Today’s Session

• Prior to this session, you should have:
  – Access to the HHVBP Secure Portal
  – Your agency’s Interim Performance Report

• In this session, we will cover the following:
  – An overview of the Interim Performance Reports
  – Managing Your VBP Quality Performance:
    • Using SHP Reports
    • HHVBP Trending Tool
Previous HHVBP Sessions

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Summary</th>
<th>Length</th>
</tr>
</thead>
<tbody>
<tr>
<td>HHVBP Session 1: Overview</td>
<td>This is the first session in the Home Health Value Based Purchasing educational series. This session covers an overview of the CMS HHVBP program.</td>
<td>21:33</td>
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<tr>
<td>Course Number: PI1003WCR</td>
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<tr>
<td>HHVBP Session 2: New Measures and KAHL Modules</td>
<td>This is the second session in the Home Health Value Based Purchasing educational series. This session covers more information on the three new measures, reviews the new Advance Care Plan and Shingles Vaccine form in KindredLink, and reviews three new Kindred at Home Learning modules that target VBP measures.</td>
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<tr>
<td>Course Number: PI1004WCR</td>
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<tr>
<td>HHVBP Session 3: Total Performance Score and Baseline Reports</td>
<td>This is the third session in the Home Health Value Based Purchasing educational series. This session covers the calculation of the Total Performance Score which will be used to determine payment adjustment, and reviews the Baseline Reports that contain the thresholds and targets for the HHVBP model.</td>
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<tr>
<td>Course Number: PI1006WCR</td>
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<tr>
<td>HHVBP Session 4: Requesting Access to the Secure Portal</td>
<td>This is the fourth session in the Home Health Value Based Purchasing educational series. This session provides instructions and a walk through of the process to request access to the HHVBP Secure Portal where new measure data will be entered and performance reports obtained. Users should have an EIDM user id prior to watching this session.</td>
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<tr>
<td>Course Number: PI1007WCR</td>
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<tr>
<td>HHVBP Session 5: Frequently Asked Questions</td>
<td>This is the fifth session in the Home Health Value Based Purchasing educational series. This session provides answers and clarifications to frequently asked questions on HHVBP.</td>
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<td>No recording – FAQ document will be updated ongoing</td>
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<tr>
<td>HHVBP Session 6: Interim Performance Reports</td>
<td>This is the sixth session in the Home Health Value Based Purchasing educational series. This session provides information on how to access the HHVBP Secure Portal and download your Interim Performance Report. It also provides an overview of how to interpret your report.</td>
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Overview of the Interim Performance Report
Interpreting Performance Reports

- IPRs should be used as tool towards quality improvement. Aim to see improvement in scores from report to report.
- Also use SHP to track your quality improvement for the VBP measures.
- Remember that the early IPRs will have limited room for improvement, but later reports may show an increase in improvement scores.
- Look for opportunities for quality improvement.
- Incorporate quality improvement into all of your data monitoring activities.

Interim Performance Report

- Includes 5 tabs (located at the bottom of the Excel window):
  - Achievement
  - Improvement
  - Care Points
  - New Measures
  - TPS

Displays report dates and your HHA information. Reminder: The IPR includes data for the entire CCN.
Achievement Points Tab

Data Period 12 Month Ending: This is the last date of data included in the HHA Performance Score. So the first IPR includes OASIS 4/1/15 – 3/31/16 and claims/HHCAHPS 1/1/15 – 12/31/15 data for the HHA Performance Score.

HHA Performance Score: Your CCN’s score for the report time period.

Achievement Threshold: The median score of HHAs in your state and cohort for the baseline period (CY 2015). This will stay the same the entire demonstration.

Benchmark: The mean of the top 10% of HHAs in your state and cohort for the baseline period (CY 2015). This will stay the same the entire demonstration.

Current Achievement Points*: Based on the Achievement Point Calculation, the amount of achievement points your HHA earned.

*See Session 3: Total Performance Score and Baseline Reports (PI1006WCR) for a refresher on VBP scoring.

Remember This!
No achievement points are awarded if performance is less than achievement threshold.

Missing / Data Not Available

Whenever data is not available, an asterisk is displayed and the measure is not used in TPS calculation.

Note: There must be 2016 year data to generate a Performance Score. For the first IPR, claims and HHCAHPS measures will have zeros. This does not count against the HHA.
Improvement Points Tab

Data Period 12 Month Ending: This is the last date of data included in the HHA Performance Score. So the first IPR includes OASIS 4/1/15 – 3/31/16 and claims/HHCAHPS 1/1/15 – 12/31/15 data for the HHA Performance Score.

HHA Performance Score: Your CCN’s score for the report period.

Baseline Period Score: This is your individual HHA’s baseline score for CY 2015. This will be used throughout the entire demonstration and you need to score higher than this number to earn improvement points.

Benchmark: The mean of the top 10% of HHAs in your state and cohort for the baseline period (CY 2015). This will stay the same the entire demonstration.

Current Improvement Points*: Based on the Improvement Point Calculation, the amount of improvement points your HHA earned.

*See Session 3: Total Performance Score and Baseline Reports (PI1006WCR) for a refresher on VBP scoring.

Care Points Tab

Sufficient Data for Measure Inclusion: Your HHA must have a minimum of 20 episodes of care to be scored.

Current Care Points: The higher of the Current Achievement Points (from the Achievement tab) or the Current Improvement Points (from the Improvement tab)
New Measures Tab

Available Points: The points received for reporting the measure (10 points = reported, 0 points = not reported)

Measures Reported (MR): The count of new measures reported to CMS

New Measure Points*: The total New Measure Points

*See Session 3: Total Performance Score and Baseline Reports (PI1006WCR) for a refresher on VBP scoring.

Total Performance Score Tab

For a refresher on the TPS calculation, you can view Session 3: Total Performance Score and Baseline Reports (PI1006WCR) in KAH Learning

The TPS is what CMS will use to rank your HHA against other HHAs and determine payment adjustment.

What Numbers to Focus On?

1. Total Applicable Measure Points: This number summarizes your score on your available OASIS, claims, and HHCAHPS measures out of 100 possible points.
2. Total New Measure Points: This number summarizes your score on your new measures out of 100 possible points.
3. Total Performance Score: This number summarizes your overall performance on the OASIS, claims, HHCAHPS, and new measure for HHVBP out of 100 possible points.
HHVBP Performance Data

HHVBP versus Star Ratings

<table>
<thead>
<tr>
<th>HHVBP Measures</th>
<th>Quality of Patient Care Stars</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process Measures:</td>
<td>Process Measures:</td>
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<tr>
<td>• Drug Education on all Medications</td>
<td>• Survey Initiation of Care</td>
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<tr>
<td>• Flu Vaccine Received for Current Flu Season</td>
<td>• Drug Education on all Medications</td>
</tr>
<tr>
<td>• Pneumococcal Polysaccharide Vaccine Ever Received</td>
<td>• Flu Vaccine Received for Current Flu Season</td>
</tr>
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<td>Outcome Measures:</td>
<td>Outcome Measures:</td>
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<td>• Improvement in Ambulation</td>
<td>• Improvement in Bed Transferring</td>
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<td>• Improvement in Bed Transferring</td>
<td>• Improvement in Bathing</td>
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<td>• Improvement in Bathing</td>
<td>• Improvement in Pain Interfering With Activity</td>
</tr>
<tr>
<td>• Improvement in Pain Interfering With Activity</td>
<td>• Improvement in Dyspnea</td>
</tr>
<tr>
<td>• Improvement in Dyspnea</td>
<td>• Improvement in Management of Oral Medications</td>
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<tr>
<td>• Discharged to Community</td>
<td>• Discharged to Community</td>
</tr>
<tr>
<td>• Acute Care Hospitalization</td>
<td>• Acute Care Hospitalization</td>
</tr>
<tr>
<td>• Emergency Department Use without Hospitalization</td>
<td><strong>HHCAHPS are not included in the Quality of Patient Care Star Ratings. They are included in the Patient Survey Star Ratings.</strong></td>
</tr>
</tbody>
</table>

HHCAHPS Measures:
- Care of Patients
- Communication Between Providers and Patients
- Specific Care Issues
- Overall Rating of Home Health Care
- Willingness to Recommend the Agency

Calculation Methodology:
- Earn the higher of your achievement and improvement points for each of the 17 measures, which are equally weighted and then combined with the points for submitting new measures to create a Total Performance Score.
- Achievement Points: Meet the Achievement Threshold (median score of all HHAs in the state and cohort) to receive any points. Achieve the Benchmark (average score of the top 10% of HHAs in the state and cohort) to receive full points. The closer you are to the benchmark, the more points you’ll receive.
- Improvement Points: Must improve over your baseline year data to receive any points. Similar to achievement, the closer you are to the benchmark, the more points you’ll receive.
- All HHAs’ scores on each of the 9 quality measures are sorted low to high and divided into 10 approximately equal size groups (deciles) of agencies.
- Each HHAs score on each measure is then assigned its decile location, e.g., bottom tenth, top tenth, etc., as a preliminary rating.
- The initial rating is then adjusted according to the statistical significance of the difference between the agency’s individual quality measure score and the national agency median.
- To obtain one overall score for each HHA, the adjusted ratings are averaged across the 9 measures and rounded to the nearest 0.5.

Ranked Against:
- Your state and same-size cohort
- All CMS HHAs in the nation

Goals:
- Attain a 3.0 star rating overall or higher

Score Range: 0 – 100 Points
- 0.5 – 5.0 Stars
Average Score: TBD by CMS
- 3.0 Stars

11/30/2016
HHVBP vs Star Ratings Targets

<table>
<thead>
<tr>
<th>HHVBP &amp; Quality Star Overlap Measures</th>
<th>Maryland VBP Goals</th>
<th>Quality of Patient Care Star Cut Points (Oct '16 Previews)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Achievement</td>
<td>Benchmark</td>
</tr>
<tr>
<td>Drug Education on All Medications</td>
<td>97.722%</td>
<td>99.903%</td>
</tr>
<tr>
<td>influenza immunization received for current flu season</td>
<td>74.391%</td>
<td>87.931%</td>
</tr>
<tr>
<td>improvement in ambulation locomotion</td>
<td>66.847%</td>
<td>76.527%</td>
</tr>
<tr>
<td>improvement in bed transferring</td>
<td>64.092%</td>
<td>77.470%</td>
</tr>
<tr>
<td>improvement in bathing</td>
<td>71.385%</td>
<td>81.023%</td>
</tr>
<tr>
<td>improvement in pain interfering with activity</td>
<td>71.522%</td>
<td>84.423%</td>
</tr>
<tr>
<td>improvement in dyspnea</td>
<td>78.437%</td>
<td>85.107%</td>
</tr>
<tr>
<td>Acute Care Hospitalizations</td>
<td>15.916%</td>
<td>12.032%</td>
</tr>
</tbody>
</table>

CMS Future Plans

- CMS has stated they intend to:
  - Provide performance rankings by measure and by TPS for each cohort in each state to give HHAs a sense of how well they are performing compared to their peers.
  - Provide additional information on the payment adjustment calculation

- TPS – keep in mind:
  - CMS has not released any trends or rankings on the HHVBP TPS yet
  - HHAs are ranked within their own state and each state faces different goals
Managing Your HHVBP Quality Performance Using SHP & the HHVBP Trending Tool

- Run the following reports monthly using the most recent 3-months of data to see impact of current efforts
- Monitor HHVBP Measure performance based on your baseline results; and the state specific achievement threshold and benchmark data.

  - Home Health Compare Report
  - Clinical Executive Advantage (CEA) Report
  - Outcome Analyzer Report
  - Rehospitalization Report
  - Hospital and Emergent Care Report
  - Overview and Scorecard Reports
Home Health Compare Report - SHP

✓ Provides a real time view of agency performance, along with a preview of what will be published for your agency on the Home Health Compare website with measures organized to match the formatting used by CMS.

✓ Estimates performance for report timeframe based.

✓ Allows drill down to Outcome and Process Measure, and Hospitalization Patient Detail Reports and to Episode Einstein

Clinical Executive Advantage Report - SHP

✓ Provides ability to see results for multiple locations with data rollup for the overall group and for each individual location
  - Efficient option for clinical and operations leadership with oversight for more than (1) location
  - Results for all VBP measures except DC to Community
  - Can drill down to patient detail reports for all measures and Episode Einstein
Outcomes Analyzer Report – SHP
Discharge to Community Measure

✓ Provides a single location to view the percentage of patients discharged to the community for a customized timeframe.

<table>
<thead>
<tr>
<th>Date</th>
<th>Number of Events</th>
<th>Eligible Episodes</th>
<th>Year Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2016</td>
<td>52</td>
<td>107</td>
<td>78.6%</td>
</tr>
<tr>
<td>2 2016</td>
<td>47</td>
<td>82</td>
<td>57.3%</td>
</tr>
<tr>
<td>3 2016</td>
<td>90</td>
<td>104</td>
<td>76.9%</td>
</tr>
<tr>
<td>Totals:</td>
<td>209</td>
<td>233</td>
<td>71.3%</td>
</tr>
</tbody>
</table>

Rehospitalization Report - SHP

✓ Identifies branch specific factors impacting 30 day re-hospitalization rates and All re-hospitalizations.

✓ In addition to the standard SHP payer type selections, this report allows the ability to require claims. Requiring claims will reduce the number of available patient episodes due to the delay in claim generation. Agencies that have incomplete claim data or that are not uploading claims data to SHP
Hospitalization and Emergent Care Report - SHP

- Allows complete analysis of hospitalization, rehospitalizations and emergent care occurrences.
- All measures in this report use the traditional CMS outcome methodology to calculate acute care hospitalizations (ACH) and emergent care with and without hospitalizations based on patient transfers and discharges that occurred during the reporting period.
- There are no exclusions based on prior facility or time since SOC.
- Compare to Scorecard Overview and Scorecard Reports to identify high volume clinicians that are impacting trends with hosp and emergent care.

Tools and Resources

- Managing Quality Performance Using SHP Reports
- Embedded Job Aids:
  - Home Health Compare Report
  - Clinical Executive Advantage Report
  - Hospitalization Reports
  - Outcome Analyzer Report
  - Overview and Scorecard Report User Guide
- HHVBP Trending Tool:
  - HHVBP Trending Tool Job Aid
# Managing Quality Performance Using SHP Job Aid

## HHVBP Trending Tool

### 2015 HHVBP Trending Tool

<table>
<thead>
<tr>
<th>Measure</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
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<tbody>
<tr>
<td>Improved adherence to VTE prophylaxis</td>
<td>79.57%</td>
<td>80.11%</td>
<td>80.83%</td>
<td>80.90%</td>
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<td>Drug eradications of MRSA colonization</td>
<td>89.72%</td>
<td>89.69%</td>
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<td>Improved communication with patients</td>
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<td>Improved staff communication</td>
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<td>Improved hand hygiene</td>
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<td>Improved documentation</td>
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<td>Improved to improve patient outcomes</td>
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<td>Improved timeliness of patient care</td>
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<td>Improved patient turnover</td>
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What Should I Do Next?

- **Tracking and Trending:**
  - Run Home Health Compare report monthly for most current 3 months to see trend and impact of current efforts – adjust education/action plan based on results
  - Review your IPR quarterly to monitor your HHVBP official status and identify opportunities for improvement
  - Enter monthly and quarterly data in the HHVBP Trending Tool to track your progress and identify if you are improving or declining in the measures
  - No need for full drill down monthly unless your measures not improving

- **Education and Monitoring:**
  - Perform/reinforce education with clinical field and administrative staff (group, individual)
  - Ensure MCP checking SHP/OASIS before locking and using the SHP Alert Manager to ensure clinical staff addresses alerts
  - Drive the CC process for appropriate Recert/DC decision
  - Identify opportunities for process: Is same clinician performing SOC/ROC and DC OASIS when possible? Are there a high # of paper discharges vs. actual visit?

- **Hint for Quality of Patient Care Star Measures:**
  - Focus on improving process measures to 4.0 – 5.0 decile level first. This will positively impact overall star rating while you work on the outcome measures
More Information

- If your EIDM account gets locked:
  - After three unsuccessful attempts to login, your account will be locked. After 60 minutes have elapsed since your last failed attempt, your account will be unlocked. You will then be required to enter your valid login credentials and multifactor authentication to unlock the account.
  - If unsuccessful, contact CMS XOSC Tier 1 support at 1-855-267-1515 or CMS_FEPS@cms.hhs.gov
- If you have technical difficulties the HHVB Secure Portal:
  - Contact the HHVBP Help Desk at 844-280-5628 or hhvbpquestions@cms.hhs.gov
- CMS Home Health Value Based Purchasing Site:
  - Contact the HHVBP Help Desk at HHVBPquestions@cms.hhs.gov OR 1-844-280-5628

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