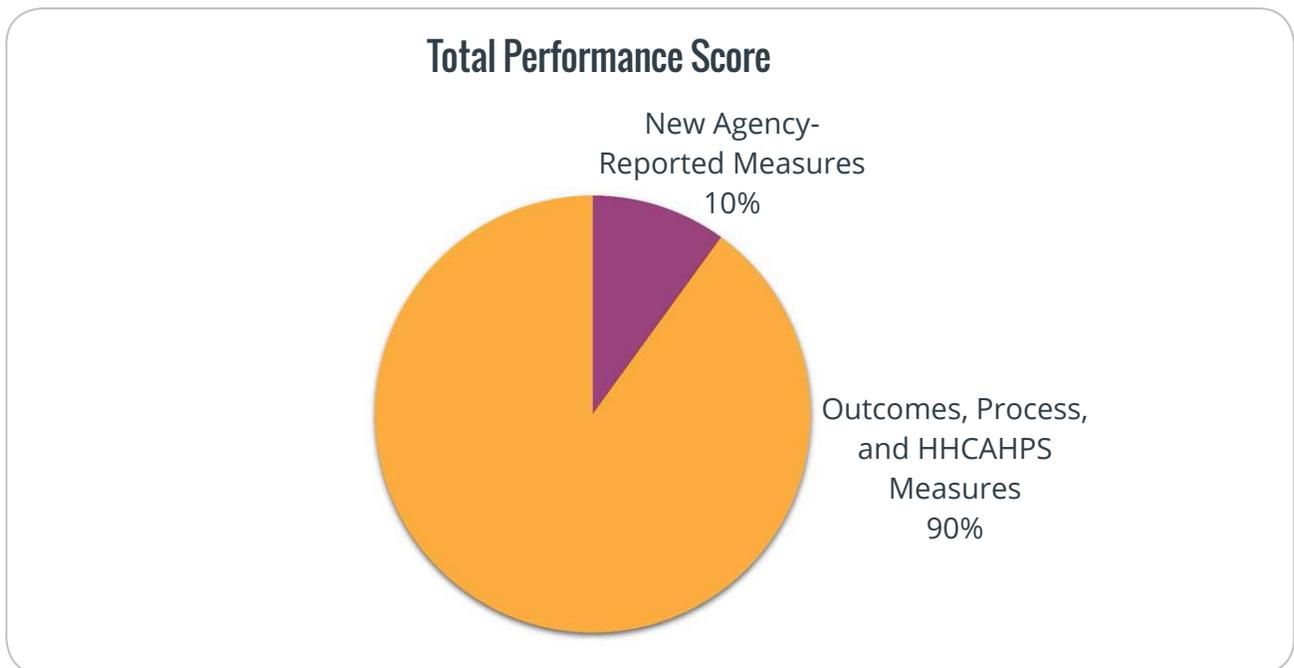
18. Influenza vaccination coverage for home health personnel
19. Herpes zoster (shingles) vaccination ever received by patient
20. Advance care planning

SCORING

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Each performance year, HHAs will receive a Total Performance Score (TPS) by which payment adjustments will be made. The TPS is a summary of an HHA's performance on the quality measures relative to CMS-provided comparative data and the HHA's own baseline year. It is a compilation of the higher of either the Achievement or Improvement points earned for each measure. Ranging from 0-10 points, HHAs earn Achievement points for each measure for its own performance against the benchmark. Improvement points are given for each measure based on the HHA's change in performance relative to the baseline year (CY2015). Both Achievement and Improvement points are based on the performance score it receives for each measure for which the HHA reports at least 20 episodes.

For the first performance year, each of the process, outcome, and HHCAHPS measures (or the total number of applicable measures that meet the 20-episode requirement) are weighted equally and account for 90% of the TPS, while new agency-reported measures are weighted equally over the remaining 10%. The new agency-reported measures are participation-based meaning that agencies will need to self-report data on a quarterly basis to get credit for participation.



PAYMENTS

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CMS determines a payment adjustment up to the maximum applicable percentage, upward or downward, based on the HHA's Total Performance Score (TPS). Payments are based on the quality of care, not simply the services provided by the HHA during the performance period.

Performance Year	Payment Adjustment Year	Maximum Payment Adjustment (up or down)
2016	2018	3%
2017	2019	5%
2018	2020	6%
2019	2021	7%
2020	2022	8%

HHAs are grouped into state-specific cohorts based on agency size. Each HHA's performance is compared with the other HHAs within their cohort group. The highest performing HHAs will receive an increase in reimbursement payments while the lowest performing agencies will see a reduction in payments.

PREPARATION TIPS

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Now, more than ever HHAs need to be laser-focused on providing high quality care. Whether your state is currently part of the HHVBP demonstration or not, everyone should expect a shift in the way you will be paid for services. Now is the time to assess your performance and make the necessary changes to improve.

ASSESS YOUR CURRENT PERFORMANCE

A key component to success under the HHVBP payment model is knowing how your agency is currently performing on the quality measures that impact payment adjustments. Take advantage of all of the data sources available including CASPER reports, Home Health Compare, Quality of Patient Care Star Ratings, HHCAHPS, Patient Survey Star Ratings, and OASIS. Knowing where you stand right now lays the foundation for the work that you need to do to ensure success. Ask yourself:

- How does our performance compare with our state scores?
- How does our Quality of Patient Care Star Rating compare with our peers?
- Have our quality outcomes and patient experience scores changed over time?
- Where do we have the best opportunity to improve our scores?

Drill down into your data by clinician and by patient so that you have a clear picture of what is driving your performance including clinical and overall agency trends. Many companies, like HEALTHCARE*first*, offer software and tools that provide you with in-depth, actionable insight into your performance.

IDENTIFY KEY DRIVERS OF PERFORMANCE

Once you have assessed your performance, identify opportunities for improvement. This may be at an overall agency level or at the individual staff level. Be sure to recognize areas of success which you can then use to establish internal best practices and replicate these successes across your agency.

PRIORITIZE OPPORTUNITIES FOR IMPROVEMENT

Once you know where you currently stand, develop a comprehensive, data-driven improvement plan. Prioritize your efforts by identifying the areas where you can make quick improvements and that offer the biggest opportunity for improvement with a particular focus on any performance scores that may negatively impact your TPS. Addressing specific processes that may have an impact on multiple areas or measures will provide the greatest benefit for your efforts.

PREPARATION TIPS

ESTABLISH AN ONGOING DATA MEASUREMENT AND MANAGEMENT PROCESS

To ensure success, it is very important that you quantify your progress so you can clearly identify what is working and what is not. Trend your scores over time to create a data-driven QAPI program that will satisfy the upcoming home health Conditions of Participation and continue to incorporate data from different sources so that you have a clear picture of where you stand.

Many HHAs have access to reporting and other analytic tools that can assist in the regular monitoring of performance. But that may not be enough! You will not only want to know how you are doing today, but also where are you going in the future. Consider taking a look at additional tools that can give you a more accurate and complete view of your agency as a whole. Companies like HEALTHCARE*first* offer a number of financial, clinical, and executive analytics tools that can help you manage and analyze your data in a clear, easy-to-understand way.

COMMUNICATE WITH YOUR STAFF

Improving your scores is a team effort. Your Clinical Managers, Quality Managers, OASIS Review team, and Executive team should all work together to identify opportunities for education and training. Education should include:

- Understanding of Value-Based Purchasing
- OASIS accuracy
- Understanding of the M-item intent to ensure correct responses
- Assessment strategies
- Patient-centered goals and care planning

Engage your team so they remain committed to the success of your organization and celebrate successes as they happen. This also encourages accountability and increases the likelihood that your staff will be on board with HHVBP.

DON'T WAIT!

Even if your agency is not currently in one of the pilot states, you should **START NOW!** Software systems such as *first*HOME CARE by HEALTHCARE*first* offer a way to capture the data elements required for each of the three new measures. If your software system does not, you will want to work with your vendor to ensure that you are able to easily obtain the data.

Now is the time to get a sense of how your scores compare with others in the industry. Take advantage of data analytics tools and software to get a full understanding of where you are now and how you can be ready when HHVBP.

HEALTHCAREFIRST HAS YOU COVERED

HEALTHCAREfirst is dedicated to your agency's success. Our integrated products and services enable you to streamline HHVBP collection and submission, ensuring accuracy and regulatory compliance. Whether you are currently part of the HHVBP demonstration or not, all HHAs should take steps toward gaining a competitive advantage.

COMPLETE QUALITY MANAGEMENT

- HEALTHCAREfirst offers the solutions you need to manage your quality data collection and measurement to ensure positive patient outcomes and regulatory compliance. Our software captures the new HHVBP measures and also aggregates the data for easy entry into the CMS HHVBP Portal. In addition, it includes accurate and complete point-of-care documentation, automated QA checking, and an OASIS scrubber that catches inconsistencies, allowing for corrections to be made prior to submission. For an added layer of security, we offer coding and OASIS review services to ensure that your coding is accurate each and every time.

IMPROVED OUTCOMES

- Our software's HHVBP capabilities include detailed reporting for unmatched insight into your collection data. This reporting gives you a complete view of how you are performing on the HHVBP quality measures including how you compare to other HHAs, trending of multiple data points, individual measure performance, and patient-level drill down capabilities. In addition, our advanced analytics and HHCAHPS surveys provide a complete, detailed picture of your performance to uncover targeted areas that have the greatest impact on improvement efforts.

SIMPLIFIED OPERATIONAL TASKS

- HEALTHCAREfirst makes your HHVBP data collection and submission of the new measures easier and faster. Our Web-based system streamlines workflows and tasks, saving your agency valuable time that can be better spent focusing on patients.

REDUCED COSTS

- Automating tasks such as HHVBP data collection and submission, intake and admissions, scheduling, billing, and payroll will save time and drastically reduce overhead costs. Our software streamlines workflows and ensures that these tasks are accomplished quickly and easily.

CONTACT US at 800.841.6095 or connect@healthcarefirst.com to learn more!